HUMANISTIC
COUNSELING CENTER

Humanistic Counseling Center
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Cleveland, OH 44124
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Client Rights & Responsibilities

You have the right to....

- Be treated with respect, dignity and consideration of your cultural, psychosocial, spiritual and personal values, beliefs and preferences.
- Be free from neglect, exploitation and mental, physical, sexual and verbal abuse while under the care of any therapist at Humanistic Counseling Center (HCC).
- Receive the best care available without regard to national origin, race, age, gender, religious beliefs, sexual orientation, disability or illness.
- Know the identity and professional status of individuals providing your care.
- Obtain information concerning your diagnosis, treatment and prognosis including a list of current medications.
- Be informed about the outcomes of care, including unanticipated outcomes.
- Participate in decisions involving your health care.
- Refuse care, treatment or services in accordance with the laws and regulations, understanding the medical consequences of such action.
- Refuse participation in research studies.
- Expect confidential treatment of disclosures and records and approve or refuse the release, except where required by law.
- Experience a safe and accessible environment.
- Receive an itemized statement of the services including charges and payment policies upon request.
- Communicate concerns and/or recommend changes in policies and services.

You have the responsibility to...

- Provide accurate and complete information for proper evaluation and treatment.
- Follow recommended treatment plan, ask questions or discuss concerns when you do not understand or agree with the treatment plan.
- Be respectful and considerate of other clients, HCC staff and the facility.
- Follow appropriate rules and regulations.
- Keep appointments or notify HCC when you are unable to do so.
- Fulfill financial obligations in a timely manner.
- Be familiar with your health insurance coverage and provide information necessary for appropriate provider referral, if needed.
- Clients with questions about access or to request accommodations for a disability should inform their provider prior to the appointment.

Client Name: _____

Client Signature: _____

Date_____