

Center for Family Services

Statement of Client Rights, Responsibilities and Consent for Treatment

Client Name: _____ Date of Birth: _____

As a client of the Center for Family Services, you are both welcomed and entitled to the following rights:

1. To be treated with courtesy and respect by staff and therapists.
2. Ask about our professional qualifications and the agency policies and procedures to protect your privacy and confidentiality to the fullest extent possible under Florida Law and Federal Regulations.
3. Know that with a valid court order information contained in your case record may be subject to disclosure even without your consent in accordance with Florida Law.
4. Be aware that **professional staff is required by law to inform the Florida Department of Children and Families if there is any suspicion of physical, sexual, or emotional abuse and/or neglect of a child. We are also required by law to inform Adult Protective Services, Department of Elder Affairs, if there is any suspicion of abuse or neglect of a dependent adult.**
5. Understand that **if your mental health professional has a reasonable cause to believe that you are a danger to yourself or to the person or property of someone else, then disclosure must be made to an appropriate individual or agency that can prevent the threatened danger.**
6. Receive competent, quality services without discrimination because of race, color, creed, age, religion, national origin, economic status, gender, sexual orientation, veteran's status, disability, or method of payment.
7. Participate in the development, revision and termination of a service/treatment plan that utilizes methods to address your needs as quickly and effectively as possible, and be informed of all services to be provided, and when and how services will be provided.
8. Refuse any portion of the service plan, or request a change in your assigned staff member without risking the loss of services after being fully informed of and understanding the consequences of such actions.
9. Have private uninterrupted sessions in an environment that is equipped and maintained to ensure your health and safety with a mental health professional that is prompt, attentive and willing to listen.
10. Have your complaints, problems and suggestions heard and given a response.
11. To not be subject to disciplinary action or reprisal including reprisal in the form of denial or termination of services as a result of filing a grievance.
12. Know that every client has the right to contact the Florida Department of Children and Families if they have a grievance that cannot be worked out through the grievance procedure.
13. Know that every client has the right to contact the Florida Department of Children and Families if they believe they have been exploited, abused or neglected at the Center for Family Services (800-96-Abuse).
14. To be free from seclusion and restraint as a form of behavioral intervention.
15. Request to have access to any information about you in your agency case record and through a signed authorization to release that information to any other party that you designate.
16. Know that it is possible that your record may be reviewed by the Center's accrediting body, funding sources and/or the Quality Improvement Committee as part of operations for the purpose of evaluating the quality of services.
17. Know that the written portion of the case record is kept for seven years and thereafter is destroyed by shredding or burning.
18. The electronic portion of the case record remains in the organization's electronic health record system.

As a client of the Center for Family Services, you have the following responsibilities:

1. To provide accurate and complete information about current and past behavioral health and physical health issues, medications, and other matters pertaining to your health.
2. To ask questions in order to make sure you understand your diagnosis, treatment, expected outcome, and any instructions.
3. To be involved in treatment planning and to follow a mutually agreed upon plan, including completing treatment assignments and returning for follow-up appointments.
4. To keep your appointment, or change or cancel with at least 24 hour notice, to allow others in need to have access to health care services.
5. To use services wisely, be aware of costs, and pay for all charges billed to you in a timely manner.
6. To sign the releases and consents necessary in order to determine and authorize particular treatment services.
7. To be respectful and courteous of others, including staff, interns, volunteers, visitors and other clients.

It is the policy of the Center for Family Services that the **sending of short message service/text messages to clients or responding to text messages from clients is prohibited** in all instances. Also, the Center for Family Services **prohibits any recording of all therapeutic services provided by staff or consultants making any recording of the center's therapeutic services illegal**. Therapeutic services that are not to be recorded include psychotherapy, group therapy, psychiatric sessions, telephone therapeutic interventions and therapeutic communications.

Should you feel that your client rights have not been respected, please discuss this first with the professional working with you. If this does not satisfactorily resolve the problem, then you are encouraged to contact the Chief Operating Officer. If you are still not satisfied, contact the Chief Operating Officer and a scheduled interview will take place within ten (10) working days.

My signature below certifies that I have read and understand the information regarding my rights and responsibilities as a client of the Center for Family Services. I authorize a professional representative of the Center for Family Services to provide diagnosis and treatment for me as deemed professionally necessary.

Client Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____