

# Living Well Behavioral Health

## Client Rights

1. You have the right to consent to treatment.
2. You have the right to refuse treatment as described in the General Statute without threat or termination of services except as outlined in the statute.
3. You have the right to treatment and access to medical care and habilitation regardless of age or decree of mental health/IDD/SA Disability.
4. You have the right to confidential treatment. No information about your treatment shall be released without your written consent except in an emergency or as provided for in General Statutes 122c152 through General Statutes 122c156.
  - a. The provision of services to you is not contingent upon the above release.
  - b. Information may not be disclosed if Federal Statute prohibits disclosure.
5. You have the right to secure storage of your records.
6. You have the right to receive a written copy of your individual treatment plan. Requests for a copy of your treatment plan must be in writing to the Office Manager of Living Well. Upon your request, a written copy of your treatment plan will be provided to you.
7. You have the right to contact Disability Rights North Carolina:  
Phone: (919) 856-2195 or (877) 235-4210 (888-268-5535 TTY)  
Website: [www.disabilityrightsncc.org](http://www.disabilityrightsncc.org)  
Address: 2626 Glenwood Avenue, Suite 550, Raleigh, NC 27608
8. In case of emergency, Living Well has a 24 hour answering service who will contact the on-call provider. After 5:00 pm, a client will call the Living Well main number (919) 803-2111. The call will automatically be forwarded to the answering service and a provider notified to return the client's call.

I have read, understand, and have received a copy of these Medicaid Patient Rights.

Client or Legally Responsible Person: \_\_\_\_\_  
(Printed Name)

Signature of Client or Legally Responsible Person: \_\_\_\_\_

Date Signed: \_\_\_\_\_