



ABC of NC

Client Rights, Responsibilities, and Informed Consent

1. ABC of NC assures basic human rights to each of its clients, including the right to dignity, privacy, human care, and freedom from mental and physical abuse, neglect, and exploitation. We assure our clients' rights to live as normally as possible while receiving care and treatment in accordance with G.S. 122C-51.
2. Each client has the right to treatment, including access to medical care and habilitation, within the agency's scope of training. Each client has the right to an individualized written education or treatment plan setting forth a program to maximize the development or restoration of her/his capabilities.
3. It is the policy of ABC of NC to inform clients/legal guardians of their rights and responsibilities and to gain informed consent for treatment.
4. Each new client is informed of client and family rights and responsibilities as well as informed consent for treatment through the new client intake packet and at the time, they sign the individualized education and/or treatment plan. Each client must sign acknowledging receipt and understanding of their rights, responsibilities, and consent for treatment prior to treatment delivery.
5. The client/guardian shall receive the following policies and notification as part of the intake process, and no later than 72 hours subsequent to onset of services at ABC of NC:
 - a. A parent/caregiver handbook, including confidentiality policies, policies addressing the use of restrictive interventions, the procedure for obtaining a copy of the client's education or treatment plan
 - b. After-hours resources and emergency care information
 - c. Client payment, attendance, discharge, and referral policies, which include fee assessment and collection practices.
 - d. Confidentiality, privacy, and HIPAA practices
 - e. Client rights, responsibilities, and informed consent policies
 - f. Electronic communication policy
 - g. Grievance policy
6. The following education/treatment documents must be signed by the parent/guardian prior to implementation and is considered informed consent:
 - a. Individualized Education Programs (IEPs)
 - b. Individualized Treatment Plans
 - c. Behavior Intervention Plans (BIPs)
7. Each IEP, treatment plan, or behavior intervention plan must indicate the length of time the consent is valid; the alleged benefits, potential risks, and alternative methods of treatment/habilitation; and the procedures that are to be followed if the parent/guardian chooses to withdraw consent.
8. Each voluntary client or legally responsible person has the right to consent or refuse treatment in accordance with G.S. 122C-57(d). A voluntary client's refusal of consent shall not be used as the sole grounds for discharge or threat of discharge unless the procedure is the only viable treatment/educational option available at the center.
9. All ABC of NC staff will receive training and be fully informed of the rights of the clients and families they serve, and all staff will be expected to respect these rights.
10. Each staff person will be required to sign the Employee Acknowledgement and Receipt of Policies and Procedures Manual form indicating that they have been informed of client rights and those policies related to client rights. Ongoing discussion and training will occur as deemed necessary by the executive director, psychologist, and/or employee's supervisor. Employees will also be notified of any changes to client rights policies.

11. Client rights, responsibilities, and consent for treatment are outlined in the policies and procedures manual and are as follows:

a. **Clients have the right to:** _____ **Initials**

- i. Be treated with dignity and respect.
- ii. Fair treatment regardless of race, religion, national origin, gender, gender identity, ethnicity, culture, sexual orientation, age, disability, neurodiversity, socioeconomic status or source of payment.
- iii. Be free from mental, physical, sexual, and psychological abuse; neglect, financial or other exploitation; harassment and physical punishment, retaliation, and humiliation.
- iv. Have their treatment and other client information kept private. Only where permitted by law, records may be released with client permission.
- v. Easy access to timely care.
- vi. Freedom to participate, or to refuse participation in accessible community activities, and in social, political, medical, and religious resources.
- vii. Decisions about their care made without regard to financial incentive.
- viii. Be notified should program funding be discontinued
- ix. Know about their treatment choices and share in developing their treatment options, and be given information about clinical guidelines used in providing and managing their care.
- x. A clear explanation of their condition and treatment.
- xi. Information about their health care insurance coverage and, if applicable, its role in the treatment process.
- xii. Ask their provider about their work history, training, and licensure.
- xiii. Be encouraged to exercise their rights as a citizen and a client, and be permitted to make complaints, suggestions, or appeals without fear of coercion or retaliation.
- xiv. Dignity, privacy and humane care in the provision of personal health care.
- xv. If a minor, seek and receive periodic services from a physician without parental consent in accordance with G.S. 90-21.5.
- xvi. Contact and consult with a consumer advocate.
- xvii. Contact Disability Rights NC, which is the North Carolina State agency responsible to protect and advocate the rights of persons with disabilities.
- xviii. Keep and use personal property and clothing under appropriate supervision, unless specifically prohibited by law.
- xix. Know the rules that the client is expected to follow and possible penalties for violations.
- xx. In the event that restrictive intervention is needed, per 27D .0303 (b), there must be informed written consent for planned use of a restrictive intervention. This would be included in the treatment and/or behavior intervention plan.
- xxi. Be free from chemical and physical restraint.
- xxii. Be free from unnecessary/excessive medication and for medication not to be used for punishment, discipline, or staff convenience.
- xxiii. To request a copy of their treatment plan in writing allowing ABC of NC 7-10 business days to provide the information.
- xxiv. Consent to treatment or refuse treatment.

