Complaint/Grievance Process

Patient Representative/Advocacy Program

If, at any time, you or a family member believe that your treatment at D2Counseling is not adequate, safe or in your best interest, you have the following rights, which will not in any way serve to compromise your future access to care:

1. You have the right to voice your complaint expressing your concern about the quality of care you receive.
2. You may seek remedy for any complaint.
3. You may complain directly to your therapist.
4. You may submit the complaint in writing and may have assistance in writing the complaint if you are unable to read or write.
5. Staff will initiate an investigation of your complaint within 72 hours of receipt of the complaint and provide you with a written response to the complaint within seven days.
6. You may request direct access to the Director at some time during the grievance process.
7. If you believe any of your rights have been violated or you have other concerns about your care in this facility, you may contact the following:

Texas State Board of Examiners of Professional Counselors
MC1982
PO BOX 141369
Austin, TX 78714-1369
Telephone: (800) 942-5540

Texas State Board of Examiners of Psychologists
333 Guadalupe, Suite 2-450
Austin, Texas 78701 512/305-7700
Complaint Hot-Line 1-800-821-3205

By signing this statement, I acknowledge that I have received this notification of my rights and that they have been explained to me in a way which I understand. I have been given the opportunity to have any questions pertaining to this document answered to my satisfaction and have received an additional copy for my own records.

Client Signature	Date	Witness Signature	Date
Client Name Printed		Witness Name Printed	

Patient Unable/Refused to Sign

Witness Signature	Date	Relationship
Witness Name Printed		