

Wellspring Psychological Associates

250 El Camino Real, Suite 213

Tustin, CA 92780

CLIENT'S RIGHTS & RESPONSIBILITIES

- *Clients have the right to be treated with personal dignity and respect.
- *Clients have the right to personal privacy and confidentiality of information.
- *Clients have the right to participate in an informed way in the decision making process regarding their treatment planning.
- *Clients have the right to discuss with their therapists the medically necessary treatment options for their condition regardless of cost or benefit coverage.
- *Clients have the right to individualized treatment including:
 - ❖ Adequate and humane services regardless of the source(s) of financial support,
 - ❖ Provision of services within the least restrictive environment possible,
 - ❖ An individualized treatment or program plan, and
 - ❖ Periodic review of the treatment or program plan.
- *Clients and their families have the right to be informed of their rights in a language they understand.
- *Clients have the responsibility to give their therapist information needed in order to receive care. This includes information to be exchanged with the client's insurance in order to check benefits and send claims for payment.
- *Clients have the responsibility to pay for co-payments and deductibles at the time services are rendered.
- *Clients have the responsibility to pay in full for an appointment that is cancelled with less than 24 hours notice.
- *Clients have the responsibility to follow their agreed upon treatment plan and instructions for care.
- *Clients have the responsibility to participate, to the degree possible, in understanding their behavioral health problems and developing with their therapist mutually agreed upon treatment goals.

I understand and agree to the above:

Patient/Guardian's Signature _____ Date _____

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It is understood that certain risks occur when third party billing is requested by the client. If and when insurance billings are involved, your confidentiality information may be transmitted over fax or internet lines.

Client understands that although every precaution is taken to protect clients' rights of privacy, these forms of transmitting billing or other personal treatment data may not be completely secure from information theft and misuse by unauthorized persons, your employer, or the insurance company.

Your authorization to bill the insurance company by whatever means they deem acceptable recognizes this potential for loss of confidentiality and absolves Wellspring Psychological Associates, its employees, principles and assigns from liability in their attempt to collect payments from insurance companies on behalf of the client.

Client

Date

Client's parent or representative

Date

Witness/Therapist

Date