

## Client RIGHTS and RESPONSIBILITIES

**Pease place a check (✓) in the box to the left of each statement that you fully understand. Do NOT check the box unless you fully understand the statement.**

### **Your RIGHTS as a Client**

- 1. To have all questions regarding counselor's credentials, methods, and fees fully answered to your satisfaction.
- 2. To have your **confidentiality** fully protected by your counselor **except** when doing so would endanger the life or protection of patient (that's you) and / or another person.
- 3. To be informed if any identifying information about your case is disclosed to anyone other than your counselor.
- 4. To receive your counselor's full attention during each session except when another client may be in emergency.
- 5. To receive counseling respecting your religion or worldview. *Note:* Your counselor has a Christian worldview.\*
- 6. To terminate the counseling relationship at any time.
- 7. To be informed of how to contact professional help in emergency situations, and whatever limitations your counselor may have in promptly responding to emergencies. *Note:* In the event that your counselor cannot be reached in a crisis situation, please call your county's Crisis Intervention service, or dial 911, or go to your nearest hospital Emergency Room.
- 8. To be aware of the fact that counseling does not **always** produce desired results, that divorce may **sometimes** result while in counseling, and that your symptoms **may** get worse during counseling.
- 9. To be referred to another qualified professional upon your request, or if your counselor encounters personal or professional limitations in meeting your counseling needs.

### **Your RESPONSIBILITIES as a Client**

- 1. To make your full payment of **\$225** (unless you have insurance or qualify for sliding scale) **BEFORE** each session begins. Cash, check and credit card accepted. Please have checks made out to Dr. Scott Lowndale before session begins. Receipts are issued **by request only**. Late payments are subject to a **\$25 administrative fee**.
- 2. If you have insurance covering counseling services, that the **Health Insurance Information Form** (PDF download from my website at ScottLowndale.org) be fully completed and signed and that that you bring your **health insurance card** to the first session for me to copy.
- 3. To **turn off your cell phone** during sessions, except if you are on-call for emergencies.
- 4. To participate in goal-setting and follow through with agreed-upon tasks or self-help assignments. *Note:* Goal-setting, self-help assignments, and completing brief questionnaires periodically to track symptoms and progress are standard treatment in this practice.\*
- 5. To arrive **promptly** for each session. *Note:* In order to reduce waiting room distractions and traffic, please do not arrive in the waiting room more than five (5) minutes early.
- 6. To **keep your appointment card** and NOT discard it until the next session. Your appointment card documents your appointment time in case of a future discrepancy.
- 7. To cancel any session you cannot attend at least 24 hours in advance. *Note:* Failure to cancel a session without 24-hour notice will result in YOU (not your insurance company) being charged the full fee for that missed session, except for unusual circumstances such as death in the family, illness, weather conditions, etc.).
- 8. To disclose any past, current, or planned **LEGAL ACTION** that is related to your seeking counseling.
- 9. To continue meeting with your counselor until **BOTH** you and your counselor decide that the agreed-upon goals have been met OR until you inform your counselor of any plan to discontinue with your counselor's services. *Note:* Although this is your **responsibility**, you have the **right** to terminate the therapy at any time without informing your counselor.

**I HAVE READ AND I FULLY UNDERSTAND EACH STATEMENT THAT I CHECKED ABOVE.**

\_\_\_\_\_  
SIGNATURE of CLIENT or client's parent / guardian)

DATE \_\_\_\_\_

\* If this presents a problem, you may discuss this issue with your counselor or request a referral to another therapist.