

**Dr. Kelly S Johnson**  
Licensed Clinical Psychologist  
24w788 75<sup>th</sup> St. , Naperville, Illinois 60565  
630-355-3321

## **Client Rights and Responsibilities**

I am strongly committed to respecting the basic human rights, worth and dignity of each person receiving services. In addition, you have the legal rights which are guaranteed by the constitution and state and federal laws and regulations. You also have responsibilities regarding your treatment. These rights and responsibilities are:

### **The Right of Confidentiality**

The right of confidentiality of all records and communications, as provided by Federal law with a **few exceptions**:

- If I suspect child or elder abuse is suspected.
- If I suspect you may harm yourself or someone else.
- If I receive a court order.
- If you enter into litigation against me.
- If you have an outstanding bill, I can use a collection agency.
- If the client is a minor, I may discuss aspects of the client's care with the client's parents or legal guardians.
- If I seek consultation with another professional about your case.

### **The Right to Treatment**

- The right to have all reasonable requests responded to promptly and adequately.
- The right to ask for and obtain a copy of all rules and policies which apply to clients.
- The right and responsibility to choose a therapist and mode of treatment that meets your needs.  
The modalities I use include but are not limited to: Guided Imagery, Family Systems, CBT, Mindfulness, Narrative Therapy, Relational Therapy, Jungian Analysis.
- The right to ask questions about my training, therapeutic approach, and progress of treatment.
- The right to be informed, when treatment begins, of expected results and/or side effects of treatment.
- The right to refuse treatment, unless court ordered.
- The right to life-saving treatment.
- The right to refuse to be a research subject.
- The right to adequate care or to be referred to another provider.
- The right to request the name and specialty of any person responsible for care or coordination of care.
- The right to revoke your authorization, in writing, to release or discuss your medical record except when action has already been taken.

### **The Right of Informed Consent**

- The right of confidentiality of all records and communications, as provided by Federal law with a few exceptions: If child or elder abuse is suspected; if I suspect you may harm yourself or someone else, if I receive a court order; if you enter into litigation against me; if you have an outstanding bill, I can employ a collection agency.
- The right and responsibility to participate in developing a treatment plan with your therapist.
- The right to receive and read a copy of your medical record, as long as doing so causes no harm.
- The right to maintain HIV status as confidential unless you provide written consent.
- The right to receive an itemized bill, including third party reimbursement paid toward the bill.

### **The Right of Protection from Mistreatment**

- The right to be treated in a manner which is ethical and free from abuse, discrimination and/or exploitation, meaning no romantic or sexual relationship, and your story will not be turned into a movie, book or TV show.
- The right to know that the therapeutic relationship will not be leveraged in an inappropriate manner or develop into a dual relationship.
- The right to be treated with respect no matter your culture, gender, sexual orientation, sexual preference, ability, and religion.

**The Right to File a Complaint**

If you are concerned about your clinical care and client rights, please speak with me in session or contact me in writing.

**Client Responsibilities**

- To keep your scheduled appointments and let me know if you cannot keep it by giving 24 hours of notice.
- To be as honest and as open as possible.
- To think through any insights or concerns you are addressing between sessions.
- To follow through on treatment recommendations and complete any homework agreed upon during session.
- To have a termination session rather than not keeping your last appointment.
- To call 911 or go to your nearest emergency department if you feel you are in danger of harming yourself and then to inform me.

If you have any questions or concerns about your rights and responsibilities, I invite you to please bring them up in session.

Signing this document acknowledges that I have read and understand my rights as a client and have received a copy of them. I have also had the opportunity to ask questions.

\_\_\_\_\_  
Client printed name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Psychotherapist printed name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Psychotherapist signature