



 203-383-3061

 Info@depressionandanxietyrelief.com

Date: _____

Patient Rights & Responsibilities

Patient full name: _____

Date of birth: _____

Email: _____

STATEMENT OF PATIENT RIGHTS & RESPONSIBILITIES

(for behavioral/mental health)

At Haven Health & Wellness (DepressionandAnxietyrelief.com) (the "Practice"), we are committed to providing the highest quality behavioral health services in an environment that respects your dignity, privacy, and autonomy. This Statement of Patient Rights & Responsibilities outlines what you can expect from us —and what we expect from you — as a partner in your care. This document may be updated periodically. You will be notified of any significant changes. If you have any questions regarding this document, please inform us. If you need this form in another language or accessible format, please let us know.

PATIENT RIGHTS

As a patient of the Practice, you have the right to:

1. Respect and Non-Discrimination

You have the right to be treated with respect, dignity, and compassion regardless of race, color, national origin, religion, sex, gender identity or expression, sexual orientation, age, disability, socioeconomic status, or any other legally protected status.

You have the right to receive behavioral health services free from harassment, neglect, or exploitation.

2. Access to Care

You have the right to receive timely access to appropriate behavioral health care based on your clinical needs.

You have the right to refuse treatment or services and be informed of the consequences of such refusal.

3. Confidentiality and Privacy

You have the right to have your personal and medical information kept confidential in accordance with the Health Insurance Portability and Accountability Act (HIPAA), applicable state privacy laws, and the ethical standards of behavioral health professionals.

You have the right to request a copy of your medical records and to request amendments or corrections to your health information as permitted by law. To do so, you may submit a written request to the Practice. We will respond to your request in accordance with applicable state and federal regulations, including the timeframes and procedures outlined in HIPAA.

You also have the right to be informed about the limits of confidentiality, including the legal and ethical circumstances under which your provider may be required to share protected information without your consent. Specifically, your provider is mandated by law to break confidentiality in the following situations:

- If there is reasonable suspicion of abuse or neglect of a child, dependent adult, or elderly person
- If you disclose a serious intent to harm yourself or another identifiable person, and the provider believes there is imminent risk
- If a court issues a valid subpoena or court order requiring the release of your records
- If required for certain legal, licensing, or public health purposes, as governed by applicable law

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 2389 Main St., Suite 100 Glastonbury,
CT 06033

Date: _____

In these situations, disclosures are limited to what is necessary to protect your safety or the safety of others and to comply with legal obligations. Whenever possible, and unless it increases risk of harm, you will be informed if such a disclosure is made.

4. Participation in Treatment Planning

You have the right to be an active participant in developing, reviewing, and revising your treatment plan.

You have the right to be informed in understandable language about the nature of your condition, recommended treatments, alternatives, risks and benefits, and expected outcomes.

You have the right to involve family members or other people of your choice in your care, if you wish to do so and if clinically appropriate.

5. Informed Consent

You have the right to receive sufficient information to make an informed decision about your care, including the nature and purpose of proposed treatment, risks and benefits, and alternative approaches.

You have the right to withdraw consent or discontinue treatment at any time.

6. Communication

You have the right to be provided with information in a manner that you can understand, including access to language translation or interpretation services if needed.

You have the right to ask questions and receive clear answers regarding your care and services.

7. Safety and Dignity

You have the right to receive care in a safe and secure environment.

You have the right to be free from physical, emotional, sexual, and financial abuse or exploitation.

You have the right to file a grievance or complaint without fear of retaliation or interference with your care and to receive a timely response. In the event you would like to file a formal grievance or complaint, you should refer to the Practice's Grievance Policy.

8. Financial Transparency

You have the right to receive a clear explanation of fees, billing practices, insurance coverage, and your financial obligations prior to the start of treatment.

You have the right to request an itemized bill and an explanation of charges.

9. Continuity of Care

You have the right to receive referrals or continuity of care when your therapist is unavailable, upon discharge, or if you choose to transition care.

10. Advance Directives

You have the right to create and maintain an advance mental health directive, in accordance with applicable state and federal laws. An advance mental health directive is a legal document that allows you to express your preferences for future mental health treatment, including medications, hospitalization, and crisis interventions, in the event that you become unable to make or communicate decisions during a mental health crisis.

The Practice will honor valid and applicable advance directives to the extent required by law and consistent with clinical judgment and ethical standards. If you have an existing mental health advance directive, you are encouraged to provide a copy to the Practice so that it can be included in your medical record and considered in your care planning.

Date: _____

If you do not have an advance directive and would like information or assistance in creating one, please notify your provider or administrative staff. We will provide you with resources or referrals to help you understand your rights and the options available to you.

11. Telehealth

You have the right to receive services via telehealth, where appropriate and legally permitted, and to be informed of the risks and benefits of remote care, including potential risks to privacy. The Practice uses secure, HIPAA-compliant platforms for telehealth sessions to protect your confidentiality. However, no electronic communication is entirely risk-free, and by choosing to engage in telehealth services, you acknowledge and accept those inherent limitations.

