

Chime Mental Health Services
P.O. Box 121
Wells, MN 56097

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Patient Bill of Rights and Grievance Procedure

I, _____, have been given a copy of the Patient Bill of Rights which outlines the grievance procedure as a client of Chime Mental Health Services. I have and will read these rights and procedures and understand that staff will respect my right to seek clarification and will answer questions clearly and respectfully.

Client Signature

Date

Witness Signature

Date

Parent/Guardian Signature

Date