



CLIENT RIGHTS

As a client of Dustin Daugherty, LISW, LLC you have the following rights:

Right to be treated with respect

You have the right to receive care that is free from discrimination and is conducted in a courteous and thoughtful manner.

Right to quality treatment

You have the right to be involved in the creation of your treatment plan and to services in the least restrictive manner possible. You also have the right to have your views taken into account when decisions affecting you are made. Those who are legally responsible for client have the right to basic knowledge regarding treatment in order to make an informed decision regarding beginning and continuing treatment.

Right to confidentiality

You have the right to have your records pertaining to treatment kept confidential. The disclosure of this information requires written consent from you and must be obtained prior to the information being released. The release of information that is not authorized will only be done in situations that are mandated by court action or law.

Right to inspect and copy your medical and billing records.

You have the right to inspect and obtain a copy of your information contained in our medical records. To request access to your billing or health information, contact the office manager. Under limited circumstance we may deny your request to inspect and copy. If you ask for a copy of any information, we may charge a reasonable fee for the costs of copying, mailing and supplies.

Right to add information or amend your medical records.

If you feel that information contained in your medical record is incorrect or incomplete, you may ask us to add information to amend the record. Under certain circumstance, we may deny your request to add or amend information. If we deny your request, you have a right to file a statement that you disagree. Your statement and our response will be added to your record. To request an amendment, you must contact the office manager. We will require you to submit your request in writing and to provide an explanation concerning the reason for your request.

Right to terminate.

You have the right to terminate services at any time without any obligations except for those already incurred for past services.

Right to complain.

If you believe your privacy rights have been violated, please contact us personally, and discuss your concerns. If you are not satisfied with the outcome, you may file a written complaint with the U.S. Department of Health and Human Services. An individual will not be retaliated against for filing such a complaint.

Right to receive changes in policy.

You have the right to receive any future policy changes secondary to changes in state and federal laws. This can be obtained from the office manager.

Client signature

Date

Signature of parent/guardian

Date

Witness Signature: _____