

Client Bill of Rights

You have the right to:

- Request and receive information about the therapist's professional capabilities, including license status, education, training, experience, professional association membership, specialization, and limitations.
- Have written information about fees, methods of payment, insurance reimbursement, number of sessions, length of sessions, professional assistance when your therapist is not available, and cancellation policies before beginning therapy.
- Be provided with a safe environment, free from sexual, physical, or emotional abuse when in the care of a mental health professional.
- Ask questions about your therapy or psychological assessment.
- Refuse to answer any question or disclose any information you choose not to reveal.
- Refuse a particular type of treatment or end treatment at any time without obligation or harassment.
- Refuse to be treated by psychotherapy.
- Refuse to be treated by medication.
- Question the validity of any proposed treatment and ask about alternatives.
- Request information about diagnosis, treatment plan, progress, and type of treatment.
- Report unprofessional behavior by a therapist.
- Receive a second opinion about your therapy or your therapist's methods.
- Know if there are supervisors, consultants, students, etc. with whom your therapist will discuss your case.
- Receive referral names, addresses, and telephone numbers in the event that your therapy need to be transferred to someone else, and to request a summary of your records be sent to any therapist or agency you choose.
- The least intrusive type of treatment, consistent with the laws of the State of Arizona.
- You have the right to restrict certain disclosures of Personal Health Information (PHI) to a health plan when you pay out-of-pocket in full for my services.
- You have a right to be notified if: (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) my risk assessment fails to determine that there is a low probability that your PHI has been compromised.

Complaints: If you're unhappy with what's happening in therapy, or have a concern or complaint about your treatment, please talk about it with me so that I can respond to your concerns. I will take your criticism seriously, and with care and respect. If you believe that I've been unwilling to listen and respond, that I have violated your rights, or caused you harm, you may file a complaint by contacting the State of Arizona Board of Psychologist Examiners, 1400 W. Washington, Ste. 235, Phoenix, AZ 85007, (602) 542-8162.

Confidentiality: All records concerning your treatment are confidential. Your written consent is required in order for me to release information about your treatment. Under certain circumstances, however, the law requires or permits me to disclose information about you and your treatment:

1. When there is reasonable suspicion of child abuse or neglect or evidence of elder abuse
2. When a person presents an imminent and/or potentially serious danger to self or others
3. In the event of certain court orders to subpoena information or records