Rights of Minor Patients

Minor patients (individuals under the age of 18) receiving behavioral health services are entitled to many of the same rights as adult patients, with additional considerations for their developmental needs and legal status. The rights of minor patients include:

1. Respect and Dignity: The right to be treated with respect, compassion, and dignity regardless of age, background, or presenting concern.
2. Participation in Treatment: The right to participate in decisions regarding their care to the extent appropriate for their age, maturity, and cognitive ability. This includes being informed in developmentally appropriate language about their condition, proposed treatments, and expected outcomes.
3. Confidentiality: The right to confidentiality of their treatment and records, with age-appropriate limitations. While parents or guardians typically have access to a minor's treatment records, certain disclosures may be limited in accordance with state laws, especially concerning sensitive services such as mental health, substance use, or reproductive health.
4. Privacy: The right to privacy during treatment sessions, unless there is a safety concern or a therapeutic reason for involving others.
5. Safety and Protection: The right to receive services in a safe, secure, and non-threatening environment, free from physical or emotional abuse, neglect, or exploitation.
6. Freedom from Coercion: The right not to be forced or unduly influenced to participate in treatment decisions or to undergo any procedure against their will, to the extent allowed by law.
7. Right to a Support Person: The right to have a parent, legal guardian, or other appropriate support person involved in care, except where confidentiality protections apply or where it is therapeutically contraindicated.
8. Access to Education: The right to continued access to education while receiving behavioral health services in an extended treatment setting, as applicable.
9. Grievances: The right to express concerns or grievances about their treatment and to have those concerns addressed promptly and without retaliation.
10. Cultural and Personal Beliefs: The right to have their cultural, spiritual, and personal values respected in the treatment process.

Parents or legal guardians also retain specific rights related to the treatment of the minor, including being informed of and consenting to treatment where required, accessing records (subject to applicable laws), and participating in treatment planning. The balance between a minor's right to privacy and a parent's right to know will be managed in accordance with federal and state laws, clinical judgment, and best practices for promoting the minor's well-being.

PATIENT RESPONSIBILITIES

To support a safe and effective therapeutic relationship, you are expected to:

1. Honesty and Disclosure

Date: _____

You are expected to provide accurate and complete information about your health history, symptoms, medications, and relevant life circumstances.

You are expected to notify your provider of any changes to your health, medication regimen, or contact information.

2. Participation in Treatment

You are expected to collaborate actively in the treatment process, including attending scheduled appointments on time and engaging in agreed-upon interventions.

You are expected to discuss concerns openly with your provider and participate in decision-making.

3. Respect and Civility

You are expected to treat staff, providers, and other patients (if in a group setting) with courtesy and respect.

You are expected to avoid aggressive, threatening, or disruptive behavior.

4. Confidentiality of Others

You are expected to respect the privacy and confidentiality of other individuals you may encounter in group therapy or shared spaces.

5. Financial Obligations

You are expected to pay co-pays, fees, and balances in a timely manner, and notify the office if you experience financial hardship that may affect your ability to pay.

You are expected to provide accurate insurance information and notify the office of any changes in coverage.

6. Appointment Attendance

You are expected to arrive on time for appointments and provide at least ____ hours' notice for cancellations or rescheduling.

You are expected to understand that repeated no-shows or late cancellations may result in a fee or termination of care.

7. Medication Compliance

You are expected to take prescribed medications as directed and discuss any concerns or side effects with your provider.

8. Safety

You are expected to inform your provider if you are experiencing a crisis or any thoughts of harming yourself or others. If you are experiencing a medical or mental health emergency, please call 911 or go to the nearest emergency room. The Practice is not equipped to provide emergency services. You may also contact a local crisis line or the National Suicide & Crisis Lifeline at 988.

You are expected to refrain from bringing weapons, drugs, or alcohol onto the premises.

9. Telehealth

You are expected to use the designated communication platforms responsibly and to ensure your own privacy when engaging in telehealth sessions.

Filing a Complaint

If you feel your rights have been violated, you may:

- File a formal grievance with the Practice (please refer to the Practice's Grievance Policy). You can also contact the Practice's compliance officer or clinical director at:

Date: _____

- File a complaint with the U.S. Department of Health and Human Services Office for Civil Rights if you believe your privacy rights have been violated.
- Contact your state's behavioral health regulatory board or licensing agency.

Patient Acknowledgment and Signature

By signing below, I acknowledge that:

- I have received, reviewed, read in full (or have had read to me) this Statement of Patient Rights and Responsibilities from the Practice.
- I understand my rights as a patient and my responsibilities in receiving behavioral and mental health services.
- I have had the opportunity to ask questions about this document and understand the information provided to me.
- I understand that I may request a copy of this document for my records.
- I agree to abide by the responsibilities outlined and understand the potential consequences of non-compliance, including termination of services where appropriate.
- I understand that this acknowledgment is not a waiver of my rights, but a confirmation that I have been informed of them.

For Adult Patients (Age 18 and Over)

For Minor Patients (Under Age 18)

By signing below, I affirm that I am the legal parent or guardian of the minor listed above and have the legal authority to consent to behavioral health services on his/her behalf. I have reviewed the Statement of Patient Rights and Responsibilities, and I understand and accept the rights and responsibilities described within, both for myself and for the minor patient.

Patient signature: _____ Date: _____