

Pathways Counseling Center wants you to be aware of your rights as a patient (according to HFS 94 “Patient Rights” from the Wisconsin Administrative Code) and wants to ask for your informed consent to receive therapy. Your therapist will discuss an individualized treatment plan with you and ask you to sign that document, too. Please ask your therapist if you have any questions.

- My signature below affirms that:**

1. I know I may withdraw my consent to be in treatment at any time. I understand my signature below does not decrease any of my rights; rather, my signature simply confirms that I have had enough time to review both sides of this page and have been provided with enough information about my therapy so that I am willing to consent to begin treatment. In addition, signing below affirms that I have been offered a copy of the Client Bill of Rights.
2. I understand this consent is applicable for one year from today's date unless otherwise indicated.

Therapist Signature _____ Date _____

Witness Signature	Date
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Pathways Counseling Center

CLIENT BILL OF RIGHTS

All clients have the following rights:

1. The right to be treated with dignity and respect, free from any verbal, physical, emotional or sexual abuse.
2. The right to expect prompt, competent, and professional assessment and treatment services.
3. The right to be treated fairly regardless of race, national origin, sex, age, religion, disability, or sexual orientation.
4. The right to not be filmed, taped or photographed unless you agree to it.
5. The right to participate in the planning of your treatment and care.
6. The right to be informed of your treatment and care, including alternatives to and possible side effects of treatment, including medications.
7. The right to receive medication and treatment on a voluntary basis prior (except in emergencies) to being transferred to a more restrictive ward, unit, or facility.
8. The right to not be given unnecessary or excessive medications.
9. The right to not participate in experimental research without your written informed consent.
10. The right to be informed, in writing, of any costs of your care and treatment for which you or your relatives may have to pay.
11. The right to 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.
12. If you feel your rights have been violated, you may use the following grievance procedure:
 - a. Discuss the matter with staff about any concerns you have. However, you do not have to do this before filing a formal grievance with your service provider.
 - b. If you want to file a grievance, you may use the "Client Rights Grievance Form" available upon request.
 - c. Further details on grievance procedures are available upon request.
13. You have the right to have treatment information kept confidential (unless the law permits disclosure or you sign a release).
14. You have the right to ask to view your records.
15. As with any legitimate grievance or perceived violation of your rights, you have access to county and state agencies, licensing boards, professional organizations and the courts for legal action if our procedures prove unsatisfactory to you.