



CENTRAL PSYCHOLOGICAL SERVICES, LLC

Recipient's Rights and Responsibilities Notification

As a recipient of services at Central Psychological Services, LLC, (CPS) we would like to inform you of your rights as a client. The information in this form explains your rights and the process of expressing a complaint if you believe your rights have been violated.

Your rights as a client:

1. *Complaints.* Your clinician will carefully consider your complaints. The majority of client complaints can be resolved with good will and open communication.
2. *Suggestions.* You are invited to suggest changes in any aspect of the services Central Psychological Services, LLC provides.
3. *Civil Rights.* Your civil rights are protected by federal and state laws.
4. *Cultural and Spiritual Issues.* We believe that respect for individual conscience and the client's personal search for truth, goodness, beauty and meaning are of the highest importance and clinicians do not impose their personal beliefs on clients. You may request services from someone with training or experiences from a specific cultural or spiritual orientation. If CPS cannot provide these services, we will help you in the referral process.
5. *Treatment.* You have the right to take part in formulating your treatment plan.
6. *Denial of Services.* You may refuse services offered to you and be informed of any potential consequences.
7. *Record Restrictions.* You may request restrictions on the use of your protected health information (PHI); however, your clinician is not required to agree with the request.
8. *Availability of Records.* You have the right to request a copy and/or inspect your PHI; however, your clinician or compliance officer may deny access to certain records. If they choose to do so, your clinician will discuss this decision with you.
9. *Amendment of Records.* You have the right to request an amendment in your records; however, this request could be denied. If denied, your request will be kept in the records.
10. *Medical/Legal/Spiritual Advice.* You may discuss your treatment with your physician, attorney, clergy, spiritual director and others.
11. *Disclosures.* You have the right to receive an accounting of disclosures of your PHI that you have not authorized.

Your rights to receive information:

1. *Costs of services.* The costs of services will be discussed with you before charges are incurred.
2. *Termination of services.* You will be informed as to what behaviors or violations could lead to termination of services at CPS.
3. *Confidentiality.* You will be informed of the limits of confidentiality and how your PHI will be used.
4. *Policy changes.* You will be notified of policy changes in writing.

Ethical obligations:

1. We dedicate ourselves to serving the best interest of each client.
2. We will not discriminate between clients based on age, race, creed, sex, or disabilities.
3. We maintain a professional relationship and holds professional boundaries with each client.
4. We will end services or refer clients to other programs or clinicians when appropriate.
5. We will improve institutional and managerial policies if the best interest of the client is served.
6. We will evaluate our personal limitations, strengths, biases, and effectiveness on an ongoing basis for the purpose of self-improvement. We will continually attain further education and training.
7. We will collaborate with you in your treatment planning.

Clients responsibilities:

1. You are responsible for your financial obligations to CPS as outlined in the *Payment Contract for Services*.
2. You are responsible for following the policies and procedures detailed in *Policies and Procedures of CPS*.
3. You are responsible to treat your clinician, staff, and fellow clients in a manner in which their rights are not violated.

If you believe that your client rights have been violated, please discuss this with your clinician. You also may speak with the practice manager, Dr. John Cadwallader, PsyD. If these individuals do not resolve the issue, you may contact your clinician's appropriate state licensing board to file a formal complaint.

I certify that I have read and understand these rights and responsibilities and have received a copy for my records.

Client's name (printed)

Client or guardian signature

Date