

## **YOUR RIGHTS AS A CLIENT**

1. Complaints. I will investigate your complaints.
2. Suggestions. You are invited to suggest changes in any aspect of the services I provide.
3. Civil rights. Your civil rights are protected by federal and state laws.
4. Cultural/spiritual/gender issues. You may request services from someone with training or experiences from a specific cultural, spiritual, or gender orientation. If these services are not available, I will help you in the referral process.
5. Treatment. You have the right to take part in formulating your treatment plan.
6. Denial of services. You may refuse services offered to you and be informed of any potential consequences.
7. Record restrictions. You may request restrictions on the use of your protected health information; however, I am not required to agree with the request.
8. Availability of records. You have the right to obtain a copy and/or inspect your protected health information; however, I may deny access to certain records. If so, I will discuss this decision with you.
9. Amendment of records. You have the right to request an amendment in your records; however, this request could be denied. If denied, your request will be kept in the records.
10. Medical/legal advice. You may discuss your treatment with your doctor or attorney.
11. Disclosures. You have the right to receive an accounting of disclosures of your protected health information that you have not authorized.

## **YOUR RIGHTS TO RECEIVE INFORMATION**

1. Costs of services. I will inform you of how much you are expected pay treatment.
2. Termination of services. You will be informed as to what behaviors or violations could lead to termination of services at this clinic.
3. Confidentiality. You will be informed of the limits of confidentiality and how your protected health information will be used.
4. Policy changes. You will be informed of any policy changes.

## **MY ETHICAL OBLIGATIONS**

1. I am dedicated to serving the best interest of each client.
2. I will not discriminate between clients or professionals based on age, race, creed, disabilities, handicaps, preferences, or other personal concerns.
3. I maintain an objective and professional relationship with each client.
4. I respect the rights and views of other mental health professionals.
5. I will end services or refer clients to other programs when appropriate.
6. I will evaluate my personal limitations, strengths, biases, and effectiveness on an ongoing basis for the purpose of self-improvement. I will continually attain further education and training.
7. I respect various institutional and managerial policies but will help to improve such policies if the best interest of the client is served.

## **CLIENT'S RESPONSIBILITIES**

1. You are responsible for your financial obligations to the clinic as outlined in the Payment Contract for Services.
2. You are responsible for following the policies of the clinic.
3. You are responsible to treat staff and fellow clients in a respectful, cordial manner in which their rights are not violated.
4. You are responsible to provide accurate information about yourself.
5. You are responsible for giving me 24 hours notice when cancelling an appointment. While I understand that emergencies and illness do arise, repeated failure to give 24 hours cancellation notice may result in your being charged for missed sessions with payment expected before scheduling your next session. Continued failure to notify may result in termination of counseling services.

## **WHAT TO DO IF YOU BELIEVE YOUR RIGHTS HAVE BEEN VIOLATED**

If you believe that your patient rights have been violated, you may report it to:

Department of Licensing & Regulatory Affairs  
BPL/Investigations & Inspections Division  
P.O. Box 30670  
Lansing MI 48909-8170  
Phone: (517) 373-9196

Reports must be submitted on a complaint form, available by calling or visiting their website: [BPLhelp@michigan.gov](mailto:BPLhelp@michigan.gov)