

SEAL Therapeutic Corporation
2290 NW 2<sup>nd</sup> Ave Suite 3 Boca Raton, Florida 33431
Office: 561-706-1004 Fax: 561-892-0268 Website: www.nikkiwoller.com

## **CLIENT'S RIGHTS AND RESPONSIBILITIES**

Client Name: \_\_\_\_\_ SS#: \_\_\_\_\_

As a client of the SEAL Therapeutic Corporation, you have the following rights:

1. To make recommendations regarding our clie	ent's right and respons	ibilities.	
2. To be treated with courtesy and respect.			
3. To receive appropriate behavioral health car	e.		
4. To obtain information about our services and	d therapists.		
5. To receive information about our clinical gui	delines and client's rig	thts and responsibilities.	
6. To participate in the planning of your treatm with personal and professional acquaintances			
7. As a competent client, to refuse treatment.			
8. To participate in experimental research, but	only when you have pr	rovided written, informed cor	nsent to do so.
9. To be free from mental and physical abuse a assault, sexual exploitation, or criminal sexual physical pain or injury, or any conduct intended	conduct. It also includ	les the intentional and non-the	act that constitutes erapeutic infliction of
10. To confidential and private behavioral heal includes your right to approve or refuse the rele			tment record. This
11. To voice complaints about the care that is p be obtained from the receptionist.	rovided following the	center's procedure. A copy o	f the procedure can
And the responsibilities:			
1. To give to your treatment providers, the info	rmation needed in orde	er to care for you.	
2. To follow the treatment plan and instruction	s for care that you and	the provider have agreed upo	on.
3. To participate, to the degree possible, in und provider, mutually agreed upon treatment goals		ioral health problems and in	developing with your
Client Signature		Date	
Guardian Signature		Date	
Witness Signature		Date	