



Client's Rights and Responsibility

Clients have the right to:

- receive humane care and treatment, with respect and consideration
- privacy and confidentiality when seeking or receiving care except for life threatening situations or conditions
- confidentiality of your health records
- receive accurate information concerning diagnosis, treatment, risks, and prognosis of an illness or health condition
- ask about reasonable alternatives to care at HCS or outside facilities
- a second professional opinion regarding diagnosis or treatment
- participate actively in decisions regarding one's healthcare and treatment
- accessible information regarding the scope and availability of services
- be informed about any legal reporting requirements regarding any aspect of screening or treatment
- a copy of your medical record upon request and written authorization
- file a complaint with the director of HCS regarding any concerns related to the privacy, confidentiality or security of your medical record
- review and amend your medical record
- revoke your authorization to release except to the extent that action has not already been taken
- a copy of any fees and charges related to your visit

Clients have a responsibility to:

- provide complete information about one's illness/problem, to enable proper evaluation and treatment
- ask questions to ensure an understanding of the condition or problem
- show respect to health personnel and other patients
- reschedule/cancel an appointment so another person may see a physician
- pay bills or file health claims in a timely manner
- use prescription or medical devices for oneself only
- inform the practitioner(s) if one's condition worsens or an unexpected reaction occurs from a medication
- provide requests for permission to release health records in writing to HCS

Client Name:

Date of Birth:

A Center 4 Change
Counseling and Psychotherapy



Client's Rights and Responsibility Signature Sheet

By signing below, you are stating that you have received and reviewed a copy of your client rights and that you are aware of the expectations set forth through your client's rights.

Client/Guardian

Date

Witness

Date

Client Name:
Date of Birth: