

Client Rights & Responsibilities

Family Transitions Therapy Services — Leahanna McDonald, LCSW

This document outlines your rights as a client of Family Transitions Therapy Services, as well as the responsibilities that help make our work together effective. Please review this alongside your Informed Consent. If you have questions about anything below, ask — this is meant to be a starting point for that conversation, not the end of it.

Your Rights as a Client

Respect & Non-Discrimination

- You have the right to be treated with dignity, respect, and courtesy, regardless of race, ethnicity, national origin, religion, sex, gender identity, sexual orientation, age, disability, or socioeconomic status.

Informed Consent & Participation

- You have the right to receive information about your diagnosis (if applicable), treatment options, and the expected course of treatment, in language you can understand.
- You have the right to participate in developing your treatment plan and to have your goals and preferences genuinely considered.
- You have the right to ask questions about your care at any time.

Confidentiality & Privacy

- Your treatment information is confidential and protected under HIPAA and applicable state law, with specific legal exceptions (such as risk of harm to self or others, suspected child or vulnerable adult abuse, or court order), which are explained in your Informed Consent and Notice of Privacy Practices.
- You have the right to request a copy of your records, request corrections, and request an accounting of certain disclosures, as outlined in the Notice of Privacy Practices.
- You have the right to know, in advance, who information will be shared with and why — nothing is released without your authorization except where legally required.

Choice & Autonomy

- You have the right to refuse any recommended treatment, technique, or intervention.
- You have the right to seek a second opinion or additional provider at any time.
- You have the right to end treatment at any time. You are encouraged, though not required, to discuss this decision with your therapist first.
- You have the right to ask for a referral to another provider if this practice is not meeting your needs.

Financial Transparency

- You have the right to know the cost of services in advance, including session fees, cancellation policies, and insurance/billing practices.
- You have the right to receive a Good Faith Estimate of expected charges, in accordance with the No Surprises Act, if you are uninsured or self-pay.

Safety & Grievances

- You have the right to raise concerns or file a complaint about your care without fear of retaliation or negative impact on your treatment.
- You have the right to be informed of how to file a grievance with this practice and, separately, with the applicable state licensing board (see below).

Your Responsibilities as a Client

- Provide honest and accurate information about your history, symptoms, and circumstances to support effective care.
- Attend scheduled appointments and provide advance notice (per the cancellation policy in your Informed Consent) if you need to cancel or reschedule.
- Communicate openly with your therapist about your comfort level with the treatment approach, including if something isn't working.
- Participate actively in your treatment, including any agreed-upon between-session tasks.
- Pay session fees, copays, or balances as agreed at the start of services.
- Treat your therapist and, where applicable, other clients or family members involved in sessions with respect.
- Inform your therapist of any safety concerns, including thoughts of harming yourself or others, so appropriate support can be provided.
- If participating in a family, co-parenting, or multi-party service, engage in good faith even when disagreements arise.

For Clients Who Are Minors

If you are a minor client (under 18), these rights generally extend to you as well, in age-appropriate terms. Specific rules about confidentiality between minors and parents/guardians, and about who holds legal authority to make treatment decisions, are addressed in your Informed Consent and the Notice of Privacy Practices. Your therapist will explain what is and is not kept private from a parent or guardian before treatment begins.

How to File a Grievance

If you have a concern about your care, we encourage you to raise it directly with your therapist first, whenever you feel comfortable doing so. If you feel your concern was not adequately addressed, or you prefer to raise it elsewhere, you may also contact:

Practice Contact (phone/email): Leahanna@therapywithleahanna.com

You also have the right to file a complaint with the licensing board in the state where services were provided:

State	Licensing Board	Contact Info
Indiana	Behavioral Health and Human Services Licensing Board	(317) 234-2054
Missouri	Committee for Social Workers	(573) 751-0885
Tennessee	Board of Social Worker Licensure	(615) 741-5735
Kentucky	Kentucky Board of Social Work	(502) 564-2350

Acknowledgment

I have received, read (or had explained to me), and understand this Client Rights & Responsibilities document. I understand I may ask questions about any part of it at any time during treatment.

Client / Guardian Signature	Date
Printed Name	Relationship to Client (if guardian)