
Client Rights

A significant part of engaging in psychotherapy or counseling work is the understanding and agreement upon each party's role in the therapeutic relationship. It is important that we begin our work together with clearly defined rights and responsibilities held by each person. This frame helps to create the safety to take risks and the support to become empowered to create change.

As a client in psychotherapy, you have certain rights and responsibilities that are important for you to know about. There are also legal limitations to those rights that you should be aware of. I, as your therapist, have corresponding responsibilities to you. These respective rights are described below.

You, as the Client, have the right to:

- considerate, safe, and respectful care, free from discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment
- protection from harm, abuse, or neglect and to expect that I will not have social or sexual relationships with current or former clients
- actively participate in your treatment
- be informed of the various steps and activities involved in receiving services
- make an informed decision whether to accept or refuse treatment
- select practitioners of your choice freely and without pressure from me, your therapist
- ask questions about any aspect of the therapy and about my specific training and experience
- receive comprehensive information about your diagnosis (if applicable)
- understand the potential risks and benefits of engaging in
- request, in writing, that a copy of your file be made available to you, another healthcare provider, or any other person you wish to have this information
- be fully informed of the limitations to confidentiality, which are as follows:
 - a. if I, the therapist, feel that you pose an immediate threat to the safety of yourself or someone else
 - b. if I, the therapist, receive information that a child, elderly person, or disabled person is being abused or neglected.
 - c. if I, the therapist, feel that you (the minor client) is engaging in serious self-harming behavior
 - d. in response to a court order or where otherwise required by law
 - e. to the extent necessary, to make a claim on a delinquent account via a collection agency.
 - f. to the extent necessary for emergency medical care to be rendered
 - g. as a part of consultation practices with my supervisor, Leslie Larson, LPC-S, who is also bound by the same confidentiality restrictions as I am.

*For more detailed information about confidentiality limitations, please refer to the document entitled, "Informed Consent".

You, as a Client, have the responsibility to:

- be an active participant in your treatment
- arrive on time for your appointments, or, if unable to make your appointment, provide at least 24 hours notice
- ensure that payment for services is provided promptly
- be open and willing to explore issues and difficulties in your life
- communicate any concerns and needs to me, the therapist

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Client Signature	Date
Guardian Signature (if applicable)	Date
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I have read, am in agreement with, and was off	ered a copy of "HIPAA Notice of Privacy Practices":
Client Signature	Date
Guardian Signature (if applicable)	