



CLIENT RIGHTS

Right to request how we contact you. It is our normal practice to communicate with you at your home address and daytime phone number or email address that you gave us when you scheduled your appointment about matters such as appointment reminders, verification of information, etc. Sometimes, we may leave messages on your voicemail. You have the right to request that our office communicate with you in a different way. May we contact you at home (circle one) **yes/no**? May we contact you at work **yes/no**? May we contact you by cell phone **yes/no**? May we contact you by email/text **yes/no**? Where and how may we contact you _____?

Right to release your mental health records. You may consent in writing to release your records to others. You have the right to revoke this authorization, in writing, at any time. However, a revocation is not valid to the extent that we acted in reliance on such authorization.

Right to inspect and copy your mental health and billing records. You have the right to inspect and obtain a copy of your information contained in our mental health records. Because these are professional records, they can be misinterpreted and/or upsetting. If you wish to see your records, we recommend that you review them in our presence so that we can discuss the contents. Most often a summary is supplied because handwriting and notes are for the counselor's use in treatment and may be difficult to understand clearly. To request to access your billing or health information, please contact the director. Under limited circumstance, we may deny your request to inspect and copy. If you ask for a copy of any information, we may charge a reasonable fee for the costs of copying, mailing and supplies.

Right to add information or amend your mental health records. If you feel that information contained in your medical record is incorrect or incomplete, you may ask us to add information to amend the record. We will make a decision on your request within 60 days, or in some cases within 90 days. Under certain circumstance, we may deny your request to add or amend information. If we deny your request, you have a right to file a statement that you disagree. Your statement and our response will be added to your record. To request an amendment, you must contact the director. We will require you to submit your request in writing and to provide an explanation concerning the reason for your request.

Right to request restrictions on uses and disclosures of your health information. You have the right to ask for restrictions on certain uses and disclosures of your health information. This request must be in writing and submitted to our director. However, we are not required to agree to such a request.

Right to complain. If you believe your privacy rights have been violated, please contact us personally and discuss your concerns. If you are not satisfied with the outcome, you may file a written complaint with the U.S. Department of Health and Human Services. An individual will not be retaliated against for filing such a complaint. Violations of the Rules relating to the Licensing and Regulation of Professional Counselors may be reported to the Texas State Board of Examiners of Professional Counselors, 1100 West 49th Street, Austin, Texas 77856-3183, phone 1-800-942-5540

Right to receive changes in policy. You have the right to receive any future policy changes secondary to changes in state and federal laws. This can be obtained from the director Kevin Bruner.

Additional Client Rights. You have the right to be treated fairly and with respect. You have the right to ask questions at any point in the therapeutic process. You have the right to know the policy concerning cancelled appointments (as during vacations, illness, etc.). You have the right to request another therapist and receive competent referrals. All people, including your therapist, have biases and values. You have the right to a therapist who will acknowledge personal values and will not attempt to impose them on you. The job of the therapist is to help you find your own way. You have the right to ask about your therapist's policy regarding confidentiality. You have the right to grant or deny permission to your therapist to discuss your progress with others. You have the right to discuss what is happening in your sessions with other people and to consider and accept or reject this feedback about your progress. You have the right to have a consultation with another therapist if you wish. It is usually a good idea to discuss your wish for consultation with your present therapist, whether or not your therapist agrees. If after such a discussion you still wish to have the consultation, it is important for you to trust your own feelings and use your own judgment. You have the right to stop counseling when you want, whether or not your therapist agrees with your decision. It is usually worthwhile to discuss with your therapist your reasons for wanting to stop your sessions. However, the decision is always yours.

NOTICE OF CLIENT RIGHTS: I/We have read and received a copy of the, Client Rights document.

_____	_____
Name of individual (Printed)	Signature of Individual
_____	_____
Signature of Legal Representative	Relationship to Client
(e.g., Attorney-In-Fact, Guardian, Parent if a minor)	
Date Signed ____/____/____	Witness: _____