



PATIENT BILL OF RIGHTS

As a patient, family member, or responsible guardian, you have the right to:

Care regardless of race, color, creed, sex, religion, or national origin.

Be treated with courtesy and respect for your individuality. Case discussion, consultation, and treatment are confidential and shall be conducted discreetly. Privacy shall be respected during toilet training (if applicable) and other activities of personal hygiene, except as needed for patient safety or assistance.

Be assured confidential treatment of your personal and medical records, and you may request a restriction or limitation on the health information that is disclosed. You will be informed of the practice's policy regarding the disclosure of your clinical records for any purpose.

Have the right to prompt and reasonable responses to your questions and requests.

Be referred to an alternative service if the practice is unable to provide necessary care or for any reason denies service to you.

Request information in advance of any changes in the plan of care and participate in planning your treatment or any changes in your treatment.

Be informed in advance of any changes in the plan of care before being made.

Be informed in the discipline of Applied Behavior Analysis.

Review your clinical record. The provider will assist you in understanding your records by being available to answer questions and to explain the meaning of technical terminology.

Be informed of the State Home Health Hotline number which is established to receive complaints or answer questions regarding home health care. North Carolina Home Health Care and Health Care Complaint Line 1-800- 624-3004.

Be informed of the North Carolina Disability Rights and Resources organization. The Charlotte contact number is 704-537-0550 and additional information can be found at www.disability.gov

GRIEVANCE PROCEDURE

All patients of Johnson Behavioral Services, PLLC are afforded patient rights in accordance with state law and associates. Any patient who has reason to believe that he/she has been unfairly denied their stated rights may file a grievance without fear of reprisal in any way. Johnson Behavioral Services, PLLC will address all complaints and grievances received. If you feel as though your concerns have still not been resolved, feel free to contact the following:

Secretary of the Department of Health and Human Services (919) 855-4800 2001 Mail Service Center Raleigh, NC 27699-2001	North Carolina Psychology Board (828) 262-2258 895 State Farm Rd, Ste. 101 Boone, NC 28607
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I have read and understand the Patient Bill of Rights and Grievance Procedure.

Patient name: _____

Parent Name: _____

Parent Signature: _____ Date: _____