



Client Bill of Rights

I hereby acknowledge that I am seeking evaluation services and/or psychotherapy treatment for myself and/or my child(ren). I expect to benefit from treatment, but understand that there are no guarantees. Outpatient evaluation and psychotherapy do not have significant risks, but one needs to expect that one might feel a temporary setback while in treatment. Maximum benefits will occur with regular attendance and participation.

The State of Wisconsin has established certain rights for clients of outpatient clinics. The following summarize my rights as a client (you may have additional rights under the statutes, a copy of which is available at the reception desk):

- The right to be treated with honesty and respect.
- The right to be informed of the Client's Bill of Rights.
- The right to confidentiality of conversations and medical records, except that confidentiality may not exist in specific situations, some of which include*:
 - situations in which the therapist believes the client is a threat to self or others
 - when the communications involve information regarding child or elder abuse
 - when the communications involve the transmission of contagious or transmittable diseases (in Wisconsin, one's HIV/AIDS status cannot be disclosed)
 - when the custody of a child becomes an issue before a court of this or another state and the therapist is mandated to testify
 - when the patient becomes a litigant
 - in a joint session with another person the therapist cannot ensure that those members will not break confidentiality
 - when the client releases information to a person or group by signing a specific written waiver
 - if required for insurance billing purposes** or Worker's Compensation
- The right to prompt and adequate treatment.
- The right to participate in the development of your treatment plan.
- The right to the least restrictive treatment conditions necessary.
- The right, upon request, to receive information from your counselor regarding alternative programs and/or methods of treatment.
- The right to refuse treatment.
- The right to terminate services at any time.
- The right to refuse to be filmed or taped.
- The right to file a grievance which can be made in writing to the clinic director.

I have been advised as to emergency procedures, the fees for treatment, and the agency collection policy and agree to these policies. A copy of this authorization will be considered valid. My signature below indicates that I have read the foregoing information, understand, and agree to it.

Printed Name of Client or Legal Representative

Relationship to Client

**Signature of Client or Legal Representative
(must be 14 or older)**

Date

*Certain electronic transmissions of data (e-mail) are not secure or timely and we recommend that you not use them to communicate sensitive or emergent information to us. **Managed Care Plans (MCP) involve direct management of the services you receive from a provider or its agent. If you access therapy through your MCP, the provider is required to disclose all information related to your services, to a case manager employed by or under contract to the MCP. This information is used by the case managers for the determination and authorization of your counseling benefits, which they will allocate at their own discretion. Information which is in the hands of the case manager may be computerized and is beyond the control of the Center for Human Development. We cannot guarantee the confidentiality of any information submitted to your MCP or its designated case manager.