b. **Clients have the responsibility to:** _____ **Initials**

- i. Treat those giving them care with dignity and respect.
- ii. Give provider information needed to deliver the best possible care.
- iii. Ask questions about their care to help them understand the care being provided.
- iv. Follow the treatment and/or education plan. The treatment and/or education plan is jointly created by client and provider.

- v. Tell their provider and primary care physician about medication changes, including medications given to them by others.
- vi. Keep their appointments:
 - a. Please see Client Payment and Attendance Policies for details on charges for missed appointments.
- vii. Let the provider know when the treatment and/or education plan is no longer working for them.
- viii. Openly report concerns about the quality of care they receive.
- ix. Report abuse and fraud.

Informed Consent for Treatment:

I agree and consent to participate in behavioral health or educational assessments and evaluations, educational services, and/or behavioral health services offered and provided by ABC of NC, including school and related services and/or outpatient services.

Risk/Benefits: By signing this document, I understand:

ABA Services includes activities, goals, desired outcomes, one-on-one therapy, training, parent and family trainings, community outings/field trips, etc. *Risks* may include changes in everyday life to adapt to therapy, some individuals progress quickly while others take longer to acquire skills, feelings of upset and frustration due to tolerating behavioral intervention reaction, initial increases in the duration, frequency, and/or intensity of problem behaviors.

Psychological Services includes evidence-based counseling and psychotherapy and can have numerous benefits, which involves behavioral health assessments and evaluations, cognitive behavioral therapy, behavioral modification, collaborative problem-solving, applied behavior analysis, parent education and support, and more. *Benefits* may include a significant reduction in feelings of distress, increased skills for managing stress and resolutions to specific problems. There are no guarantees about what will happen but it requires an active effort and working on things discussed in session outside out of sessions. Assessments and evaluations can assist your doctors, therapists, and other health professionals *Risks* may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness because the process requires addressing and discussing the unpleasant aspects.

Educational services includes educational assessments and evaluations designed to target individual's needs through small group instruction. *Benefits* may be individualized to include both group instruction and one-on-one intensive services. The classes include target skills such as communication, play/social skills, adaptive living skills, and small group instruction/classroom routines. I understand that there may be both risks and benefits associated with participation in the learning environment.

Telehealth services is an option when client do not attend in-person sessions. *Risks* includes other people overhearing sessions if the client is not in a private place during sessions, we may not be able to provide services necessary in an urgent or emergency situation, there are concerns about a clinician's ability to fully understand non-verbal information when working remotely and

increased opportunities for miscommunication. Clients will be required to sign a separate Telehealth Consent Form with further details of benefits and risk.

I understand that I am consenting and agreeing only to those services that ABC of NC staff is qualified to provide within the scope of their education, training, and licensure/certification. If the client is under the age of 18 or unable to consent to treatment, I attest that, I have the legal authorization to initiate and consent for treatment on behalf of this individual. I have reviewed the emergency care information and client rights and responsibilities. Treatment and/or education plans will include individualized informed consent consistent with the type of service(s) rendered. A copy of this form will be provided to me upon request.

Name of Client

Date of Birth

Signature of Legally Responsible Person

Date

Signature of ABC of NC Staff Witness

Date