



# Psychological Services, P.C.

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## CLIENT'S RIGHTS AND RESPONSIBILITIES

### A Client has the right to:

- be treated with dignity and respect.
- fair treatment. This is regardless of their race, religion, gender, ethnicity, age, disability, or source of payment.
- have their treatment and other member information kept private. Only where permitted by law, may records be released without member permission.
- easily access timely care in a timely fashion.
- know about their treatment choices. This is regardless of cost or coverage by the member's benefit plan.
- share in developing their plan of care.
- information in a language they can understand.
- have a clear explanation of their condition.
- a clear explanation of their treatment options.
- ask about other/alternative treatment.
- have the provider coordinate treatment with other care providers.
- information about clinical guidelines used in providing and managing their care.
- ask their provider about their work history and training.
- give input on the Members' Rights and Responsibilities policy.
- know about advocacy and community groups and prevention services.
- freely file a complaint or appeal and to learn how to do so.
- know of their rights and responsibilities in the treatment process.
- receive services that will not jeopardize their employment.
- list certain preferences in a provider.

### A Client has the Responsibility to:

- treat those giving them care with dignity and respect.
- give providers information they need. This is so providers can deliver the best possible care.
- ask questions about their care. This is to help them understand their care.
- follow the treatment plan. The plan of care is to be agreed upon by the member and provider.
- tell their provider and primary care physician about medication changes, including medications given to them by others.
- keep their appointments. Members should call their providers, as soon they know they need to cancel visits.
- let their provider know when the treatment plan isn't working for them.
- let their provider know about problems with paying fees.
- report abuse.
- report fraud.
- openly report concerns about the quality of care they receive.

*My signature below shows that I have been informed of my rights and responsibilities, and that I understand this information.*

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**Client/Guardian Signature**

**Date**

*The signature below shows that I have explained this statement to the patient. I have offered the member a copy of this form.*

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**Provider's Signature**

**Date**

