



## **CLIENT RIGHTS & RESPONSIBILITIES (PCHP)**

1. Right to be informed about plan of service and to participate in the planning
2. Right to be promptly and fully informed of any changes in the plan of service
3. Right to accept or refuse services
4. Right to be fully informed of the charges for services
5. Right to be informed of the name, business telephone number and business address if the person supervising the services and how to contact that person
6. Right to be informed of the complaint procedures and the right to submit complains without fear of discrimination or retaliation and to have them investigated by the provider within a reasonable period of time
7. Right to confidentiality of client record
8. Right to have property and residence treated with respect
9. Right to receive a written notice of the address and telephone number of the State licensing authority
10. Right to obtain a copy of the Provider's most recent completed report of licensure inspection from the Provider upon written request
11. Right to be advised that the client and the responsible party must advise the Provider of any changes in the client's condition or any events that affect the client's service needs.

**Department of Community Health**

**Geebly Sungbeh, Administrator**

**Healthcare Facility Regulation Division**

**Gees Hope Caring Agency, LLC**

**2 Peachtree St. NW, Suite 31**

**1360 Ox Bridge Way**

**Atlanta, GA 30303**

**Lawrenceville, GA 30043**

**(404) 657-5850**

**(404) 432-8287**

**Complaints only: (404) 657-5728 or (800) 878-6442**

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_