



1400 112th Ave SE, Suite 100, Bellevue, WA 98004  
17637 100th Ave SW, PO Box 832, Vashon, WA 98070  
206-861-9577 www.susanross.com

## **Client Rights**

You have certain rights in regards to your health information. This form explains your rights as afforded you by federal and state laws including HIPAA Security Rules. It also outlines the rights we afford our clients. Please read this form thoroughly and sign that you have received these.

### **HIPAA Client Rights:**

You have the right to obtain a copy of your medical record and health information. Please submit a request in writing and we will provide you with a copy or summary of your health information as requested within 30 days. We may charge you for any costs incurred to provide these records.

You have the right to request corrections be made to your medical record if you think that your information is incorrect or incomplete. We may deny your request to amend your record but will provide you with an explanation of why within 30 days. If we deny your request you have the right to submit a written statement of disagreement that we will file with your medical records.

You have the right to decide how we will contact you.

- Home Yes or No
- Work Yes or No
- Cell Phone Yes or No
- If not, how may we contact you \_\_\_\_\_

You have the right to request that certain health information not be used for treatment, payment, or business operations. You must make such a request in writing. We will always strive to grant any such request unless required to do otherwise by law or if we believe that your care will be impacted by granting your request. If we deny a request your therapist will discuss it with you.

You have the right to request an accounting of any disclosures of your health information. Exceptions to this are

- disclosures made for treatment, payment, or healthcare operations as discussed in the HIPAA Privacy Practices Agreement
- disclosures made pursuant to a signed release
- disclosures made to you as a client
- disclosures for national security or law enforcement

You have the right to request a copy of these rights at any time.

You have the right to release your medical records to others. This request must be made in writing and a release can be revoked at any time by submitting a written request. Any revocation is not valid to the extent that we have already acted in reliance on previous authorization.



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You have the right to complain if you believe that your privacy has been violated. We ask that you please contact us first and discuss any issues you have with your therapist directly. If you are not satisfied you have the right to file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. We will not retaliate against you for filing a complaint.

**Your Rights as a Client of ADDing Solutions:**

As a client, you have the right to:

1. Give informed consent.
2. Refuse treatment or medication.
3. Be advised of the potential consequences of refusing treatment or medications.
4. Actively participate in the development and periodic review of an individualized treatment plan.
5. Know the qualifications of staff providing treatment.
6. A humane and safe environment.
7. Be free from abuse, neglect and exploitation.
8. Be treated with dignity.
9. Have your personal privacy and confidentiality respected.
10. Be informed of any limitations in treatment or services for the duration of treatment.
11. Refuse to participate in research.
12. Not be refused access to services without being informed by your therapist and being informed of the reason and duration of this decision.
13. Receive a complete explanation of client rights in clear, non-technical terms and in a language you understand.
14. Receive treatment that is non-discriminatory based on race, gender, religion, age, disability or sexual orientation.

By signing below you are stating that you have read and understand your rights.

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Client Signature

Date