

Family Choices Counseling Center

STATEMENT OF CLIENT RIGHTS AND RESPONSIBILITIES

As a client of Family Choices Counseling Center, you have the right:

1. To be treated with dignity and respect at all items.
2. To be given information about your rights and responsibilities relative to therapy.
3. To reasonable enjoyment of privacy and freedom of thought, conscience and religion.
4. To have your opinions heard and to be included, where possible and deemed therapeutically appropriate, in any decision made concerning your treatment.
5. To receive guidance, supervision and support.
6. To humane care.
7. To be protected from physical, emotional and sexual abuse, neglect and exploitation.
8. To review your clinical record at your request with your therapist and legal guardian if applicable.
9. To be given information regarding anticipated transfer of services and/or termination of therapy services.
10. Confidentiality.
11. To complete information, given in a way you can understand, about your treatment, including the risks and benefits as well as the cost of treatment. The right to refuse treatment and an explanation of the risks involved.
12. To know the names, titles and professional qualifications of your therapist.
13. To file a Client Grievance.

As a client of Family Choices Counseling Center, you have the responsibility to:

1. Give accurate, complete information concerning your past treatment, medications, allergies and other pertinent information.
2. Assist in developing and maintaining a safe environment
3. Inform Family Choices Counseling Center, therapy staff when you will not be available for a scheduled appointment.
4. Participate in the development and update of your Treatment Plan.
5. Adhere to your Treatment Plan.
6. Request information regarding anything you do not understand.

I have read and/or have been read and have received an explanation of the STATEMENT OF CLIENT RIGHTS AND RESPONSIBILITIES.

S I G N A T U R E S

CLIENT	DATE:
LEGAL GUARDIAN	DATE:
Therapist:	DATE: