



10950 Schuetz Road, St. Louis, MO 63146
Phone (314) 993-1000 / Fax (314) 812-9398

RIGHTS AND RESPONSIBILITIES

For assistance with the information on this form please call JFS staff at 314-993-1000. This statement of rights is available in additional languages. Accommodations are made for special needs.

Client's Rights:

1. You have the right to be treated with courtesy and respect.
2. You have the right to receive services in a non-coercive manner.
3. You have the right to fair and equal treatment without discrimination on the basis of race, ethnicity, color, gender identity, gender expression, sexual orientation, ability, age, military status, country of origin or religion.
4. You have the right to be informed about services and options available at JFS.
5. You have the right to collaboratively participate in all service planning and decision making.
6. You have the right to know the name, credentials and specialties of the professional providing service.
7. You have the right to be informed of and given a copy of your relevant professional's Code of Ethics.
8. You have the right to receive services regardless of financial situation.
9. You have the right to receive information regarding fees assessed, when fees are due and changed, and the consequences of non-payment.
10. You have the right to request a change of service provider.
11. You have the right to involve family members or significant others as needed.
12. You have the right to refuse services, treatment or medication unless your rights have been limited by law.
13. You have the right to be informed about the consequences of refusing services which could include discharge.
14. You have the right to be informed about factors that result in discharge such as use of abuse/violence, threatening behaviors, risk of harm to self or others, and non-compliance.
15. You have the right to receive a referral to another service provider if JFS cannot develop or implement an appropriate service plan.
16. You have the right for information to be confidential and released only through procedures consistent with law and professional ethics.
17. You have the right to request to review your record.
18. You have the right to file a grievance without interference or retaliation.



**Client Rights and Responsibilities
(Continued)**

Client’s Responsibilities

1. You are responsible for participating in services by following service guidelines.
2. You are responsible for participating in services in a cooperative and respectful manner.
3. You are responsible for providing complete and accurate information to the service provider in order to receive the best services.
4. You are responsible for attending appointments and notifying JFS if appointment needs to be cancelled or rescheduled.
5. You are responsible for maintaining financial responsibility for payment of assigned services.

JFS’s Responsibilities

1. Open Mondays, Thursdays and Fridays from 8:30 a.m.—5:00 p.m.; and Tuesdays and Wednesdays from 8:30 a.m.—8:30 p.m.
2. To provide information and services that are respectful and cater to the individual needs of the client.
3. To assign staff to provide appropriate service(s).
4. To maintain accurate client records.
5. To make referrals to other service agencies, if needed.
6. To involve client’s family members or significant others as needed or requested.
7. To charge an appropriate fee for service. Provides information regarding fees assessed.
8. To communicate as needed with the agency or person who referred the client, with the client’s written consent.
9. To determine the appropriateness or benefit of JFS services for the client, including the decision to refer the client to other service providers.
10. To make a decision regarding the appropriate need for service(s) and/or the need for discharge or termination of services.
11. To provide a safe environment which prohibits restrictive behavior management and physical restraint of clients.
12. To follow emergency protocol in the event of a client becoming aggressive/emotionally dysregulated, which may involve calling 911 for paramedics or police to manage a situation that cannot be managed by verbal interventions of the staff.

- I hereby acknowledge that I have received a copy of the Behavior Support and Management Policy.
- I have been offered and decline a copy of the JFS Behavior Support and Management Policy.

Signature of client and/or parent/legal guardian

Date

Signature of staff or other witness

Date