

## **CLIENT RIGHTS AND RESPONSIBILITIES**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

### **CLIENT RIGHTS:**

By engaging in a Treatment Program or Assessment with True North Counseling, LLC, the client has the following rights:

To have a safe and hazard-free environment to engage in their treatment

To an orientation to the program, including access to the treatment philosophy of True North Counseling, LLC, to the staff, their responsibilities as a client, fees and other procedures

To be allowed access to any of the programs at True North Counseling, LLC, without regard for race, color, national origin, religion, economic status, age, marital status, gender, or sexual orientation. With regards to disability, every effort will be made to accommodate each individual. However, if there is a need for a higher level of services for this client, the appropriate referral will be made

There will be no denial of an individual's civil, personal, or political rights by the staff without due process of the law

True North Counseling, LLC, programs and its environment will be free from any procedures, communications, or attitudes which are derogatory, discriminatory, or diminish one's self-respect or dignity

If there is any violation or complaint made by any individual, the Grievance Procedure will be utilized to investigate and provide resolution to any incident

Access to one's clinical record and any documentation or information held within it, unless restricted by court order or clinical reasons

Free communication with any given representative of the client, legal counsel, or medical professional, and to have their clinical records made available to these individuals through written request and authorization

To have no breach of confidentiality or privacy through communication, or produced images without their consent, unless understood through the Limits of Confidentiality

Each individual has the right to refuse treatment/services. However, by refusing treatment or through noncompliance, an individual's treatment/services can be terminated, at which time an appropriate referral will be made

Written documentation for any refusal of treatment/services by, True North Counseling, LLC, will be made available to the client if necessitated

With relation to treatment/services, the individual will be recognized as competent unless otherwise deemed by legal or clinical grounds

Throughout and after treatment/services, the client will be contacted for program or provider evaluation, if consent has been given by the client to do so

Free access to knowledge with regards to the professional's qualifications, such as licensure, certifications, education, and experience

**AS A CLIENT YOU HAVE THE RESPONSIBILITY TO:**

Be as open and honest as possible with the professional working with you

Attempt to understand the issues or problems that have brought you to treatment

Utilize insights from the staff working with you, and ask questions

Know which member of the staff is providing your services, their qualifications and credentials

Report any changes in your status: such as, but not limited to, phone number, address, insurance or stability of condition

Be considerate of others

Honor others' right to privacy and confidentiality

Keep your appointments as scheduled, or contact the office when necessary to cancel or reschedule your appointment

Avoid making unreasonable or unsuitable demands

Take an active role in your treatment group, individual sessions, family or couple's sessions, as well as medication management when appropriate

Take an active part in your treatment planning or assessment process

Comply with the policies, procedures, and financial and treatment expectations set forth by the agency and agreed upon by you

Utilize the Grievance Procedure if you feel you have had your rights violated in any way

**I acknowledge that I have read and understand the information provided above and feel as though my responsibilities as a client of True North Counseling, LLC, have been presented to me in a clear manner.**

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

True North Counseling, LLC  
5814 South 142<sup>nd</sup> Street  
Omaha, NE 68137  
531-466-4696