



## **Client Rights and Responsibilities**

We are committed to serving you with compassion, care, skill, and respect. As one of our clients, you have choices, Rights and Responsibilities.

### **YOU HAVE THE RIGHT:**

- To be treated with dignity and respect
- To know the names and professional status of the person(s) serving you
- To privacy
- To confidentiality of your records
- To receive accurate information about your health-related concerns
- To know the effectiveness, possible side effects and potential complications of all forms of treatments
- To participate in choosing a form of treatment
- To receive education and counseling
- To consent to, or refuse, any care or treatment
- To select or change your care provider
- To review your medical record with your clinician
- To amend your medical records
- To receive any information about services and related costs

### **YOU ALSO HAVE THE RESPONSIBILITY:**

- To seek medical attention promptly
- To be honest about your medical history
- To ask about anything you do not understand
- To follow health advice and instructions
- To report any significant changes in health or medication changes
- To respect the clinic policies
- To keep appointments or cancel in advance
- To seek non-emergency care during regular business hours and to provide useful feedback regarding our services and policies

I authorize the appropriate clinic staff to perform the treatments or procedures recommended. I acknowledge that no guarantees, either expressed or implied have been made to me regarding the outcome of any treatments and/or procedures.

I fully understand that it is impossible to make guarantees regarding the outcome of any medical treatments and procedures.

I understand that I am financially responsible for all amounts due for services rendered. I understand that no refunds will be given under any circumstance.

I also authorize the release of information to a licensed physician of the facility's choosing for the purposes of professional interpretation and establishment of treatment recommendations.

I have received a copy of my Rights and Responsibilities and this facility's clients' concern procedures.

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Client, Parent or Guardian Signature (if patient is under 18) Date

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Reviewed by Date