

## **CLIENT RIGHTS AND RESPONSIBILITIES/EXPLANATION OF SERVICES**

### **Counseling is a collaborative process with your therapist/counselor that involves.....**

- **Exploring** the issues that brought you to therapy.
- **Building** a trusting relationship with your therapists.
- **Deciding** upon specific goals and objectives.
- **Working** toward these goals and objectives
- **Evaluating** your progress on a regular basis.

### **I understand.....**

- That I have chosen to receive treatment services and I may terminate my therapy/counseling at any time, unless ordered by the court.
- That there is no assurance that I will feel better.
- That during the course of my treatment, material may be discussed that is upsetting in nature. This is a part of the therapy/counseling process and may be necessary to resolve my concerns.
- That I may be contacted by my health plan to ensure continuity and quality of therapy/counseling or after the completion of treatment to assess the outcome of treatment.
- That records and information collected during my treatment will be held or released in accordance with Federal and State laws regarding confidentiality of such records and information.
- That State and Local laws require that my therapist report all cases where there exists a danger to self or others.
- That there may be other circumstances in which the law requires my therapist/counselor to disclose confidential information.

### **I have the right.....**

- To be treated with dignity, consideration, and respect at all times.
- To expect quality service provided by concerned, trained, professional and competent employees.
- To expect complete confidentiality within the limits of the law and to be informed about the legal exceptions to confidentiality and to expect that no information will be released without the client's knowledge and written consent.
- To appropriate information regarding employee education, training, skills, license, and practice limitations and to request and receive referrals to other clinicians when appropriate.
- To be a collaborative partner with my therapist/counselor in the development of treatment plans and goals.
- To obtain information about case records and to have this information explained clearly and directly.
- To request information and/or consultation regarding the conduct and progress of services.
- To refuse any recommended services and to be advised of the consequences of this action.
- To a safe environment free of emotional, physical, and sexual abuse.
- To a client grievance procedure, including requests for consultation and/or mediation and to file a complaint with a supervisor and/or the appropriate credentialing body.
- To make an informed decision about whether to accept or refuse treatment.
- To contact and consult with counsel at my expense.
- To a clearly defined ending process and to discontinue services at any time.

### **I am responsible for.....**

- Being on time for my appointments.
- To cancel appointments that I am unable to keep, within a timely manner.
- Informing my therapist of any change in residence or work telephone numbers and/or address.
- Contacting my therapist to confirm my appointment on days when the weather is inclement.