

1. I understand that I have the right to decide not to enter therapy (although depending on my situation there may be legal or other consequences for not entering or completing therapy), not to participate in any particular type of therapy, and to terminate therapy at any time. If I wish to terminate therapy here and continue therapy elsewhere, I will be given a list of providers with whom I can continue. Initials _____
2. I understand that I have the right to a safe environment during therapy, free from physical, sexual, and emotional abuse. Initials _____
3. I understand that I have the right to complete and accurate information about my treatment plan, goals, methods, potential risks and benefits, and progress. Initials _____
4. I understand that I have the right to information about the professional capabilities and limitations of any clinician(s) involved in my therapy, including their certifications/licensure, education and training experience, specialization, and supervision. I have the right to be treated only by persons who are trained and qualified to provide the treatment I receive. Initials _____
5. I understand that I have the right to written information about fees, payment methods, co-payments, length and duration of sessions and treatment. Initials _____
6. I understand that my confidentiality will be protected, and information regarding my treatment will not be disclosed to any person or agency without my written permission except under circumstances where the law requires such information to be disclosed. I understand that I have the right to know the limits of confidentiality, the situations in which the therapist or agency is legally required to disclose information about my case to outside agencies, and the types of information, which must be disclosed. Initials _____
7. 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 I 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. Initials _____
8. I understand that I have the right to request a summary of my treatment, including diagnosis, progress in treatment, diagnostic impressions, and termination status. Initials _____
9. I understand that I have the right to request the release of my clinical information to any agency or person I choose. Initials _____

10. I understand that I have the right to mental health services or developmental education in accordance with standards of professional practice; appropriate to my needs and designed to afford a reasonable opportunity to improve my condition. Initials _____
11. I understand that I have the right to practice my religion. Initials _____
12. I understand that I have the right to contact and consult with counsel and private practitioners of my choice and at my expense. Initials _____
13. I have the right to be informed of the various steps and activities involved in receiving services. Initials _____
14. I understand that I have the right to inspect and copy my case records. Initials _____
15. I understand that I have the right to exercise my constitutional, statutory and civil rights except for those rights that are denied or limited by adjunction, a finding of mental incompetency in a guardianship or other civil proceeding. Initials _____
16. I understand that I have a right to file a grievance with the Kentucky Department of Mental Health and Addictions and the appropriate Federal authority in the event that the Kentucky State Board of Certification for Pastoral Counselors is unable to resolve a complaint. Initials _____
17. I understand that I have the right not to be restrained or secluded. I also understand that if I exhibit out-of-control behavior that local law enforcement will be called. Initials _____
18. I understand that I have the right to be informed of the nature of the treatment or habilitation program proposed; the known effects of receiving and not receiving the treatment or habilitation; and alternative treatments or habilitation programs, if any. Initials _____

Client/Guardians Name

Signature

Date

Therapist Name

Signature

Date