

Counseling For Wellness L.L.P.
420 West Main Street 1260 North Main Street #118
Kent, Ohio 44240 North Canton, OH 44720
330-677-2000

During your intake session today, the therapist will discuss fee payment with you. Please pay for your counseling sessions at the end of each session. This saves us the expense of having to send you a bill and it saves you the worry of expecting the bill. Your therapist will take your payment and give you a receipt. These receipts should be saved for tax purposes.

CLIENT RIGHTS

As required by the Ohio Department of Mental Health, counseling services need to ensure that clients are both informed and granted their rights while in treatment. Outlined below is the policy that meets this requirement.

Policy:

- 1. It is the policy of this counseling service that each client has the following rights:**
 - a.) The right to be treated with consideration and respect for personal dignity, autonomy and privacy;**
 - b.) The right to service in a humane setting which is the least restrictive feasible as defined in the treatment plan;**
 - c.) The right to be informed of one's own condition, of proposed or current services, treatment or therapies, and of the alternatives;**
 - d.) The right to consent to or to refuse any services, treatment or therapy upon full explanation of the expected consequences of such consent or refusal. Any parent or guardian may consent to or refuse any service, treatment or therapy on behalf of a minor client;**
 - e.) The right to a current, written, individualized service plan that addresses one's own mental health, physical health, social and economic needs and that specifies the provisions of appropriate and adequate services, as available, either directly or by refusal;**
 - f.) The right to active and informed participation in the establishment, periodic review, and reassessment of the service plan;**
 - g.) The right to freedom from unnecessary restraint or seclusion;**
 - h.) The right to participate in any appropriate and available service, regardless of refusal of one or more other services, treatments, or therapies, or regardless of relapse from earlier treatment in that or another service, unless there is a valid and specific necessity which precludes and/or requires the client's participation in other services. This necessity shall be explained to the client and written in the client's current service plan;**

- i.) The right to be informed of and refuse any unusual or hazardous treatment procedures;**
- j.) The right to be advised of and refuse observation by techniques such as one-way vision mirrors, tape recorders, televisions, movies, or photographs;**
- k.) The right to have the opportunity to consult with independent treatment specialists or legal counsel, at one's own expense;**
- l.) The right to confidentiality of communications and of all personally identifying information within the limitations and requirements for disclosure of various funding and/or certifying sources, state or federal statutes, unless release of information is specifically authorized by the client or parent or legal guardian of a minor client or court-appointed guardian of the person of and adult client;**
- m.) The right to have access to one's own psychiatric, medical or other treatment records, unless access to particular identified items of information is specifically restricted for that individual client for clear treatment reasons in the client's treatment plan. "Clear treatment reasons" shall be understood to mean only severe emotional damage to the client such that dangerous or self-injurious behavior is an imminent risk. The person restricting the information shall explain to the client and other persons authorized by the client the factual information about the individual client that necessitates the restriction. The restriction must be renewed at least annually to retain validity. Any person authorized by the client has unrestricted access to all information. Client shall be informed in writing of agency policies and procedures for viewing or obtaining copies of personal records;**
- n.) The right to be informed in advance for the reason(s) for discontinuance of service provision, and to be involved in planning for consequences of that event;**
- o.) The right to receive an explanation of the reasons for denial of service;**
- p.) The right not to be discriminated against in the provision of service on the basis of religion, race, color, creed, sex, national origin, age, lifestyle, physical or mental handicap, or developmental disability;**
- q.) The right to know the cost of the services;**
- r.) The right to be fully informed of all rights; and**
- s.) The right to exercise any and all rights without reprisal in any form including continued uncompromised access to service.**
- t.) The right to change counselors.**
- u.) The right to a second opinion.**
- v.) The right to assert complaints and grievances about the providers and the mental health care provided.**

CLIENT RESPONSIBILITY

To establish guidelines for the behavior expected of clients and for dealing with behavior problems.

Procedure:

- 1. Certain minimal standards of conduct are necessary from clients in order that the counseling service can continue to function and offer services in an atmosphere free of major disruptions. Some of the expectations we have for clients are:**
 - a. That clients will refrain from any physical violence while on the premises;**
 - b. The clients will refrain from stealing or damaging property, or the property of staff, volunteers and other clients;**
 - c. That clients will not have in their possession illegal drugs, alcohol, or weapons while on the premises;**
 - d. That clients will not use office telephone, office equipment or office supplies without permission;**
 - e. That clients will stay out of files and other correspondence;**
 - f. That clients will appear for appointments on time. If clients cannot make a scheduled appointment for some reason, they should contact the counseling service as soon as possible. Clients are expected to give at least 24 hours notice, except in cases of emergency. After a “no-show”, client will be charged their hourly rate for additional appointments not kept and not cancelled, including original no-show or late cancellation;**
 - g. Clients are expected to pay for each session at the time of the visit. Clients who fail to pay for 2 visits will not be permitted to schedule another appointment;**
 - h. A fee of \$20.00 will be charged for checks returned from the bank NSF or account closed. Client will be responsible for the amount of the check plus the inconvenience charge.**
 - i. To become informed about your insurance plan including benefits available.**

- 2. Serious or repeated infractions may result in involuntary termination. In an emergency, law enforcement agents may be requested to assist in stabilizing the crisis.**

LIMITS OF CONFIDENTIALITY

- a. Duty to Treat – In case of suicide risk, we will notify family and/or others needed to arrange for emergency measures/treatments as determined necessary for the safety of the client;**
- b. Duty to Warn – In case of threats of violence to others (or to destroy property), we will warn potential victims and/or notify the authorities in an attempt of prevent these acts of violence.**
- c. Duty to Report – We are obliged by law to report to the proper authorities any suspected child abuse and/or neglect;**
- d. Duty to Testify – If subpoenaed, we must tell the truth in a court of law;**
- e. Billing, Supervision, and Staffing – Information may be released to other professionals within this agency on an as needed basis for the purposes of supervision and consultation or billing. It may be disclosed, to qualified personnel on an as needed basis for research, audit, and/or program evaluation.**

If you have any questions regarding these limits, please be sure to discuss them with your counselor.