

# Client Rights / Grievances

Dove United Counseling and Assessment Services, PLLC

## **Client Rights:**

I understand my basic rights as a client. These rights include:

*\*receive appropriate treatment \*treated with dignity and respect \*confidentiality concerning all phases of my treatment \*request discharge from this program \*submit a grievance or complaint at any time during my education/treatment \*receive services by an approved DWI provider of my choice*

## **Grievance Policy:**

I understand that if I have a complaint/grievance, I should:

*Contact staff of Dove United Counseling and Assessment Services, PLLC to address all concerns/questions. If your concerns/questions have not been addressed, I understand I have the right to submit a formal inquiry or complaint.*

I understand that I have a right to contact the agencies below at any time to discuss my complaint/grievance:

### **State Office of DWI Services**

www.ncdhhs.gov/mhddsas/dwi  
3008 Mail Service Center  
Raleigh, NC 27699-3008  
Ph: 919-733-0566 Fax: 919-508-0963  
Lynn B. Jones – lynn.b.jones@dhhs.nc.gov  
Jason Reynolds – jason.reynolds@dhhs.nc.gov  
Marcie Blevins-marcie.blevins@dhh.nc.gov  
Shenita Wilder-shenita.wilder@dhhs.nc.gov

### **North Carolina Division of Mental Health/Developmental Disabilities/Substance Abuse Services**

www.ncdhhs.gov/mhddsas

**Advocacy and Customer Service Section:** 919-715-3197

**DHHS CARE-LINE:** 1-800-662-7030 (Voice/Spanish)

### **North Carolina Substance Abuse Professional Practice Board**

www.ncsappb.org  
P.O. Box 10126 Raleigh, NC 27605  
Ph: 919-832-0975 Fax: 919-833-5743 Barden Culbreth, Executive Director  
Katie Faulkner, Associate Executive Director

### **Disability Rights NC**

www.disabilityrightsn.org  
2626 Glenwood Avenue, Suite 550, Raleigh, NC, 27608  
(877) 235-4210 or (919) 856-2195  
Email: info@disabilityrightsn.org

# **Client Rights / Grievances**

Dove United Counseling and Assessment Services, PLLC

**I certify that I have read and understand this Client Rights/Grievance Policy.**

Client's Signature: \_\_\_\_\_

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

Counselor's Signature/Credential: \_\_\_\_\_

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