

The following information is provided to ensure a clear and mutual understanding of your rights and responsibilities as a client in counseling. Please read this information carefully. You may ask about any information that is not clear. Your signature indicates consent.

CLIENT'S RIGHTS

CONFIDENTIALITY Family Services complies with all federal HIPAA regulations regarding protected health information. Your health information is treated as confidential as described in our *Notice of Privacy Practices*. In order to provide the best service possible, your Family Service counselor may consult with other clinicians from time to time. Also, CCDA Quality Assurance standards require a review of a random sample of case records on a quarterly basis. Please ask your therapist if you have any questions about these processes. For a complete explanation of confidentiality protections and exceptions, please refer to the enclosed *Notice of Privacy Practices*.

TREATMENT You have the right to participate in the development of any personalized service or treatment plan and the right to refuse recommended treatment and/or referral services. However, Family Services reserves the right to terminate services and treatment if you refuse to participate in recommended services and/or treatment. You have the right to know the cost to you for services and treatment. Additionally, an appropriate referral will be made if your needs exceed our resources as an outpatient mental health provider.

PROFESSIONALISM Family Services is dedicated to providing treatment and services grounded in a Catholic understanding of the human person that meet the highest standards of professionalism and ethical responsibility. You have the right to know the professional qualifications of your therapist and you are invited to inquire about his/her training and experience.

GRIEVANCES If you have any doubts or complaints about the conduct of your therapist or the treatment or services you receive, you have the right to contact the Director of Clinical Services. You may make a written complaint and be assured of a written response that is prompt, well considered, and personal. A copy of the grievance procedures is enclosed.

CLIENT'S RESPONSIBILITIES

TREATMENT You agree to participate in setting goals for counseling and in evaluating these goals as your treatment progresses. Evaluation includes following through on agreed upon goals, and informing your therapist about your progress toward meeting the goals.

FEES You have the responsibility to pay fees at the time of each appointment, according to the negotiated rate, unless specific alternate arrangements are made. For some, medical insurance will pay part of the cost of counseling. Deductibles, co-payments and balances not covered by medical insurance are your responsibility. Financial assistance is available for qualifying individuals (verification of income is required). See the enclosed *Sliding Scale Policy Letter* for more financial assistance information.

CANCELLATIONS You are responsible for setting and keeping scheduled appointments. If you do not show up for an appointment or fail to give 24 hour notice (not including weekend time) that you need to cancel your appointment you will be charged a "no-show" fee. **The "no show" fee will be your usual fee, your co-pay if you have medical insurance that covers your counseling, or \$25, whichever is less.**

COMMUNICATION You agree to comply with the Family Services electronic communication policies which will be reviewed by your therapist with you during your first session. If you authorize the use of electronic communication for administrative purposes only, you understand your responsibilities to uphold the electronic communication policies for email and text messages.

COURT Family Services does not provide forensic evaluation services. If you or an attorney subpoena a therapist for court testimony, you agree to pay the full clinical fee for the therapist's preparation, travel, waiting, and testifying time. These charges will apply even if the therapist is excused from testifying.

EMERGENCY CARE Family Services is not an emergency service. If you have an emergency, call **9-1-1** or **CrisisLink at 703-527-4077 or 1800 273 TALK (1 800 273 8255)** or go to the nearest hospital emergency room. For information and referrals to over 4,400 social service programs in Virginia, call CrisisLink at 211.

I have read, understand, and agree with my rights and responsibilities as stated above.

I also hereby acknowledge that I have received, reviewed and had an opportunity to ask questions about the *Notice of Privacy Practices* for Catholic Charities Diocese of Arlington, Inc.

Printed Name of Client and/or Representative _____

Client and/or Representative's signature _____ Date _____

Description of Representative's Authority to Act for Client: _____

Therapist Signature _____ Date _____