



HEALTHY RECOVERY OPTIONS

Specializing in Assessments and Counseling

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Clients Rights Statement

I _____ hereby acknowledge that the material given to me in the Resident Packet has been explained by

_____ to my satisfaction. This includes a copy of the "Explanation of Clients Rights". I have also been given the following policies; How to make a grievance, the fees I need to pay, my rights to confidentiality, the privacy notice, and information on HIV/High Risk /TB.

My signature indicates that I have received a copy of the Clients Packet and understand my Rights as a Client and the expectations that Healthy Recovery Options has of me.

Clients Signature

Date

Staff Signature

Date