Client Rights, Responsibilities & Privacy Acknowledgment

Your Rights

You have the right to:

- Be treated with respect and without discrimination
- Receive culturally sensitive, professional services
- Be informed about diagnosis, treatment options, and fees
- Participate in treatment planning and refuse treatment
- Expect privacy and confidentiality as required by law
- Access your records and request amendments as allowed by law
- Receive a copy of the **Notice of Privacy Practices**
- File a complaint without retaliation

Your Responsibilities

You agree to:

- Attend scheduled appointments or cancel with proper notice
- Pay for services as agreed
- Provide accurate and updated contact, insurance, and emergency information
- Follow agreed-upon treatment recommendations or communicate changes
- Ensure minor children are supervised according to office policy

Privacy & Electronic Communication

I understand that:

- My health information is protected under HIPAA and NC law
- Electronic communication (email, text, portal) is convenient but not 100% secure
- I may request limits on communication methods in writing
- Electronic communications may become part of my clinical record

Acknowledgment

By signing below, I acknowledge that:

- I have received the **Notice of Privacy Practices**
- I understand my rights and responsibilities as a client
- I understand the limits and risks of electronic communication