

## Client Rights

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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 I personally afford my clients in my practice. 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 I will provide you with a copy or summary of your health information as requested within 30 days. I 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. I may deny your request to amend your record but will provide you with an explanation of why within 30 days. If I deny your request you have the right to submit a written statement of disagreement that I will file with your medical records.

You have the right to decide where I will contact you.

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

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

You have the right to request and account 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 my 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 I have already acted in reliance on previous authorization.

You have the right to complain if you believe that your privacy has been violated. I ask that you please contact me first and discuss any issues you have with me 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. I 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. Personal privacy and confidentiality.
10. Be informed of any limitations 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 counselor 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 the client understands.
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