

LAS VEGAS JUSTICE DRUG COURT PARTICIPANT RIGHTS

Participant Name: _____

As a participant of Las Vegas Justice Drug Court, your rights include, but are not limited to:

1. You have the right to receive treatment appropriate to your needs.
2. You have the right to have your clinical records forwarded to the receiving program if you are transferred to another treatment program.
3. You have the right to be informed of the name of the person responsible for coordination of your treatment plan.
4. You have the right to be informed if the facility proposes to perform experiments or research that affect your own treatment, and the right to refuse to participate in such.
5. You have the right to be informed of the program's rules for your conduct.
6. You have the right to receive respectful and considerate care.
7. You have the right to have any reasonable request for services reasonably satisfied by the program, considering its ability to do so.
8. You have the right to confidential treatment. This means that, other than expectations defined by law-such as those in which public safety takes priority-without your explicit consent to do so.
9. Waiver of any civil or other rights protected by law cannot be required as a condition of program services.
10. You have the right to freedom from emotional, physical, intellectual, or sexual harassment or abuse.
11. If the program receives funds from the Substance Abuse Prevention and Treatment Administration, you have the right to be provided treatment regardless of whether or not you can afford to pay for it, and the program is prohibited from imposing any fee or contract which would be hardship for you or your family.
12. You have the right to be informed of the name of the person responsible for coordination of your treatment and of the professional qualifications of staff involved in your treatment.
13. You have the right to be given sufficient information to provide for informed consent to any treatment you are provided. This is to include a description of any significant medical risks, the name of the person responsible for treatment, as estimate of the costs of treatment, and a description of the alternatives to treatment.
14. You have the right to be informed of your rights as a defendant. The foregoing are to be posted in the facility in a place where they are immediately available to you, and you are to be informed of these rights and given a listing of them as soon as is practically possible upon your beginning treatment.

I have read, understand, and have been provided a copy, upon request, of the above Participant's Rights.

Participant Signature: _____ Date: _____

Counselor/Witness Signature: _____ Date: _____