

CLIENT RIGHTS AND REPOSNSIBILITIES

Rights

1. You have the right to dignity as an individual human being. You have the right to equal consideration and treatment, regardless of your race, religion, color, economic status, age, sexual preferences or beliefs.
2. You have a right to be provided with professional and respectful care.
3. You have the right to confidentiality. No information will be released outside this office, except when specifically required by law, without your written consent. This right is limited; We are required by law to take the following actions, regardless of consent:
 - Report suspected abuse of neglect of a minor child or of a mentally or physically handicapped individual under the age of 21 (ORC 2151.421)
 - Report abuse or neglect of a vulnerable adult (ORC 5101.61)
 - Take affirmative steps to provide protections from clear and substantial risk of imminent serious harm to self (client) or identifiable third party (ORC 5123.61)
 - Report believed abuse of mentally retarded or developmentally disabled adults (ORC 5123.61)
 - Note reasonable suspicions of a client being victim of domestic violence in client recorded (ORC 2921.22)
4. You have the right to know our assessment of your problem, the recommended treatment and resources available to help improve your situation.
5. You have the right to refuse treatment. Even though your counselor may strongly suggest a course of help, you may choose not to follow the counselor's advice. Should you refuse treatment, you will be apprised of the consequences resulting from that refusal. Alternatives may be elected.
6. You have the right to change counselors.
7. You have the right to request a copy of your medical records.

Responsibilities:

1. To be honest, open and willing to share your concerns with your counselor.
2. To ask questions when you don't understand or need clarification.
3. To discuss with your counselor any reservations you may have about your treatment plan.
4. To report to your counselor changes that may relate to your problem.

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5. To be responsible for your thoughts, feelings, actions and growth.
6. Your insurance company requires us to obtain your primary care physician's name and phone number, so that vital information can be coordinated by your counselor and primary care physician as needed.

Physician _____ Phone _____

Please sign below indicating you have read, understand and agree to the client rights and responsibilities.

Client signature _____ Date _____

Client Name (print) _____

Clinical Counseling Services signature _____