



## Client's Rights, Responsibilities, and Grievance Form

### Client has the right:

1. To be treated with consideration, respect, personal dignity, autonomy, and privacy.
2. Of service in a humane setting.
3. To be informed of one's own condition, of proposed or current services, treatment, or therapies, and of the alternatives.
4. To consent or refuse any service, treatment, or therapy upon full explanation of the expected consequences of such consent or refusal.
5. To a current individualized treatment plan that addresses one's own mental and/or physical health, that specifies the provision of appropriate and adequate services, as available, either directly or by referral.
6. To consult in the establishment, periodic review, and reassessment of the service plan.
7. To freedom from unnecessary and excessive medication, if licensed to prescribe medicines.
8. To be informed about the role of supervised practitioners and the right to refuse such care.
9. To have the opportunity to consult with independent treatment specialists or legal counsel, at one's own expense.
10. To confidentiality of communications and of all personal identifying information within the limitations and requirements for disclosure of various funding and/or certifying sources, state or federal statutes, unless release of information is specifically authorized by the client or court-appointed guardian of the client.
11. To have access to one's own medical, clinical or other treatment records, unless access to particular identified items of information is specifically restricted for that individual client for clear treatment reasons in the client's treatment plan. "Clear treatment reasons" shall be understood to mean only severe emotional damage to the client, such that danger of self-injurious behavior is an imminent risk. The person restricting the information shall explain to the client the factual information about the individual client that necessitates the restriction. The restriction must be renewed annually to retain validity. Any person authorized by the client has unrestricted access to all information.
12. To be informed in advance of the reason(s) for discontinuance of service provision, and to be involved in planning consequences of the event.
13. To receive an explanation of the reason for denial of service.
14. To not be discriminated against in the provision of service on the basis of religion, race, color, creed, sex, national origin, age, lifestyle, physical or mental handicap, or developmental disability.
15. To know the cost of service.
16. To be fully informed of all rights.

17. To exercise any and all rights without the reprisal in any form, including continued uncompromised access to service.
18. To file a grievance.
19. To have oral and written instructions for filing a grievance.

**Protection of Client Rights:**

1. Each client shall receive a written statement of Client Rights during the intake procedure. Staff will explain any and all aspects of Client Rights.
2. Clients will sign the Client's Rights Received Form, which includes a signature indicating receipt of the Client's Rights, Responsibilities, and Grievance Form.
3. Staff will assist with filing a grievance if requested.

**Patient Responsibilities:**

1. To become informed about your insurance plan including benefits available.
2. To be engaged in your own journey of health and wellness. Your practitioner or therapist is only half the therapy relationship.
3. To keep all scheduled appointments. There may be a charge for cancelled appointments, unless 24 hours' notice is given.
4. To follow all medically appropriate physician orders or practitioner suggestions.
5. To treat all personnel and staff with courtesy and respect.
6. To provide complete health status information for accurate diagnosis and appropriate treatment.
7. To notify us as soon as possible in case you receive emergency care within twenty-four (24) hours, or as soon as possible.

**Client Grievance Procedure**

All complaints will be addressed to:

Joyce Cary

Integrative Life Solutions, Inc.

2511 Neudorf Road, Suite G

Clemmons, NC 27012

(336) 778-1950

[Info@IntegrativeLifeSolutions.com](mailto:Info@IntegrativeLifeSolutions.com)