

Triad Psychiatric and Counseling Center, PA

Client Rights Information

Please read and **initial each line**, thereby acknowledging you have read and understand:

___ The patient has a right to receive information about our company's services, practitioners, clinical guidelines, and patient rights and responsibilities regarding their care

___ The patient has a right to reasonable access to care regardless of race, religion, gender, sexual orientation, ethnic, age, or disability.

___ The patient has a right to participate in an informed way in the decision making process regarding their treatment planning

___ The patient has a right to be informed of all potential risks, benefits of treatment, and has the right to refuse treatment.

___ The patient has a right to discuss with their provider the medically necessary treatment options of their condition regardless of cost or benefit coverage

___ The patient has a right to individualized treatment including a) adequate and humane services regardless of the source of financial support, b) provisions of services within the least restrictive environment possible, c) an individualized treatment or program plan, d) competent clinical staff to supervise and carry out the treatment

___ The patient has a right to the consideration of ethical issues that arise in the provision of care and services including resolving conflict and withholding resuscitative services

___ The patient has a right to designate a surrogate decision maker if the patient is incapable of understanding a proposed treatment or is unable to communicate their wishes.

___ The patient has a right to be treated with personal dignity and respect

___ The patient has a right to care that is considerate and respects the patient's values and beliefs

___ The patient has a right to personal privacy and confidentiality of information

___ The patient has a right to voice their complaints or appeals regarding TPCC or their managed care provider to the office manager. In the event that there still has not been satisfactory resolution to their complaint's or concerns, the patient has the right to contact the following: The Division of Mental Health 919-715-3197, The Disabilities Rights of NC 800-821-6922, and The NC Board of Medicine 800-253-9653 or www.ncmedboard.org

___ The patient has a right to make recommendations regarding the Patient rights and Policies at TPCC

___ The patient has a right to be informed of rules and regulations regarding the patient's conduct

___ The patient has the right to be informed that there may be instances, pursuant to General Statute 130A-143, HIPAA Regulation 165.512, Policies 42CFR and 45CFR, that we are legally mandated to release their Personal Health Information (PHI) without their signed consent. Copies of these regulations and policies are available upon request.

___ The patient has the responsibility to give TPCC and their provider information needed in order to receive care

___ The patient has the responsibility to follow the agreed upon treatment plan and instructions for care

___ The patient has the responsibility to participate in understanding their behavioral health problems and in developing along with their provider a mutually agreed upon treatment goal.

By signing below, the patient hereby consents to treatment by their managed care provider following the above expressed guidelines. Any patient who wished to withdraw consent for treatment may do so by submitting their decision in writing to their provider.

Signature of Patient/Patient Guardian

Date