****

**Client Rights**

**As a client you have certain rights including but not limited to:**

* Get respectful treatment suited to *your* needs that will be most helpful to you.
* Have a safe treatment setting, free from abuse (sexual, physical, emotional and/or financial), manipulation or exploitation, revenge, any form of discipline and neglect.
* Take part in the planning your own treatment and knowing the benefits, risks, and/or

side effects of all medications and treatment choices.

* Receive treatment without regard to race, sex, or age and not take part in research projects.
* Know the cost of your treatment and your responsibility for treatment
* Refuse to answer any questions or give any information you choose not to answer or give.
* Receive a separate Notice of Privacy Practices about privacy protected health information.
* I understand that I have the right to know if my therapist will discuss my case with supervisors or peers. I understand that no portion of my therapy may be recorded in audio or video form without my informed written consent, and that if, consent to have any portion of my therapy recorded I have the right to know who will see or hear the recording(s), for what purpose(s) the recording(s) will be used, and when and how the recording(s) will be erased or destroyed.
* You have the right to have what you tell me kept private except in the paragraph described below.
* There are some situations in which I am required by law to reveal some of the things you tell me, even without your permission, and if I do reveal these things I am not required by the law to tell you that I have done so. Here are some of these situations:
1. If you seriously threaten to harm another person, I must warn that person and the authorities.
2. If a court orders me to testify about you, I must do so.
3. If I am testing or treating you under a court order, I must report my findings to the court.
4. If you are under the age of 18 and have been emotionally, sexually or physically abused or neglected, I must report this to the Department of Family and Children Services.
5. In general, as a therapist, para-professional or CSI I am bound to report any knowledge of sexual or physical abuse or neglect OF ANY PERSON to the authorities that I may learn of through ANY source. For example, if I am treating any client and learn that their abuser has current, significant access to a minor child, I will have to report this.
6. In cases when you give me written permission to talk with other persons or agencies.
* Ask that the therapist inform you of your progress.
* Report dishonest and illegal behavior by a therapist.
* File a complaint if these rights are ignored and know it will be examined and worked out.
	+ Consult with your own physician or attorney; self-help or advocacy group when filing a complaint
	+ Be free from discrimination and any form of discipline or revenge due to any complaint or report made
	+ You are encouraged to ask questions about your services and your rights. You may talk with anyone on staff about these.
	+ You may ALSO talk to someone outside the agency by contacting the Department of Behavioral Health at DBHDDconstituentservices@dbhdd.ga.gov or the DBHDD Regional Office at: 404/657-5964