



Client's Rights and Responsibilities

Statement of Client's Rights

Clients have the right to:

- Be treated with dignity and respect.
- Fair treatment; regardless of their race, religion, gender, ethnicity, age, disability, or source of payment.
- Their treatment and other client information be kept private. Only where permitted by law, may records be released without client permission.
- Easily access timely care in a timely fashion.
- Know about their treatment choices. This is regardless of cost or coverage by the client's benefit plan.
- Share in developing their plan of care.
- Information in a language they can understand.
- A clear explanation of their condition and treatment options.
- Information about their insurance company, its practitioners, services and role in the treatment process.
- Information about clinical guidelines used in providing and managing their care.
- Ask their provider about their work history and training.
- Give input on the client's rights and responsibilities policy.
- Know about advocacy and community groups and prevention services.
- Freely file a complaint or appeal and to learn how to do so.
- Know of their rights and responsibilities in the treatment process.
- Receive services that will not jeopardize their employment.
- Request certain preferences in a provider.
- Have provider decisions about their care made without regard to financial incentives.

Statement of Client's Responsibilities

Clients have the responsibility to:

- Treat those giving them care with dignity and respect.
- Give providers information they need. This is so providers can deliver the best possible care.
- Ask questions about their care. This is to help them understand their care.
- Follow the treatment plan. The plan of care is to be agreed upon by the client and provider.
- Follow the agreed upon medication plan.
- Tell their provider and primary care physician about medication changes, including medications given to them by others.
- Keep their appointments. Clients should call their provider(s) as soon as they know they need to cancel visits.
- Let their provider know if the treatment plan is not working for them.
- Let their provider know about problems with paying fees.
- Report abuse and fraud.
- Openly report concerns about the quality of care they receive.
- **CPS CLIENT CANCELLATIONS:** PLEASE CONTACT THE THERAPIST AT LEAST 48 HOURS BEFORE THE SCHEDULED SESSION IF YOU ARE UNABLE TO KEEP THE APPOINTMENT. ANY CANCELLATIONS, UNCONFIRMED OR MISSED APPOINTMENTS WILL BE REPORTED TO THE CASEWORKER. TWO (2) MISSED APPOINTMENTS CONSTITUTES DISMISSAL FROM THERAPY (UNSUCCESSFUL COMPLETION).
- **INSURANCE & PRIVATE PAY CANCELLATIONS:** PLEASE CONTACT THE THERAPIST AT LEAST 48 HOURS BEFORE THE SCHEDULED SESSION IF YOU ARE UNABLE TO KEEP THE APPOINTMENT. ANY LATE CANCELLATIONS OR MISSED APPOINTMENTS WILL BE CHARGED A \$50 FEE.

My signature below shows that I have been informed of my rights and responsibilities, I have read the HIPAA guidelines presented to me at sign-in, and that I understand this information.

Client's Name (print) _____

Signature _____ Date _____

The signature below shows that I have explained this statement to the client and have offered them a copy of this form and the HIPAA form.

Psychotherapist's Name (print) _____

Signature _____ Date _____