Embodied Living Counseling
140 Point Judith Rd, Suite 23
Narragansett, RI 02882-3477
Phone: 401-250-2731 | Fax: 401-386-3443

Client Rights and Responsibilities Agreement

Client Name: Client DOB:

Providers are strongly committed to respecting the basic human rights, worth and dignity of each person receiving services. In addition, you have the legal rights which are guaranteed by the constitution and state and federal laws and regulations. You also have responsibilities regarding your treatment. These rights and responsibilities are:

The Right of Confidentiality

- The right of confidentiality of all records and communications, as provided by Federal law with a few exceptions:
- If therapist suspects child or elder abuse.
- If therapist suspects you may harm yourself or someone else.
- If WE receives a court order.
- If you enter into litigation against our clinic.
- If you have an outstanding bill, we can use a collection agency.
- If the client is a minor, therapist may discuss aspects of the client's care with the client's parents or legal guardians.
- If therapist seeks consultation with another professional about your case.

The Right to Treatment

- The right to have all reasonable requests responded to promptly and adequately.
- The right to ask for and obtain a copy of all rules and policies which apply to clients.
- The right and responsibility to choose a therapist and mode of treatment that meets your needs.
- The right to ask questions about therapist's training, therapeutic approach, and progress of treatment.
- The right to be informed, when treatment begins, of expected results and/or side effects of treatment.
- The right to refuse treatment, unless court ordered.
- The right to life-saving treatment.
- The right to refuse to be a research subject.
- The right to adequate care or to be referred to another provider.
- The right to request the name and specialty of any person responsible for care or coordination of care.
- The right to revoke your authorization, in writing, to release or discuss your medical record except when action has already been taken.

The Right of Informed Consent

- The right of confidentiality of all records and communications, as provided by Federal law with a few exceptions: If child or elder abuse is suspected; if therapist suspects you may harm yourself or someone else, receives a court order; if you enter into litigation against the clinic; if you have an outstanding bill, we can employ a collection agency.
- The right and responsibility to participate in developing a treatment plan with your therapist.
- The right to receive and read a copy of your medical record, as long as doing so causes no harm.
- The right to maintain HIV status as confidential unless you provide written consent.
- The right to receive an itemized bill, including third party reimbursement paid toward the bill.

The Right of Protection from Mistreatment

- The right to be treated in a manner which is ethical and free from abuse, discrimination and/or exploitation, meaning

no romantic or sexual relationship, and your story will not be turned into a movie, book or TV show.

• The right to know that the therapeutic relationship will not be leveraged in an inappropriate manner or develop into a dual relationship.

• The right to be treated with respect no matter your culture, gender, sexual orientation, sexual preference, ability, and religion.

The Right to File a Complaint - NO ACTION WILL BE TAKEN AGAINST YOU FOR FILING A COMPLAINT

Client Responsibilities

• To keep your scheduled appointments and let the therapist know if you cannot keep it by giving 48 hours of notice.

• To be honest and open so providers can deliver the best possible care.

• To think through any insights or concerns you are addressing between sessions.

• To follow the agreed upon medication plan.

• Openly report concerns about the quality of care you receive.

• To have a termination session rather than not keeping your last appointment.

• To call 911 or go to your nearest emergency department if you feel you are in danger of harming yourself and then to inform therapist.

If you have any questions or concerns about your rights and responsibilities, we invite you to please bring them up in session.

Signing this document acknowledges that I have read and understand my rights and responsibilities as a client and have received a copy of them. I have also had the opportunity to ask questions.

Client Name:

Client (or Parent/Legal Guardian) Signature:

If signing as a parent/guardian, please input your name below:

Date:

Signing this document acknowledges that I have explained this agreement to the client. I have offered the client a copy of this form.

Provider Signature

Signature: