

Child and Adolescent Psychology Professionals

Client Rights

A client has the following rights:

1. To be treated with dignity, respect, and consideration;
2. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, diagnosis, or source of payment;
3. To receive treatment that:
 - a. Supports and respects the client's individuality, choices, strengths, and abilities;
 - b. Supports the client's personal liberty and only restricts the client's personal liberty according to a court order, by the client's general consent, or as permitted in this chapter; and
 - c. Is provided in the least restrictive environment that meets the client's treatment needs;
4. Not to be prevented or impeded from exercising the client's civil rights unless the client has been adjudicated incompetent or a court of competent jurisdiction has found that the client is unable to exercise a specific right or category of rights;
5. To submit grievances to agency staff members and complaints to outside entities and other individuals without the constraint or retaliation;
6. To have grievances considered by a licensee in a fair, timely, and impartial manner;
7. To seek, speak to, and be assisted by legal counsel of the client's choice, at the client's expense;
8. To receive assistance from a family member, designated representative, or other individual in understanding, protecting, or exercising the client's rights;
9. If enrolled by the Department or a regional behavioral health authority as an individual who is seriously mentally ill, to receive assistance from human rights advocates provided by the Department or Department's designee in understanding, protecting, or exercising the client's rights;
10. To have the client's information and record kept confidential and released only as permitted under R9-20-211(A) (3) and (b);
11. To privacy in treatment, including the right to not be fingerprinted, photographed, or recorded without general consent, except:
 - a. For photographing for identification and administrative purposes, as provided by ARS 36-507(2);
 - b. For a client receiving treatment according to ARS Title 36, Chapter 37;
 - c. For video recordings used for security purposes that are maintained only on a temporary basis; or
 - d. As provided in R9-20-602(A) (5);
12. To review, upon written request, the client's own record during the agency's hours of operation or at a time agreed upon by the clinical director, except as described in R9-20-211(A) (6);
13. To review the following at the agency or at the Department:
 - a. This Chapter;
 - b. The report of the most recent inspection by a nationally recognized accreditation agency in lieu of having an inspection conducted by the Department, the most recent report of inspection conducted by the nationally recognized accreditation agency; and
 - c. A plan of correction in effect as required by the Department;
 - d. If the licensee has submitted a report of inspection conducted by the Department, the most recent report of inspection conducted by the nationally recognized accreditation agency; and
 - e. If the licensee has submitted a report of inspection by a nationally recognized accreditation agency in lieu of having inspection conducted by the Department, a plan of correction in effect as required by the nationally recognized accreditation agency;
14. To be informed of all fees that the client is required to pay and of the agency's refund policies and procedures before receiving a behavioral health service, except for a behavioral health service provided to a client experiencing a crisis situation;

15. To receive a verbal explanation of the client's condition and of proposed treatment, including the intended outcome, the nature of the proposed treatment, procedures involved in the proposed treatment, risks or side effects from the proposed treatment, and alternatives to the proposed treatment;
16. To be offered or referred for the treatment specified in the client's treatment plan;
17. To receive a referral to another agency from the treatment specified in the client's treatment plan;
18. To give general consent and, if applicable, informed consent to treatment, refuse treatment, or withdraw general or informed consent to treatment, unless the treatment is order by a court according to ARS Title 36, Chapter 5, is necessary to save the client's life or physical health, or is provided according to ARS 36-512.
19. To be free from
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation
 - d. Coercion;
 - e. Manipulation;
 - f. Retaliation for submitting a complaint against the Department or another entity;
 - g. Discharge or transfer, or threat of discharge or transfer, for reasons unrelated to the client's treatment needs, except as established in a fee agreement by the client or the client's parent, guardian, custodian, or agent;
 - h. Treatment that involves denial of:
 - i. Food.
 - ii. The opportunity to sleep, or
 - iii. The opportunity to use the toilet; and
 - iv. Restraint or seclusion, or any form, used as a means of coercion, discipline, convenience, or retaliation;
20. To participate or, if applicable to have the client's parent, guardian, custodian, or agent participated in treatment decisions and in the development of periodic review and revision of the client's written treatment plan;
21. To control the client's own finances except as provided by ARS 36-507(5);
22. To participate or refuse to participate in religious activities;
23. To refuse to perform labor for the agency, except for housekeeping activities and activities to maintain health and personal hygiene;
24. To be compensated according to state and federal law for labor that primarily benefits the agency and that is not part of the client's treatment plan;
25. To participate or refuse to participate in research or experimental treatment;
26. To give informed consent in writing, refuse to give informed consent, or withdraw informed consent to participate in research or treatment that is not a professionally recognized treatment;
27. To refuse to acknowledge gratitude to the agency through written statements, other media, or speaking engagements at public gatherings;
28. To receive behavioral health services in a smoke-free facility, although smoking may be permitted outside the agency in a designated smoking area.
29. If I become aware of a potential breach of your PHI, I am legally required to perform a risk assessment, and then mitigate breaches, and report them to affected clients, the federal government, and in some cases, the media.
30. Request to not have your treatment information disclosed to your health insurance carrier for which you have paid out-of-pocket, unless the disclosure is required by law.
31. The following uses and disclosures of PHI will be made only with a client's (or authorized representative's) written authorization: 1) most uses and disclosures of psychotherapy notes, (*See* 45 C.F.R. § 164.501 for definition of "psychotherapy notes" under HIPAA), if applicable, 2) uses and disclosures of PHI for marketing purposes; 3) uses and disclosures that constitute a sale of PHI; and

4) other uses and disclosures not described in the NPP. Furthermore, you will be notified if there is a breach of unsecured PHI.

You may ask to see a copy of any of the documents referenced above. Also, you may speak to your therapist for an explanation or clarification of any of the above listed rights.

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