

**North Shore Mental Health
Adult Mental Health Division
CLIENT RIGHTS ACKNOWLEDGEMENT**

Client Name: _____
Client's Parent/
Legal Guardian Name: _____

I have read the following information listed below, have had the opportunity to ask questions, and have had these rights explained to me when necessary.

- a. The right to a humane environment
- b. The right to a written individualized treatment plan, and the right to on-going participation in the treatment plan process
- c. The right to a clinical record and access to that record
- d. The right to confidentiality of treatment records
- e. The right to agree to treatment except in emergency situations
- f. The right to refuse participation in treatment
- g. The right to be free from unlawful discrimination
- h. The right to be informed of and fully understand one's rights
- i. The right to file a complaint, and to be able to do so without fear of retaliation.

I understand that the name of the Patient Rights Advisor at North Shore Mental Health is Dr. Dan Kehoe and he may be reached at 638-8700.

I also understand I may file a grievance with the Adult Mental Health Division at the following address:

Office of Consumer Affairs:
Adult Mental Health Division
P.O. Box 3378
Honolulu, HI 96801
Phone: (808) 586-4677
Fax: (808) 586-4745

Signed: _____ Date: _____
Client Parent/Legal Guardian

Signed: _____ Date: _____
Client
(If unable to sign, give reason: _____)

Signed: _____ Date: _____
North Shore Mental Health Therapist

10/09