

## **BOWLING COUNSELING CENTER CLIENTS RIGHTS AND RESPONSIBILITIES**

**As a client of services, you have a right to:**

1. Considerate, respectful care at all times and under all circumstances.
2. Right to request how I contact you. Your home (circle) Yes/No, your work Yes/No, Cell Phone Yes/No. Please put the number in which you would not mind me contacting you
3. Informed consent about your treatment and billing processes, its expectations and limitations, including privacy, confidentiality and prohibition on redisclosure of information as referred to in Federal confidentiality rules (42 CFR, part 2) and HIPPA Regulations.
4. You or your child's records are protected by Federal laws and regulations. Disclosure of information is prohibited unless:
  - a) The client or the parent consents in writing.
  - b) The disclosure is allowed by a court order.
  - c) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation.
  - d) There is evidence of possible physical harm to yourself or others.
5. You have the right to take part in formulating your treatment plan.
6. You have the right to request services from someone with training or experiences in dealing with specific culture, spiritual, or gender orientation. If those services are not available, I will help in the referral process.
7. You may refuse services offered to you and you will be informed of any potential consequences.
8. You have the right to examine and receive an explanation of your bill.
9. You have the right to have and inspect a copy of your records after the request is made in writing.

### **CLIENT'S RESPONSIBILITIES**

1. You are responsible for taking an active role in the counseling process.
2. You are responsible for your financial obligations as outlined in Fee Plan.
3. You are responsible for following the policies of this office.
4. You are responsible to treat myself and fellow clients in a respectful, cordial manner; so their rights are not violated.
5. You are responsible to provide accurate information about yourself.

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_