

Thank you for choosing Hope's Place for your counseling needs. Hope's Place is a sole proprietorship owned by Linda Yearout, Licensed Clinical Marriage & Family Therapist. Please feel free to discuss any questions or concerns about your treatment, rights, or responsibilities, at any time. I hope that you find your treatment experience to be helpful in resolving your life issues, and feel blessed to have the opportunity of free choice in your mental health needs.

### **CLIENT RIGHTS**

As a Client you have the right:

1. To be treated with dignity and respect, to non-discrimination on the base of race, religion, national origin, ancestry, political affiliation, gender, sexual orientation, ethnicity, age, or disability, with respect for your personal values, belief systems, and personal dignity.
2. To receive treatment in the most appropriate manner, in the least restrictive environment.
3. To deny any type of treatment technique or intervention, and to know an estimated length of treatment to address your particular needs, the explanation for the reasons for the choice of therapeutic intervention, and risks and benefits of that type of treatment.
4. To request alternative treatments and information thereof.
5. To know that if you are receiving treatment pursuant to any court order, there may be consequences if you fail, or refuse, to comply with the provisions of the treatment plan.
6. To participate in an Individualized Treatment Plan, and to participate in Discharge Planning.
7. To have billing charges for services explained to you.
8. To receive treatment from other providers during your treatment at Hope's Place. Coordination and consultation with other providers for best practices, continuity of care, and treatment planning is recommended.
9. To be accompanied by an individual of your choice during all counseling sessions. This right shall be subject to denial only upon professional determination that the accompanying individual would compromise either your rights of confidentiality, the rights of others, or would interfere with your treatment.
10. To review your clinical record unless the professional deems that the record would be detrimental. If the record review is denied, a written statement will be placed in the clinical record denoting the reason disclosure would be injurious to the welfare of the identified client or to others closely associated with the client. In the case of marital or family therapy, the clinical record is only available to the identified client and/or legal guardians, and as stated below:
11. To have information disclosed only by written Release of Information, by signed Consent to Treat and to coordinate with your Primary Care Physician(s) or as required by law. Examples of Exceptions to Confidentiality include: a. If a medical emergency arises where failure to release information would endanger your life; b. If a psychiatric emergency occurs where there is immediate danger of harm to yourself or others; c. If disclosure of information is required under bench warrant or court order; d. If abuse or neglect of a child or elder is suspected (mental health professionals are mandated by law to report to the appropriate agency.)
12. To exercise your rights by a living will, a durable power of attorney for health care decisions, or through guardianship.
13. To make a complaint at any time.

### **Children's Issues/Rights**

1. Children, like adults, have a right to their privacy. While your child is in treatment, please allow them to share issues with you as they feel comfortable. Giving them the control of what and when to share information about their therapy experience is usually more productive than asking them questions about therapy. Parents/Caregivers are a very important part of your child's life. Parent and therapist will openly and honestly discuss issues, progresses, and needs of the child. If you have questions about your child's treatment or progress in treatment, please feel free to discuss them.
2. Sometimes it is necessary to discuss issues and a child's needs outside of the child's presence. Please be respectful of the child's feelings, and be discriminate about the topics/comments the child hears your discussing with the therapist as well as with others.
3. Kansas law allows for a person over the age of 14 to pursue mental health treatment on their own behalf without the consent of their parent/guardian. Whenever this occurs, efforts will be made to notify the youth's parent/guardian of their admittance, diagnosis, treatment and discharge plan, and a copy of these client rights.
4. Releases of Information may be signed by a person over the age of 14, an emancipated youth, or a legally authorized person such as parent, legal guardian, licensed responsible foster care worker.
5. If you have any questions or concerns about your child's treatment, please feel free to discuss the issues for resolution prior to discontinuation of treatment. If there is a need to terminate therapy prior to completion of treatment, please notify the therapist as soon as possible.
6. ***Abrupt disruption of the therapeutic process is detrimental to a child's mental health.***

### **DISCLOSURE OF PROVIDER**

By engaging in mental health treatment, you are consenting to therapeutic modalities provided by Linda Yearout, Licensed Clinical Marriage & Family Therapist, who is not a physician, does not perform surgery, and does not prescribe medication. The State of Kansas Behavioral Sciences Regulatory Board licenses mental health professionals. As a licensed Mental Health Professional, Linda Yearout, LCMFT, is committed to practice according to the ethics of the profession.

### **CANCELLATION OF APPOINTMENTS**

Appointments can be cancelled by calling or texting 316.217.5982 at any time of day or night. A 24 hour notice is appreciated. Please notify promptly, so appointment times may be offered to others. Non- attendance to scheduled appointments (no show) without cancellation notification may result in termination of service and/or loss of reserved appointment times. If for some reason your therapist must cancel an appointment, every effort will be made to notify you at the number you have provided. If you are unable to be reached, a message will be left notifying you that your appointment has been cancelled.