

The Center for Healing
Indigo Wisdom Professional Counseling, LLC

Client Rights and Responsibilities

The Center for Healing Indigo Wisdom Professional Counseling, LLC is a private practice with independent clinicians who provide high quality behavioral health services to the community. Accordingly, we recognize that mental health services are a cooperative venture for the clients and the clinicians. You and your clinician have specific rights and responsibilities in relationship to each other.

As a Client you have the following rights:

- 1) The right to humane care and treatment. You will be treated with respect and consideration.
- 2) The right to know the name and professional qualifications of any Clinician at The Center for Healing Indigo Wisdom Professional Counseling, LLC.
- 3) The right to accurate information about your assessment, diagnosis, and treatment. You will be informed of any decisions that which affect your treatment and/or services.
- 4) The right to information regarding fees for service and payment plans, and advice on the cost and benefits of any outside services that are recommended.
- 5) The right to information regarding the scope and availability of services, including information on after-hours contacts and emergency care.
- 6) The right to confidentiality of your evaluation and treatment records, except as required by law.
- 7) To participate or decline the use of animal assisted therapy during a session.

As a Client you have the responsibility to:

- 1) Provide full information about your problems and concerns to allow proper evaluation and treatment. Ask questions to ensure that you have a satisfactory understanding of the evaluation or treatment services which you are being provided.
- 2) Show courtesy and respect to all Clinicians and other clients that you may meet at The Center for Healing Indigo Wisdom Professional Counseling, LLC.
- 3) Respect the privacy of all other clients and their families.
- 4) Observe rules and policies of The Center for Healing Indigo Wisdom Professional Counseling, LLC as posted in the waiting room. This includes not leaving any children unattended in the waiting room at any time.
- 5) Pay for services billed to your account in a timely manner.

The confidentiality of your health care information is protected by state and federal laws. Your personal information will not be communicated to others without your written authorization except in the following circumstances:

- Internal Administrative Use: Your Clinician may communicate your health care information to The Center for Healing Indigo Wisdom Professional Counseling, LLC staff for quality assurance, treatment planning and billing procedures.
- Mandated Reporting: all healthcare providers are mandated to report to relevant state agencies any information of suspected abuse or harmful neglect of children or adults who are elderly or disabled. We may also disclose information to prevent individuals from physically hurting themselves or other people.

You may revoke authorization to release your healthcare information at any time, in writing. Revoking authorization will not affect disclosures made when authorization was in full effect.

We do not recommend e-mail communication with your clinician as confidentiality can not be guaranteed. Since e-mail delivery may be delayed, it especially should not be used in emergencies.

Attestation: By signing below, you acknowledge that you have read this form and have had an opportunity to ask any questions that you may have. Your signature indicates that your questions have been answered to your full satisfaction. You will be given a copy of this form upon request.

Client Signature(or parent if child is a minor)_____

Printed Name_____

Date_____