

Individual Rights Form

1. I understand that I have the right to decide not to enter treatment (although depending on my situation there may be legal or other consequences for not entering or completing treatment), not to participate in any particular type of treatment, and to terminate treatment at any time. If I wish to terminate treatment here and continue treatment 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 treatment, free from physical, sexual and emotional abuse. **Initials:** _____
3. I understand that I have the right to be free from discrimination as INNER JOURNEY HEALING ARTS CENTER does not discriminate on the basis of race, sex, ethnic group identification, national origin, religion, age or mental and physical disability. I also understand that to be accepted into treatment I must meet the criteria set forth by INNER JOURNEY HEALING ARTS CENTER. **Initials:** _____
4. 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:** _____
5. I understand that I have the right to information about the professional and limitations of any clinician(s) involved in my treatment, including their certification/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:** _____
6. I understand that I have the right to written information about fees, payment methods, co-payments, length and duration of sessions and treatment. **Initials:** _____
7. 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:** _____
8. I understand that I have the right to know if my counselor will discuss my case with supervisors or peers. I understand that no portion of my treatment may be recorded in audio or video form without my informed written consent, and that if I consent to have any portion of my treatment 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:** _____
9. I understand that I have the right to request a summary of my treatment, including diagnosis, progress in treatment, prognosis, and discharge status. **Initials:** _____
10. I understand that I have the right to request the release of my clinical information to any agency or person I choose. **Initials:** _____
11. Every client has the right to address appeals and/or grievances. This includes violations of the rights outlined here, suspensions or involuntary discharge. The client is expected to attempt to resolve any appeal/grievance with the responsible professional involved. If the issue cannot be resolved the client should contact: INNER JOURNEY HEALING ARTS CENTER,

ATTN: Operations Manager. If the problem is not resolved at the Executive level the client should contact their CCOA and 503-543-6100. **Initials:** _____

Client Signature: _____ Print: _____

Responsible Professional: _____ Date: _____