

George LeRoy, LPC, LCAS, CCS
Swannanoa Business Center
2263 Highway 70, Unit # 2
Swannanoa, NC 28778

Client's Rights

It is my policy to assure basic human rights to each client. These rights include the right to dignity, privacy, humane care, and freedom from mental and physical abuse, neglect, and exploitation. I assure to each client the right to live as normally as possible while receiving care and treatment. It is my policy that each client who is receiving services has the right to treatment, regardless of age. Each client has the right to an individualized written treatment plan setting forth a program to maximize the development or restoration of their capabilities. (10A NCAC 27G .0205 Assessment and Treatment/or Service Plan).

You have a right to:

- expect quality service provided by concerned, trained, professional and competent staff.
- expect dignity, privacy, humane care, and freedom from mental and physical abuse, neglect, and exploitation and to live as normally as possible while receiving care and treatment.
- expect complete confidentiality within the limits of the law, and to be informed about the legal exceptions to confidentiality; and to expect that no information will be released without the client's knowledge and written consent. (See HIPPA Agreement)
- a clear working contract in which business items, such as time of sessions, payment plans/fees, absences, access, emergency procedures, third-party reimbursement procedures, termination and referral procedures, and advanced notice of the use of collection agencies, are discussed. (See Therapist Professional Disclosure/Consent Form)
- a clear statement of the purposes, goals, techniques, rules limitations, and all other pertinent information that may affect the ongoing mental health counseling relationship.
- appropriate information regarding the mental health counselor's education, training, skills, license and practice limitations and to request and receive referrals to other clinicians when appropriate. (See Therapist Professional Disclosure/Consent Form)
- full, knowledgeable, and responsible participation in the ongoing treatment plan to the maximum extent feasible.
- obtain information about their case record and to have this information explained clearly and directly.
- request information and/or consultation regarding the conduct and progress of their therapy.
- consent or refuse any recommended services and to be advised of the consequences of this action (GS122C-57).
- a safe environment for counseling free of emotional, physical, or sexual abuse.
- a client grievance procedure, including requests for consultation and/or mediation; and to file a complaint with the appropriate credentialing body
- a clearly defined ending process, and to discontinue therapy at any time.(See Therapist Professional Disclosure/ Consent Form)

Clients have the right to contact the Governor's Advocacy Council for Persons with Disabilities (GACPD) Disability Rights North Carolina, the statewide agency designated under federal and State law to protect and advocate the rights of persons with disability.

Signature: _____ Date: _____

Witness _____

(828) 620-0786