

Triangle Family Services ***Statement of Clients' Rights***

Triangle Family Services provides services to all clients without regard to race, color, religion, national origin, gender, sexual orientation, age, disability, veteran status, or any other discriminatory factor recognized by law.

When you receive services from Triangle Family Services, you also have certain rights. Listed below is a summary of those rights. If you would like more detailed information about these rights, please ask your primary service provider. At Triangle Family Services, we strive to provide the highest quality of services possible while striving to protect and enhance the rights and quality of life of all of our clients.

You have the right to know the basic expectations for use of the organization's services. The main offices of Triangle Family Services are located at 3937 Western Blvd in Raleigh and are open Monday from 8:00 a.m. to 8:30 p.m., Tuesday through Thursday from 8:00 a.m. to 6:00 p.m., and on Friday from 8:00 a.m. to 1:30 p.m. You will be given written information explaining the various services that we offer, the specific locations and hours of operation for each service, and the expectations required to receive those services. You will also be notified in writing of any rules, behavioral expectations, and other factors that could result in discharge or termination of services. Termination of services may result if you violate one or more of the conditions as specified in your individual service agreement.

You have the right to a treatment plan or a plan for your services. You have the right to participate in the development of your plan. A written plan of services or treatment, based on your individual needs, must be implemented within 30 days of admission to services. For Medicaid recipients of mental health services, a treatment plan will be developed upon admission to services

You have the right to refuse services or treatment. You have the right to consent to treatment or services and may withdraw your consent at any time. If you refuse a recommended service, treatment, or medication, the organization will attempt to inform you of the consequences for such refusal. The only time that you can be treated without your consent is in an emergency situation, when it has been court-ordered, or if you are a minor and your parent or guardian has given consent.

You have the right to confidentiality. Unless the law requires it, your records and other information about you will not be released without your written permission (or if you are a minor, the written permission of your parent or legal guardian). Circumstances under which we may be required by law to share information with another about the services you receive include:

- If you give written permission we may share information with any person or agency you name.
- If we believe that you are an imminent danger to yourself or to others, or if we believe you are likely to commit a crime, we may share information with law enforcement and with threatened individuals.
- The court may order us to release your records without your permission.
- If we suspect that you have neglected or abused a child or dependent adult, or you are being investigated for child abuse or neglect, we are required by law to share information with county protective services officials.
- If you are HIV positive and we are aware that you are not following proper control measures, we are required to report this to agents charged with the protection of public health.
- Our attorney may need to see your file because of legal proceedings.

You have the right to be informed of policies that you are expected to follow. You also have the right to be informed of the possible consequences for not following the policies.

You have the right to know the costs of the services that you receive. You should be informed of the costs of your services before the provision of the services. It is your responsibility to arrange for payment of costs, and your services can be terminated for failure to pay for agreed costs.

You have the right to privacy. You have the right to be free from any unwarranted search of your person or property.

You have the right to be treated with dignity. In our programs we do not administer any potentially painful procedures or stimuli to reduce the frequency or intensity of a behavior. Employees must protect clients from harm and report any form of abuse, neglect, or exploitation.

If you are a client in Individual and Family Counseling, you have the right to be informed about medication that is prescribed to you. You have the right to have medication prescribed 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 therapeutic dose. You cannot be treated with experimental drugs or procedures 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 make a complaint or file a grievance. If you are dissatisfied with the services delivered by Triangle Family Services, you have the right to state a complaint or file a grievance at any time. Before starting a written grievance or complaint, we urge you to first discuss the matter with the staff of the program providing you with services to allow them an opportunity to resolve your complaint. If this is unsuccessful, your complaint should then go to that program's director. If the issue is then not resolved, you may obtain a Grievance Form from any staff member and submit that to the President and CEO. The President and CEO will involve appropriate staff to investigate and attempt to resolve the matter in a timely fashion. You also have the right to contact the Governor's Advocacy Council for Persons with Disabilities (GACPD), the statewide agency designated under federal and state law to protect and advocate for the rights of persons with disabilities.

**Triangle Family Services
Acknowledgement of Receipt of Written Statement of Clients' Rights**

I have received and reviewed a copy of Triangle Family Services Statement of Clients' Rights explaining my rights.

Client Name (please print): _____

Client Signature: _____
(Or Legal Guardian if a minor)

Date: _____

Staff Signature: _____

Date: _____

Passed Management Council
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