



Kiowa Alcohol-Drug Addictions & Preventions/BHS (KADAP/BHS)

208 Hardee St, W

Anadarko, OK 73005

Phone: 580 919 1576 and 580 951 0656

CLIENT'S RIGHTS

Welcome to the KADAP Program. As a client of KADAP, you have certain rights. These rights are listed below. Please read these rights and feel free to ask any questions. You will be asked to sign that you have read these rights and have received a copy. A signed copy must remain in our file.

1. To considerate and respectful care.
2. To consideration of your privacy and to be treated with consideration, respect, and full recognition of your dignity and individuality including privacy in caring for your needs.
3. To obtain information as to any relationship of KADAP program to other health care and related institutions insofar as your care is concerned.
4. To respectfulness as it relates to your program. Case discussions, consultations, and treatment are confidential and should be conducted discreetly.
5. To expect reasonable continuity of care which includes schedule of activities and at what times staff and services are available.
6. To be refused treatment only for therapeutic reasons, for your welfare or that of other clients.
7. To be assured confidential treatment of your personal record and to approve or refuse their release to any individual outside of the KADAP program which are not included for therapeutic purposes in your treatment plan.
8. To not be required to perform services for the KADAP Program which are not in your treatment plan.
9. To refuse treatment.
10. To be fully informed as evidenced by our written acknowledgement, of the rights and responsibilities set forth herein and regulations governing client conduct and responsibilities.

Date

Client



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INFORMED CONSENT FOR TREATMENT

I, _____, the undersigned, hereby enter the Kiowa Alcohol and Drug Abuse Program voluntarily. Permission is given for all professional services rendered by the KADAP Program.

I understand that such services may include, but is not limited to, routine diagnostic procedures, education, and psychological treatment which is to include whatever procedures deemed necessary by KADAP staff.

I understand the Kiowa Alcohol and Drug Abuse Program may release its funding source information necessary to confirm the objectives of the Kiowa Alcohol and Drug Abuse Program are being met.

The undersigned certifies that he/she has read the foregoing, received a copy thereof, and is the patient or is duly authorized by the patient's general agent to execute the above provisions and accept its terms. By his signature, the signer acknowledges receipt of the copy.

Date

Time

Client's Signature



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CONFIDENTIALITY STATEMENT

As a client of the Kiowa Alcohol and Drug Abuse Program, you will be asked to provide the program with information that will help plan your treatment.

The information you give will be treated with **STRICT CONFIDENTIALITY** according to law, "THE CONFIDENTIALITY ACT", 42CFR Part 2.

NOTE: 42CFR PART 2, PROTECTS THE CONFIDENTIALITY OF ALL INDIVIDUAL CLIENT DATA. ANY DISCLOSURE OF INFORMATION WHICH IS NOT AUTHORIZED BY THOSE REGULATIONS IS SUBJECT TO A FINE OF NOT MORE THAN \$500 IN CASE OF A FIRST OFFENSE AND NOT MORE THAN \$500 IN THE CASE OF EACH SUBSEQUENT OFFENSE.

The program may need to release certain information about you to another agency, especially for referrals. If so, you will be asked to sign a Disclosure Release that will authorize the release of specified information.

All information you supply is **VOLUNTARY**. You will not be refused treatment if you choose not to supply all the information requested. However, you have responsibility to be a part of your own treatment process, and this begins by talking openly and honestly with your counselor.

The program will provide some information on every client to the Indian Health Service. This information is by client number only and **NEVER** uses client's name or client identifying information.

Please discuss any questions you have concerning the Confidentiality Act with your Counselor. The Counselor can further explain your rights regarding the information you give to the program.

I have read and understand my rights concerning the above Confidentiality Act

Client's Signature

Date