



# *Catholic Counseling Services, Inc.*

499 St. Matthews Street • El Paso, TX 79907  
Ph.(915) 872-8424 • Fax (915) 872-8425

## **CLIENT RIGHTS AND RESPONSIBILITIES**

### **CLIENT RIGHTS**

1. You and your family have the right to appropriate treatment by qualified staff and to know the qualifications and training of persons in charge of your treatment. You also have the right to be informed of any changes in staff involved in your treatment.
2. You have the right to appropriate confidentiality in therapy sessions and in Agency record keeping. All client files are kept in a locked cabinet. No information about you will be provided to individuals outside this Agency without your previous written authorization, with the following exceptions.
  - a.) In case of a medical emergency.
  - b.) When agency records are being examined by a funding, licensing, or accreditation body.
  - c.) In case of suspected child abuse or neglect.
  - d.) Should there be a court order or subpoena for records when received from a duly sworn judge.
  - e.) In cases where the client is in imminent danger of harming himself/herself or others.
  - f.) Other specific exceptions as allowed by State and Federal law.
3. You and your family have the right to a treatment plan. You and your family may help develop the plan with the therapist. The treatment plan will be in writing, and you will be asked to sign it. It will be reviewed on a regular basis. You may request a review of the treatment plan at any point during services and/or you may wish to request a copy of the plan.
4. You have the right to refuse service at anytime, unless a court of law has decided otherwise.
5. You have a right to see and request a copy of your case record. This request must be made in writing. Arrangement for viewing your record can be made with your therapist, who will be present at the time of examination. Your therapist will be available to explain materials which you do not understand, unless you should specifically request that assistance not be given.
6. If you have any complaints, these should be discussed with your counselor. If you cannot reach a satisfactory agreement with your counselor, you may appeal to the program supervisor. In general, you have a right to make a complaint about the services you receive if you feel your rights are not being upheld.
7. You have a right to know the cost of services your and your family receive, how much of the total cost of services to your family you are responsible for, and how much is paid by other sources, what those payments cover, and any limits or restrictions placed on your services. You will be asked to show proof of income at the time of the initial session. Fees will be discussed with you at the initiation of services and annually thereafter, and will also be re-evaluated should your personal circumstances change during the course of treatment. The cost per session is determined according to a fee scale established by Catholic Counseling Services, Inc. . The fee per session is assessed in relation to family income.

**CLIENT RESPONSIBILITIES**

1. You are responsible for your participation in treatment according to the individual treatment plan agreed upon and signed by client and counselor.
2. You are expected to pay a fee in accordance with financial capability.
3. You are expected to act in a manner respectful of other clients, agency staff and property. Willful destruction of property or acts of violence against other clients or staff are not protected by confidentiality and will result in calling for police assistance.
4. You are responsible for bringing you children and remaining with those children under the age of 14, while they are at the Agency.
5. You are responsible for your child's behavior while she/he is at the Agency and you will be held responsible for any damage caused by your child due to your negligence.
6. You are responsible for fees which your insurance does not pay.
7. You are responsible for bringing in proof of income before your second session.
8. If you are on probation, court referred, or referred by your attorney, information regarding your case will not be released to the court, probation officer, attorney, or third party without a release and your balance is paid in full.

**I have read and understand the Client Rights, my responsibilities during treatment, and the payment for services I receive.**

\_\_\_\_\_

Client signature

\_\_\_\_\_

Date

\_\_\_\_\_

Spouse's signature

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian signature

\_\_\_\_\_

Date

\_\_\_\_\_

Witness signature

\_\_\_\_\_

Date