

Desert Vista Counseling Services, L.L.C.

www.desertvistacounseling.com

Mesa Location

2929 N. Power Rd. Suite 101
Mesa, Arizona 85215
Ph: 602-550-9393
Fax: 623-565-8016

Scottsdale Location

7403 E. 6th Ave., Suite 5
Scottsdale, AZ 85251
Ph: 480-946-3082
Fax: 480-947-3778

Grievance Procedure

If at any time I am unhappy with the care I am receiving, I understand that I am encouraged to talk to my therapist about my concerns. I may also contact the clinical supervisor, Dr. Lisa Gold, at Desert Vista Counseling at 602-550-9393 at any time with concerns. I am aware that should I file a grievance, I need to submit my concerns in writing to Desert Vista Counseling so that they may be promptly addressed. Additionally, I am aware that I am free to contact the following agencies to report concerns about the care I am receiving:

-Division of Behavioral Health Services:

150 North 18th Avenue Suite 210
Phoenix, AZ 85007
602-364-4558

-Arizona Center for Disability Law:

3839 North Third Street Suite 209
Phoenix, AZ 85012
602-274-6287

-Arizona Board of Behavioral Health Examiners:

3443 North Central Avenue #1700
Phoenix, AZ 85012
602-542-1882

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Client Rights

A client has the following rights:

1. To be treated with dignity and respect
2. To take part in treatment that supports and respects individuality and choices
3. To be part of their treatment planning and decision-making process including being informed of proposed treatment including the risks of treatment.
4. To submit grievances or concerns to agency staff or appropriate agencies without retaliation and to have the grievance considered in a fair and timely manner by the agency
5. To have information and records kept confidential unless as required to be released or disclosed by law or as otherwise mentioned in the limits to confidentiality
6. To review, upon written request, their record except as otherwise mentioned in limits to reviewing their record
7. To be informed of all fees associated with the agency
8. To be given referrals for services if the agency is unable to meet the client's treatment needs or for services mentioned in the treatment plan that the agency is unable to provide
9. To give consent for treatment and refuse treatment at any time unless the treatment is for client's health or safety
10. To not be neglected, abused, exploited, coerced, manipulated, retaliated against, or threatened to be discharged for reasons unrelated to treatment needs or fee agreement
11. To be involved in and periodically review the treatment plan and goals and make adjustments accordingly
12. To refuse to publicly offer gratitude to the agency through speaking engagements or writing or other public engagements

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By signing below, I acknowledge that I have received a copy of the grievance procedure and client rights and understand the material included within those documents.

Client Signature

Date

Client/Guardian Signature

Date