

**PATIENT RIGHTS FORM  
ARMY SUBSTANCE ABUSE PROGRAM**

1. This program will protect your fundamental human, civil, constitutional, statutory and individual rights and those of your family members.
2. Your personal dignity will be maintained. Access to treatment will be impartial; that is, without regard to your race, religion, sex, ethnicity, age or handicap, if any.
3. Your personal privacy will be maintained within the parameters of your individual treatment plan and in accordance with U.S. Army standards regarding confidentiality.
4. You have the right to know--
  - a. Your rights as an individual.
  - b. The professional status of the clinical staff member responsible for your care.
  - c. The nature of the care, treatment, procedures and environment in which which you will be receiving your treatment.
  - d. About the use of any observation and audiovisual techniques such as 1-way mirrors, tape recorders, video recorders or photographs will only be used with your expressed written consent.
  - e. The risks, side effects and benefits of treatment procedures and medications used, especially when they are unusual or experimental.
  - f. Of any participation in any research project that introduces additional inconveniences or risk to you.
  - g. Of any alternative treatment procedures that are available, such as protective services in the case of abuse.
  - h. Your right to refuse to participate in any research project without affecting your access to services that would otherwise normally be offered you.
  - i. Your right to refuse specific medications or treatment procedures to the extent permitted by law.
  - j. The program's responsibilities, should you refuse treatment, to seek appropriate legal alternatives or orders for involuntary treatment or, in accordance with professional standards, to terminate the relationship with you upon reasonable notice.
  - k. Any proposed change, and the reasons for such changes, in the clinical staff responsible for you, or any transfer of a member of the clinical staff within or outside the program.
  - l. The rules and regulations of the program applicable to your conduct.
  - m. Your right to formulate an Advance Directive (living will and or medical durable power of attorney), your right to take part in ethics discussions pertinent to your care, and your right to designate a representative to make health care decisions in the event you are unable to do so.
  - n. Your right to information about assessment and effective management of pain, to include the right to information about pain and pain relief measures.

**DECLARATION**

I have read and understand the above-stated patient's rights. I have had the opportunity to discuss my rights and responsibilities as a patient with the health care provider who signature appears below, to include any questions I may have had concerning the patient's rights stated above. I have been provided a copy this form.

Patient's signature	Date
Provider's signature	Date

Patient's printed name ( <i>Last, First, MI</i> )	Social security number	Rank	Status/Branch of service
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