



CLIENT’S RIGHTS AND RESPONSIBILITY

Client’s Rights

1. The right to efficient and equal service, regardless of race, gender, religion, ethnic background, education, social class, physical or mental disability, sexual orientation, gender identity, or economic status.
2. The right of considerate, courteous and respectful care from all BeMeBetter staff.
3. The right to informed consent and full discussion of risks and benefits prior to any invasive procedure, except in an emergency. Alternatives to the proposed procedure must be discussed with the client.
4. The right to receive information in an understandable manner.
5. The right to obtain a referral to bi-lingual services for non-English speaking clients.
6. The right to the names, titles, and professions of BeMeBetter staff with whom the client speaks and from who services or information are received.
7. The right to refuse examination, discussion, and/or procedures to the extent permitted by law and to be informed of the health and legal consequences of this refusal.
8. The right of access to the client’s own personal health record.
9. The right to confidentiality and privacy of the client’s personal mental health records as provided by the law. The details of the clients life and treatment are shared only with the client’s parent’s or guardian’s permission and the client’s explicit consent.
10. The right to expect reasonable continuity of care within the scope of services of BeMeBetter.
11. The right to examine and receive a full explanation of any charges made by BeMeBetter, regardless of the source of payment.
12. The right of respect for the client’s civil rights and religious opinions.

Client’s Responsibilities

1. You are responsible for providing accurate and complete information relevant to your treatment at BeMeBetter.
2. You are responsible for asking questions when you do not understand any aspect of your treatment.
3. You are responsible for reporting safety concerns immediately to your therapist.
4. You are responsible for avoiding drugs, alcoholic beverages or toxic substances while in attendance of your therapy session.
5. You accept the consequences if you do not follow the care, service, or treatment plan provided to you.
6. You agree to respect the property of other people and of BeMeBetter.
7. You agree to be considerate of other clients.
8. You are responsible for signing a written acknowledgement of receiving the applicable Notice of Privacy Practices.
9. You agree to provide accurate information needed for processing your insurance coverage.
10. You are responsible for payment of all services, either through your third party payers (insurance company) or by personally making payment for any service that are not covered by your insurance policy(s) including second opinions or consultations.

By signing below, I acknowledge my client’s rights and responsibilities listed herein.

Client Signature (14 years or older)

Date

Parent/Guardian

Date

Clinician

Date

Revised 7/25/2015