



16701 Melford Blvd. Suite 400  
Bowie, Maryland 20715  
(240)-355-0178

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3 Roads

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Bowie Maryland, 20715

(240) 355-0178

### **Participant's Rights and Responsibilities**

- You have the right to an explanation of your rights in a language you can understand.
  - · You have the right to be free from any physical or verbal constraints.
  - · You have the right to equal access to all services regardless of race, religion, color, age, sex, creed, or sexual orientation.
- You have the right to appropriate treatment and services that provide you assistance and support you need in the least restrictive environment necessary.
- You have the right to participate in the development of your individual treatment plan. You also have the right to review and agree or disagree with any changes to your plan and goals.
- You have the right to appropriate and humane treatment and services that are free from sexual, mental, physical, or emotional abuse. Any allegations of abuse by our personnel will be reported to the appropriate authorities.
- You have the rights to have your record kept confidential. You have the right to give written consent before we can discuss, release, or receive any of your personal information.
- You have the right to review your records and a right to a written or verbal summary of your records if your physician or therapist feels that your record could be harmful to your treatment services.

- • You have the right to file a grievance/concern.
  - • You have the right to know about any negative effects that may result from the treatment or services provided.
- You have the right to know the name, title, and role of the individuals responsible for your treatment service.
- • You have the right to refuse medication and/or the contact with a psychiatrist.
  - • You have the right to treatment according to your individual treatment plan.
  - • You have the right to know about other treatment or services provided by other mental health agencies.
- • You have the right to refuse to participate as a subject in any research.
  - • You have the right to an explanation of charges and fees before admission.
  - • You have the right to discharge policy prior to admission and a discharge plan with the termination of your services.

Your rights will be posted on the 3 Roads website and will also remain in your confidential client file. As a participant of 3 Roads, you have the following responsibilities:

1. Give accurate information about your mental health and/or substance abuse.
2. Participate in planning, reviewing, and changing your treatment plan.
3. Cancel any appointments within 24 hours or alert your clinician if there is any

problem with keeping the appointment.

4. Assist maintaining a safe and orderly environment and,
5. Tell the agency staff if you have any problems or concerns with services

To exercise these rights, you may request a Grievance Form from your clinician. Your request must be submitted in writing or you can directly contact the Clinical Director and Owner of 3 Roads at [Chelsea.glover.Jordan@3roadstherapy.com](mailto:Chelsea.glover.Jordan@3roadstherapy.com).

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information.

*Chelsea Glover- Jordan, LCSW-C LICSW*  
Owner, Therapist  
3RoadsTherapy.com  
(240)-355-0178