

KIOWA ALCOHOL-DRUG ADDICTIONS & PREVENTION/BHS

208 Hardee St.W

Anadarko, Ok 73005

Phone 580-919-1576 or 405-648-0943

CLIENT RIGHTS

Client Name: _____ Date of Birth: _____

Welcome to the KADAP/BHS Program. As a client of KADAP, you have certain rights and responsibilities.

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 you file.

1. To have a right to be treated with respect and consideration, through out your treatment with KADAP.
2. To Privacy as according to CFR42, Confidentiality Act.
3. To request a copy of your Treatment Plan or any documents that do not belong to KADAP alone.
4. To receive continuum of care, aftercare or holistic approaches offered by KADAP.
5. To refuse Treatment for any reason, at any time and resources will be provided at discharge.
6. To participate or not participate in any KADAP extra curriculum activities.
7. To assist in the creation of your Treatment Plan/KADAP Services and be informed of any need for changes or other services needed.

Client Signature: _____ Date: _____

Staff Signature: _____ Date: _____