

Client Rights and Responsibilities

We are committed to serving you with compassion, care skill and respect. As one of our clients, you have choices, Right and Responsibilities.

YOU HAVE THE RIGHT:

- To be treated with dignity and respect
- To know the name and professional status of the person(s) serving you
- To privacy
- To confidentiality of your records
- To receive accurate information about your health-related concerns
- To know the effectiveness, possible side effects and problems of all forms of treatment
- To participate in choosing a form of treatment.
- To receive education and counseling
- To consent to, or refuse any care or treatment
- To select or change your care provider
- To review your medical record with your clinician
- To amend your medical records
- To receive an information about services and costs

YOU ALSO HAVE THE RESPONSIBILITY:

- To seek medical attention promptly
- To be honest about your medical history
- To ask about anything you do not understand
- To follow health advice and instructions
- To report and significant changes in health or medication changes
- To respect clinic policies
- To keep appointments or cancel at least 24 hours in advance
- To seek non-emergency care during normal business hours and to provide useful feedback regarding our services and policies

I authorize _____ to perform the treatments or procedures recommended. I acknowledge that no guarantees, either expressed or implied have been made to me regarding the outcome of my treatments and/or procedures.

I fully understand that it is impossible to make guarantees regarding the outcome of any medical treatments and procedures,

I understand that I am financially responsible for all amounts due for services rendered.

I also authorize the release of information to a licensed physician of the facility's choosing for the purpose of professional interpretation and establishment of treatment recommendations.

I have received a copy of my patient rights and responsibilities and this facility's clients' concern procedures.

Client, Parent or Guardian Signature (If child is under 18)

Date

Reviewed By

Date