



Empowerment Counseling Center of Rhode Island

Client Rights

As a client at Empowerment Counseling Center of Rhode Island you retain certain legal rights including those listed below. Your exercise of these rights may be subject to reasonable limitations if permitted or required by law, but only with notice to you for the reasons for the limitations. If you are a minor under the age of 18 or you have a court appointed legal guardian, your rights may be exercised by your parent or guardian on your behalf. Our staff can help you understand or exercise these rights so please do not hesitate to ask us any questions you may have.

- You have the right to be treated with dignity and respect and to receive services without discrimination on the basis of race, religion, national origin, gender, sexual orientation, ethnicity, age, disability, political affiliation or marital status.
- You have the right to be informed of what to expect during the treatment process and the right to be informed of the cost of services, as soon as that information is available.
- You have the right to participate in the development of your treatment plan.
- You have the right to be referred to an alternate treatment setting, if Empowerment Counseling Center of Rhode Island is unable to provide appropriate treatment.
- You have the right to confidentiality regarding your identity, diagnosis and treatment. With your written consent Empowerment Counseling Center of Rhode Island will release information to a third party, in accordance with Rhode Island law, federal law or organizational policy. You also have the right to know that staff members may discuss your case for the purpose of diagnosis, referral and treatment, and when mandated or allowed by federal and state law. With the following exceptions, information will not be released without your written consent or that of your parent or legal guardian (if you are under 18). The only exceptions are as follows:
 1. **Empowerment Counseling Center of Rhode Island must comply with court orders and/or subpoenas.**
 2. **In mandatory reporting situations and/or emergency/crisis situations Empowerment Counseling Center of Rhode Island can act to protect the safety of the client.**
- You have the right to be informed of Empowerment Counseling Center of Rhode Island's use and disclosure of your personal health information (PHI), to authorize certain uses and disclosures of this information, to have an opportunity to agree or object to certain uses and disclosures, to request an amendment to this information and to request an accounting of Empowerment Counseling Center of Rhode Island's uses and disclosures of your information.
- You have the right to file a complaint.
- You have the right to review your record where appropriate, with a clinician, upon written request. We retain the right to withhold services if appropriate services cannot be provided by Empowerment Counseling Center of Rhode Island.



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I have been informed of my rights as a client. In addition, the nature and purpose of my treatment, risks, benefits and alternatives have been explained to me. I have received a copy of these rights. I hereby give permission to Empowerment Counseling Center of Rhode Island to retain records related to me where appropriate.

Client's Name (please print): _____

Client's signature: _____ Date: _____

Parent/Legal Guardian signature: _____ Date: _____

Clinician: _____ Date: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Address: _____

Phone: _____