# **MAKARIOS COUNSELING**

## **Client Rights & Responsibilities**

#### AS A CLIENT OF THIS AGENCY, YOU HAVE THE RIGHT TO:

**INDIVIDUAL DIGNITY,** to be treated in a respectful and confidential manner.

**NONDISCRIMINATORY SERVICES**, to be provided services without regard to race, gender, ethnicity, age, sexual preference, human immunodeficiency virus status, or prior service departures against medical advice; to be afforded the opportunity to participate in the formulation and periodic review of your individualized service plan.

**QUALITY SERVICES**, suited to your needs, administered skillfully, safely, humanely, with full respect for your dignity and personal integrity, and in accordance with all statutory and regulatory requirements.

### WITHDRAW YOUR CONSENT for any specific activity.

**CONFIDENTIALITY OF CLIENT RECORDS,** I have the obligation to obtain your written consent prior to any exchange of confidential information. There are a few exceptions to confidentiality which are listed below:

- If you present a danger to yourself or others, I am legally, ethically, and morally required to protect the safety of the threatened person(s). If abuse or neglect of a child, elder, or disabled person is known or suspected, I am required to report it to the Florida Abuse Hotline.
- If this agency receives a court order for client records, staff deposition or court testimony, I am required to comply.

In the event that group services are provided, it is acknowledged that Georgia J. Peckett cannot be held responsible for a breach of confidentiality on the part of a peer group member.

#### AS A CLIENT AT OUR AGENCY, YOUR RESPONSIBILITIES INCLUDE:

**APPOINTMENTS:** Regular attendance is very important to ensure progress with the concerns and issues that have been presented. If there is an emergency and you need to cancel or reschedule an appointment, please contact therapist as soon as you are aware of this change to reschedule. Any cancellation or missed appointment without 24 hours notice may result in a charge of full-service fee.

**PARTICIPATION:** Honest and accurate reporting of dilemmas and concerns is vital to your progress. To the best of your ability, you must be open and honest in your sessions and strive to follow the recommendations in your service plan.

**SAFETY:** It is important that you and your children exercise appropriate caution, control, and safe behavior on the premises.

**TERMINATION:** Services may be discontinued for repeatedly missed appointments; if you come to appointments intoxicated and/or under the influence of substances; or if you show evidence of inappropriate behavior.

You [the client] are asked to sign below to verify that you have been made aware of your rights and responsibilities and the policies on confidentiality.

Client Signature		Date
Parent/Guardian		Date
Therapist Signature	MS, NCC, LMHC	Date

□ Copy given to Client