

# Rights, Responsibilities, & Grievancy Policy Consent to Services

Client Name: \_\_\_\_\_

Actual Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## Requirement Information:

Entered With: Agency Placement

## Client Rights:

### I understand that I have the Right to:

1. Be treated with dignity and respect at all times.
2. Be informed of the various steps and activities involved in receiving services, including the potential benefits, risks, or consequences of therapeutic intervention.
3. Confidentiality under federal and state laws relating to the receipt of services, except where described below.
4. Make an informed decision whether to accept or refuse treatment.
5. Select practitioners of my choice, at my expense.
6. Records and information collected about me being held or released in accordance with state laws regarding the confidentiality of such records.
7. Appeal the application of policy, procedures, or any staff action through the client grievance policy and procedures.

## Client Responsibilities:

1. There is no assurance you will feel better. Because therapy is a cooperative effort between you and your therapist, it is important to work together to resolve any difficulties. You may terminate therapy at any time.
2. During the course of treatment, material may be discussed that could be upsetting in nature and if you have questions about this, please talk to your therapist.
3. State and local laws require that therapists report all cases of abuse or neglect of minors or vulnerable adults to the Department of Human Services.
4. State and local laws require that your therapist report all cases in which there exists a danger to self or others.
5. You may be contacted by your funding source or Catholic Charities to ensure continuity and quality of treatment, and/or after the completion of treatment, to assess the outcome of treatment.
6. Payment is expected at the time of services.
7. Consistent attendance is important to the therapeutic process. If you are unable to attend, please let us know ahead of time.

## Grievance Policy & Procedures:

Catholic Charities respects the importance of individuals served to express fundamental rights and expects resolution of complaints and/or appeals.

Therefore, all persons served, guardians or family members have a right to file a grievance and the process is as follows:

1. We believe that concerns are best resolved by bringing them directly to the staff person involved. If resolution is not reached between the client and the staff member, a grievance form may be obtained in the waiting room, or written in any format, and it will be given to the employee's immediate supervisor.
2. The supervisor will look into the situation and respond in person, by phone, or in writing within 5 business days.
3. If not resolved, the grievance will be presented to the Clinical Director, who will investigate the situation and respond in person, by phone, or in writing, within 5 business days.
4. If the client is still not satisfied with the resolution, all information will be forwarded to the Executive Director, who will review all information, and respond in person, by phone, or in writing, within 5 business days. The final step of the grievance process is the Executive Director.
5. Catholic Charities Board of Directors will be advised of client grievances and agency responses only to monitor patterns or problematic issues.

I have been given a copy of 'Welcome to Catholic Charities', which provided me with information about the services offered, and I am consenting to receive therapy at Catholic Charities.

Yes

I have been informed about the Client Grievance Policy.

Yes

I understand my Rights & Responsibilities as a client of Catholic Charities.

Yes

I have been notified about my rights regarding how my medical information may be used or disclosed, including my protected health information (HIPAA).

Yes

## Additional Information/Signatures:

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

Parent/Guardian Signature: \_\_\_\_\_