



CLIENT RIGHTS AND RESPONSIBILITIES

You have the right to:

- ❖ Receive current information about your diagnosis, treatment, and prognosis in terms and language you can understand.
- ❖ To be advised of the content of file information prepared about you. With a signed release of information and a **\$40 medical file copy fee**, copies of reports can be sent to professional agencies or attorneys. ***There is a \$40 fee for any letters written on behalf of the client.***
- ❖ Communicate with health care providers in confidence and have the confidentiality of their health care information protected.
- ❖ Receive considerate, respectful care at all times and under all circumstances. Clients will not be discriminated against regarding their race, ethnicity, national origin, religion, sex, age, current or anticipated mental or physical disability, sexual orientation, genetic information, or source of payment.
- ❖ I may address any concerns or grievance with my therapist or any other representative of my health insurance, or Employee Assistance Program (EAP) company at any time. I understand that I may contact the licensure board which regulates my therapist's professional practice.
- ❖ To remove yourself from treatment at any time.
- ❖ To not be photographed or video/audio taped without your written permission.
- ❖ To know the cost of treatment and be kept informed of any circumstances with those reimbursing ***Sycamore Wellness Group, LLC*** for charges. All private pay clients, please read the schedule of fee's/No Surprise Act disclaimer.
- ❖ If we see each other accidentally outside of the therapy session, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy session.

You are responsible:

- ❖ To attend regularly and to participate actively in treatment planning and treatment activities.
- ❖ To give 24-hour advance notice of appointment changes, otherwise a **\$35.00** late cancellation fee will be charged. ***ALL NO-SHOW*** appointments will be charged the cost of services. Overdue accounts may be sent to a collection agency.
- ❖ For the cost of your treatment not covered by insurance or EAP company.
- ❖ For clinical emergencies during non-work hours, please call 404-503-0701.