

# EASTERN CAROLINA PSYCHIATRIC SERVICES

## YOUR RIGHTS AND RESPONSIBILITIES AS A CLIENT OF EASTERN CAROLINA PSYCHIATRIC SERVICES

Welcome to Eastern Carolina Psychiatric Services.

We hope that we can give you the kind of support and help that you are looking for.

### When you receive services from Eastern Carolina Psychiatric Services you have the right to:

- Receive high-quality service
- Be treated with respect and courtesy
- Have your information kept private and confidential except as described in Eastern Carolina Psychiatric Services privacy statement
- Be listened to and have staff work with you to make a plan to address your concerns and needs
- Receive service in offices that are safe, clean and accessible
- Get information and support to help you make decisions to improve your situation
- Be served without discrimination
- Have the right to medical care & habilitation, regardless of age/degree of mental health, intellectual and developmental disabilities and substance abuse disability.
- Discuss your service with staff to identify if it is working for you and express any questions or complaints that you may have
- Request a change of staff member if there is another staff person available who can address your issues and your request is reasonable—you should know that discriminatory requests will not be considered
- Refuse treatment of service unless ordered by the Court to participate
- Review your record, with two exceptions. Limited portions of your records can be withheld from you if your treatment provider has written that seeing specific information would,
  - o Be harmful to your treatment, or reveal the identity or break the trust of someone who has provided information in confidence.

### This is what we ask from you:

- Treat the staff and others at Eastern Carolina Psychiatric Services with courtesy and respect
- Let Eastern Carolina Psychiatric Services know 24 hours before if you cannot come to an appointment

I agree that I have read Eastern Carolina Psychiatric Services Client's Rights and Responsibilities above and I am receiving a copy of these Rights and Responsibilities.

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Client Signature

Date

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Signature of legally responsible person

Date

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Printed Name of legally responsible person

\_\_\_\_ parent    \_\_\_\_ Guardian    \_\_\_\_ Other \_\_\_\_\_