

CLIENT RIGHTS AND RESPONSIBILITIES

PLEASE PLACE A CHECK (✓) IN THE BOX TO THE LEFT OF EACH STATEMENT THAT YOU FULLY UNDERSTAND.

YOUR RIGHTS AS A CLIENT

- 1. To receive counseling respecting your religion or worldview. *Note:* Dr. Scott specializes in Christian counseling, but welcomes clients of other faiths and worldviews. *
- 2. To have all questions regarding your counselor's **CREDENTIALS** fully answered to your satisfaction. *Note:* Dr. Scott is licensed in Colorado and Illinois to practice psychotherapy. He holds a master's degree in clinical psychology and a doctoral degree in professional counseling. He has over 25 years of professional experience.
- 3. To have all questions regarding your counselor's **METHODS AND TECHNIQUES** fully answered to your satisfaction. *Note:* Dr. Scott specializes in integrating Bible-based Christian counseling with his advanced training in evidence-based treatments including Cognitive Behavior Therapy (CBT) and Acceptance and Commitment Therapy (ACT).
- 4. To have questions regarding the **ESTIMATED DURATION OF THERAPY** answered to your satisfaction. *Note:* Most clients require about 12 weekly sessions before experiencing significant and lasting improvement, and often benefit from another series of 12 or more sessions every 2-4 weeks to maintain improvements. Certain clinical conditions may take longer to treat.
- 5. To have all questions regarding Dr. Scott's **FEES** fully answered to your satisfaction. *Note:* Dr. Scott's hourly fee is \$225 unless you are paying a lower fee based on a sliding scale or a 3rd party (such as insurance) is paying for services.
- 6. To have your **CONFIDENTIALITY** fully protected by your counselor **EXCEPT** when doing so would endanger the life or protection of the client (that's you) and/or another person. Identifying information about your case may NOT be disclosed to anyone (such as your insurance company) without your signed consent.
- 7. To know that therapists may share real-life client stories in their counseling, writing, and public speaking engagements but **CANNOT** share identifying information (i.e., name, location, etc.) without signed consent. *
- 8. To receive your counselor's full attention each session (except if another client may be in an emergency).
- 9. To receive a second opinion from another qualified mental health counselor.
- 10. To terminate the counseling relationship at any time.
- 11. 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:* If your counselor cannot be reached in a crisis, please call your county's Crisis Intervention service, dial 911 (or 988 if you are suicidal), or go to your nearest Emergency Room.
- 12. To be informed that counseling does not **ALWAYS** produce desired results and symptoms **MAY** get worse before getting better during counseling.
- 13. To be informed that sexual intimacy is **NEVER** appropriate in a professional relationship and should **ALWAYS** be reported to the professional licensing board of your state. **
- 14. 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 arrive **PROMPTLY** for each session.
- 2. To **MAKE YOUR FULL PAYMENT BEFORE EACH SESSION BEGINS**. Cash, check, and credit cards (with a 5% surcharge) are accepted. **LATE PAYMENTS ARE SUBJECT TO AN ADDITIONAL \$25 ADMINISTRATIVE FEE.***
- 3. If you have insurance covering your counseling services, the **HEALTH INSURANCE INFORMATION FORM** (a PDF document at the bottom of the homepage at ScottLownsdales.org) must be fully completed, signed, and presented with a copy of the front and back of your health insurance card before claims can be submitted.
- 4. To **TURN OFF YOUR CELL PHONE** during sessions, except if you are on-call for emergencies.
- 5. Failure to cancel a session without 24-hour notice causes administrative problems for your therapist and prevents other clients who may be in a crisis from receiving treatment during that hour. **THEREFORE YOU (not a 3rd party payer such as your insurance company) ARE RESPONSIBLE FOR PAYING YOUR FULL FEE FOR ANY MISSED SESSION THAT IS NOT CANCELED AT LEAST 24 HOURS IN ADVANCE**, except for unusual circumstances such as a death in the family, illness, or hazardous weather. Payments for missed sessions go to a fund for those who cannot otherwise afford to pay for counseling.
- 6. To **DISCLOSE ANY PAST, CURRENT, OR PLANNED LEGAL ACTION** that's related to your seeking counseling.*
- 7. 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 therapy. *Note:* Although this is your **RESPONSIBILITY**, you also have the **RIGHT** to terminate the therapy at any time without informing your counselor.

MY SIGNATURE BELOW VERIFIES THAT I FULLY UNDERSTAND EACH STATEMENT ABOVE.

SIGNATURE of CLIENT or client's parent/guardian)

DATE

* If this presents a problem, feel free to discuss this issue with your counselor or request a referral to another therapist.

** IN COLORADO, the Dept. of Regulatory Agencies (DORA) can be reached online (dora.colorado.gov), at 1560 Broadway, Denver, CO 80202, or by phone (303/894-7800). IN ILLINOIS, the Illinois Dept of Financial and Professional Regulation can be reached online (idfpr.illinois.gov), at 320 W Washington St, Springfield, IL 62786, or by phone (888/473-4858).