



PATIENT RIGHTS

As a client/patient of CDI, you have the right to:

- Considerate and respectful care. Including respect for your cultural, psychosocial, spiritual, and personal values, beliefs and preferences
- Receive information about your current health, care, outcomes, ongoing therapy needs, and future therapy status in terms that you understand
- Be informed about proposed therapy options including the risks and benefits, other therapy options, what could happen without care, and the outcome(s) of any medical care provided, including any outcomes that were not expected
- A safe and confidential environment in which to discuss your personal and private matters
- A description of your therapist's experience and background including information about licensure or certification, education, training and specialization as it is related to the treatment you are being offered
- The right to report unethical or illegal behavior of a therapist to state regulatory organizations and/or local law enforcement
- The right to be made aware of and have the opportunity to discuss the fees charged by the health service provider, methods available for payment, the handling of health insurance claims and other fiscal policies
- In emergencies, the right to know a method by which I can speak to my therapist or another available therapist within a reasonable time period
- The right to know how my confidential records will be protected and the limits to that confidentiality
- The right to have my records or a summary of my records transferred to another professional therapist if I so request
- The right to discuss and question the nature of my treatment, the therapist's methods in my treatment, theoretical orientation and treatment objectives
- The right to terminate the treatment at any time
- The right to a summary of my financial account request

I acknowledge I have reviewed and received a copy of CDI's Patient Rights information.

Client Name: _____

DOB: _____ Date: _____

If client is a minor

Parent/Guardian

Name: _____

If client is a minor

Parent/Guardian

Signature: _____