

## CLIENT RIGHTS & RESPONSIBILITIES

1. You have the right to impartial access to treatment regardless of race, religion, sex, age, ethnicity, or disability.
2. You have the right to considerate and respectful treatment and recognition of your personal dignity.
3. You have the right to be informed of your rights in a language you understand and to receive a copy of your rights.
4. You have the right to services provided in the least restrictive environment possible.
5. You have the right and responsibility to participate in treatment decisions.
6. You have the right to obtain information about your condition and prognosis from your clinician.
7. You have the right to obtain information about treatment recommendations and alternatives.
8. You have the right to periodic review of your treatment plan.
9. You have the right to review and correct information in your case file. There may be a charge if you would like copies.
10. You have the right to expect that case discussion and consultation will be conducted in a confidential manner.
11. You have the right to terminate services at any time.
12. You have the right and responsibility to be involved in planning for the termination of your treatment.
13. You have the right to be informed of alternatives available when you leave treatment, and to be given specific follow-up recommendations.
14. You have the right to report any incidences of mistreatment whether you are a victim or an observer.
15. You, your family, or your legal guardians have the right to present complaints concerning the quality of your care.
16. You, your family, or your legal guardians have the right to request a review of the practices and procedures for ensuring clients' rights and for addressing questions or complaints about your individual treatment plan.
17. You, your family, or your legal guardians have the right to file a formal grievance. You may request a copy of the grievance procedure or it may be found on the Crossroads website.
18. With the exceptions of illness or weather, you have the responsibility to inform your clinician at least 24 hours in advance if a scheduled appointment cannot be kept so that the appointment may be offered to another person in need.
19. You have the right to expect that if a clinician is unable to keep a scheduled appointment, you will be advised within a reasonable period of time.
20. You have the right to be informed in advance of all estimated charges being made, the costs of services provided, sources of the organization's reimbursement, and any known limitations on length of services.
21. You have the right to withdraw your permission at any time in matters to which you have previously consented.
20. You have the right to request the opinion of another clinician at your own expense.
21. You have the right to privacy regarding information contained in your case file.
22. You have the right to expect that all communications and records pertaining to your treatment will be treated as confidential and in accordance with HIPPA, with the following exceptions to confidentiality:
  - a) when physical harm is threatened against one's self or another person,
  - b) when there has been physical abuse, sexual abuse, or neglect of a child or vulnerable adult,
  - c) when records are subpoenaed by a local, state, or federal court,
  - d) as otherwise required by law.
23. Crossroads Counseling Centers Inc. has a policy of legal neutrality. You agree to refrain from attempting to subpoena or require any clinician to appear in any legal proceeding related to any matters discussed during counseling; nor will you attempt to subpoena notes or records related to this counseling.
24. All counseling is values-based, and clinicians at Crossroads Counseling Center, Inc. represent the Christian perspective. While their counseling approach will reflect this values perspective, you have the right to expect Crossroads' clinicians to respect your personal values and religious perspective without judgment.

***I have read and understand my rights and responsibilities as a client of Crossroads Counseling Centers, Inc.***

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Client Signature

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Date

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Clinician Signature

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Date

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Parent/Guardian Signature (if applicable)

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Date

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Parent/Guardian Signature (if applicable)

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Date