Wake County, North Carolina
referral@wellspringintervention.com
Licensed under 10A NCAC 27G .1700

Resident Rights Acknowledgment

Review and acknowledgment of resident rights

Form ID: WSI-F10

Well Spring Intervention is committed to protecting the rights of every child in our care.

CHILD INFORMATION

Child's Name: _____ **Date of Admission:** _____

RIGHTS OF EVERY CHILD AT WELL SPRING

- **Dignity and respect** — to be treated with dignity and respect at all times.
- **Safe environment** — to live in a clean, safe, and comfortable home free from abuse, neglect, and exploitation.
- **Individualized treatment** — to participate in the development of their own treatment plan.
- **Privacy** — to personal privacy, confidential communications, and protected health information.
- **Family contact** — to maintain contact with family members as approved by the treatment plan.
- **Education** — to attend school and receive educational services appropriate to their needs.
- **Freedom from restraint** — to be free from unnecessary or excessive physical restraint.
- **Grievances** — to file a grievance or complaint without fear of retaliation.
- **Medical care** — to receive adequate and appropriate medical, dental, and psychiatric care.
- **Discharge** — to have a discharge plan that supports a safe transition to a less restrictive setting.

GRIEVANCE PROCEDURE

If a child, family member, or guardian has a concern: (1) Speak with any staff member or the QP; (2) Contact WSI Director at referral@wellspringintervention.com; (3) Contact Alliance Health Member Services at 1-800-510-9132; (4) Contact NC DHHS at 1-919-527-6335.

Guardian Signature	**Printed Name**	**Date**
Child Signature (if age-appropriate)	**Printed Name**	**Date**
WSI Staff Witness	**Printed Name**	**Date**