

**RIGHTS AND RESPONSIBILITIES POLICY**

* All clients have the right to treatment, including access to medical care and habilitation, regardless of age or degree of mental health, developmental, or intellectual disability.
* Clients have the right to an individualized written treatment plan and the right to access medical care and habilitation for treatment of medical ailments.

*General Statutes 122C-51, Declaration of policy on client’s rights: It is the policy of the state to assure basic human rights to each client. These include the right to dignity, privacy, humane care, and freedom from mental and physical abuse, neglect, and exploitation. Each facility shall assure to each client the right to live as normally as possible while receiving care and treatment. It is further the policy of state that each client admitted to and is receiving services from a facility has a right to treatment, including access to medical care and habilitation regardless of age or degree of mental illness, developmental disabilities, or substance abuse. Each has the right to individualized written treatment plan, setting forth a program to maximize the development or restoration of capabilities. The plan shall include written consent or agreement by client or responsible party or a written statement by provider why such could not be obtained. (NC10A NCAC 27G .0205 Assessment or treatment or service plan)*

* Union Family Services will protect children’s emotional and physical safety by reporting suspected abuse or neglect as required by North Carolina law. We ask you to help us in this. If you suspect your child has been physically or sexually abused, please report that abuse.
* We will respect your right to make the best decisions for you and your family. We ask you to be an active participant in deciding which services you will receive. Tell us what goals you hope to achieve as a result of those services.
* We will help you find other resources and providers if we are not your best option. We ask you to tell us what you don’t like, either informally or through our formal grievance process. You may refuse services at any time.
* We will be honest with you about what we can and cannot do. We ask you to be honest with us. We need you to give full and accurate information about your own personal and financial situation.
* We will begin and end appointments on time, return your calls promptly, and do what we promise. We ask you to value the services you receive by showing up for appointments on time and paying for required fees. Please provide 24 hours when cancelling or changing an appointment. Failure to do so may result in inability to schedule further sessions, particularly if this has occurred more than once.
* If you are concerned or dissatisfied with your services at Union Family Services, you may let us know verbally or in writing. And you have the right to express concerns to a staff member with whom you feel comfortable. All concerns will be addressed in a direct, non-judgmental and timely manner. If you are interested in our detailed Grievance Policy, please ask.
* Failure to comply with the above may lead to inability to schedule further sessions and possible discharge from agency.

Disability Rights Contact Information: Toll Free 877-235-4210/ Phone919-856-2195/ TTY: 888-268-5525/ Fax: 919-856-2244/ Email: [info@disabilityrightsnc.org/](mailto:info@disabilityrightsnc.org/) Address: 3724 National Drive, Ste 100, Raleigh, NC 27612

**Client Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

P**arent/Guardian/Personal Representative Signature (If applicable)**

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If signing here, please note relationship to client \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Staff Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**By Initialing here, I attest that I was offered a copy of this signed form \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Ufslf041816**