

THE THERAPY PLACE OF LA CROSSE, LLC

CLIENT RIGHTS

The right to be informed of the bill of rights

The right to be treated with respect and dignity

The right to be treated fairly. You may not be discriminated against because of your race, religion, national origin, age, sex, disability or sexual orientation

The right to confidentiality of conversations and medical records

The right to prompt and adequate treatment

The right to participate in the development of your treatment plan

The right to the least restrictive and invasive treatment necessary

The right upon request to receive information from your clinician regarding treatment alternatives and/or methods of treatment

The right to refuse treatment

The right to terminate services at any time

The right to refuse to be filmed or taped

The right to file a grievance

The right not to be subject to experimental research without informed consent

CLIENT RESPONSIBILITIES

To cooperate with my clinician at The Therapy Place of La Crosse, LLC and to ask for information and/or clarification about your health status, diagnosis, or treatment if you do not fully understand the information or instructions.

To provide complete and accurate information about past illnesses, hospitalizations, medications, family history and other matters related to health status.

To be considerate of rights of other clients, personnel and property.

To attend scheduled appointments or give a minimum of 24 hours' notice if you are unable to attend except in cases of illness or emergency.

To provide information necessary for insurance processing and to ask questions you have about your bill as soon as possible.

To pay your outpatient charges according to the charges or payment plan arranged for you.

GRIEVANCE PROCEDURE

If you have any concerns or complaints about your care you are encouraged to talk first with your treatment provider about these. Most of the time issues can be resolved with your provider. If your concerns are not resolved or you do not feel comfortable talking directly to your provider you may file a written grievance. You should do this within 45 days of the time you become aware of the problem. This should include a description of your complaint and what you would like to see as a resolution. Address these concerns to:

Sheryl Gora-Bollom, MS, LCSW
The Therapy Place, LLC, 600 N 3rd St., Suite 206
La Crosse, WI 54601

Your concerns will be reviewed and you will be contacted within 15 days regarding action to be taken.