

## POLICIES MANUAL AND STATEMENT OF CLIENT RIGHTS

### TO OUR CLIENTS:

We would like to take this opportunity to describe a few matters to you. Some of them, we are sure, may be of some practical concern to you and to us as we begin our work together. This document is designed to explain a variety of issues that commonly arise in the course of clients' sessions. Please take the time to read them carefully. After you do so, we will be glad to answer any questions, hear any reactions you may have, or respond to any suggestions you may wish to make about the matters described below. We are also prepared to discuss possible changes in any of the arrangements that follow if one or another of them seems not to fit your needs.

### APPOINTMENT TIMES

We will make a reasonable effort to schedule your appointments at times that are convenient for you. Ordinarily, we suggest that you be seen on a weekly basis. Most situations require that level of continuity, especially at the outset of treatment. During the later phases of treatment appointments may be scheduled at less frequent intervals. Sessions usually last approximately 50 minutes. We make every reasonable effort to begin and end sessions on time. However, there may be times when we are running a bit late. In these circumstances your patience will be greatly appreciated.

### TELEPHONE CONTACTS

We reserve the right to charge a prorated amount of your regular session fee for telephone calls that last fifteen minutes or longer. In some exceptional instances there your own therapist will not be available to respond to your call, such as when he or she is out of town. On such occasions another therapist providing coverage for your therapist will respond to your call.

### RETURNED CHECK CHARGE

If you write a check for funds that we are not able to collect and this results in our bank charges us a fee we reserve the right to pass that fee on to you.

### MISSED APPOINTMENTS

In agreeing to see you we are setting a block of time aside for your use, time that we therefore will not allocate for any other purpose without providing you with sufficient notice. We do understand, however, that it may occur that unforeseen circumstances prevent you from keeping an appointment. In such a situation, we will apply the following policy:

If you give us at least 24 hour notice of your intention not to make use of your appointment we will not charge you for the time, since this allows us to make alternate plans. However, if you fail to provide notice at least 24 hours in advance we reserve the right to charge you for your appointment at the usual rate. Please note that insurance carriers do not reimburse for missed appointments and that you will therefore be solely responsible for the appointment fee.

### CONSUMER PROTECTION

If you are uncertain about whether the work you are doing with us is benefitting you we encourage you to discuss your concerns with us. Although in routine circumstances it is not

considered appropriate to be receiving psychotherapy from two professionals at the same time, we have no objection if you wish to obtain input from another mental health professional if you have concerns about your treatment with us. If at any time you are for any reason displeased or uncertain about what you are experiencing in treatment with us, we would hope that you would discuss the matter with us in your sessions. If you are dissatisfied with the response you receive, you have a right to report your concerns to the Florida Board of Psychology, the agency charged with regulating the practice of psychology in this state.

## CONSUMER RIGHTS

1. The right to competent, considerate and respectful care without discrimination on the basis of race, color, religion, creed, national origin, gender, age, disability, marital or veteran status, sexual orientation or any other legally protected status. This practice is in compliance with the Americans with Disabilities Act of 1990.
2. The right to refuse and/or terminate treatment at any time unless the therapist has been ordered by the court or in an emergency situation when necessary to prevent harm to yourself or others.
3. The right to a complete description and explanation of your treatment including diagnosis, purpose and cost, and to receive a formal individualized treatment/services plan developed with your input.
4. The right to review your treatment, transfer or discharge plans with professional staff/treatment team or to appoint a representative to do so.
5. The right to confidentiality whereby information revealed by you during treatment will be kept strictly confidential and will not be revealed to anyone without your written permission. The law provides for the following exceptions to this provision:
  - a. If the therapist has reason to believe that a child, disabled or elderly person is being abused.
  - b. If the therapist has reason to believe that the consumer has intent to harm self or others.
  - c. If the therapist receives a court order to the contrary.
  - d. If the consumer enters litigation against the therapist.
  - e. If medical emergency necessitates disclosure.
  - f. If court ordered as a result of the consumer using his/her mental status in a personal suit.
6. The right to be informed, verbally or in writing, if any rights are being taken away, and the right to review this action by requesting a grievance procedure.
7. The right to review any notes, documents, or forms kept by this practice that might be a part of your treatment. If you would like access to these, please discuss this matter with us. We will keep any such records for at least seven years after you end your treatment.

I have received a copy of the POLICIES MANUAL AND STATEMENT OF CLIENT RIGHTS and understand its content.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian of Minor Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date