

## **Client Rights**

### ***Your rights are guaranteed by law.***

Unless you have been declared incompetent by a court, you have the same basic civil rights and remedies as other citizens, including the right to buy or sell property, sign a contract, register and vote, sue others who have wronged you, and marry or get a divorce. You also have other rights guaranteed by North Carolina General Statutes 122C, Article 3, including the right to dignity, privacy, humane care, and freedom from physical punishment, abuse, neglect, and exploitation.

### ***You have the right to a treatment plan.***

A written treatment plan, based on your individual needs, must be implemented within 15 calendar days of admission. You have the right to treatment in the most age appropriate and least restrictive environment possible. You have the right to take part in the development and periodic review of this plan. You are entitled to review your treatment plan and to understand how to obtain a copy of it from your therapist or medical records. Ascending Hope Counseling involves person served in the planning implementation, monitoring, revision, and evaluation of services provided and a provisional diagnosis with an established diagnosis determined within 15 days of admission. You are more than welcome to request a copy of your treatment plan at any time during your treatment. You can request a copy of the treatment plan from your therapist or an Ascending Hope Counseling medical record specialist.

### ***You have the right to be informed about your medications.***

You have the right to have medications administered in accordance with accepted medical standards and upon the order of a physician. When medication is needed, you have the right to receive it in the lowest possible therapeutic dose. You cannot be treated with experimental drugs or procedures without your written permission and without being informed of the risks, benefits and alternatives. You may refuse to take medication; however, you will be informed of the risks of doing this.

### ***You have the right to refuse treatment.***

Before you agree to your plan, you will be informed of the benefits or risks involved in the services you will receive. You have the right to consent to treatment and may withdraw your consent at any time. You have the right to refuse treatment without threat or termination of services except as outlined in the statute. If you have asked to receive services, you always have a right to agree to or refuse any specific treatment. The only time you can be treated without your consent is in an emergency situation or when it has been court ordered, or if you are a minor and your parents have given permission. A minor may seek and receive periodic services from a physician without parental consent in accordance with G.S. 90-21.5 (Appendix G) for prevention, diagnosis, and treatment of (1) venereal diseases reportable under G.S. 130A-135, (2) pregnancy, (3) abuse of controlled substance or alcohol and emotional disturbances. You may withdraw the Consent for Treatment at any time. To withdraw the Consent for Treatment, you must provide Ascending Hope Counseling a verbal or written request that you no longer

want to receive services. This request may be communicated to the therapist or to Ascending Hope Counseling administrative staff. As soon as Ascending Hope Counseling is informed of your request to terminate services and to withdraw the Consent for Treatment, Ascending Hope Counseling will send a letter notifying you the date of which your request was effective. The clinical and administrative staff will also process the discharge documents.

***You have the right to confidentiality.***

The confidentiality of your care and treatment is protected by law. Except as allowed by law and agency regulations, your records and other information about you will not be released without your written permission. Circumstances under which we may be required to share information with another about the services you receive include:

- If you give permission, we may share information with any person or agency that you name.
- With your permission, your next of kin, a family member with a legitimate role in your service, or another person whom you name may be given other information about your care.
- Insurance companies and other third-party payers are given information that they request regarding services to clients. Information that may be requested includes, but is not limited to types of services, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, and summaries.
- A consumer advocate may review your record when assigned to work on your behalf.
- Litigation: Mental healthcare professionals can only release documents or testify if directed by a judge through a court order. Subpoenas do not meet the level required for a mental health professional to break confidentiality.
- Our attorney may need to see your file due to legal proceedings.
- Request from the funding source or an audit
- Another facility or HIPAA Covered Entity may need to receive your files when your care is transferred.
- If you become imprisoned, we may share your file with the prison officials.
- Special rules may apply if you have a legal guardian, are a minor, or are receiving treatment for substance abuse.
- You have the right to see your own records, except under certain circumstances, which are specified by law. You have the right to have those circumstances explained to you.
- A physician or other professional who referred you to our facility may receive your files.
- If we believe that you are a danger to yourself or others, we may share information with law enforcement.
- If a consumer reports a plan to harm an individual, local law enforcement and the potential victim may be contacted to ensure safety.
- We are required to report incidents of suspected abuse of a child, disabled persons, or elder persons to local officials.

