PATIENT BILL OF RIGHTS

As a child or youth receiving behavioral health services from the NWESD 189 you have the following rights and responsibilities in accordance with Washington Administrative Code (WAC) 388-877-0600.

1) Receive services without regard to race, creed, national origin, religion, gender, sexual orientation, age or disability;
2) Practice the religion of choice as long as the practice does not infringe on the rights and treatment of others or the treatment service. Individual participants have the right to refuse participation in any religious practice;
3) Be reasonably accommodated in case of sensory or physical disability, limited ability to communicate, limited English proficiency, and cultural differences;
4) Be treated with respect, dignity and privacy, except that staff may conduct reasonable searches to detect and prevent possession or use of contraband on the premises;
5) Be free of any sexual harassment;
6) Be free of exploitation, including physical and financial exploitation;
7) Have all clinical and personal information treated in accord with state and federal confidentiality regulations;
8) Review your clinical record in the presence of the administrator (Prevention Center Director) or designee (Behavioral Health Program Manager) and be given an opportunity to request amendments or corrections;
9) Receive a copy of agency (NWESD 189) complaint and grievance procedures (Policy 3210, *Nondiscrimination*/Procedure 3210P, *Nondiscrimination Procedures* **and/or** Policy 4220, *Complaints Concerning Staff or Programs*/Procedure 4220P, *Complaints Concerning Staff or Programs Procedures*) upon request and to lodge a complaint or grievance with the agency (NWESD 189), or Regional Support Network (RSN) (North Sound Mental Health Administration), if applicable, if you believe your rights have been violated; and
10) File a complaint with the department (Department of Social and Health Services) when you feel the agency (NWESD 189) has violated a WAC requirement regulating behavior health agencies.

If you feel any of your rights have been violated you may contact:

Buck Evans, Assistant Superintendent of Operations, Northwest Educational Service District 189, 1601 R Avenue, Anacortes, WA 98221, 855-825-8153

By signing below, I assert that I have read and understood the information above and have received a copy of this document. *(Parent, legal guardian, or other authorized individual must sign with/for any child under the age of 13.)*

Client Signature Date	Parent/Guardian Signature Date
Client Printed Name	Parent/Guardian Printed Name
Therapist Signature and Credentials Date	
Therapist Printed Name Date	

10/23/13

Child's/Youth's Name: _____ Client ID _____