

 TCBT

 Tri-Cities Behavioral Therapy, LLC

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**Rights and Responsibilities**

**You have the right:**

To be trusted with consideration, respect, and full recognition of your dignity and individuality regardless of your state of mind or condition.

To be provided treatment without regard to age, race, sex, religion, ethnic background, or handicap.

To privacy and confidentiality related to all aspects of care including, but not limited to, an unwarranted disclosure of medical records in whole or part.

To be protected from neglect, physical, emotional or verbal abuse and from all manner of exploitation.

To be informed of any proposed treatment and/or alternative treatment methods regardless of cost of benefit coverage.

To be informed of the risks, benefits, consequences of treatment or non-treatment.

To participate in the development of your individual treatment plan.

To participate in all decision-making regarding your behavior health care, including discharge or aftercare planning.

To have continuity of care from one service provider to another.

To be provided quality treatment by competent staff members.

To refuse to participate partially or fully in treatment of therapeutic activities (unless participation is ordered by the court).

To be provided treatment in the least restrictive setting that is clinically appropriate, feasible, and available.

To refuse the use of any audio and/or video techniques to record or observe my treatment unless written and signed consent is given.

To participate fully or to refuse to participate in community activities including cultural, educational, religious, community service, vocational and/or recreational activities.

To be provided with information about your insurance company, its services, and its providers.

To be provided with a copy of your basic rights and responsibilities and to have all questions answered to your satisfaction.

To be able to choose providers within the limits of the network and to be able to refuse care from specific providers.

To voice complaints or initiate appeals about your insurance company or your provider. You can continue to receive services without fear of receiving inadequate treatment.

To expect the provider to act as an advocate for you if you choose to appeal or complain about your services.

To be given information about the Declaration of Mental Health Treatment, or to designate a person to make decisions using a durable power of attorney for health care.

To make recommendations to your insurance company or your provider about your rights and responsibilities or how your health plan functions.

To be provided with a list of available advocacy services and contact information when requested.

To ask for and receive information about your medical records, review the records, make corrections to your medical records, and to receive copies of your records.

To be free of any requirement that you perform services which are ordinarily performed by staff.

**You are responsible:**

To provide accurate information to your provider.

To treat health care providers with respect and dignity.

To cancel appointments you are unable to keep.

To follow the instructions and guidelines given by providers.

To participate, to the degree possible, in understanding your behavioral health problems and to develop mutually agreed upon treatment goals.

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