

<Insert Company Letterhead>

## Statement of Recovery Resident Rights

As a member of (Insert Recovery Residence Name) you have rights that the residence staff/mentors will safeguard during your stay. You have a right to:

1. An environment that supports your recovery.
2. Be free from verbal and physical abuse.
3. Be treated with dignity and respect.
4. Choose your own, personal recovery goals.
5. Participate actively in your recovery.
6. Confidential records that are accessible only to designated staff and which can be released to others only with your written permission, except as allowed by state and federal law.
7. Be referred to subsequent services upon leaving or transfer from this residence if necessary.
8. Retain personal property that does not jeopardize your or others' safety or health.
9. Receive and send unopened mail.
10. File a complaint to the owner/operator without fear of retaliation and to have the complaint addressed within a reasonable amount of time.
11. Be fully informed before changes occur in these rights and responsibilities as well as to changes in policies and procedures should they occur.
12. Not to be required to perform services for the residence, which are not included in the usual expectations for all residents.

I have been informed of my rights as listed above.

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_