

THE FAMILY CENTER - FAMILY COUNSELING OF COLUMBUS

YOUR RIGHTS AS A CLIENT OF THIS AGENCY

As a client of this agency, you have certain rights governing the services you receive, and you should be familiar with those rights, shown below. Should you have questions at any time concerning your rights as a client, please discuss them with your counselor, the Clinical Director, or the agency's Chief Executive Officer.

- * You have the right to expect prompt, courteous, and professional service, delivered in a safe and comfortable environment.
- * You have the right to fair and equitable treatment and to be served without discrimination as to sex, race, creed, color, religious preference, national origin, cultural influences, or lifestyle choices. Fair and equitable treatment also means that all agency policies, procedures and rules will be carried out consistently at all times.
- * You have the right to have the nature of the recommended treatment and any related risks explained to you.
- * You have the right to assist in developing your treatment plan, which should be tailored to meet your specific needs.
- * You have the right to review your case record and include comments in the record at any time.
- * You have the right to privacy and confidentiality. Except as may be required by law, no information concerning you, your family, or your treatment may be released to anyone without your consent in writing. The legal exceptions to confidentiality is as follows:
 - cases of child abuse or neglect
 - cases involving risk of suicide or serious threat to another
 - court ordered subpoena
 - cases that are court ordered or required to meet legal mandates
- * You have the right to have family members and significant others involved in your treatment whenever possible.
- * You have the right to make a complaint to the Director and utilize the agency's grievance procedures if you are not satisfied with the services provided. You will be given information on the grievance procedure.
- * If your counselor desires to use cameras or tape recorders to aid in the evaluation, diagnosis, or treatment provided, the counselor must first explain the purposes, benefits, and risks of the taping and gain your written consent. You do not have to consent; if you choose to give your permission, you may withdraw your consent at any time. The recordings will be destroyed after their purpose has been met. (The agency does not use recording devices on a regular basis).
- * You have the right to be told that if the agency cannot provide the services you need or request, and to be informed of other referral sources or services in the community.
- * You have the right to refuse treatment, or any aspect of treatment, and to be informed of any consequences of such refusal (i.e. for court mandated treatment, etc.) or request a change in your treatment plan at any time.
- * You have the right to request assistance in meeting any special needs that you have in order to prevent those needs from creating barriers to service (i.e.: help with reading or completing paperwork, accessibility to offices, etc.)

Client Signature: _____

Date: _____

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YOUR RESPONSIBILITIES AS A CLIENT OF THIS AGENCY

As a client requesting services at this agency, you have certain responsibilities that should be met in order to insure that the services you receive are as effective as possible. The following is a list of the responsibilities that you agree to accept once you enter into a treatment relationship with The Family Center. Feel free to discuss these with your therapist if you have any questions.

- * It is your responsibility to keep scheduled appointments. If you are unable to keep a scheduled appointment, please give the agency 24 hours advance cancellation, so that the appointment may be offered to another client in need. Failure to cancel appointments in advance may result in you being billed for the missed appointment.
- * It is the policy of The Family Center not to refuse to provide services due to a client's inability to pay. However, once you have signed a fee contract, you have indicated an ability and willingness to pay the fee that has been established for you for each hour of counseling provided. Should there be some problem associated with the fee, it is your responsibility to address the matter with the administrative department in order to make proper arrangements. Failure to pay the agreed upon fee may result in a disruption in your counseling program.
- * If your financial situation changes while you are receiving services at this agency, it is your responsibility to notify your therapist or the administrative staff immediately. Failure to notify us of changes may result in you being charged too much or too little.
- * It is the client's responsibility to work closely with the counselor in order to develop a tailored treatment plan, specific to your needs. Your counselor will count on you to provide him or her with factual and relevant information and take an active role in making treatment decisions. The more openly you work with the counselor, the better able you will be to meet your goals.
- * In order to insure that your counseling is as effective as possible, it is your responsibility to make efforts to accomplish your goals outside of the counseling sessions. Your counselor will often suggest tasks to complete outside the session in order to reach your objectives. It is your responsibility to work on the personal changes required in resolving issues and reaching goals.
- * It is your responsibility to inform staff of any special needs that you may have in order to receive services. Every effort will be made to assist you in having those needs met.

Client Signature: _____

Date: _____