**Part i: Patient Rights:**

**You have a right to participate in developing an individual plan of treatment.** Every client in psychotherapy should have a treatment plan that describes general goals of therapy, and specific objectives the client will work on in order to achieve their goals. Without such a plan, how would you know you’ve made progress?

**You have a right to receive an explanation of services in accordance with the treatment plan.** The therapist should describe the process of how they work with clients, in as much detail as you prefer and time allows.

**You have a right to participate voluntarily in and to consent to treatment.** You are in treatment voluntarily and should understand and consent to all treatment provided you (unless you have been court-ordered or have other state-imposed restrictions).

**You have a right to object to, or terminate, treatment.** You can leave at any time without any repercussions. (unless you have been court-ordered to attend therapy).

**You have a right to have access to your records.**

Yes, although many professionals don’t like it, you have a right to review the records they keep on you.

**You have a right to receive clinically appropriate care and treatment that is suited to your needs and skillfully, safely, and humanely administered with full respect for your dignity and personal integrity.**

Your therapist should be skilled and trained to administer the treatment he or she said they would, and do so in a dignified and humane manner. You should never feel unsafe in your therapist’s presence.

**You have a right to be treated in a manner which is ethical and free from abuse, discrimination, mistreatment, and/or exploitation.** They shouldn’t attempt to leverage the therapeutic relationship in an inappropriate manner (e.g., sexually or romantically), and they shouldn’t pass judgment upon you based upon your background, race, handicaps, etc. Therapists should no’t use your story to write a book, a screenplay, a movie, or have you appear on a television show.

**You have a right to be treated by staff who are sensitive to one’s cultural background.**

No matter what your background or culture, you should expect to be treated with respect and dignity, by all staff (including billing staff, receptionists, etc.).

**You have a right to be afforded privacy.** Your sessions are confidential and private and will not be overheard or shared with others.

**You have a right to be free to report grievances regarding services or staff to a supervisor.** More of an issue if you’re being seen in a clinic or hospital.

**You have a right to request a change in therapist.** Sometimes it just doesn’t work out with the therapist chosen. That’s nobody’s fault and the therapist should help you find his or her replacement (through a referral, at minimum).

**You have the right to request that another clinician review the individual treatment plan for a second opinion.**  You are entitled to a second opinion by a professional of your choosing at any time.

**You have the right to have records protected by confidentiality and not be revealed to anyone without my written authorization.** You’re entitled to confidential treatment by your therapist, meaning that your therapist cannot talk to others (except another professional colleague or supervisor) about your case without your written consent.

**You have the right to know when confidentiality may be broken.** If the therapist has knowledge of child or elder abuse.If the therapist has knowledge of the client’s intent to harm oneself or others. If the therapist receives a court order.If the patient enters into litigation against the therapist.If the client is a minor, the therapist may discuss aspects of the client’s care with the client’s parents or legal guardians.

**PART ii: Patient responsibilities**

**Cancellations and Failed Appointments**: We require a 24-hour advanced notice for cancellations or re-schedules. Please call my office as soon as you are aware you will not be able to keep your appointment, so to avoid being charged the full session fee for your missed session.

**Termination of Treatment**: If you have not kept scheduled appointments and/or have not scheduled an appointment after 30 days, I will assume you are ending your treatment and will close your file. You may feel free to contact us in the future should you wish to resume treatment. We will do our best to schedule you in a timely manner.

**Payment for Services Rendered:** You are responsible for paying your full fee for services at the time the services are rendered. I request pay by credit card at the time of your appointment. Arrangements may also be made to pay by credit card or HSA card.

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**Active Participation in Treatment:** You have the responsibility to be an active participant in your care. Psychotherapy is an endeavor that you take with the therapist. Being responsible and invested during treatment will more likely yield positive outcomes.

**Part iii: Crisis and Emergencies**

**Rose J. Testa, LCSW, LLC does not provide emergency services**. If you are in an acute emergency or crisis please call 911, or go to the nearest Emergency Room for crisis intervention. We also recommend that you keep the National Suicide Prevention Lifeline contact information with you at all times. For example, you may save the information in the contacts on your cell phone, add it to your favorites or your computer desk-top on your PC. This is a good resource in times of crisis. You can reach the Lifeline at 1-800-273-8255 (TALK) or via their website 24 hours a day, 7 days a week at [www.suicideppreventionlifeline.org](http://www.suicideppreventionlifeline.org) .

*“The National Suicide Prevention Lifeline is a national network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week. We're committed to improving crisis services and advancing suicide prevention by empowering individuals, advancing professional best practices, and building awareness”.* Reference: <https://suicidepreventionlifeline.org/>

Sign / Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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