

KESSLER PSYCHOLOGICAL SERVICES, LLC.
311 SOUTH PROSPECT AVE.
HARTVILLE, OH 44632
PHONE: 330-877-2093
FAX: 330-877-2104

CLIENT'S RIGHTS, RESPONSIBILITIES, AND GRIEVANCE FORM

Client Rights:

1. The right to be treated with consideration and respect for personal dignity, autonomy, and privacy.
2. The right of service in a humane setting, which is the least restrictive feasible, as defined in the treatment.
3. The right to be informed of one's own condition, of proposed or current services, treatment, or therapies, and of the alternatives.
4. The right to consent or refuse any service, treatment, or therapy upon full explanation of the expected consequences of such consent or refusal.
5. The right to a current written, individualized treatment plan that addresses one's own mental health, physical health, social and economic needs and that specifies the provision of appropriate and adequate services, as available, either directly or by referral.
6. The right to activate an informed participation in the establishment, periodic review, and reassessment of the service plan.
7. The right to freedom from unnecessary and excessive medication.
8. The right to freedom from unnecessary restraint or seclusion.
9. The right to participate in any appropriate and available organizational service, regardless of relapse from earlier treatment in that or another service unless there is valid and specific necessity which precludes and/or requires the client's participation in other services. The necessity shall be explained to the client and written in the client's current service plan.
10. The right to be informed of and refuse any unusual or hazardous treatment procedure.
11. The right to be informed about the role of supervised practitioners and the right to refuse such care.
12. The right to have the opportunity to consult with independent treatment specialists or legal counsel, at one's own expense.
13. The right to be advised of and to refuse observation by techniques such as one-way vision mirrors, tape-recorders, televisions, movies, or photographs.
14. The right to confidentiality of communications and of all personal identifying information within the limitations and requirements for disclosure of various funding and/or certifying sources, state or federal statutes, unless release of information is specifically authorized by the client or court appointed guardian of the person of an adult client.
15. The right to have access to one's own psychiatric, medical, or other treatment records, unless access to particular identified items of information is specifically restricted for that individual client for clear treatment reasons in the client's treatment plan. "Clear treatment reasons" shall be understood to mean only severe emotional damage to the client, such that danger of self-injurious behavior is an imminent risk. The person restricting the information shall explain to the client the factual information about the individual client that necessitates the restriction. The restriction must be renewed annually to retain validity. Any person authorized by the client has unrestricted access to

all information. Clients shall be informed in writing of our policies and procedures for viewing or obtaining copies of personal records

16. The right to be informed in advance of the reason(s) for discontinuance of service provision, and to be involved in planning consequences of the event.
17. The right to receive an explanation of the reason for denial of service.
18. The right not to be discriminated against in the provision of service on the basis of religion, race, color, creed, sex, national origin, age, lifestyle, physical or mental handicap, or developmental disability.
19. The right to know the cost of service.
20. The right to be fully informed of all rights.
21. The right to exercise any and all rights without the reprisal in any form, including continued uncompromized access to service.
22. The right to file a grievance.
23. The right to have oral and written instructions for filing a grievance.

PROTECTION OF CLIENT RIGHTS

1. Each client shall receive a written statement of Client Rights during the intake procedure. Staff will explain any and all aspects of Client Rights.
2. Clients will sign the Permission to Treatment form, which includes a signature indicating receipt of the Client Rights and Notice of Privacy Practices.
3. Staff will assist with filing a grievance if requested.

Patient Responsibilities:

1. To become informed about your insurance plan including benefits available
2. To be engaged in your own journey of health and wellness. Your therapist is only half the therapy relationship.
3. To keep all scheduled appointments. There will be a charge for cancelled appointments, unless 24 hours notice is given.
4. To follow all medically appropriate physician orders and prescriptions
5. To treat all personnel with courtesy and respect.
6. To provide complete health status information for accurate diagnosis and appropriate treatment
7. To notify us as soon as possible in case you receive Emergency care within twenty-four (24) hours, or as soon as possible.

CLIENT GRIEVANCE PROCEDURE

All complaints will be addressed to Margot Kessler Ph.D. Any client at Kessler Psychological Services who has a concern, complaint, or grievance should contact Dr. Kessler at 330-877-2093, or file a written complaint addressed to:

Margot Kessler Ph.D.
311 South Prospect Ave.
Hartsville, Ohio 44632