



**MASSACHUSETTS  
PSYCHIATRIC SERVICES , LLC**

**128 MAIN STREET, SUITE#3  
STURBRIDGE, MA 01566  
TELEPHONE 508.418.6888**

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**PATIENTS' RIGHTS AND RESPONSIBILITIES**

**Patients' Legal and Human Rights**

1. You have the right to be provided care and treatment with dignity and respect, as an individual who has personal needs, feelings, preferences, and requirements.
2. You have the right to impartial services and access to treatment, regardless of race, religion, sex, ethnicity, age or handicap.
3. You have the right to privacy in your treatment, in your care, and in fulfillment of your personal needs.
4. You have a right to be treated by staff/provider communication in a language you understand.
5. You have the right to be fully informed of all services available at the facility, any charges for or limitations on those services, and available alternative treatment.
6. You have the right to be provided an individualized treatment plan.
7. You have the right to be fully informed, in a language you understand, of your rights as a patient and of all rules and regulations governing your conduct as a patient in this program.
8. You have the right to be fully informed of all diagnostic, treatment procedures, or research projects, and to receive information necessary to give informed consent prior to the start of any procedure, treatment, or research project.
9. You have the right to refuse treatment without compromising your access to the organization's services to the extent permitted by law, and to be informed of the consequences of this refusal. However, the staff reserves the right to discontinue treatment should the extent of your refusal make reasonable and responsible treatment impossible.
10. You have the right to continuity of care. As long as you remain eligible for services through your insurance, you will not be discharged or transferred except for therapeutic reasons, for your personal welfare, or for the welfare of others. Should your transfer or discharge become necessary, you will be given the reasons and plan, as well as reasonable advance notice, unless an emergency situation exists.
11. You have the right to voice opinions, recommendations, and grievances in relation to policies and services offered by the facility without fear of restraint, interference, coercion, discrimination, or reprisal.
12. You have the right to be free from physical, chemical, and mental abuse.
13. You have the right to confidential treatment of your client records. Information from these sources will not be released without your prior consent, except in an emergency, or as required by law.
14. You have the right to refuse to perform any services for the program, or for the other patients, unless they are a part of your therapeutic plan of treatment which you have approved.
15. You have the right to be informed in advance of any visitors to the facility and the right to privacy if you do not wish to see visitors, or participate in activities while visitors are present in the facility.
16. You have the right to receive information necessary to give informed consent prior to being involved in activities which include the use of tape recorders, one-way observation mirrors, photography, or any other special audio-visual techniques.
17. You have the right to request the opinion-of a consultant at your expense.

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**PATIENT/GUARDIAN SIGNATURE**

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**DATE**