

NORTHLAND COUNSELING SERVICES

CLIENT’S BILL OF RIGHTS

- The right to be informed of the Client’s Bill of Rights.
- The right to confidentiality of conversations and medical records. *\*In accordance with State and Federal laws, this right does not apply to situations in which withholding information could present a clear danger of physical injury to the client or others OR pursuant to a valid subpoena issued by the court.*
- The right to petition a court according to law.
- The right to prompt and adequate treatment.
- The right to participate in the development of your treatment plan.
- The right, upon request, to receive information from your counselor regarding alternative programs and/or methods of treatment.
- The right to terminate services at any time.
- The right to refuse to be filmed or taped.
- The right to file a grievance.

This is a summary of your rights as an outpatient. The State of Wisconsin requires us to have your signature indicating you have received this summary. Some of these rights may be restricted by law or treatment of security reasons.

I understand that signing my name below indicates I have received a copy of Northland Counseling Services’ Client Bill of Rights and that I have read and/or been informed of these rights.

_____	_____	_____	_____
Client’s Signature	Date	Witness	Date

If the minor under 14 years of age or if he/she is not able to understand these rights, the signature of his/her parent or guardian must appear below. If the person signing is age 14, but has not reached age of majority, his/her parent or guardian must also sign below.

_____	_____	_____	_____
Parent/Guardian Signature	Date	Witness	Date