

CUSTOMER COPY

CLIENT'S RIGHTS AND RESPONSIBILITIES

IMPORTANT-PLEASE READ!

The Hope Center
206 South 28th Avenue
Hattiesburg, MS 39402
Phone (601) 264-0890

To be an effective consumer of psychological services, it is important that you know about your rights and responsibilities and about our obligations to you. Please read this statement carefully before signing the "Client Information Form," and discuss any questions with your therapist.

OUR COMMITMENT TO YOU:

We are dedicated to providing quality counseling, testing, and consulting services. We work hard to assure that each client receives competent, considerate, prompt, and respectful services regardless of race, ethnic background, religion, sex, age, sexual or affectional preference, or disability. When necessary, and with your written permission, we consult with other specialists, and we may refer you to additional sources of help.

We welcome you, your questions, and your concerns. Our administrative policies are set up to allow us to work smoothly and efficiently. We welcome your feedback as to how they work for you.

RIGHTS

When you become our client, you have the rights to:

1. *Confidentiality*: It is our policy to respect your privacy and to protect the confidentiality of your relationship with us. It is also our policy to inform you of the limits we have in protecting this right to confidential care. Some limitations are imposed by state statute and others come from the ethical standards for therapists. They are:
 - A. Ethical standards encourage therapists to confer with other professionals when helpful and appropriate, provided you have signed a written release of information.
 - B. We are obligated by law to inform relevant parties when there is a clear and imminent danger to an individual or to society. We also must report to appropriate authorities when there is evidence of child abuse or abuse of vulnerable adult.
 - C. By law we must comply when ordered by court to supply records.
 - D. Parents (including non-custodial parents) have the legal right to information concerning a minor child. However, from a therapeutic standpoint, it is important for the child or adolescent to develop a trusting relationship with the therapist. Therefore, we request that parents grant the child's confidentiality subject to the above limitations. We will, of course, consult with the parents regarding their involvement in the treatment process.

- E. Except in the circumstances outlined in A, B, and C above, we will not release to others any information regarding you and/or our services to you unless you request and authorize its release with your signature. We encourage you to discuss any questions you may have about confidentiality or release of information with your therapist.
2. *Cost of Services Information:* You have the right to be informed of the cost of professional services before receiving the services. This is described in the Fees Agreement.
 3. *Informed Consent:* As our client, you have the right to know the nature of our services you are receiving. In the first session, you and your therapist will discuss goals and design a plan to meet your needs. We encourage you to be active in those discussions.

YOUR RESPONSIBILITIES

1. You are responsible for supplying accurate and complete information about yourself: your problems and their history, your past illnesses, previous counseling, medication, and family and work history when appropriate.
2. You are responsible for honoring your financial agreement with us. Fees for groups, workshops, and organizational consultation are negotiated on a situation-by-situation basis.

Our clinic operates on a *cash check, or credit card basis*. You must make payment each time you receive services.

Psychological services are covered under many health insurance plans. We advise that you check your insurance policy or the benefits department at your place of employment to confirm that you do, indeed, have such coverage. Your service ticket, given to you upon each visit, will provide all of the information you will need so that you can process your claims. Insurance is considered a method of reimbursing the fees paid to the therapist, not as a substitute for payment.

3. **You are responsible for keeping appointments. Missed appointments, except in emergencies, will be billed at the normal rate. To avoid billing, you must cancel one business day prior to your appointment; that is, you must cancel Monday appointments before 5 p.m. the preceding Friday, and Tuesday through Friday appointments must be canceled at least 24 hours in advance. You may cancel by calling (601) 264-0890. We are also available at this number to answer your questions.**

If any of these rights and responsibilities seem unclear to you, please feel free to ask your therapist for clarification. We look forward to working with you!