



As a client served at Northern Virginia Psychiatric Associates, you have specific rights. The purpose of the form is to inform you of your rights as our client.

**I. Right to Voluntary Services**

You have the right to request voluntary services.

You have a right to:

- Have a staff person assigned specifically to work with you in resolving your problems and ensuring that your service is properly provided
- A personal, individualized assessment of your needs
- An individualized service plan, which will be reviewed regularly, developed with your input, and implemented with your consent.
- Services beginning within a reasonable time and ending when they are no longer needed or effective
- Another opinion regarding services provided (However, seeing someone outside of this setting is done at your own expense.)
- Referrals to other competent professionals and sources of help as indicated by your service plan
- Terminate service if your circumstances require it or you feel it is in your best interest, unless doing so puts you or others in grave danger
- File a grievance if you feel your rights have been denied or violated. The Behavioral Medicine contact for filling a grievance is the Department Clinic Administrator and they can be reached at 703-396-5241.

**II. Right to Refuse Services**

You have a right to:

- Refuse any form of service to treatment unless it has been ordered by the court or in emergency situations when necessary to prevent harm to yourself and others (If you must receive services not by your own choice, you have the right to a lawyer, a court hearing, and an appeal of the decision to a higher court. If you cannot afford a lawyer, the court will appoint one for you.)
- Refuse service with your primary clinician and request another practitioner in this setting or a referral to another setting
- Be informed that without services, your situation may get worse
- Refuse to be filmed or audiotaped without your written permission
- Refuse to take a part in research studies without your written permission.

**III. Right to Confidentiality / Privacy**

All information about you is understood to be confidential to protect your privacy. This information includes the fact that you have or have not received services. All professionals and other staff associated with this setting are obligated to preserve your privacy to the extent permitted by law.

You have the right to:

- Determine the amount of information to be released, whether to or from anyone outside this setting, by signing a consent form
- Sign a consent form to release information that is specific to each situation when information is to be released (You will not be asked to sign a “blanket” consent for release of information.)
- Determine the length of time that information may be released and cancel your permission at any time (However, information may be released without your permission in a medical emergency to save lives, to prevent injury to yourself or others, or when required by law or ordered by the court.)



**Admission Face Sheet**

**IV. Right to a Humane Mental and Physical Environment**

You have a right to:

- Courtesy, respect, and professionalism from everyone involved in your service in this setting
- Facilities that are comfortable and safe, promote dignity, ensure privacy, and contribute to positive outcomes of your service.

**V. Right to Information**

You have a right to verbal and written information about.

- Your rights, role, and responsibilities as a client in this setting
- Your primary clinician’s rights, role, and responsibilities in this setting
- What you can expect during your service process-appointment, cost, handling of emergencies, and other practices and procedures of this setting as they affect you
- Your primary clinician’s credentials and professional code of ethics
- Means to contact your primary clinician in both emergency and nonemergency situations
- The name of and means to contact your primary clinician’s supervisor
- Procedure for reviewing your clinical records.

**VI. Rights Pertaining to Medication**

You have the right to:

- The administration of medication only under the written order of a physician
- A complete explanation, in language you can understand, of the purpose of any medication, possible side effects, and possible results of long-term use
- Full consideration of your opinions and reactions to the medications
- A regular review of your medication for the purpose of adjustment, as a check for possible side effects, and for possible reduction or elimination
- Have accurate records kept noting your medication history, including any adverse reactions or drug allergies
- Have medication prescribed for you only when necessary.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_



NHMG – Northern Virginia  
Psychiatric Associates

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