



## **PARTICIPANT RIGHTS *and* SERVICES CONTRACT**

### **Participant Rights**

1. Tahoe Youth & Family Services provides services without discrimination by race, religion, sex, ethnicity, age, disability, sexual preference and/or ability to pay.
2. To be accorded clean, safe, and sanitary accommodations in an alcohol-free and drug-free environment to meet his or her needs.
3. To be free from intellectual, emotional and/or physical abuse.
4. The confidentiality of client records maintained by this program is protected by Federal law and regulations. Generally, the program may not reveal to a person outside the program whether a client attends the program, or disclose any information identifying the person as a client,  
UNLESS:
  - a. The client consents in writing; *or*
  - b. The disclosure is allowed by a court order; *or*
  - c. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.
  - d. Federal law 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.
  - e. Federal law and regulations do not protect any information about a crime committed by a client either in the program, or against any person who works for the program, or about any threat to commit such a crime. (See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws, and 42 C.F.R., part 2 for Federal regulations.)

Violation of the Federal law and regulations is a crime. Suspected violations may be reported to the U.S. Attorney in the district where the violation occurs.

All grievances about the drug program or services not adequately addressed by Tahoe Youth & Family Services should be directed to either the El Dorado County Drug and Alcohol Administrator at 931 Spring St., Placerville, CA 95667; telephone number (530) 621-6191, or The State of California, Department of Alcohol and Drug Programs, Residential and Outpatient Programs Compliance Branch, 1700 K Street, Sacramento, CA 95814, telephone number (916) 324-0837.

5. The client has the ultimate responsibility for decisions respecting his or her own health care, and possesses a right to information respecting his or her condition and care provided.
6. Participants shall receive a copy of all contracts they sign for payments or services. A sliding fee schedule is used to determine ability to pay and is available upon request. Fees are due at the time of the appointment(s). Donations are also accepted, if the client wishes to contribute to the program.

**Services Contract**

Each person receiving services from Tahoe Youth & Family Services understands and agrees, by signing below, to the following program rules:

1. Clients and/or their families will not be seen if they are under the influence of drugs or alcohol.
2. To contact us if a scheduled appointment needs to be cancelled. We request 24-hour notice of cancellation.
3. The parent/guardian of clients under the age of 12 is not to leave the facility during the child's session. Clients needing transportation must be picked up within 10 minutes of the scheduled end of session.
4. To attend therapy sessions on a regular basis. Being more than 15 minutes late will constitute a no-show. Clients with two no-shows for their appointments will have their cases closed.

*If a SARB, Probation, School, or Teen Court-mandated client, your case will be closed after the second no-show, and \_\_\_\_\_ at \_\_\_\_\_ will be notified of the discharge.*

5. To make a responsible effort to pay the established fees at each meeting.
6. To present no physical violence or threats of violent behavior.
7. To not use profane or vulgar language in the public areas.
8. Clothing, jewelry and personal items shall be free of writing, pictures or any other insignia which are crude, vulgar, profane or sexually suggestive; which bear drug promotions or likenesses; or which advocate racial, ethnic or religious prejudice.
9. To respond, if possible, to a staff person who, at 90 days after discharge, may call for a follow-up discussion of your progress.
10. To be willing to participate in a regularly scheduled, ongoing counseling program and treatment, including medical examination and laboratory testing if necessary.
11. Your case may be discussed in-house case management meeting with our counselors. This process allows each counselor to utilize the expertise of all the counselors in determining the best course for your family's counseling. Please initial below to approve your case being discussed in case management. *Initial here for approval:* \_\_\_\_\_

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Counselor Signature*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Date*