



## **Informed Consent and Client Rights**

By signing the New Directions CS, PLLC (NDCS) Contract/Consent form and the treatment plan I give permission for therapy deemed necessary by myself and NDCS. I understand that NDCS clinical staff are governed by law, license, professional ethics, and by NDCS policies and procedures. I am directed to ask any question I may have about my treatment to my clinical staff. I may at any time question the therapy, the level of my clinician's experience and have the option to refuse further treatment. I understand that there are no guarantees of particular results or outcomes from my sessions. I understand that I will not be discriminated against based on race, religion, creed, color, ethnicity, gender, age, disability, national origin, sexuality, marital or economic status. I shall be treated in a professional manner at all times.

Under certain circumstances services may need to be terminated by myself or the provider. At that time, NDCS will make an appropriate referral for me unless I choose otherwise. Ultimately I have the choice to decide where I go and have the responsibility to follow through on any referral or recommendation.

As I agree to enter into treatment with NDCS I realize that this treatment may involve discussing and dealing with intense emotional issues which may at times be distressing. However, it is my understanding that this process is intended to help me. If I am feeling overwhelmed, I will inform my provider. Also, if aware and appropriate or requested, NDCS will inform me of alternative treatment available to me.

Therapists, medical providers and staff may not disclose any information/records regarding my treatment to others, including the fact that I, my family members, or companions are receiving treatment, except when specifically required by law or with my written consent. I understand that NDCS staff will keep all records and information pertaining to my treatment in strict confidence for the prescribed period of time by law, but after that period my record, if inactive or closed, may be destroyed. I realize that there are circumstances where my information may be shared. All providers at NDCS are licensed, skilled professionals; however, they may review cases with professional colleagues or supervisors. NDCS is required by law and professional ethics to forego confidentiality in cases of suspected child or vulnerable adult abuse or neglect, with or without my consent. I also understand that the law and professional ethics require NDCS to report threats made by me, companions or family members to physically harm myself or others. I realize that NDCS may be legally responsible to forego confidentiality when ordered to testify in a court of law or supply records in legal proceedings. I realize that if I involve my insurance company they have the right to audit or review my record. I realize if I am registered as a sexual offender or legally required to be supervised in any way I will notify NDCS. In these ways NDCS is in compliance with HIPAA and legal standards.

## **Client Rights**

Individuals receiving services from New Directions CS, PLLC (NDCS) have certain rights according to our business practices, North Carolina and federal laws. You have the following rights:

- ✓ You have the right to be treated with respect, dignity and freedom from harm, abuse, neglect or exploitation by those at this agency.
- ✓ You have the right to privacy regarding your person or property.
- ✓ You have the right to confidentiality. The information you share with us is confidential. It is private and cannot be disclosed without your expressed permission (with above exceptions noted). If you would like us to share or obtain information with another person or agency we will ask you to sign a form giving us permission to do so

- ✓ You have the right to refuse treatment and to participate in your individualized treatment plan. You have the right to refuse or withdraw your consent from that treatment plan at any time. Those
  
- ✓ individuals who chose to refuse appropriately recommended treatment modalities may be discharged from treatment services.
- ✓ NDCS will never require or encourage clients to express gratitude, give a public performance and/or use identifiable photos for public relations without the written informed consent of the client or guardian in order to protect their privacy.
- ✓ You have the right to contact Disability Rights NC @ 1-877-235-4210. This is the agency designated under federal and state law to protect and advocate the rights of persons with disabilities.
- ✓ You have the right to see your medical record, except under certain circumstances specified by ethics or law and according to NDCS business procedures. You have the right to have these circumstances explained to you.
- ✓ It is the goal of NDCS to use the least restrictive, most appropriate and effective positive treatment modality for each client. You have the right to be free from restrictive interventions and most staff are trained in non-violent crisis intervention.
- ✓ You have the right to make a complaint regarding any dissatisfaction with the services you received while under our care. Please inquire about our complaint process for timely resolution by calling 828-267-1740 and ask to make a complaint if you have concerns about your rights. You may also make complaints to your insurance company, the NC DHHS 1-800-624-3004. Medicaid Recipients may make complaint through your MCO (Partners BHM 1-877-864-1454 or Smoky Mountain Center 1-888-757-5726).

**Emergency Pager Numbers: 828-224-0147**

**Please be Aware:**

NDCS values your time and is committed to treating you in a timely manner. In order to do that priority is given to those clients who make and keep their appointments as a commitment. Please schedule and attend sessions with as few cancellations or missed appointments as possible. We recognize there are emergencies and people forget, however, if there are 2 consecutively missed appointments without calling or a pattern of no-show/cancellations any further appointments will be removed from the schedule until you are able to talk with your provider about appointment times that are better suited for you.

If you are unsatisfied with treatment please make your provider aware and together make a decision to go a different route in treatment or even a different provider. We will not take this personally nor place pressure on you. However, we would appreciate knowing what you did not like about the process so we can consider changes for future clients, as well as offer a referral to someone else with whom you may be better suited.

As a matter of health care operations we will call you by name in the waiting room when your provider is ready to see you. We may use or disclose your protected health care information, as necessary, to contact you to remind you of your appointment or to your pharmacy to discuss prescriptions.