



Desert Counseling & Recovery Services PLLC

Grievance Procedure & Client Rights

If at any time I am unhappy with the care I am receiving, I understand that I am encouraged to talk to my therapist about my concerns. I am aware that should I file a grievance, I need to submit my concerns in writing to Desert Counseling & Recovery Services so that they may be promptly addressed. Additionally, I am aware that I am free to contact the following agencies to report concerns about the care I am receiving:

-Arizona Center for Disability Law:
3839 North Third Street Suite 209
Phoenix, AZ 85012
602-274-6287

-Arizona Board of Behavioral Health Examiners:
3443 North Central Avenue #1700 Phoenix, AZ 85012
602-542-1882

Client Rights

A client has the following rights:

- To be treated with dignity and respect
- To take part in treatment that supports and respects individuality and choices
- To be part of their treatment planning and decision-making process including being informed of proposed treatment including the risks of treatment
- To submit grievances or concerns to agency staff or appropriate agencies without retaliation and to have the grievance considered in a fair and timely manner by the agency
- To have information and records kept confidential unless as required to be released or disclosed by law or as otherwise mentioned in the limits to confidentiality
- To review, upon written request, their record except as otherwise mentioned in limits to reviewing their record
- To be informed of all fees associated with the Desert Counseling & Recovery Services
- To be given referrals for services if the agency is unable to meet the client's treatment needs or for services mentioned in the treatment plan that the agency is unable to provide
- To give consent for treatment and refuse treatment at any time unless the treatment is for client's health or safety
- To not be neglected, abused, exploited, coerced, manipulated, retaliated against, or threatened to be discharged for reasons unrelated to treatment needs or fee agreement
- To be involved in and periodically review the treatment plan and goals and make adjustments accordingly
- To refuse to publicly offer gratitude to the agency through speaking engagements or writing or other public engagements

By signing below, I acknowledge that I have received a copy of the grievance procedure and client rights and understand the material included within those documents.

Client Signature

Date

Client/Guardian Signature

Date