

Creating Connections Counseling

Clients Bill of Rights and Responsibilities

Client's Rights:

Clients have the right to receive full information about their therapist's knowledge, skills, preparation, experience, and credentials.

Clients have the right to be informed about the options available for treatment interventions and the effectiveness of the recommended treatment.

Clients have the right to fully participate in all decisions related to their health care. If unable to fully participate in decisions related to health care, the client may be represented by parents, guardians, or other family members.

Clients have the right to make final decisions regarding the recommendations of the therapist.

Clients have the right to change to an alternative therapist if they so choose.

Clients have the right to pursue a second opinion.

Clients have the right to be involved in discharge planning from treatment beginning to termination.

Clients have the right to submit complaints or grievances.

Clients have the right to confidentiality. Any disclosure to another party will only be made with the knowing, written consent of the client and will be time limited, unless laws or ethics dictate otherwise. Entities receiving information for the purpose of benefits determination, public agencies receiving information for health care planning, or any other organization with legitimate right to information will maintain clinical information in confidence with the same rigor and be subject to the same penalties for violation as is the direct provider of care. All client information is treated as private and confidential.

Clients have the right to considerate, respectful care. Quality mental health services shall be provided to all individuals without regard to race, ethnicity, nationality, religious belief, gender, age, sexual orientation, or disability.

Client's Responsibilities:

Clients are responsible for providing accurate and complete information about all matters pertaining to your health, including medications and past or present medical and/or mental health problems.

Clients are responsible to report changes in their condition or symptoms.

Clients are responsible to identify and report any safety concerns that may affect your care.

Clients are responsible to ask if you do not understand information about your care or treatment.

Clients are responsible to inform their provider if unsatisfied with any aspect of their care.

Clients are responsible to participate in the planning of their care, including termination and discharge planning.

Clients are responsible to keep scheduled appointments and cancel appointments 24 hours in advance.

Clients are responsible for full payment of services should insurance company not provide payment. Clients are responsible for their office co-pay or co-insurance as their benefits plan dictates.

By signing this, I acknowledge receipt and understanding of the above stated information regarding my rights and responsibilities.

_____ **Date:** _____
Signature of Client OR Parent/Legal Guardian