

## Client Rights and Responsibilities

As a client of CareNet Counseling, you have the following rights and responsibilities:

- The right to be treated well and have your privacy respected, and freedom from mental and physical abuse, neglect, exploitation, retaliation or humiliation.
- The right to live as normally as possible while receiving care and treatment.
- The right to culturally competent treatment, including access to medical care and habilitation, regardless of age or degree of mental illness, developmental disability or substance abuse .
- The right to a personalized and culturally appropriate treatment plan that focuses on your goals, needs and abilities, strengths, preferences, and cultural background and needs.
- The right to receive a copy of your treatment plan at any time during your treatment, by asking your provider for a copy.
- The right to have a treatment plan in place within 15 days of admission to CareNet Counseling.
- The right to exercise the civil rights available to all citizens unless these rights have been limited by a court of law.
- The right to confidentiality. This means no one has access to your identity or health information without your written permission, except in special situations that are defined in the Notice of Privacy Practices and Consent to Treat.
- The right to services that are best suited for your age, level of need, and cultural background.
- The right to be completely informed in advance of the potential risks and benefits of different service choices.
- The right to be free from unnecessary medication.
- The right to consent to or refuse any service you have been offered unless: (a) in an emergency situation, (b) if service was ordered by the court, (c) you are under 18 years old, and your legally responsible person gives permission, even if you object. Refusal or expression of choice may pertain to service delivery, release of information, concurrent services, and composition of the service delivery team and/or involvement in research projects, if applicable.
- The right to Contact Disability Rights NC:
  - Disability Rights NC*  
*3724 National Drive, Suite 100*  
*Raleigh, NC 27612*  
*TF: 877-235-4210*  
*TTY: 888-268-5535*  
*FAX: 919-856-2244*
  - NC Division of MH/DD/SAS*  
*Advocacy and Customer Service*  
*3009 Mail Service Center*  
*Raleigh, NC 27600*  
*1-984-236-5300*  
*TF: 1-855-262-1946*

## CareNet Counseling

- The responsibility to keep all scheduled appointments, and to call to cancel and/or reschedule within 24 hours of appointment.
- The responsibility to provide as much information as possible about your health, medical history, and insurance benefits
- The responsibility to pay your bill in full at each appointment, or to provide current insurance information, so that insurance can be filed on your behalf.
- The responsibility to notify your provider and our business office if you are having financial difficulties that impact ability to pay, so that alternative arrangements can be considered.
- The responsibility to notify your provider about any other care you are receiving, and about any medications you are taking, including medication changes.
- The responsibility to notify your provider/our business office of any changes in insurance/payment responsibilities.
- The responsibility to maintain confidentiality regarding any person encountered in the CareNet office.
- The responsibility to participate in treatment planning.
- The responsibility to participate consistently and to the best of your ability in therapy sessions, and to follow through with treatment plan responsibilities, including homework assignments. Failure to do so can result in referral to another clinician when it appears that treatment is not being helpful.
- The responsibility to treat staff and other clients with courtesy and respect.

**By signing below you are confirming you have read and understand the information above.**

Client Printed Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legally Responsible Party  
Printed Name (if required) \_\_\_\_\_

LRP signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Rights  
Original Effective Date: 2/19/15  
Current Revised Date: 4/29/2020  
Revised:8/16/2022