

Bluebonnet Trails Recovery

Substance Use Disorder Program Bill of Rights

Bluebonnet Trails Community Services (BTCS) shall respect, protect, implement, and enforce participant rights contained in the Bill of Rights. I understand I (and/or my Legally Authorized Representative) have the right to:

1. Accept or refuse treatment or services after receiving this explanation
2. Agree to treatment, services, or medication and change my mind at any time (unless specifically restricted by law)
3. A humane environment providing reasonable protection from harm and appropriate privacy for my personal needs
4. Be free from abuse, neglect, and exploitation
5. Be treated with dignity and respect
6. Appropriate treatment or services in the least restrictive setting available that meets your needs
7. Be told about the program's rules and regulations before I am admitted, including, without limitation, policies related to restraints and seclusion
8. Be told before admission: (A) the condition to be treated, *if applicable*; (B) the proposed treatment; (C) the risks, benefits, and side effects of all proposed treatment, services, and/or medication; (D) the probable health and mental health consequences of refusing treatment or services; (E) other treatments or services that are available and which ones, if any, might be appropriate for me; and (F) the expected length of stay
9. A treatment or service plan designed to meet my needs developed by me and my provider
10. Review and update the treatment or service plan on a regular basis
11. Refuse to take part in research without affecting my regular care
12. To deny unnecessary or excessive medication
13. Have information about me kept private and be told when/if the information can be released without my permission
14. Be told in advance of all estimated charges and any limitations on the length of services of which the facility is aware
15. Receive an explanation of my treatment or services and rights if I have questions while I am engaging in services
16. Make a complaint by contacting the BTCS Client's Rights Officer (CRO) and receive a response from the CRO within a reasonable amount of time
17. Make a complaint directly to the Texas Health and Human Services Commission (HHSC) at any time
18. Get a copy of these rights before I am admitted, including the address and phone number for the BTCS CRO and Texas HHSC. I understand this information is available on the General Public Complaint and Positive Feedback Handout I received when services were

initiated and that this is also available at www.bbtrails.org/get-help under Consumer Rights Information.

19. Have my rights explained in a way I can understand within 24 hours of being admitted
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My signature below acknowledges my rights have been explained to me, that I had the opportunity to ask questions, and that I understand my rights as a Participant.

Participant Signature: _____ Date: _____

Legally Authorized Representative: _____ Date: _____

Staff Signature: _____ Date: _____