

## Client's Rights and Responsibilities

### A Client has the Right to:

- be treated with dignity and respect.
- fair treatment. This is regardless of their race, religion, gender, ethnicity, age, disability, or source of payment.
- have their treatment and other member information kept private. Only where permitted by law, may records be released without member permission.
- easily access timely care in a timely fashion.
- know about their treatment choices. This is regardless of cost or coverage by the client's benefit plan.
- share in developing their plan of care.
- information in a language they can understand.
- have a clear explanation of their condition.
- have a clear explanation of their treatment options.
- information about LifeWorks Counseling Center, LLC, its practitioners, services and role in the treatment process.
- information about clinical guidelines used in providing and managing their care.
- ask their provider about their work history and training.
- give input on the Client's Rights and Responsibilities policy.
- know about advocacy and community groups and prevention services.
- freely file a complaint or appeal and to learn how to do so.
- know of their rights and responsibilities in the treatment process.
- receive services that will not jeopardize their employment.
- list certain preferences in a provider.

### Statement of Client's Responsibilities

- treat those giving them care with dignity and respect.
- give providers information they need. This is so providers can deliver the best possible care.
- ask questions about their care. This is to help them understand their care.
- follow the treatment plan. The plan of care is to be agreed upon by the client and provider.
- follow the agreed upon medication plan.
- tell their provider and primary care physician about medication changes, including medications given to them by others.
- keep their appointments. Clients should call their providers as soon they know they need to cancel visits.
- let their provider know when the treatment plan isn't working for them.
- let their provider know about problems with paying fees.
- report abuse.
- report fraud.
- openly report concerns about the quality of care they receive.

My signature below shows that I have been informed of my rights and responsibilities, and that I understand this information.

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

\_\_\_\_\_  
Signature Date

The signature below shows that I have explained this statement to the client. I have offered the client a copy of this form.

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Signature Date