

Cynthia B Lee, LPC, NCC, RPT, CPCS

Licensed Professional Counselor, National Certified Counselor, Registered Play Therapist, Certified Professional Counselor Supervisor

Fresh Start Counseling Services, LLC

326 Myrtle Crossing Dr #200

Statesboro, GA 30458

Phone: (912) 489-7590

Fax: (912) 489-3877

SUMMARY OF CLIENT'S RIGHTS

When you receive services in mental health, your rights are protected by the Health Insurance Portability and Accountability Act (HIPPA). Listed below is a simplified outline of those rights. The Notice of Privacy Practices describes any limitation to these rights and other provisions that may apply and should be consulted when there is a dispute or questions arise regarding any of these rights.

Your rights include:

- The right to receive care suited to your needs.
- The right to receive services that respect your dignity, and protect your health and safety.
- The right to know the names and positions of those involved in services planning and implementation process
- The right to be informed of the benefits and risks of your treatment.
- The right to participate in planning your own program.
- The right to refuse service, unless a therapist feels that refusal would be unsafe for you or others.
- The right to receive a copy of the Notice of Privacy Practices.
- The right to inspect and copy your records.
- The right to request amendment to your records.
- The right to request restriction or limitation on the medical information we use or disclose about you.
- The right to request how and where you may be contacted.
- The right to request on accounting of all disclosures we make about you to other persons or agencies.
- The right to exercise all civil, political, personal, and property rights to which you are entitled as a citizen.
- The right to remain free from physical restraints or time-out procedures unless such measures are required for providing effective treatment, or protecting the safety of you or others.
- The right to be free from physical or verbal abuse.
- The right to file a complaint if you think any of these rights have been restricted or denied.

You must be provided with a Notice of Privacy Practices that provides detailed information regarding your rights under HIPPA.

The client has had an opportunity to read, or have read to him/her, the above form to ask questions regarding the data contained therein and has signed in this person's presence.

Client/Legal Representative Signature

Witness Signature

Date

Date