

RIGHTS AND RESPONSIBILITIES

This is a list of your rights and responsibilities when getting services from A Healing Intention, LLC.

Please read it carefully. Please use your rights and responsibilities.

YOUR RIGHTS:

1. You have the right to be treated with dignity and respect.
2. You have the right to pick the person who works with you and the place you go to see them.
3. You have the right to be told of: Treatment options,
Consequences of treatment,
Your diagnosis,
Covered and non-covered services, and
Your right to refuse services.
4. You have the right to receive services without discrimination because of race, color, creed, religion, sex, national origin, sexual preference, handicap, or age.
5. You have the right to get the services you need.
6. You have the right to be protected. If you or anyone you work with thinks you are being abused, you have the right to an investigation and a safe place to stay during the investigation, even if the person hurting you is a member of your family. The State of Oregon defines abuse as: Any injury that is not accidental, or that you can't explain;
When someone hurts you on purpose;
When someone makes sexual comments or acts sexual with you and you do not like it.
7. Clients have the right to be told how much therapy will cost per hour and the right to accept or reject the fee which is due at each session. You also have the right to be informed of the policies for charges, billing third parties, and making and breaking appointments.
8. You have the right to have a friend, family member, or advocate with you at your appointments if appropriate for your care.
9. You have the right to receive care that serves your needs and is given by staff that has the appropriate training and skills.
10. You have the right to involve your family, if you choose, with questions and concerns you may have about your health care.
11. You have the right to be involved in your care plan, including: Inviting a friend, family member, or advocate to help you;
Understanding your medications and their side-effects;
and Receiving a referral for special services that you are eligible for.
12. You have the right to file a complaint if you are unhappy with the services you get here and you will not be treated differently without an explanation.
13. Confidentiality. AHI will not disclose your confidential information unless directed by you **except in the following conditions:**
If a child has been abused or has been suspected to have been abused
If an elder has been abused or has been suspected to have been abused
If a client threatens to kill someone or cause them severe harm, the victim will be notified of any possible danger
If a client is threatening suicide or harm to themselves
If a non-custodial parent wishes to know about treatment of their child, by law access to a child's record must be granted
If AHI is ordered by the court to disclose information
If AHI needs to release specific information to your insurance provider in order to receive payment for services
If AHI is taken to court and needs to defend itself
When other people that work here need to check our records to make sure we are doing our job; or

****If you are between the ages of 14-17 years old, you may obtain therapy without the consent of a parent or legal guardian. However according to Oregon State Law - your parents must be involved in treatment before your treatment is concluded, unless you are in therapy that relates to sexual abuse by your parent. It is AHI policy that your parents be informed on or before the fourth session. By signing the Clients Rights & Responsibilities you authorize AHI to: a. Contact your parents or legal guardian and provide them with a description of your therapy. b. Release your treatment records at the written request of parents/legal guardians. In order for your records to be released to a third-party, both you and your parents/legal guardian will need to sign a release of information.**

If you are a child, we have to tell your parents if they ask us questions about you unless you are receiving services for: Venereal Disease or
Birth Control;

If you are a child, we have to tell your mom and dad you are receiving services, before the end of your services, if you are receiving services for: Behavioral Health or
Chemical Dependency

14. Your file is kept a minimum of at least 7 years from first date seen. For minors, this seven-year period begins when you turn 18 years old. Your file contains my copy of this informed consent, your client information form, and all materials that pertain to you, including session notes. This file is confidential with the exceptions noted above. Your file is protected by locked cabinet and will be destroyed by shredding at the end of seven years.
15. You have the right to say in writing, ahead of time, how you would want to be treated if you were seriously ill or injured and you were unable to make decisions or express your wishes. We will help you with this form if you ask us to and if you are your own guardian.
16. You have the right to receive, and have explained to you, written information about: Rights and Responsibilities;
Benefits available;
Fees charged to you, if any;
How to access services;
What to do in an emergency;
and How to make a complaint
or file a grievance.

YOUR RESPONSIBILITIES:

Client Agrees to:

To agree to therapy and participate in therapy
To work on goals or assignments
To keep your appointments and call 24 hours in advance if you are unable to keep your appointment
To keep information about others confidential as you would wish it to be for yourself
To supervise your children in the waiting room or other areas of the building
To pay for your therapy services on time
To take care of yourself, acquire adequate sleep, nourishment, and care
To discuss any grievances you may have with your therapist*
To understand your rights under the Health Insurance Portability and Accountability Act (HIPAA)
In group settings, to keep information about others confidential as you would wish it to be for yourself
If you need support immediately and cannot wait for us to return your message, please call the Multnomah County Crisis Line at 503-988-4888 or the Washington County Crisis Line at 503-291-9111. , please call 911 or go to the nearest emergency room or hospital.
If you believe you may be a risk to the safety of yourself or others you should immediately call 911

For complaints regarding services received at AHI, please contact:

State Board of Clinical Social Workers; 3218 Pringle Road SE, Suite 240, Salem, OR 97302-6310 Phone: 503.378-5735 Fax: 503.373.1427 Toll Free Number: 866.355.7050, ext. 350

OR

U.S. Department of Health & Human Services - 200 Independence Avenue, S.W. - Washington, D.C. 20201