

## **Client Rights and Responsibilities Statement**

### Statement of Client's Rights

Clients have the right to:

- Be treated with dignity and respect.
- Fair treatment, regardless of race, religion, gender, age, disability, national origin, marital status or source of payment.
- Not have their health information released without permission except in cases of emergency or if required by law.
- Receive information from staff/providers in a language they can understand.
- Understand the explanation of their condition and treatment.
- Know all about their treatment choices, regardless of cost or coverage by benefit plan.
- Get information about services and roles in the treatment process.
- Know the clinical guidelines used in providing and managing their care.
- Provide input on policies and procedures.
- Know about State and Federal laws that relate to their rights and responsibilities.
- Be informed of their health care needs and have an opportunity to participate in the planning of their care.
- Information about the qualifications of the professionals caring for them.

### Statement of Client's Responsibilities

Clients have the responsibility to:

- Treat those giving them care with dignity and respect.
- Give providers the information they need to ensure the providers can deliver the best possible care.
- Inform Northstar Psychological Services, PLC of any demographic changes such as a change of address or phone number.
- Inform their provider about any medical changes, including medications given to them by other providers.
- Not take actions that could harm the lives of employees, providers or other clients.
- Keep their appointments and to call as soon as possible if they need to cancel or reschedule visits.
- Ask their providers questions about their care so they can understand their role in that care.
- Follow the treatment plan agreed upon by the client and their provider and let their provider know if the treatment plan no longer works for them.
- Provide current insurance information and appropriate paperwork so that Northstar Psychological Services, PLC can correctly bill for services rendered.
- Pay all co-payments, deductibles, past due balances or any fees appropriate at the time of service, and let their provider know about problems paying fees.

Client/Parent or Legal Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_