



CLIENT RIGHTS & RESPONSIBILITIES

A. As an individual receiving services from Turning Point Health Center, you have the following rights:

1. To receive services regardless of your age, race, ethnicity, sexual orientation, religion, marital status or gender.
2. To be treated with consideration, respect, dignity, autonomy and privacy.
3. Be informed of the qualifications of your counselor; education, experience, professional counseling certifications, and license(s).
4. Receive an explanation of services offered, your time commitments, fee scales, and billing policies prior to receipt of services
5. The right to confidentiality of communications and of all personal identifying information within the limitations and requirements for disclosure of various funding and/or certifying sources and/or state or federal statutes, unless release of information is specifically authorized by the client or parent or legal guardian of a minor client, a situation is deemed hazardous and must be reported, or when the Court is involved and a Court Order has been issued;
6. Be informed of how to contact the counselor in an emergency situation.
7. Receive a copy of the code of ethics to which your counselor adheres.
8. Contact the appropriate professional organization if you have doubts or complaints relative to the counselor's conduct.
9. The right to consent to or refuse any service, treatment, or therapy upon full explanation of the expected consequences of such consent or refusal. A parent or legal guardian may consent or refuse any service, treatment, therapy on the behalf of a minor client.

B. As an individual receiving services from Turning Point Health Center, you have the following responsibilities:

1. Set and keep appointments with your counselor. Let him or her know as soon as possible if you cannot keep an appointment.
2. Pay your fees in accordance with the schedule you pre-established with the counselor.

3. Help plan your treatment goals.
4. Follow through with agreed upon goals.
5. Keep your counselor informed of your progress towards meeting your goals.
6. Terminate your counseling relationship before entering into arrangements with another counselor.

C. STATEMENT OF UNDERSTANDING

Your signature below indicates that you have read (or have had someone read to you) and understand the information in Turning Point Mental Health Center's Client Rights and Responsibilities policy and that you agree to its terms during your professional relationship with Turning Point. Your signature below indicates your consent to receive an assessment and ongoing clinical intervention for yourself and/or your child (if a minor).

Client Signature

Parent/Legal Guardian Signature

Client Name

Parent/Legal Guardian Name

Date