



CLIENT RIGHTS & RESPONSIBILITIES

You have the right to:

- *Be treated with consideration and respect for your personal dignity, autonomy and privacy.*
- *Fair and equitable treatment. You have the right to not be discriminated against in the provision of service on the basis of religion, race, color, creed, sex, national origin, age, lifestyle, physical or mental handicap.*
- *Receive professionally competent and ethical services.*
- *Confidentiality except in those areas regulated by State and Federal laws.*
- *Consent to or refuse any service, treatment, or therapy upon explanation of the expected consequences of such consent or refusal. A parent or legal guardian may consent to or refuse any service, treatment, or therapy on behalf of a client under 16 years of age.*
- *Active and informed participation in the establishment, periodic review, and reassessment of the treatment plan.*
- *Request restrictions on certain uses and disclosures of your protected health information (PHI) to which your therapist may or may not agree; but, if he or she does, such restrictions shall apply unless our agreement is changed in writing.*
- *Access your records as applicable state and federal guidelines and professional ethical codes allow.*
- *Know the cost of services.*
- *Exercise any and all rights without reprisal in any form including continued uncompromised access to services.*
- *Revoke your authorization of your protected health information (PHI) except to the extent that action has already been taken.*
- *File a grievance if you feel that your rights have been violated.*

You have a responsibility to:

- *Provide relevant information as a basis for receiving services and participating in therapy decisions.*
- *Seek out medical care if so requested by your therapist.*
- *Communicate any changes in your circumstances or any other significant matters to your therapist.*
- *Work toward better understanding yourself and develop additional problem solving skills.*

We reserve the right to change our privacy policies and practices as needed with these current designated practices being applicable unless you receive a revision of our policies when you come for a future appointment(s).

Client/Parent or Guardian Signature

Printed Name

Date