



Client Rights and Responsibilities

I have the right to:

- Be treated with dignity and respect
- Make informed decisions about whether to accept to refuse services, and receive information about the consequences of doing so.
- Receive quality mental health services from adequately trained, professional and competent providers.
- Expect confidentiality within the limits of the law and the standards required by this practice, and that information will not be shared without my knowledge and written consent of the client (including for medical records).
- Be made aware in advance of any fees that may be charged, including a “Good Faith Estimate” if self-paying, upon request or at the time of initial scheduling.
- Be made aware of my provider’s qualifications, including training, licensure status, education and skills.
- Request and receive timely referrals for other services/providers that may be identified as necessary and/or potentially helpful while in treatment.
- Be a collaborative partner with the provider in determining health status, the need for treatment and development of treatment goals.
- File a complaint and/or grievance about my provider and/or Iowa Family Counseling.
- Receive information regarding case records and be able to have questions about the records’ content answered directly and clearly.
- Request consultation about progress in services and how services will be delivered.
- Reach out to and seek consultation with counsel at my own expense.
- Discontinue services at any time and to have a clear idea of how therapy will end.
- Not have services involuntarily terminated without prior notification, and be provided options and referrals for continuing services elsewhere in a timely manner.
- Have other persons of my choice be involved in the planning and delivery of services with appropriately signed release of information and documentation.
- Treatment provided in a non-discriminatory manner with reference to age, race, color, creed, sex, ability and national origin.
- Examine a copy of the bill for services and receive an explanation of the charges.

I am responsible for:

- Being present and on time for the appointment, and cancelling/rescheduling appointments within 24 hours when unable to make the appointment.
- Contacting my provider to confirm an in-person session (or provider’s decision to hold session virtually/telehealth) on days when the weather is inclement.
- Informing provider of any change in residence, phone number and any other contact information.
- Informing provider of any change to health insurance or payment arrangements.
- Understanding my healthcare coverage that will be used; understanding any restrictions and/or limitations and confirming with the plan that coverage is in place and will cover the services being sought.
- Pursuing healthy behaviors that promote positive outcomes; proper diet and nutrition, regular exercise, adequate rest and avoiding behaviors that can be harmful to one’s health and wellbeing.



409 B Ave; Kalona, IA 52247
Mailing: PO Box 308; Riverside, IA 52327
info@iowafamilycounseling.com
P: 641-777-2774 F: 319-333-6098

- Providing accurate information to the provider including health history, developmental and social history, current conditions, and any other contextual factors that can affect your treatment.
- Updating provider of medications and any other treatment that is in place in addition to the mental health treatment sought at Iowa Family Counseling, LLC.
- Conveying comprehension of the course of action recommended by the provider and asking questions when information is unclear.
- Following the direction of the provider and assuming responsibility for outcomes when directives are not followed or treatment is refused.
- Assuming responsibility for financial obligations associated with care and fulfilling these obligations at time of service, or upon other arrangements with Iowa Family Counseling.
- Be considerate of the rights of other clients and staff associated with Iowa Family Counseling, LLC.
- Follow Iowa Family Counseling's COVID-19 policy if electing for in-person sessions; hand sanitizing, mask wearing and self-checking/monitoring symptoms.