

# PATIENT'S RIGHTS AND RESPONSIBILITIES<sup>o</sup>

☞ Place a check (✓) in the box to the left of each statement that you fully understand. Do NOT check the box unless you fully understand the statement.

## YOUR PATIENT RIGHTS

- 1. To have all questions regarding counselor's credentials, methods, and fees fully answered to your satisfaction.
- 2. To have your **confidentiality** fully protected by your counselor **except** when doing so would endanger the life or protection of patient (that's you) and / or another person.
- 3. To be informed if any identifying information about your case is disclosed to anyone other than your counselor.
- 4. To receive your counselor's full attention for the entire clinical counseling session.
- 5. To receive counseling respecting your religion or worldview. *NOTE: Your counselor has a Christian worldview.\**
- 6. To terminate the counseling relationship at any time.
- 7. To be informed of how to contact professional help in emergency situations, and whatever limitations your counselor may have in promptly responding to emergencies. *NOTE: In the event that your counselor cannot be reached in a crisis situation, call your county's Crisis Intervention service, or dial 911, or your nearest hospital.*
- 9. To be aware of the fact that counseling does not *always* produce desired results, that divorce may *sometimes* result while in counseling, and that your symptoms *may* get worse during counseling.
- 10. To be aware of the fact that if, during the course of treatment, you experience mental images or thoughts of being abused in the past, that your counselor does *not* regard such images or thoughts as unquestionable proof of abuse or actual trauma. (In other words, just because you may have thoughts that you were abused, that alone does mean that you were actually abused).
- 12. To be referred to another qualified professional if your counselor encounters personal or professional limitations in meeting your counseling needs, or upon your request.

## YOUR RESPONSIBILITIES AS A PATIENT

- 1. To make your **FULL** payment or co-payment **BEFORE** each session begins
- 2. To pay for any professional services outside the counseling hour (such as crisis intervention, report writing, phone calls, consultations, testing, etc.) **that you have already agreed to pay for in advance.**
- 3. To fully participate in treatment planning, goal-setting, and following through with agreed-upon tasks or self-help assignments. *NOTE: Goal-setting, self-help assignments between session and completing brief questionnaires periodically to track symptoms and progress are standard treatment in this practice\*.*
- 4. To arrive **promptly** for each session. *NOTE: Please do not arrive more than 10 minutes early if possible.*
- 5. To cancel any session you cannot attend at least 24 hours in advance. *NOTE: Missing an appointment costs your counselor his or her profession time and expense. Failure to cancel a session without 24-hour notice will result in YOU (not your insurance company) being charged the full fee for that missed session. This charge will NOT be waived except for unusual circumstances (such as death in the family, illness, etc.).*
- 6. To disclose any past, current, or planned **LEGAL ACTION** that is related to your seeking counseling.
- 7. To continue meeting with your counselor until **BOTH** you and your counselor decide that the agreed-upon goals have been met **OR** until you inform your counselor of any plan to discontinue with your counselor's services. *NOTE: Although this is your **responsibility**, you have the right to terminate the therapy at any time without informing your counselor as per statement # 5 under "Rights" above.*

I HAVE READ AND I FULLY UNDERSTAND EACH STATEMENT I CHECKED ABOVE.

\_\_\_\_\_  
SIGNATURE of PATIENT or patient's parent / guardian

\_\_\_\_\_  
SIGNATURE of COUNSELOR

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\* If this presents a problem, you may discuss this issue with your counselor, or request a referral to another therapist.