

**FAMILY GUIDANCE CENTER  
CLIENT'S CONSENT TO TREATMENT  
RIGHTS AND RESPONSIBILITIES POLICY**

The staff at Family Guidance Center is dedicated in providing the best quality services to our clients and their family. In doing so, we want to educate you regarding your rights and responsibilities.

**YOUR RIGHTS AS A CLIENT**

1. To retain all civil rights and liberties as provided by law.
2. To be treated with dignity regardless of race, color, creed, religion, national origin, ancestry, ethnicity, gender, sexual orientation, marital status, age or physical/cognitive challenge and shall not be excluded or denied services.
3. To know your specific diagnosis, proposed treatment and any risks explained to you by your therapist and to actively participate in the development of your treatment plan.
4. To be able to inspect your records with the therapist or other staff present, subject to the following limitations:
  - A. A licensed healthcare professional may temporarily remove portions of the records prior to the inspection by you if he/she determines that the information may be detrimental if presented to you. Reasons for removing sections, homicide, suicide or reasonable likelihood of physical endangerment to self or others, shall be documented and kept on file.
  - B. By letter, you have the right to appeal a decision limiting access to your records to the Executive Director. The Executive Director will get back to you via letter within 30 days of receipt of your letter.
  - C. By letter to the Executive Director, you have the right to request the correction of inaccurate, irrelevant, outdated or incomplete information from your records. The Executive Director will get back to you within 30 days of receipt of your letter.
  - D. By letter to the Executive Director, you have the right to submit rebuttal data or memoranda to your own records. The Executive Director will get back to you within 30 days of receipt of your letter.
5. To be made aware of any service charges if there is a change in your payor source.
6. To be able to terminate services unless so ordered by a court of law that attendance is mandatory.
7. If at any time you have a complaint, please address your concern in the following sequence:
  - A. Speak with your therapist.

- B. You may initiate a complaint orally or in writing to the Clinical Director. The Clinical Director shall respond in writing within 48 hours of receipt of the complaint. You may choose to appeal this decision within 10 days of receipt.
- C. If you continue to be dissatisfied, you may present your concern in writing to the Executive Director of Family Guidance Center within two weeks.

Executive Director  
Family Guidance Center  
1235 Penn Avenue, Suite 206  
Wyomissing, PA. 19610

- 8. To be assured of confidentiality of client identity and records.

**YOUR RESPONSIBILITY AS A CLIENT**

- 1. To actively work with the professional staff towards the completion of your psychosocial assessment. If deemed appropriate and necessary, further assessment(s) may be suggested through psychiatric and/or psychological evaluation/testing.
- 2. To actively participate in the development and implementation of your treatment plan. This includes continually reassessing your plan's objectives and goals.
- 3. To comply with Family Guidance Center's policies and plans that include but are not limited to the client attendance policy, the client discharge policy and client treatment plan.
- 4. To give your counselor 24 hours advance notice if you cannot keep your scheduled appointment.
- 5. To inform the receptionist if there are any changes such as a telephone number, a new residence, a different employer or a change in insurance carrier.
- 6. To meet your financial obligations for the services. If your check is returned to Family Guidance Center for non-sufficient funds, we must now charge you \$20 for the returned check.
- 7. To maintain confidentiality of others.
- 8. I have been informed of the criteria for admission, treatment, completion and discharge.

I hereby consent to have treatment provided to me.

**I acknowledge the above and agree to adhere to the Client's Rights and Responsibilities Policy to the best of my ability by signing the Consent Agreement Form 111-MH.**