

Client Rights and Responsibilities
Community Counseling Services
Catholic Charities Pregnancy and Adoption Services

About Our Programs:

Catholic Charities counseling, pregnancy, and adoption program services are offered to clients based upon client need, and do not discriminate on the basis of race, color, religion, national origin, gender, sexual orientation, age, disability or ability to pay. Accommodations will be made for visual, auditory, linguistic and motor limitations. Please let the receptionist know if you have special needs.

Our office hours are 9:00 a.m. – 8:00 p.m. Monday through Thursday, 9:00 a.m. – 5:00 p.m. on Friday and 10:00 a.m. – 4:00 p.m. on Saturday. On-call staff is available for emergencies after hours and on weekends.

We do have the right to refuse treatment or services if the client's needs exceed the range of the services we offer, or if the client refuses to follow agency policies.

As a client of Community Counseling Services or Catholic Charities Pregnancy and Adoption Services, you have certain rights and responsibilities.

YOUR RIGHTS:

You have a right to:

1. Be treated with respect and courtesy.
2. Know the fee, if any, before delivery of service begins. You also have the right to have any bills and charges for services explained to you.
3. Expect information about you obtained by program personnel to be treated with proper respect for your privacy. Details about how we use your confidential information and how you can give or withhold consent for us to use that information or share it with others are described in the NOTICE OF PRIVACY PRACTICES, which we will give you. We may release confidential information without client consent in situations such as: suspected child or elder abuse, threat of significant bodily harm to self or to a third party, emergency treatment at another facility, involuntary commitment for mental illness, or when court ordered and subpoenaed.
4. Know about your treatment, and to be involved in decisions about your treatment. We will provide you with an explanation about treatment or services we recommend, the reason for such treatment/services, and any known risks and/or benefits of the treatment/services. If medication is recommended by our psychiatrist or nurse practitioner as part of your treatment, you have the right to be told what the medication is for, why it's recommended for you, and the most common known side-effects.
5. Refuse treatment, service or medication, and/or discontinue association with any program of the agency unless law or court order has limited your rights. If you refuse a recommended service, we will inform you about the potential risks and consequences of your refusal (which may include discharge from our programs).
6. Have your therapist consult with your primary care physician or psychiatrist, when appropriate, to ensure treatment continuity and to determine if there is a medical condition or medication that may be causing or contributing to your symptoms. It is a requirement of all clinicians that they consult with your doctor unless you request in writing that the consultation be waived. You may waive this standard by initialing this line. _____
7. Know the eligibility requirements for our services.

