SUNBRIGHT RECOVERY CENTER
22425 Sunbright Avenue | Red Bluff, CA 96080
530.513.4294 | www.sunbrightrecovery.org

CLIENT BILL OF RIGHTS

For Clients and Prospective Clients — Notice and Acknowledgment of Receipt

Form SRC-ADM-004-F | Health & Safety Code §11857.2 (SB 349); Title 9 CCR §10569 | Ref: SRC-ADM-004; SRC-ADM-010

Welcome to Sunbright Recovery Center. You have rights before and during your treatment. This Client Bill of Rights is given to everyone who asks about our program and to every client at admission, and it is posted at our facility and at www.sunbrightrecovery.org. Staff will read and explain it to you when you are admitted, and you will receive your own copy to keep. If anything is unclear, or you need this notice in another language or format, please ask any staff member — help is free.

PART 1 — CALIFORNIA SUBSTANCE USE DISORDER CLIENT BILL OF RIGHTS

Under California Health and Safety Code §11857.2 (Senate Bill 349, the California Ethical Treatment for Persons with Substance Use Disorder Act), every client of a licensed or certified substance use disorder treatment provider has the right:

1. To be treated for the life-threatening, chronic disease of substance use disorder with honesty, respect, and dignity, including privacy in treatment.
2. To be informed by the treatment provider of all the aspects of treatment recommended to the client, including the option of no treatment, risks of treatment, and expected result or results.
3. To be treated by treatment providers with qualified staff.
4. To receive evidence-based treatment.
5. To be treated simultaneously for co-occurring behavioral health conditions, when medically appropriate.
6. To receive an individualized, outcome-driven treatment plan.
7. To remain in treatment for as long as the treatment provider is authorized to treat the client.
8. To receive support, education, and treatment for their families and loved ones, if the treatment provider is authorized.
9. To receive care in a treatment setting that is safe and ethical.
10. To be free from mental and physical abuse, exploitation, coercion, and physical restraint.
11. To be informed of these rights once enrolled to receive treatment, as evidenced by written acknowledgment.
12. To be informed by the treatment provider of the law regarding complaints, including the address and telephone number of the California Department of Health Care Services (see Part 5).

PART 2 — PERSONAL RIGHTS OF RESIDENTS (TITLE 9)

California Code of Regulations, Title 9, §10569, gives every resident of a licensed alcohol and drug treatment facility these rights:

1. **Confidentiality.** Your records are protected under federal law (42 CFR Part 2).
2. **Dignity.** To be treated with dignity in your relationships with staff and other people.
3. **Safe housing.** To have safe, healthful, and comfortable accommodations that meet your needs.
4. **Freedom from abuse.** To be free from intellectual, emotional, and/or physical abuse.
5. **Complaint information.** To be told how to make a complaint, including the address and phone number of the California Department of Health Care Services (DHCS) — see Part 5.
6. **Religious freedom.** To attend religious services or activities of your choice and to have visits from a spiritual advisor, as long as they do not conflict with program requirements. Taking part in religious activities is always voluntary.

PART 3 — ADDITIONAL RIGHTS AS A SUNBRIGHT CLIENT

In addition, Sunbright Recovery Center promises that you have the right to:

1. **Equal treatment.** Receive services without discrimination based on race, color, ethnicity, national origin, religion, sex, gender, gender identity, sexual orientation, age, disability, language, or source of payment.
2. **Respect and privacy.** Be treated with dignity, respect, and privacy, and be free from neglect, exploitation, and punishment of any kind.
3. **Timely care.** Receive care in a timely manner.
4. **Clear information.** Be told about your diagnosis, treatment options, expected outcomes, your treatment plan, and your discharge plan, in words you understand.
5. **Take part in your care.** Help create your treatment plan and make informed decisions about your care.
6. **Informed consent.** Be told the risks and benefits of treatment before you agree to it, and refuse or stop treatment at any time. (Your stay is voluntary; choosing to leave or refuse services may result in discharge.)
7. **Your records.** Ask for and receive a copy of your records as allowed by state and federal law.
8. **Control your information.** Decide in writing what information is shared, with whom, and for how long — and cancel that permission at any time. Your information is protected by HIPAA, the California Confidentiality of Medical Information Act, and 42 CFR Part 2. Limited exceptions apply (for example, a medical emergency, a serious threat of harm to yourself or others, suspected child or elder abuse, or a court order); staff will explain these to you.
9. **Accessibility and language help.** Ask for reasonable accommodations if you have a physical, cognitive, or sensory disability, and receive interpreter or language services, at no cost to you.
10. **Speak up safely.** Voice a concern, complaint, or grievance at any time without fear of retaliation, discharge, or any change in your care.

PART 4 — IF YOU HAVE A CONCERN OR GRIEVANCE

You may use any of these steps, in any order. You do not have to try an informal step first.

1. **Talk to any staff member.** Many concerns can be solved right away, during the same shift.
2. **File a grievance, verbally or in writing.** Ask any staff member for a Client Grievance Form (also printable at www.sunbrightrecovery.org). Hand it to any staff member or the Clinical Director, or mail it (see Part 5). For privacy, seal it in an envelope marked "Confidential – Clinical Director" — staff will deliver it unopened the same day. Staff can help you write it. A family member or other authorized representative may file for you with your written permission.
3. **Get a response.** The Clinical Director will confirm receipt of your grievance in writing within 5 calendar days and give you a written response within 30 calendar days.
4. **Appeal.** If you are not satisfied, you may ask to meet with the Program Director or Executive Director within 10 calendar days of receiving the response.
5. **Contact the State at any time.** You may file a complaint directly with DHCS whenever you choose — you do not have to finish Sunbright's process first.

No retaliation. No staff member may threaten, punish, discharge, transfer, or change your care or living conditions because you filed a grievance or complaint.

PART 5 — WHO TO CONTACT

Sunbright Clinical Director	Linda Spyres, LCSW | 530.513.4294 Mail: Attn: Clinical Director – Confidential, 22425 Sunbright Avenue, Red Bluff, CA 96080
California Department of Health Care Services (DHCS) — SUD Complaints	Licensing and Certification Division, P.O. Box 997413, MS 2601, Sacramento, CA 95899-7413 Toll-free: (877) 685-8333 | Phone: (916) 322-2911 | Fax: (916) 440-5094 Email: sudcomplaints@dhcs.ca.gov | Online: dhcs.ca.gov (search "SUD complaints")
Medi-Cal Members	Call the member services number on the back of your Medi-Cal card or your county behavioral health access line for grievances or appeals about Medi-Cal coverage.
Crisis Support (24/7)	988 Suicide & Crisis Lifeline: call or text 988 | Emergency: 911 SAMHSA National Helpline (information & referral): 1-800-662-4357