



Psychological Clinic

**SERVICE RECIPIENT RIGHTS**

Service recipients have the following rights:

1. To be treated with courtesy and respect;
2. To be free of verbal, physical, and mental abuse;
3. To expect confidentiality regarding their private information;
4. To participate fully in the development of service/treatment plans;
5. Not to be required to make public statements which acknowledge gratitude to the licensee for services provided;
6. Not to have identifiable photographs taken of them and/or used without a signed written consent;
7. To be informed of the agency's grievance procedure;
8. To file a grievance without fear of retribution if any of these rights are violated.

Any question or specific concerns regarding residents' rights or to report a complaint may be directed to any of the following:

Department of MHDD Office of Licensure  
& Review  
Telephone: 1-866-777-1250

TN Protection and Advocacy, Inc  
Telephone: 1-800-342-1660

Department of Human Services  
Telephone: 1-865-594-5658

By signing below, I acknowledge that I have received a copy of this document, any agency rules, and the agency grievance procedure.

\_\_\_\_\_  
Service Recipient Signature

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date