



Breakthrough Counseling, KC Consumer Rights to Fair and Equitable Treatment

As a consumer of services of Breakthrough Counseling, KC (BCKC) you have the right to fair and equitable treatment including the right to receive services in a non-discriminatory and non-coercive manner that respects your right to self-determination.

Hours of service delivery vary by program and service. Prior to beginning services, your service provider will inform you of the hours in which services will be available.

Breakthrough Counseling, KC (BCKC) makes its services available on a non-discriminatory basis to any eligible person in the service delivery area irrespective of race, color, sex, age, religion, national origin, citizenship, physical or mental disability, creed, sexual orientation, gender identity, gender expression, military status, and any other category protected by Federal, State or Local law.

Breakthrough Counseling, KC (BCKC) is committed to supporting diversity through culturally aware services which enables this provider to work effectively in cross-cultural situations. My goal of providing quality services begins with respect and appreciation for all consumers. All clients have the right to participate in service delivery decisions.

In compliance with HIPAA and other state confidentiality laws your protected health information will be kept confidential.

Complaints: If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, you may contact the Department of Health and Human Services at 877-696-6775. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The number listed above can provide you with the appropriate address upon request.

Client Responsibilities

Consumer participation and mutual respect is the expectation for all consumers. I _____
agree and subscribe to the following guidelines: (your name)

- ✓ I understand that it is my responsibility to provide necessary information for treatment.
- ✓ I understand physical and verbal intimidation will not be allowed.
- ✓ I understand the presence or use of illegal substances/alcohol on premises is not permitted.
- ✓ I will not be under the influence of impairment causing substances during my appointment time or while I am providing care for a child's appointment time on or off the premises.
- ✓ I understand weapons are not allowed on the premises.
- ✓ I understand smoking in the building is not allowed.
- ✓ I will not violate federal and state laws or local ordinances.
- ✓ I understand that I must sign all relevant paperwork to begin services.
- ✓ I understand that payment for services will be made at the time of appointment.
- ✓ My arrival at appointments will be as scheduled. It is my responsibility to call to cancel at least 24 hours in advance if I cannot keep my appointment.
- ✓ Missed appointments will be billed at the hourly rate
- ✓ I will follow recommendations for medical services and other consultations that are deemed necessary by my clinician.

Clients who fail or refuse to meet these expectations will not receive services and may be subject, when appropriate, to legal intervention. Action may be taken to discontinue services.

X _____
Client or Parent/Guardian/Legal Representative Date

X _____
Witness signature Date