## CLIENT RIGHTS AND RESPONSIBILITIES

My practice has a commitment to treating clients in a manner which respects their **rights**, as well as informs them of their **responsibilities** as an active participant in therapy. Effective treatment includes the following rights and responsibilities:

* Clients have the right to receive information about therapy services.
* Clients have a right to be treated with respect and recognition of their dignity
* Clients have a right to confidential mental health care treatment and their records. This includes your right to approve or refuse the release of information in this record outside the practice, with the exceptions to confidentiality.
* Clients have the right to participate with their therapist in decision-making regarding their treatment planning.
* Clients have the right to receive appropriate mental health care.
* Clients have the right to voice complaints regarding the care they receive.
* Clients have the right not to be discriminated against due to gender, age, sexual orientation, marital status, culture, health status, economic, educational, or religious background.
* Clients have the right to be free from mental and physical abuse as defined by law. This includes the freedom from any act that constitutes assault, sexual exploitation, or sexual misconduct. It includes the intentional and non-therapeutic infliction of physical pain or injury, or any conduct intended to produce mental or emotional abuse.
* Clients have the responsibility to give their therapist the information needed in order to care for them.
* Clients have the responsibility to follow the plan for care that they agreed upon with their therapist.
* Clients have the responsibility to participate, to the degree possible, in understanding their mental health issues and in developing mutually agreed upon treatment goals.

*The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice for marriage and family therapists. You may contact the board at* [*www.bbs.ca.gov*](http://www.bbs.ca.gov) *or (916 574-7830*

Clients can call the practice to:

* Request a referral to/from a therapist
* Request a referral for collateral services
* Request to change appointment times

**I agree that I have read and understood my Rights and Responsibilities during the course of treatment.**

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Client / Legal Guardian (Print) Signature Date

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Client / Legal Guardian (Print) Signature Date

Lida Vala \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Marriage & Family Therapist (Print) Signature Date