



As a client, you have the right:

- To considerate and respectful care.
- To be informed of your rights and have them explained in language that you understand.
- To receive care without regard to your age, race, color, creed, national or ethnic origin, religion, gender, marital status or lifestyle, mental or physical disability, sexual orientation, HIV status, or criminal record.
- To receive nondiscriminatory access to services in accordance with the Americans With Disabilities Act.
- To know the identity of those involved in your care -your therapist, their supervisor, and the Director of Clinical Services.
- To know the costs of therapy, insofar as they are known. To apply for a need-based fee reduction, based on your income, the size of your family, and YFC's sliding fee scale. (Note: Reduced-fee services are made possible through grants and charitable donations and may be limited by the amount of funding available to YFC.)
- To expect that all communications and records pertaining to your care will be treated as confidential, except in cases of suspected abuse, neglect, or safety where disclosure is required and/or permitted by law.
- To expect that your privacy will be respected. You will be asked to identify those who you consent to know that you are in therapy. Otherwise, we will not acknowledge that you are a client here.
- To be involved in the decisions regarding your care and therapy. This includes making informed consent and decisions regarding your care. You have a right to accept or refuse recommended treatment. YFC may choose to not offer you services if you refuse needed care.
- To express complaints or grievances concerning the quality of care or services and to receive a response to your complaint.
- To expect that efforts will be made to provide you with continuous, coordinated, and appropriate care.
- To review the Clinical Records pertaining to your therapy, to have the information explained or interpreted as necessary, and to have a copy of the records.
- To receive care in a safe environment.
- To expect that your treatment preferences will be responded to as delineated in your Mental Health Advance Directive, if you have one.



As a client, it is your responsibility:

- To provide all personal and health information needed to provide you with appropriate care.
- To participate to the best of your ability in making decisions about your care, and to comply with the agreed upon plan of care.
- To ask questions of your therapist when you do not understand any information or instructions.
- To maintain appointments as scheduled, or to reschedule in a timely fashion. Cancellations without twenty-four hours notice will be charged to you, and are not covered by insurance plans. (Poor attendance will result in the loss of your regularly reserved appointment time.)
- To inform your therapist if you anticipate problems in following recommended treatment.
- To inform your therapist if you desire a transfer of care to another therapist.
- To be considerate of others receiving or providing care at YFC.
- To supervise your children. Children 12 years and younger should not be left unattended at any time. YFC will not supervise unattended children. A parent or caretaker is expected to remain in the building during your child's session. At the conclusion of your child's session, the therapist will escort him/her back to the waiting area to meet you.
- To accept financial responsibility for your therapy by providing payment at the time of service, working cooperatively to resolve any financial obligations you may have, authorizing YFC to file claims on your behalf and accept assignment of benefits, and notifying YFC immediately if your insurance coverage changes.
- To respect YFC's appointment policies as outlined below:
 - Your therapist will meet you at your appointment time. If he or she does not meet you promptly, let the staff know you are waiting by ringing the bell.
 - We see clients by appointment only.
 - We do not interrupt counseling sessions.
 - We do not offer same-day appointments or walk-ins.
 - We are not a crisis center. If you are experiencing an emergency, please go to the nearest Emergency Room or call 911.

Please sign your name below to indicate that you have received these Rights & Responsibilities.

Client Name

Client Signature

Date

Parent/Guardian Signature

Date