



Sharon M Gaffney

Counseling

## CLIENT - THERAPIST AGREEMENT

### **Degree Information:**

My educational background includes a Master of Arts in Substance Abuse Mental Health Counseling from Antioch University, a Council for Accreditation of Counseling and Related Educational Programs (CACREP) School. I completed a BS in Accounting from Davenport University. My Wisconsin state Licensed Professional Counselor -IT number 4547-226.

The practice of both licensed and unlicensed persons in the field of counseling is regulated by the Wisconsin State Department of Safety and Professional Services. I am registered with the State of Wisconsin DSPS.

### **Personal Rights**

When you receive any type of service for mental health, alcoholism, drug abuse, or a developmental disability, you have the following rights under Wisconsin Statute sec 51.61 (1) and HFS 94, Wisconsin Administrative Code.

- You must be treated with dignity and respect, free from any verbal, physical, emotional or sexual abuse.
- You have the right to have staff make fair and reasonable decisions about your treatment and care.
- You may not be treated unfairly because of your race, national origin, sex, age, religion, disability or sexual orientation.
- You may not be filmed, taped, or photographed unless you agree to it.

### **Treatment and Related Rights**

- You must be provided prompt and adequate treatment; rehabilitation and educational services appropriate for you.
- You must be allowed to participate in the planning of your treatment and care.
- You must be informed of your treatment and care, including alternatives to and possible side effects of treatment, including medications.
- No treatment or medication may be given to you without your written, informed consent, unless it is needed in any emergency to prevent serious physical harm to you or others, or a court orders it. [If you have a guardian, however, your guardian may consent to treatment and medications on your behalf.]
- You may not be subject to electro-convulsive therapy or any drastic treatment measures such as psychosurgery or experimental research without your written informed consent.
- You must be informed in writing of any costs of your care and treatment for which you or your relatives may have to pay.
- You must be treated in the least restrictive manner and setting necessary to achieve the purposes of admission to the program within the limits of available funding.

### **Record Privacy and Access – Under Wisconsin Statute sec. 51.30 and HFS 92, Wisconsin Administrative Code:**

- Your treatment information must be kept private (confidential), unless the law permits disclosure.
- Your records may not be released without your consent, unless the law specifically allows for it.

- You may ask to see your records. You must be shown any records about your physical health or medications.
- Staff may limit how much you may see of the rest of your treatment records while you are receiving services.
- You must be informed of the reasons for any such limits. You may challenge those reasons through the grievance process.
- After discharge, you may see your entire treatment record if you ask to do so.
- If you believe something in your records is wrong, you may challenge its accuracy. If staff will not change the part of your record you have challenged, you may file a grievance and/or put your own version in your record.
- A copy of sec. 51.30, Wis. Stats., or HFS 92, Wisconsin Administrative Code, is available upon request.

### **Client Responsibilities**

- Every client is responsible for providing a complete and accurate medical history and cooperating with the treatment plan and procedures prescribed for his/her care.
- Every client is responsible for abstaining from unauthorized drugs or intoxicating beverages during the period of outpatient treatment.
- Every client is responsible for making it known whether he/she clearly comprehends a contemplated course of action and the things he/she is expected to do.
- Every client is responsible for being considerate of the rights of other patients and clinic personnel and property.
- Every client is responsible for providing the clinic with accurate and timely information concerning his/her sources of payment and ability to meet financial obligations.
- Every client is expected to be responsible and call in twenty-four (24) hours before they cancel appointments with their therapist. Failure to do so may result in a charge for the session missed.
- If a client decides to terminate treatment, it is expected and hoped that the client will meet with his/her therapist and discuss aftercare plans so that the termination exit will go smoothly.

### **Grievance Procedure and Right of Access to Courts**

- Before treatment is begun, the service provider must inform you of your rights and how to use the grievance process. A copy of the Program's Grievance Procedure is available upon request.
- If you feel your rights have been violated, you may file a grievance.
- You may not be threatened or penalized in any way for presenting your concerns informally by talking with staff, or formally by filing a grievance.
- You may, instead of filing a grievance or at the end of the grievance process, or any time during it, choose to take the matter to court to sue for damages or other court relief if you believe your rights have been violated.

### **Grievance Resolution Stages Informal Process (Optional)**

- You are encouraged to first talk with staff or the program manager about any concerns you have. However, you do not have to do this before filing a formal grievance with your service provider.

### **Grievance Investigation – Formal Inquiry**

- If you want to file a grievance, you should do so within 45 days of the time you become aware of the problem, to the Client
- Rights Specialist (CRS). The program manager for good cause may grant an extension beyond the 45-day time.

- The program’s CRS will investigate your grievance and attempt to resolve it.
- Unless the grievance is resolved informally, the CRS will write a report within 30 days from the date you filed the formal grievance. You will get a copy of the report.
- If you agree with the CRS’s report and recommendations, the recommendations shall be put into effect within an agreed upon time frame.
- You may file as many grievances as you want. However, the CRS will usually only work on one at a time. The CRS may ask you to rank them in order of importance.

**State Grievance Review**

- You may appeal the CRS’s decision directly to the State Grievance Examiner.
- You must appeal, in writing, to the State Grievance Examiner within 14 days of receiving the decision from the previous appeal level. You may send the CRS’s report yourself. The address is: State Grievance Examiner, DSL, P. O. Box 7851, Madison, WI 53707-7851.
- Any party has 14 days of receipt of the written decision of the State Grievance Examiner to request a final state review by the Administrator of the Division of Supportive Living or designee. Send your request to the DSL Administrator, P. O. Box 7851, Madison, WI 53707-7851.

Note: There are additional rights within sec. 51.61(1) and HFS 94, Wisconsin Administrative Code. They are not mentioned here because they are more applicable to in-patient and residential treatment facilities. A copy of sec.51.61, Wis. Stats. and HFS 94, Wisconsin Administrative Code is available upon request.

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Client Name (Printed)

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Client Signature (ages 14 and up) Date

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Parent/Guardian Signature (if a minor under age 18) Date

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Therapist Signature Date