



# South Shore Mental Health Counseling Services, P.C.

## RECIPIENT'S RIGHTS NOTIFICATION

As a recipient of services at our facility, we would like to inform you of your rights as a patient. The information contained in this form explains your rights and the process of complaining if you believe your rights have been violated.

### Your Rights as a Patient

1. Complaints – We will investigate your complaints.
2. Suggestions – You are invited to suggest changes in any aspect of the services we provide.
3. Civil Rights – Your civil rights are protected by federal and state laws.
4. Cultural/Spiritual/Gender Issues – You may request services from someone with training or experiences from a specific cultural, spiritual or gender orientation. If these services are not available, we will help you in the referral process.
5. Treatment - You have the right to take part in formulating your treatment plan.
6. Denial of Services – You may refuse services offered to you and be informed of any potential consequences.
7. Record Restrictions – You may request restrictions on the use of your protected health information; however, we are not required to agree with the request.
8. Availability of Records – You have the right to obtain a copy and/or inspect your protected health information; however, we may deny access to certain records in which we will discuss this decision with you.
9. Amendment of Records – You have the right to request an amendment in your records; however, this request could be denied. If denied, your request will be kept in the records.
10. Medical/Legal Advice – You may discuss your treatment with your doctor or attorney.
11. Disclosures – You have the right to receive an accounting of disclosures of your protected health information that you have not authorized.

### Your Rights to Receive Information

1. Costs of Services – We will inform you of how much you will pay.
2. Termination of Services – You will be informed as to what behaviors or violations could lead to termination of services at South Shore Mental Health Counseling Services.
3. Confidentiality – you will be informed of the limits of confidentiality and how your protected health information will be used.
4. Policy Changes – You will be informed of any policy changes in a timely manner.

### Our Ethical Obligation

1. We dedicate ourselves to serving the best interest of each client.
2. We will not discriminate between clients or professionals based on age, race, creed, disabilities, handicaps, preferences or other personal concerns.
3. We maintain an objective and professional relationship with each client.
4. We respect the rights and views of other mental health professionals.
5. We will appropriately end services or refer clients to other programs when appropriate.
6. We will evaluate our personal limitations, strengths, biases and effectiveness on an ongoing basis for the purpose of self-improvement. We will continually attain further education and training.

### Patient's Responsibilities

1. You are responsible for your financial obligations to South Shore Mental Health Counseling Services as outlined in the Payment Contract for Services.
2. You are responsible for following the policies of the facility.
3. You are responsible to respect the rights of others.
4. You are responsible to provide accurate information about yourself.

If you believe that your patient/client rights have been violated please contact the Director, Kenneth Roche, MA, LMHC.

## MISSION STATEMENT

We, at South Shore Mental Health Counseling Services, are committed to providing high-quality, culturally competent psychotherapeutic services to a diverse client population, from childhood through late adulthood. We hold ourselves to the highest ethical standards and core values of confidentiality, honesty, and respect. We serve the individual or family as a whole, with the goal of attaining and maintaining psychosocial wellness.