

**CHERYL MATTISON LMSW**  
**120 W. MAIN ST. SUITE 202**  
**NORTHVILLE, MI**  
**48167**

**Client's Name** \_\_\_\_\_

### **Client's Rights and Responsibilities**

#### **You Have a Right to Receive Services:**

- That respects your privacy and dignity, and your cultural and ethnic identity, religion, disability, gender, age, marital status and sexual orientation.
- That are provided in a prompt, courteous and respectful manner.
- That emphasize your participation in developing a treatment plan specific to your needs and include your agreement to work toward defined goals.

#### **You Have a Right to Current Information Concerning:**

- Your diagnosis, recommended appropriate treatment options that relate to your care, potential alternatives and accompanying risks, benefits, and costs. This information, regardless of cost or benefit coverage, will be explained in terms and in a language that you can reasonably understand.
- Your responsibilities to ensure better treatment outcomes.
- Your records, and have information explained or interpreted as necessary, except when protected or restricted by state or federal law.
- How to access emergency services needed outside of normal business hours or when you are away from your usual place of residence or work.
- Services available to you and charges for those services including services not covered under your health plan's benefit.

#### **You Have a Right to Protection of Privacy and Confidentiality:**

- In communications and records pertaining to care, except in cases such as suspected child abuse and danger to yourself or others, when reporting is permitted or required by law, or in instances of medical emergencies, or when the coordination of care with a primary care physician is required by a health plan, or when disclosure is authorized by court order of court subpoena.
- If you use a medical benefits plan to pay for services and you are not the person who signed up for the coverage as the primary subscriber, be aware that billing statements, claim information and coordination of benefits questions will be sent to the primary subscriber, not to you.

#### **You Have a Responsibility To:**

- Be honest about facts, feelings or ideas that relate to your care.
- Attempt to understand clinical problems that are identified and attempt to follow the directions and advice of your practitioner.
- Take an active part in your treatment planning and therapy.
- Keep appointments and cooperate with insurance staff and your practitioner.

- Promptly pay for no show or late cancellation, (after 24 hours before the appointment with the exception of an illness or an emergency), fees of **\$100.00** for each occurrence. This fee must be satisfied on your next scheduled appointment.
- Know the names of persons who are providing you medical and other care.
- Report changes in your medical/emotional/mental condition to your practitioner.
- Inform your practitioner if you anticipate problems in following prescribed treatment.
- Work with your practitioner and your primary care physician to effectively coordinate your healthcare, when required.
- Be aware of insurance coverage and limits. It is your responsibility to know your insurance coverage, limits, deductibles and co-payments.

I understand the rights described above and agree to comply with my responsibilities in treatment.

\_\_\_\_\_  
Client's (Or Legal Guardian, Patient Advocate, or  
Legal Representative) Signature

\_\_\_\_\_  
Date