

Counseling Center of Expressive Arts
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The Right of Clients

Clients have the right to be treated with dignity and respect.

Clients have the right to fair treatment regardless of race, religion, gender, ethnicity, age, disability or source of payment.

Clients have the right to have their treatment and other member information kept private. Only by law, may records be released without client's permission.

Clients have the right to easily assess care in a timely fashion.

Clients have the right to know about their treatment choices.

Clients have the right to share in developing their plan of care.

Clients have the right information in a language they can understand.

Clients have the right to have a clear explanation of their condition.

Clients have the right to a clear explanation of their treatment options.

Clients have the right to get information about the services of the insurance provider and the role of the insurance provider in the treatment process.

Clients of the right to know the clinical guidelines used in providing and managing their care.

Clients have the right to information about providers work history and training.

Clients have the right to provide input on policies and services provided by insurance provider.

Clients have the right to know about advocacy and community groups and prevention services.

Clients have the right to freely file a complaint, grievance or appeal and to learn how to do so. Complaints may be filed with the following licensing boards:

Texas State Board of Examiners of Professional Counselors
Texas State Board of Examiners of Marriage and Family Therapists
1100 W 49th St
Austin, TX 78756-3183
1-800-942-5540

Clients have the right to know about the laws that relate to their rights and responsibilities.

Clients have the right to know of their rights and responsibilities in the treatment process.

Sign and date this form in space provided below. This will confirm that I have informed you of your Client Rights. Thank You.

Signature of Client (or person acting for client)

Date

Printed Name

Relationship to client (if necessary)

Signature of Therapist

Date