

Pleshe Counseling Services, LLC

Patient Bill of Rights

When you receive services for mental health, alcoholism, drug abuse, or a developmental disability, as an inpatient or outpatient, you have the following rights under WI.Statute 51:61:

Treatment and Related Rights

- To be free from having unreasonable and arbitrary decisions made about you.
- To be free from all forms of description, including cultural issues.
- To receive prompt and adequate treatment.
- To refuse any treatment including medications.
- To be free from unnecessary or excessive medications.
- To refuse or to give informed consent to participate in drastic treatment or experimental

Communication and Privacy Rights

- To refuse to be filmed or taped without your consent.
- To have your treatment records and conversations about your treatment kept confidential. (sec 51.30)
- To have access to your treatment record after discharge (or during treatment if the facility director approves it) and to have access at all times to records of medications or any treatment your receive for physical health reasons.

Rights of Access to Courts

To bring legal action for damages against those who violate your rights.

Your Right to Complain

If you feel that your rights have been violated, you may file a grievance with this facility. The clinic director, Karen Pleshe, LCSW will investigate the complaint. You are encouraged first, to discuss any problems you may have with the people involved. If you wish to file a grievance, you may do so in writing within 45 days of the event or action in question. Please include the following information: The patient right you think has been violated; the specifics of what took place; how you think it should be remedied; your name, address, and telephone number. Please submit the complaint to the clinic director, it then may be forwarded to the Consulting Director, Paula Larson, MSE, for review. A decision will be issued in 10 working days as to whether any rights were violated and will explain any remedies for change to the parties involved. If you are not satisfied with the decision, request an Appeal of Decision form from the Patient Rights Specialist. This form is then filed with the state. You have the right to take legal action against those who violate your rights if you feel that the matter was not resolved satisfactorily.

Signature: _____

Date: _____