



**3812 ROCKING ROBYN RUN  
KNIGHTDALE, NC 27545**

## **STATEMENT OF PATIENT RIGHTS AND RESPONSIBILITIES**

This is to help you understand your rights and responsibilities and the level of cooperation that we need from you to help you realize the highest level of mental and emotional health of which you are uniquely capable. Our desire is to form a partnership with you regarding your mental health and related issues. Your assistance is crucial and the interest and commitment that you bring to this partnership are essential to attaining significant resolution to your mental health concerns.

### **SECTION 1: YOUR RIGHTS**

You are assured of the following rights:

- The right to be treated with dignity and respect by our staff and the professional that treats you.
- The right to treatment including access to medical care and habilitation, regardless of your race, religion, gender, ethnicity, age, sexual orientation or degree of mental health, developmental disabilities, or substance abuse.
- The right to have your treatment and other patient information kept private.
- The right to know about all your treatment choices, regardless of whether those choices are covered by insurance, and regardless of the cost of those treatment choices and to participate in your choice of treatment.
- The right to consent to or refuse treatment/habilitation. Consent may be withdrawn at any time by you. Refusal of consent for treatment cannot be used as the sole grounds for termination or threat of termination of services/treatment.
- The right to obtain a copy of your individualized written treatment/habilitation plan at your request and the right to access medical care for treatment of physical ailments.
- The right to contact Disability Rights North Carolina at (919) 856-2195 if you need the agency to protect or advocate for your rights.
- The right to request a complete copy of your rights (G.S. 122C, Article 3) and the right to have your questions or concerns answered in a manner that you will understand.

### **SECTION 2: YOUR RESPONSIBILITIES**

To provide you with the best of care, your commitment to your treatment and recovery is essential. We ask that the client or the responsible party of a client understand their role and responsibilities in their care:

- You have the responsibility of giving your provider at Two Paths Crossing LLC the information needed so that we can deliver the best possible care.
- You have the responsibility to let your mental health provider know if or when the treatment plan no longer works for you.



**PAGE 2**

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- You have the responsibility to let your provider know what medications you have been prescribed and any changes of medication or dosage during your treatment period. Your provider would also like to know who prescribed your medications so that a coordination of care can be developed between the providers of your care.
- You have the responsibility to give your provider and our staff the same dignity and respect that you deserve.
- You have the responsibility to refrain from any actions that could harm the lives of our staff, mental health providers and/or other clients.
- You have the responsibility to keep your scheduled appointments. Missing your appointment(s) without proper notification could result in charges to your account and repeated incidents of missed appointments with or without prior notification may result in termination of our role as your mental health provider.
- You have the responsibility to ask your mental health provider any questions you may have about your treatment, so that you can better understand your care and the part you have in this process.
- You have the responsibility to let our staff, or your mental health providers know about any problems you may have paying for your rendered services or services you plan to receive.
- You have the responsibility to follow your treatment plan and instructions for your care once that treatment plan has been agreed upon by you and your mental health provider.
- You have the responsibility to know (if you have insurance coverage) the terms of your insurance coverage. Example: Some policies require a referral from your primary care physicians, have limited mental health visits, or may have an out-of-pocket deductible. If you need assistance, our staff will be more than happy to help; however, we cannot guarantee payment from your insurance company.

**SECTION 3: EMERGENCIES AND HOSPITALIZATIONS**

The providers here at Two Paths Crossing, LLC provide after-hours and weekend call coverage for emergencies by phone. The on-call provider may be reached by calling (919) 218-5917 or (919) 266-4358. Our provider does not provide inpatient treatment. If you feel that your emergency can not wait, please have someone drive you to the nearest hospital emergency room or you may go to Holly Hills Hospital, located at 3019 Falstaff Road, Raleigh, NC 27610, Raleigh, NC 27610 (24-hour crisis # (919) 250-7000).

**SECTION 4: COORDINATION OF CARE**

I understand that if I see more than one provider as part of my care/treatment, I will give permission to those providers to discuss my treatment for the purposes of referral, coordination of services and crisis/on-call services for as long as I am a client at Two Paths Crossing, LLC

SIGNATURE OF CLIENT/PARENT/RESPONSIBLE PARTY \_\_\_\_\_  
RELATIONSHIP TO CLIENT \_\_\_\_\_ DATE \_\_\_\_\_