



445 A Willard Ave
Newington, CT 06111

CLIENT RIGHTS

THE FAMILY ADULT DAY CARE RECOGNIZES THAT YOU HAVE CERTAIN RIGHTS AND RESPONSIBILITIES IN YOUR RELATIONSHIP WITH THE DAY CARE AND ITS STAFF. IT IS OUR INTENTION TO DELIVER YOUR HEALTH CARE WITH THE ATMOST THOUGHTFUL BEHAVIOUR DESCRIBED BELOW:

1. You have the right to be treated with respectful care, dignity, and consideration by all staff.
2. You have the right to expect quality health care and high professional standards.
3. You have the right to consent, or to refuse, any treatment prior to its beginning, having been informed of the medical consequences of either decision.
4. You have the right to confidentiality of all records pertaining to your care plan, except as otherwise provided by law, or by your agreement to arrangements with third party payers.
5. You have the right to every consideration of your privacy concerning your care. Examinations, treatments, and discussions concerning your care will be conducted discreetly and handled confidentially.
6. You have the right to participate in the development and implementation of your care plan and to attend any team meetings concerning your care plan.
7. You have the right to know the daily cost of the program and all services included in this cost.
8. You have the right to know all services not included in the daily rate and the cost of those.
9. You have the right to be fully informed regarding the services provided, the frequency of services and treatment objectives.
10. You have the right, upon written request, to have access to information in your records.

11. You have the right to aesthetically pleasing and safe physical accommodations involving as much as possible, individual choice and control.
12. You have the right to express grievances and recommend changes and to be free from abuse, neglect, exploitation, and restraint.
13. you have the right to refrain from or to participate in religious or other program activities.

YOUR RESPONSIBILITIES

1. To stay in contact with my physician, keep appointments and report changes in medications, treatment, conditions or needs via support services or on my own.
2. To inform family adult day care of any changes in attendance schedule, telephone numbers, and changes in condition and medications.

Signature _____ Date _____