



PARTICIPANT (CLIENT) RIGHTS AND RESPONSIBILITIES

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Practice: B Mindful Studios ("Practice") Clinician: Brittany Baker, LMHC ("Clinician")

This document describes the rights and responsibilities of individuals ("Participants" or "Clients") receiving psychotherapy and related behavioral health services from the Practice.

PARTICIPANT RIGHTS

- 1. Right to Understand Services and Rights**
You have the right to an explanation of your rights and services in a language and manner you can understand.
- 2. Right to Dignity and Humane Care**
You have the right to appropriate and humane services delivered with professional respect and care.
- 3. Right to Safety and Freedom From Abuse**
You have the right to services free from sexual, mental, physical, or emotional abuse. Any allegations of abuse by Practice personnel will be reported to the appropriate authorities as required by law and professional ethics.
- 4. Right to Freedom From Unnecessary Restraint and Verbal Abuse**
You have the right to be free from unnecessary physical restraint or seclusion and to be free from verbal abuse in the course of services.
- 5. Right to Non-Discrimination.**
You have the right to equal access to services without unlawful discrimination, including on the basis of race, color, religion, sex, age, national origin, disability, sexual orientation, gender identity, or other protected status.
- 6. Right to the Least Restrictive, Clinically Appropriate Care.**
You have the right to receive services appropriate to your needs in the least restrictive setting necessary for outpatient care.
- 7. Right to Participate in Treatment Planning**
You have the right to participate in the development of your treatment plan and to review,

agree, or disagree with proposed changes to goals and interventions.

8. Right to Information About Treatment

You have the right to be informed of the nature and purpose of treatment, potential risks or negative effects that may reasonably be anticipated, and available alternatives, to the extent clinically appropriate.

9. Right to Know Provider Identity and Role

You have the right to know the name, title, and role of the individual responsible for your services.

10. Right to Confidentiality and Authorized Release of Information

You have the right to have your record kept confidential and to provide written authorization before the Practice releases or requests your personal information, except as permitted or required by law.

11. Right to Access Records (With Legal/Clinical Limits)

You have the right to request access to your records and/or receive a summary, subject to applicable law and limited exceptions. If access is limited for clinical/legal reasons, you may request a summary and/or information about the basis for the limitation.

12. Right to Refuse Certain Services

You have the right to decline referrals for medication management and/or psychiatric consultation. If you decline, the Clinician will discuss alternatives and potential impacts on treatment.

13. Right to Information About Other Services

You have the right to request information about other treatment options or referrals, including services offered by other providers or agencies, when clinically indicated.

14. Right to Decline Research Participation

You have the right to refuse to participate as a subject in research. Refusal will not affect your access to services.

15. Right to Fees and Policies Before Services Begin

You have the right to an explanation of charges, fees, and relevant policies (including cancellation and discharge/termination policies) prior to beginning services.

16. Right to Grievance/Concern Process

You have the right to raise concerns or file a grievance regarding the quality of care or services and to receive information on how concerns are handled.

PARTICIPANT RESPONSIBILITIES

As a Participant of B Mindful Studios, you agree to the following responsibilities:

1. Provide Accurate Information. Provide accurate and complete information relevant to your mental health history and current concerns to the best of your ability.
2. Participate in Treatment. Participate in planning, reviewing, and updating your treatment plan, including communicating when something is not working.
3. Attendance and Cancellations. Cancel appointments with at least 24 hours' notice when possible, or notify the Clinician as soon as possible if there is a problem keeping the appointment.
4. Maintain Safety and Order. Assist with maintaining a safe and orderly therapeutic environment and respectful communication.

5. Communicate Concerns Promptly. Tell the Clinician if you have any problems or concerns with services, communication, billing, scheduling, or treatment approach.

AVAILABILITY OF THIS NOTICE

This document will be made available on the B Mindful Studios website and maintained in your confidential client file.

GRIEVANCE AND COMPLAINTS POLICY

1. Our Commitment

Your feedback matters. If something in therapy doesn't feel helpful, respectful, or right for you, I want to know. I will receive concerns respectfully and professionally, and we will work together to address them.

2. How to Raise a Concern

You may raise concerns in either of the following ways:

1. In your therapy session (preferred): We can discuss what happened, what you need, and how to adjust your care.
2. Secure message through the client/patient portal (written notice): Send a message in the portal with the subject line: "Concern / Grievance." This is the most secure written option.

Note about timing: I do not offer separate grievance meetings or consultation calls outside of scheduled therapy sessions. Concerns will be addressed during your next scheduled session, or sooner only if we are able to move your next therapy appointment earlier within my existing availability.

What You Can Expect From Me

When you raise a concern, I will:

- Acknowledge receipt of your concern within 2 business days, except during announced clinician time off (vacation, holidays, sick time, or other planned/unplanned absences). In those situations, I will respond as soon as reasonably possible upon my return.
- Discuss the concern in session with care and respect.
- Collaborate on next steps, which may include adjusting goals, pace, interventions, communication style, boundaries, scheduling practices, or other aspects of treatment.
- Talk openly about fit: If an approach is not a fit, I encourage you to tell me so we can try another direction. If we agree that therapy with me is not the best match, we can discuss referral options.

Because I am a solo private practitioner, there is not an internal supervisor or grievance office. When clinically appropriate, I may seek professional consultation to support quality care while protecting your privacy and confidentiality as required.

Documentation and Confidentiality

- Concerns raised in session or in writing may be documented in your clinical record along with steps taken to address them.
- For privacy and security, please avoid sending sensitive clinical details through unsecured email or text; use the portal when possible.

If We Cannot Resolve the Concern

If we are unable to resolve the issue to your satisfaction, you may choose to:

- Continue therapy with agreed changes, or
- Request referrals and/or transition your care to another clinician.

This policy does not limit any rights you have to pursue external options at any time.

INSURANCE AND RECORDS REQUESTS (IF APPLICABLE)

If you use insurance or a third-party payer, your insurance company may request and review information from your record when you seek payment or coverage for services. In those situations, information may be shared as permitted or required for payment and healthcare operations, consistent with applicable law and payer requirements.

YOUR RIGHT TO FILE A COMPLAINT IN INDIANA

Contact Information for Indiana Behavioral Health Licensing (PLA)

You have the right to contact the State of Indiana regarding concerns about a licensed behavioral health professional. In Indiana, behavioral health licensing is administered through the Indiana Professional Licensing Agency (PLA), including the Behavioral Health and Human Services Licensing Board.

Indiana Professional Licensing Agency (PLA)

- Phone (Customer Contact Center): 317-232-2960
- Email (Behavioral Health and Human Services): pla8@pla.in.gov
- U.S. Mail: Indiana Professional Licensing Agency Indiana Government Center South, Room W072402 West Washington Street Indianapolis, IN 46204

When contacting PLA, you may request instructions for submitting a complaint and ask that it be directed to the appropriate behavioral health licensing process.

URGENT CONCERNS AND EMERGENCIES

If you believe you are at risk of harming yourself or someone else, or you need immediate help, call 911, go to the nearest emergency room, or call/text 988 (Suicide & Crisis Lifeline). Portal messages are not monitored continuously and are not appropriate for emergencies.

ACKNOWLEDGMENT

I acknowledge that I have received and reviewed the B Mindful Studios Participant Rights and Responsibilities and Grievance and Complaints Policy.

Client Name (print): _____ Client

Signature: _____ Date: _____

Clinician Signature: _____ Date: _____