

CLIENT BILL OF RIGHTS

Wisconsin State Statutes require that every clinic certified by the state of Wisconsin Department of Health Services to provide outpatient mental health treatment and alcohol and other drug abuse treatment (such as The Center for Christian Counseling, Consultation and Training, Inc.) notify its clients of their rights that are guaranteed by state law (under Wisconsin Statute 51.6 (1), DHS 94 Wisconsin Administrative Code, Wisconsin Statute 51.30 and DHS 92 Wisconsin Administrative Code.

Please read the CLIENT BILL OF RIGHTS below, and sign to indicate that you have read and understand these rights.

This bill of rights is in effect for no longer than 12 months, and will be re-signed on an annual basis.

Clients have the right:

1. To receive prompt, adequate treatment, or to be referred elsewhere.
2. To have treatment alternatives, including medication, explained to you, as well as possible side effects of any treatments and including consequences of not receiving the proposed treatment.
3. To refuse unnecessary treatment.
4. To refuse a therapy technique which makes you feel uncomfortable, and/or to request a second opinion.
5. To have your treatment records and conversations about your treatment kept confidential (Sec.51.30, States.).
6. To give informed consent before being filmed or taped, or before participating in experimental research.
7. To have access to your treatment records during and after treatment.
8. To have access to a grievance procedure if your rights have been violated. You may ask for our clinic grievance procedure, and submit your grievance through the Clinical Director. Such a grievance must be submitted in writing within 45 days of the issue or incident. You also have the right to bring legal action for damages against those who violate your rights. Your client's rights specialist to aid with any such issues is Ron Johnson, PhD., Midlands Psychological Associates, LLC.
9. You have the right to be advised and receive a copy of the grievance procedures.

I have read and understand my rights as a client of The Center for Christian Counseling, Consultation and Training, Inc. and I have asked any questions I may have in regard to the above information.

Client Signature

Date

Client Signature

Date

Therapist Signature

Date