



PEAKS & PLAINS, INC.
6326 EAST TRENT AVE, SUITE A
SPOKANE VALLEY, WA 99212-1220
PHONE 800-585-4201
FAX 800-899-0120
www.peaks-plains.com

Client Bill of Rights

- Be fully informed in advance about care to be provided and of any modifications to the care plan.
- Participate in the development and periodic revision of the plan of service/care.
- Informed consent and refusal of service /care or treatment after the consequences of refusing treatment are fully presented.
- Be informed in advance of the charges, including payment for services/care expected from third parties and any charges for which the client/patient will be responsible.
- Be able to identify visiting staff members through proper identification.
- Have one's property and person treated with respect, consideration and recognition of client dignity and individuality.
- Voice grievance/complaints or recommend changes in policy, staff or service without restraint, interference coercion, discrimination or reprisal.
- Have grievance/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated.
- Choose a health care provider.
- Confidentiality of all information contained in the client/patient record and of Protected Health Information.
- Receive appropriate service/care without discrimination in accordance with physicians order.
- Be fully informed of one's responsibilities.
- Be informed of provider service/care limitations.

I have been given a copy of the Client Bill of Rights and they have been discussed with me and I understand the information provided to me.