



Patient Bill of Rights

YOUR RIGHTS AS A PATIENT:

1. Receive an accurate diagnosis(es) and a comprehensive treatment plan that fits your goals and needs.
2. Work with your provider in determining the appropriate course of treatment.
3. Receive good quality care by trained professionals.
4. Confidentiality with the exception of suspected child abuse and elder abuse and suspected harm to yourself or others.
5. Refuse treatment and be told what effect this may have on your mental health, and to be informed of the other potential consequences of refusal.
6. The privacy of your health information, to provide you notice of our legal duties and to notify affected individuals following a breach of unsecured protected health information.
7. Examine and receive an explanation of your bill.
8. Receive equal treatment at all times and under all circumstances, regardless of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, veteran status, family responsibilities, disability, matriculation, political affiliation, source of income or place of residence or business.
9. Designate an individual to represent you in making decisions regarding your treatment and health care.

YOUR RESPONSIBILITIES AS A PATIENT:

1. We expect you to participate in your treatment and to make a commitment to attending sessions on a regular basis, as recommended by your clinician.
2. We ask that you respect the privacy and rights of others while in the clinic and/or group therapy sessions.
3. In the case of a psychiatric emergency, I will call 911 or go to the nearest hospital.
4. I understand that if I need to cancel my appointment, I will provide at least 24 hours notice. If 24 hours notice is not provided, I understand I will be charged a fee.
5. I understand that if my insurance does not pay for my treatment for any reason, I am responsible for any remaining balance.