

Trilogy Counseling Services

Client Rights and Grievance Procedure

Client Rights

When you receive any type of service for mental illness, alcoholism, drug abuse, or a developmental disability you have the following rights under Wisconsin Statute sec 51.61(1) and HFS 94, Wisconsin Administration Code.

Personal Rights

- You must be treated with dignity and respect, free from any verbal, physical, emotional, or sexual abuse.
- You have the right to have staff make fair and reasonable decisions about your treatment and care.
- You may not be treated unfairly because of your race, national origin, sex, age, religion, disability, or sexual orientation.
- You may not be filmed, taped, or photographed unless you agree to it.

Treatment and Related Rights

- You must be provided prompt and adequate treatment, rehabilitation, and educational services appropriate for you.
- You must be allowed to participate in the planning of your treatment and care.
- You must be informed of your treatment and care, including alternatives to and possible side effects of treatment including medications.
- No treatment or medication may be given to you without your written, informed consent, unless it is needed in an emergency in order to prevent serious physical harm to you or others or a court orders it. (If you have a guardian, however, your guardian may consent to treatment and medications on your behalf.)
- You may not be given unnecessary or excessive medication.
- You may not be subject to electro-convulsive therapy or any drastic treatment measures such as psychosurgery or experimental research without your written informed consent.
- You must be informed in writing of any costs of your care and treatment for which you or your relatives may have to pay.
- You must be treated in the least restrictive manner and setting necessary to achieve the purposes of admission to the program within the limits of available funding.



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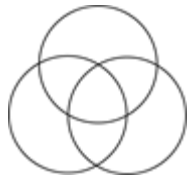
Record Privacy and Access

Under Wisconsin Statute sec. 51.30 and HFS 92 Wisconsin Administrative Code

- Your treatment information must be kept private (confidential) unless the law permits disclosure.
- Your records may not be released without your consent unless the law specifically allows for it.
- You may ask to see your records. You must be shown any records about your physical health or medications. Staff may limit how much you may see of the rest of your treatment records while you are receiving services. You must be informed of the reasons for any such limits. You may challenge those reasons through the grievance process.
- After discharge, you may see your entire treatment records if you ask to do so.
- If you believe something in your records is wrong, you may challenge its accuracy. If staff will not change the part of your records you have challenged, you may file a grievance and/or put your own version in your record.
- A copy of sec. 51.30 Wis. Stats., or HRS 92, Wisconsin Administrative Code is available upon request.

Patient Responsibilities

- Every patient is responsible for following all hospital rules and regulations affecting patient care and conduct while in the Outpatient program.
- Every patient is responsible for providing a complete and accurate medical history and cooperating with the treatment plan and procedures prescribed for his/her care.
- Every patient is responsible for abstaining from unauthorized drugs or intoxicating beverages during the period of outpatient treatment.
- Every patient is responsible for making it known whether he/she clearly comprehends a contemplated course of action and the things he/she is expected to do.
- Every patient is responsible for being considerate of the rights of other patients and clinic personnel and property.
- Every patient is responsible for providing the clinic with accurate and timely information concerning his/her sources of payment and ability to meet financial obligations.
- Every patient is expected to be responsible and call in twenty-four (24) hours before they cancel appointments with their therapist. Failure to do so may result in a charge for the session missed.
- If a patient decides to terminate treatment it is expected and hoped that the patient will meet with their therapist and discuss aftercare plans so that the termination exit will go smoothly.



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Signature of Client

Date:

Signature of Parent/Guardian

Date:

Signature of Witness

Date:

Signature of Revocation

Date: