

**Name of Program**  
**Program Address**  
**Phone: Fax:**

SAMPLE

**CLIENT RIGHTS  
AND CONFIDENTIALITY**

**Client Rights**

Each client has the following rights:

1. Right to confidentiality under federal and state laws relating to the receipt of services.
2. Right to be informed of the various steps and activities involved in receiving services.
3. Right to humane care and protection from harm, abuse and neglect.
4. Right to contact and consult with counsel and private practitioners of the client's choice at the client's expense.
5. Right to make an informed decision whether to participate in the program or refuse participation and be sent back to the referring court. The client's consent to receive program services must be in writing and included in the client's record.

**Confidentiality of Alcohol and Drug Abuse Patient Records**

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser, unless:

- (1) The patient consents in writing; OR
- (2) The disclosure is allowed by a court order; OR
- (3) The disclosure is made to medical personnel in a medical emergency, or to qualified personnel for research, audit, or program evaluation; OR
- (4) The patient commits or threatens to commit a crime either at the program or against any person who works for a program.

Violation of the federal law and regulations by a program is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

(See 42 U.S.C. 290dd-2 for federal laws and 42 CFR part 2 for federal regulations.)

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

***(This form is only needed if using a pamphlet or other orientation materials that do not contain this content.)***