TRINITY COUNSELING SERVICES LLC
melissatrinitycounseling@gmail.com melissatrinityburlington@gmail.com
5820 E WT Harris Blvd Ste 120 Charlotte NC 28215 (704) 333 2446 (704) 333 2447
508 Holly Hill Ln Ste 102-E Burlington NC 27215 (336) 270 4053
Trinitycounselingcharlotte.com trinitycounselingservicesburlington.webs.com
Client Name_____Client Number_____

Client Rights / Grievances Document

Client Rights: I understand my basic rights as a client. These rights include:

I understand my basic rights as a client. These rights include:

You have the right to choose where you will receive services.

You have the right to treatment in the least restrictive environment possible.

You have the right to services that are responsive to your age, gender, social supports, cultural orientation, psychological characteristics, sexual orientations, physical situations and spiritual beliefs.

You have the right to be involved in all aspects of treatment planning and review.

You have the right to know when and why your services end.

You have the right to have your opinions and preferences considered in any action that impacts your treatment.

You have the right to privacy and confidentiality.

You have the right to be free from physical and psychological abuse, including sexual abuse or harassment, physical punishment and humiliating treatment actions.

You have the right to know how fees are applied, and what your responsibility is.

You have the right to voice concerns, suggestions and grievances free from reprisal.

You have the right to have your family involved in the treatment process.

You have the right to ask help in communicating any concern, suggestion or grievance you may have (from your referral source, a resource list agency, etc.)

Grievance Policy:

I understand that if I have a complaint/grievance, I should ask for:

A copy of the Client Rights Policy and Client Grievance Procedure shall be posted in a conspicuous location in the facility, Trinity Counseling Services LLC. Written copy of the Client Grievance Procedure is available to each applicant and each client, upon request. Appropriate staff will be available to assist a client in filing of a grievance.

I understand that I have a right to contact the agencies below at any time to discuss my complaint/grievance:

DWI Services, Justice Systems Innovations NC Mental Health/Developmental Disabilities/Substance Abuse Services
www.ncdhhs.gov/mhddsas/dwi Donna Brown donna.m.brown@dhhs.nc.gov
3008 Mail Service Center Raleigh, NC 27699-3008 Ph: 919-733-0566 Fax: 919-508-0963
North Carolina Substance Abuse Professional Practice Board http://www.ncsappb.org/wp-content/uploads/2012/11/complaints.pdf
P.O. Box 10126 Raleigh, NC 27605 Ph: 919-832-0975 Fax: 919-833-5743
Katie Gilmore, Associate Executive Director Katie@recanc.com
Disability Rights NC www.disabilityrightsnc.org Email: info@disabilityrightsnc.org
3724 National Drive Ste 100 Raleigh, NC, 27612 (877) 235-4210 or (919) 856-2195

_____ I understand that I have a right to contact the agencies below at any time to discuss my complaint/grievance:

_____I certify that I have received a copy of this Client Rights/Grievance Policy

_____ _____

Client Signature(full legal name) Date Counselor Signature Date