



CLIENT RIGHTS AND RESPONSIBILITIES

The primary responsibility of the mental health counselor is to respect the dignity and integrity of the client. Client growth and development are encouraged in ways that foster the client's interest and promote welfare. Mental health counselors are aware of their influential position with respect to their clients, and avoid exploiting the trust and fostering dependency of their clients. Mental health counselors fully inform consumers as to the purpose and nature of any evaluation, treatment, education or training procedure and they fully acknowledge that the consumer has the freedom of choice with regard to participation.

Clients have the right to obtain information regarding the purposes, goals, techniques, rules of procedure, and limitations that may affect the therapeutic relationship at or before the time that the counseling relationship is entered.

All clients of Resilient Hearts, LLC shall be afforded the following basic rights:

1. The right to be treated with dignity, respect, and consideration;
2. The right to be free from:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse;
 - g. Sexual assault;
 - h. Restraint or seclusion;
 - i. Retaliation for submitting a complaint to any entity; Resilient Hearts will not discharge or discriminate against a client by whom, or on whose behalf, a complaint has been submitted; or
 - j. Misappropriation of personal and private property by an employee, volunteer, or intern of Resilient Hearts, LLC;
3. The right not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, diagnosis, or source of payment;
4. The right to receive treatment that supports and respects the client's individuality, choices, strengths and abilities; and personal liberty;
5. The right to give, refuse, or withdraw consent for treatment and services before treatment is initiated; to participate or refuse to participate in research or experimental treatment;



(CLIENT RIGHTS, Cont.)

6. The right to review, upon written request, or to provide written consent for, the release of the client's own records during hours of operation or at a time agreed upon by the clinical director, in accordance with A.R.S. §§ 12-2292, 12-2293, 12-2294, 12-2294.01, 36-507(3), 36-509 and 36-3283(D); and may also request an accounting of disclosures regarding his or her own clinical/service information as permitted by applicable law and administrative code;
7. The right to privacy in treatment, including the right not to be fingerprinted, photographed, or recorded without general consent, except for photographing for identification and administrative purposes, as provided by A.R.S. 36-507(2); for a client receiving treatment according to A.R.S. Title 36, Chapter 37; for video recordings used for security purposes that are maintained only on a temporary basis; or as provided in R9-20-602(A)(5);
8. The right to receive a verbal explanation of the client's condition and a proposed treatment, including the intended outcome, the nature of the proposed treatment, procedures involved in the proposed treatment, risks or side effects from the proposed treatment, and alternatives to the proposed treatment;
9. The right to participate or, if applicable, to have the client's parent, guardian, custodian or agent participate in treatment decisions and in the development and periodic review and revision of the client's written treatment plan;
10. The right to receive a referral to another agency if the agency is unable to provide a behavioral health service that the client requests or that is indicated in the client's treatment plan;
11. The right to review the following at the agency or at the "Department": the A.A.C. Title 9, Chapter 20 Rules; the report of the most recent inspection of the premises conducted by the "Department"; a plan of correction in effect as required by the "Department"; if the licensee has submitted a report of inspection by a nationally recognized accreditation agency in lieu of having an inspection conducted by the Department, the most recent report of inspection conducted by the nationally recognized accreditation agency; and if the licensee has submitted a report of inspection by a nationally recognized accreditation agency in lieu of having an inspection conducted by the Department, a plan of correction in effect as required by the nationally recognized accreditation agency.
12. The right to be informed of all fees that the client is required to pay and of the agency's refund policies and procedures before receiving a behavioral health service, except for a behavioral health service provided to a client experiencing a crisis situation.



(CLIENT RIGHTS, Cont.)

Responsibilities of the client include the following:

1. Providing honest, accurate, and relevant information to improve effectiveness in treatment.
2. Participation in therapy sessions, treatment decisions, and willingness to work to achieve goals.
3. Asking for clarification or information to help build understanding of treatment or services provided.
4. Adhering to established schedules, contact your therapist as soon as possible for rescheduling needs.
5. Adhering to fee schedule and satisfying payments due in accordance with the billing agreements.
6. Notifying the therapist or practice of any changes to personal information such as address, phone number, email, legal situation, or any other information that may be necessary or impactful to services.
7. Expressing concerns or grievances with therapist or supervisor directly to discuss and resolve issues.
8. Reviewing, understanding, and acknowledging receipt and acceptance of client rights/responsibilities and all Resilient Hearts Therapy policies, including HIPAA Notice of Privacy Practices.
9. Avoiding situations that place your therapist in ethical dilemmas, such as requesting to become involved in social interactions, offering gifts, or to barter for services.

FEE REFUND PROCEDURE:

In the event that a client has paid their fee in error, the client will be eligible to reschedule a follow-up appointment at no cost or to receive a refund of their fee. Fees will not be refunded for any treatment services once the service has been initiated. Disputes may be handled according to Resilient Hearts, LLC grievance procedures and in accordance with established guidelines.

GRIEVANCES PROCEDURE:

If there are concerns, differences, or issues that cannot be or have not been resolved with the therapist, clients have the right to seek the advice of the counselor's supervisor and/or to terminate the therapeutic relationship if the situation remains unresolved. Resilient Hearts, LLC clients may submit a grievance in writing within one year of the aggrieved event. Grievances will be treated with fairness and justice, and responded to in a timely manner, without retribution. Clients have the right to contact the appropriate state licensing board, national certification organization, or professional association if you believe the counselor's conduct to be unethical.



BEHAVIORAL HEALTH SERVICE RESOURCES

Arizona Department of Health Services
Division of Behavioral Health/Division of Licensing Services
150 N. 18th Ave. Suite 200, Phoenix, AZ 85007
Phone: 602-364-4558 / 602-364-2595

Arizona State Department of Economic Security (DES)
Child Protective Services (CPS) / Adult Protective Services
1789 W. Jefferson Ave. Phoenix, AZ 85007
888-SOS-CHILD (767-2445) / 877-SOS-ADULT (767-2385)

Arizona Board of Behavioral Health Examiners
1740 West Adams Street, #3600
Phoenix, AZ 85007
Phone: 602-542-1882

Maricopa County Crisis Line
602-222-9444

EMPACT-SPC 24/7 Crisis Hotline
480-784-1500 / 866-205-5229

Hospital Emergency Services
Banner Behavioral
800-254-HELP (254-4357)

Emergency Shelters
AZ Community Info/Referral 2-1-1 or 877-211-8661
CASS
602-256-6945 X 3059

Victim-Witness Assistance
Legal Learn: 866-637-5341
Fresh Start: 602-528-8494 (for women)

Suicide Prevention Center
800-273-TALK (8255)
www.suicidepreventionlifeline.org



Resilient Hearts Therapy

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For more information on your rights and responsibilities, you may want to review the Consumer Bill of Rights and Responsibilities developed by the President's Advisory Commission on Consumer Protection and Quality in the Healthcare Industry.

I have received a copy of, read, and have been fully informed of my client rights and responsibilities.

Client/Guardian Name Printed

Client/Guardian Signature

Date

Client/Guardian Name Printed

Client/Guardian Signature

Date

Therapist/Witness Name Printed

Therapist/Witness Signature

Date