

**FAMILY COUNSELING CENTER -- PALM HARBOR & ST PETERSBURG**

**Diane HM Mandell MSSA, LISW, LCSW and Associates**

*Serving the Community Since 1993*

**Patient Rights and Responsibilities**

As a client of the Family Counseling Center, you have the following rights:

1. Services shall not be denied to any person on the grounds of race, ethnicity, age, color, religion, gender, nationality, sexual orientation, handicap, or developmental disability.
2. To be treated with courtesy and respect by all staff.
3. To receive appropriate mental health care or to be provided with a referral to another qualified provider, if necessary.
4. To participate in the planning of your treatment throughout the counseling process.
5. To ask questions and learn about the counseling process, and the qualifications of your provider(s).
6. As a competent individual, consent to or refuse treatment.
7. To confidentiality of your records and the right to inspect your records.
8. To be informed of your condition and to know the costs of services.

And the following responsibilities:

1. To make your payment at the time of service (whether self or co-payment).
2. To have your insurance company billed for covered services. You are responsible for all co-payments, deductibles, and/or coinsurance payments as required by your insurance policy.
3. To schedule and keep appointments. Should you need to cancel or reschedule an appointment, we require at least 48 hours' notice when possible. Should you not provide this notice, or not show for an appointment, you will be charged \$55. We will automatically bill this to the credit card you list below.

CC# \_\_\_\_\_ exp date \_\_\_\_\_

4. To not come to any appointment under the influence of any mood-altering substances, unless prescribed and only as prescribed by a physician. If you do, you will be asked to reschedule and charged \$45.
5. To give your treatment provider the necessary information about you, and to be involved in the planning of your treatment.
6. To follow the recommendations of your treatment provider, including those for psychiatric evaluations for medication therapy and testing, and to follow the agreed upon treatment plan.

I have read, understand, and agree with my rights and responsibilities.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Client Signature

*We help people find balance in their lives every day...*

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