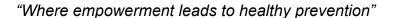


## CHILD AND FAMILY EMPOWERMENT SERVICES, LLC

2880 W 4700 S Suite A, Taylorsville, UT 84129 Phone (801) 972-2711 Fax (801) 972-2709





## **CLIENT RIGHTS**

## You have the right to:

- Receive humane care and treatment, with respect and consideration
- It is required that each staff refer to the individual by their preferred name and pronouns.
- Any abuse, discrimination, and harassment based on race, color, sex, gender identity, sexual orientation, religion, or national origin is strictly prohibited.
- Privacy and confidentiality when seeking or receiving care except for life-threatening situations or conditions
- Confidentiality of your health records
- Receive accurate information concerning diagnosis, treatment, risks, and prognosis of an illness or health condition
- Ask about reasonable alternatives to care at outside facilities
- A second professional opinion regarding diagnosis or treatment
- Participate actively in decisions regarding one's healthcare and treatment
- Accessible information regarding the scope and availability of services
- Be informed about any legal reporting requirements regarding any aspect of screening or treatment
- A copy of your medical record upon request and written authorization
- File a complaint with the Clinical director regarding any concerns related to the privacy, confidentiality, or security of your medical record
- Review and amend your medical record
- Revoke your authorization to release except to the extent that action has not already been taken
- A copy of any fees and charges related to your visit
- If you would like to make any amendments to your medical record, it must first be discussed with your therapist and then staffed with the Clinical Director.

Client/Guardian Signature	Date