



## **Client Rights**

1. You have the right to be treated with dignity and respect at all times. You shall not be subjected to any harsh or unusual treatment or be deprived of any civil rights solely by reason of treatment. You shall retain all civil rights that have not been specifically curtailed by order of the court.
2. You have the right to be treated in a nondiscriminatory manner at all times.
  - a. We are committed to a policy of nondiscrimination. Any administrative or clinical actions pertaining to its clients and personnel are conducted without regard to age, ancestry, race, national origin, disability, religious creed, marital status, gender, or sexual preference.
  - b. You have the right to file a complaint of discrimination if you feel you have a grievance. You may use the existing program grievance policy or you may file a complaint with the relevant agency.
3. You have the right to privacy and confidentiality about treatment offered or given. Treehouse Counseling adheres to regulations concerning Protected Healthcare Information as established by HIPAA (Health Insurance Portability and Accountability Act.) Please refer to the Notice of Privacy Protection (NPP) and Limits of Confidentiality material given to you at your first appointment.
4. You have the right to request to review your clinical record in accordance with HIPAA regulations. This review pertains to material contained in your record on or after April 15, 2009.
  - a. If you wish to review your record, speak directly with your therapist. He or she will be present as you review your record to answer any questions.
  - b. If your therapist determines that reviewing your record might be detrimental, he/she will consult the Director of the Program to determine the appropriate response.

## **The Client is responsible for:**

1. Providing accurate and complete information concerning his/her present complaints, past medical/personal history, and other matters relating to his/her current condition and life circumstances.
2. Making it known to the therapist whether he/she clearly comprehends the course of treatment and what is expected of him/her.
3. Reading all handouts: Client Rights, Client Responsibilities, Limits of Confidentiality, Consent to Treatment, HIPAA General Consent, Notice of Privacy Protection (NPP.)
4. Adhering to treatment recommendations. While entering into therapy is voluntary, during the course of your care your therapist will formulate recommendations that are specific to your presenting problem and circumstances. While there are benefits to following these recommendations, choosing not to

adhere to them could result in consequences. Your therapist will discuss these possible consequences in greater detail.

5. Conducting his/herself appropriately when in our office for treatment. Clients will refrain from using foul or abusive language with staff or other clients. Clients will not engage in sexually seductive behaviors with staff or their clients. Clients will be considerate of the rights of other clients and agency staff. Parents or caretakers who bring clients for services are responsible for the actions of the client.

**Discussions about the limitations of confidentiality are held with all clients seeking therapy service at Treehouse Counseling.**

1. Confidentiality is limited when Treehouse Counseling is required to share information in response to a court order.

2. Confidentiality may be limited for in-house consultation and supervision among the therapist, psychiatrist, and other in-house staff.

3. Confidentiality may be limited when Treehouse Counseling assumes treatment of minors. Under state laws and HIPAA, parent or legal guardians of minor children do have the right to information regarding the mental health treatment of the child(ren) in their legal custody. There are circumstances, however, when effective treatment of the client requires that the therapist keep confidential the information disclosed by that client. In these cases, the therapist and/or psychiatrist will work with the parent(s) to help him/her understand why such confidentiality is preferable and necessary for clinical care.

**I have reviewed and understand the Rights and Responsibilities**

I have received a copy.    Yes \_\_\_\_\_    No \_\_\_\_\_

I decline a copy.        Yes \_\_\_\_\_    No \_\_\_\_\_

Client/Parent/Guardian Printed Name \_\_\_\_\_

Client/Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Therapist's Printed Name \_\_\_\_\_

Therapist's Signature \_\_\_\_\_ Date \_\_\_\_\_