

North East Counseling and Trauma Services

Recipient's Rights Notification

As a recipient of services at my practice, I would like to inform you of your rights as a patient.

Your rights as a patient

1. Suggestions. You are invited to suggest changes in any aspect of the services provided.
2. Civil Rights. Your civil rights are protected by federal and state laws.
3. Treatment. You have the right to take part in formulating your treatment plan.
4. Denial of services. You may refuse services offered to you and be informed of any potential consequences.
5. Record restrictions. You may request restrictions on the use of your protected health information
6. Availability of records. You have the right to obtain a copy and/or inspect your protected health information. If you wish to have a written copy of your record this must be in writing and sent certified mail via the United State Postal Service.
7. Amendment of records. You have the right to request an amendment in your records.
8. Medical/Legal Advice. You may discuss your treatment with your doctor or attorney.
9. Disclosures. You have the right to receive an accounting of disclosures of your protected health information that you have authorized. This request must be in writing and sent certified mail via the United States Postal Service.
10. If you have a financial credit on your account: this credit will stay on your account until discharge. This credit will be used for payment of sessions, phone calls, emails, and out of office meetings. If you wish that your credit is refunded directly to you. This must be made in writing and sent certified mail via the United States Postal Service. North East Counseling and Trauma Services has up to 90 days to refund your credit. This will be sent to you via certified mail via the United State Postal Service.

Your rights to receive information

1. Costs of services. \$175.00 per hour (50 minutes) for an intake, \$150.00 per hour (50 minutes) for individual / family counseling or telephone counseling / consulting. \$175.00 per hour (50 minutes) for phone calls, letters, school consultations, email or postal services charges. \$350.00 per hour for court related services. I.E. phone calls / emails with attorney's, deposition, consultation, witness / testifying in court.
2. Termination of services. You will be informed as to what behaviors or violations could lead to termination of services at our clinic.
3. Confidentiality. You will be informed of the limits of confidentiality and how your protected health information will be used.
4. Policy changes.

57 North Street, Suite 217, Danbury, CT. 06810

Tel: (203) 993-5810 • E-Mail: G@NECTS.US + Fax: (860) 606-9539

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Clinician's ethical obligations

1. I dedicate myself to serving the best interest of each client.
2. I will not discriminate between clients or professionals based on gender, age, race, creed, disabilities, handicaps, sexual orientation, gender identity or other personal concerns.
3. I maintain an objective and professional relationship with each client.
4. I respect the rights and views of other mental health professionals.
5. I will appropriately end services or refer clients to other programs when appropriate.
6. I will evaluate my personal limitations, strengths, biases, and effectiveness on an ongoing basis for the purpose of self-improvement. I will continually attain further education and training.
7. I hold respect for various institutional and managerial policies, but will help improve such policies if the best interest of the client is served.
8. I will not have a client/patient that is a friend or family member.
9. I hold myself to the current American Psychological Association Code of Ethics

Patient's responsibilities

1. You are responsible for your financial obligations to the practice as outlined in the Payment Contract for Services.
2. You are responsible for following the policies of the practice.
3. You are responsible to treat staff and fellow patients in a respectful, cordial manner in which their rights are not violated.
4. You are responsible to provide accurate information about yourself.
5. You are responsible for provide notice at least 48 hours in advance to cancel an appointment: email, text or phone message is not acceptable. You must speak directly to your clinician or send a certified letter via the United States Postal Service. Otherwise you will be charged \$150.00 for each missed session.
6. If you wish to terminate services at any time you must put this into a letter, typed, signed and sent certified United States Postal Services Mail. Any other form of contact is not considered a formal termination request of services.
7. No smoking, Vaping or E Cigarettes are permitted in any part of the office buildings or in any office. Failure to follow these policies will result in termination of services.
8. Texting is only for brief communication with your clinician, it is not for or in replace of clinical or counseling purposes.

I understand and read the Recipient's Rights Notification Policies, and their meaning and ramifications.

Client's Name (Please Print): _____

Signature of Client/Legal Guardian: _____

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Date: ____/____/____

Relationship to Client: _____

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