

Center for Therapy & Mediation
[Turning Tides Therapy & Wellness, LLC]

Patient Bill of Rights

You have the right to:

- Receive complete and current information concerning your diagnosis, treatment, and prognosis in terms you can be reasonably expected to understand.
- Request a second opinion from another therapist.
- Participate actively in determining a course of treatment for yourself.
- Receive information that you need to give informed consent.
- Refuse treatment and be told what effect this may have on your mental health and consequences of refusal.
- Receive considerate and respectful care in a clean and safe environment.
- Refuse to take part in research.
- Have privacy and confidentiality of all information and records regarding your care.
- Examine and receive an explanation of your bill.
- 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, infectious disease, matriculation, political affiliation, source of income or place of residence or business.
- Designate an individual to represent you in making decisions regarding your treatment and health care.

Your responsibilities:

- Your cooperation will help provide quality care and services.

I am available to answer questions about patients' rights. My number is 775-842-5669

By signing below I am acknowledging that I have read and understand the Patient Bill of Rights:

Client NAME

Client SIGNATURE

Date

Joy Quanrud Grimsley, MFT

Date