- Additionally, if there is a psychiatric or medical emergency, Ascending Hope Counseling may release information to emergency personnel to assist in coordination of emergency services.

***You have the right to be informed of the rules.***

You have the right to be informed of the rules that you are expected to follow in a particular facility or practice and possible penalties for violation of the rules. This information will be provided when you enter the program. You have the right to be free from unwarranted suspension or expulsion from programs and services. If you are discharged from a facility or practice, you are entitled to a copy of your discharge plan.

***You have the right to know your treatment costs.***

Fees for services should be discussed with you at your first visit. If this does not occur, please let us know. Although it is your responsibility to make arrangements to pay your bill, you will never be denied services because of inability to pay. I further understand that Ascending Hope Counseling may use confidential information about me/my child to bill and be paid for services, I hereby consent for Ascending Hope Counseling to release information to the funding source and for your insurance carrier to release information to Ascending Hope Counseling for this purpose.

***You have the right to privacy.***

You have the right to be free from any unwarranted search of your person or property. At the time of admission to a 24-hour facility, staff may search you and your belongings to prevent dangerous or illegal substances from being brought into the facility. The facility itself may be searched if dangerous or illegal substances are reasonably believed to be present, and staff may search consumers who are minors. Should search and seizure apply to a program from which you are receiving treatment, the specific procedures will be explained when you enter the program.

***You have the right not to be abused.***

At the time of admission to a specific program, you will be informed of the types of interventions that are approved for use by that program.

***You have a special right if you have intellectual disabilities.***

If your primary need is related to the fact that you have intellectual disabilities and are placed in a residential facility, you are entitled to assistance in finding another place to live if your original placement can no longer serve you.

***You have the right to make instructions for your treatment in advance.***

In the event that you become incapacitated and unable to make decisions about your treatment, you may prepare a document which outlines your intentions for your treatment, and a person to make decisions based upon your instructions.

***You have the right to make a complaint.***

If you are dissatisfied with a mental health or substance abuse services delivered through Ascending Hope Counseling, you have the right to state a complaint or file a grievance at any time. Before stating a written complaint, we urge you to first discuss the matter with staff of the program providing the service and allow them an opportunity to help resolve it.

For Complaints with DWI services:

State Office of DWI Services [www.ncdhhs.gov/mhddsas/dwi](http://www.ncdhhs.gov/mhddsas/dwi)

3008 Mail Service Center Raleigh, NC 27699-3008

Ph: 919-733-0566 Fax: 919-508-0963

Lynn B. Jones – [lynn.b.jones@dhhs.nc.gov](mailto:lynn.b.jones@dhhs.nc.gov)

Jason Reynolds – [jason.reynolds@dhhs.nc.gov](mailto:jason.reynolds@dhhs.nc.gov)

Donna Brown- [donna.m.brown@dhhs.nc.gov](mailto:donna.m.brown@dhhs.nc.gov)

Marcie Blevins -[marcie.blevins@dhhs.nc.gov](mailto:marcie.blevins@dhhs.nc.gov)

Shenita Billups -[shenita.billups@dhhs.nc.gov](mailto:shenita.billups@dhhs.nc.gov)

North Carolina Division of Mental Health / Developmental Disabilities / Substance Abuse Services [www.ncdhhs.gov/mhddsas](http://www.ncdhhs.gov/mhddsas)

Advocacy and Customer Service Section

919-715-3197 DHHS CARE-LINE: 1-800-662-7030 (Voice/Spanish)

North Carolina Substance Abuse Professional Practice Board

[www.ncsappb.org](http://www.ncsappb.org)

P.O. Box 10126 Raleigh, NC 27605

Ph: 919-832-0975 Fax: 919-833-5743

Barden Culbreth, Executive Director Disability Rights NC

[www.disabilityrightsn.org](http://www.disabilityrightsn.org)

2626 Glenwood Avenue, Suite 550, Raleigh, NC, 27608

(877) 235-4210 or (919) 856-2195

Email: [info@disabilityrightsn.org](mailto:info@disabilityrightsn.org)

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Client Signature

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Date