2325 Q Street
Bedford, IN 47421
Phone (812) 279-HOPE (4673)
Fax (812) 279-4672

Clients Rights & Responsibilities

Clients of SCC *have the right:*

1. To receive quality care with efficacy based treatment modalities and trained professional clinicians
2. To be treated with dignity and respect in a secure and confidential setting
3. To be free of physical, emotional and verbal abuse or neglect
4. To be free of restraints, seclusions, or other forms of confinement
5. To be provided benefits and risks of treatment
6. To participate in developing the treatment plan
7. To be involved in discharge planning
8. To receive services regardless of age, color, disability, gender, language, race, sexual orientation, or spiritual belief. In such incidents of language barrier a client is welcome to facilitate interpreter
9. To terminate treatment at any time
10. To meet with therapist and discuss medical records and to request copies
11. To file grievances without impact or corruption to treatment
12. To work with clinicians who adhere to all federal, state and professional obligations to confidentiality, privacy and any other respective legislation or oath related to mental health
13. To be privileged to the clinician training, qualifications and credentials
14. To be informed of all resources for which Stone City Counseling, INC is aware

Clients of Stone City Counseling Inc, *have the responsibilities:*

1. To treat the staff in non threatening ways
2. To present free of violence
3. To be free of weapons at all appointments
4. To come to all appointments on time and or cancel within 24 hour notice at minimum
5. To adhere to the agreed upon treatment plan
6. To keep confidential who they see and what is shared in terms of information in groups or seeing someone else at the clinic
7. To pay for the agreed upon fee

By signing this form I agree and understand the Rights and Responsibilities of clients who attend SCCI understand I may request a copy of this information. I have been provided an opportunity to ask questions regarding this information.

Client Print Name: _____

Client Signature: _____   Date: _____

Staff Signature: _____   Date: _____