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## Embodied Living Counseling, LLC

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[www.EmbodiedLivingLLC.org](http://www.EmbodiedLivingLLC.org)

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### **Client Rights**

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Our hope is that clients of Embodied Living Counseling, LLC feel comfortable expressing any questions or concerns related to our programs, services, and their treatment.

**As a client of Embodied Living Counseling (ELC), you have the right:**

- To be informed of my rights during my intake session or in future sessions, whenever ELC makes a change in the rights statements, and upon verbal or written request.
- To express a concern or complaint about services, staff or the operation of the practice, to have these concerns investigated, and be given a resolution to these concerns.
- To be encouraged and assisted in exercising my rights without fear of discrimination, restraint, interference, or retaliation.
- To be informed of my rights and to receive services in a language and manner I understand.
- To not have services denied due to race, religion, gender, sexual orientation, ethnic background, age, disability, source of financial support or any other handicap.
- To receive information about services available at the practice, accreditation status, discharge policies, types of treatment, hours of operation, emergency contact procedures, concern and complaint procedures, and the rights of persons served.
- To receive a copy of the practice's statement regarding responsibilities of persons served, including procedures for discharge and how to obtain assistance in resolving issues,

accessing alternative services, written notification of discharge, and my rights to an appeal.

- To be provided information about the cost of services proposed and rendered to myself or my family and to be provided, upon request, information regarding charges billed and payments made.
- To be provided, upon request, information about my treatment team, their credentials, training, professional experience, and specialization of staff providing services and their supervisors.
- To treatment and services that are considerate and respectful of my values and beliefs.
- To privacy, security and confidentiality of all information with the exception of situations which require mandated reporting.
- To be informed of the practices's responsibility to report abuse and/or neglect to the appropriate protection agencies.
- To be provided treatment and services in an environment free of abuse, neglect, mistreatment, humiliation, financial exploitation or any other human rights violation.
- To be protected from being forced or compelled to do something I do not want to do.
- To be informed about what to expect during the treatment process.
- To be informed about and participate in decisions regarding treatment and to receive information in a timely manner on diagnoses; proposed treatment, services, and medications, including their benefits, risks, side effects, and any alternatives; limits to confidentiality; the right to refuse treatment, services and medications, to the extent permitted by law; and projected discharge date and plan.
- To individualized treatment and services, including: provision for services within the most integrated setting appropriate to my needs, an individualized treatment plan, ongoing review and mutually agreed upon adjustments to my plan.
- To be present and actively participate in the development and review of my treatment plan.
- To be offered a copy of my treatment plan.
- To request a review of my treatment plan at any time during treatment.
- To seek an independent opinion from a mental health or substance abuse professional, of my choice, regarding treatment and services.
- To request a change of provider, clinician or service. If the request is denied, I will receive a written explanation as to why this request was denied.
- To be given reasonable notice of and reasons for any proposed change in clinician.
- To object to any changes in treatment, services, or personnel, and the right to a clear verbal and written explanation if such objection cannot be accommodated.
- To refuse treatment, services, except in an emergency situation, and to be advised of the potential risks and impact this may have on my treatment process.
- To be referred to an alternative service, program, self-help supports, or other treatment setting if I am better served at a different level of care.

- To be present and participate in planning aftercare activities and referrals to other services I may need.
- To access my clinical record unless it is determined clinically inadvisable and to be informed of any reason for denial to access.
- To be given information regarding my legal rights in relation to the Representative Payee process, when applicable.
- To refuse to participate in any research project and or training without affecting my access to treatment or services.
- To be informed of the following before being asked to consent to participate in a research project and/or training: reason being asked to participate, treatment proposed, elements of proposed treatment considered a clinical trial or experiment, benefits expected, potential discomfort and risks, alternative services that might benefit me, procedures to be followed, and methods of addressing privacy, confidentiality, and safety.
- To receive a copy of the practice's Privacy Notice/Practices stating my rights under the Privacy Rule.
- To provide input into program policies and services through satisfaction surveys.