



Client Rights

As a client of Journey Into Wellness Counseling Services LLC you have specific rights.

I. Right to Voluntary Treatment

If you are a legal adult (18 or older in FL), you have the right to request voluntary mental health services.

You have a right to:

- Receive a comprehensive, individualized assessment of your needs and problem areas.
- A customized treatment plan, to be reviewed at regular intervals, developed with your input, and implemented with your full consent.
- Consistent and ethical treatment, terminating our treatment when it is no longer needed or at your request.
- Referrals to other competent professionals and resources as adjunctive treatment options reflective of your treatment plan.
- Return to treatment following termination.
- Be considered for treatment despite inability to pay the full fee (not unwilling) and be considered for a reduced fee based on specific standardized criteria.

II. Right to Refuse Treatment

You have a right to:

- Refuse treatment and receive a referral to another qualified mental health professional.
- Be informed about risks associated with refusing treatment.

III. Right to Confidentiality/Privacy

You have a right to:

In general, information about you is understood to be confidential and your privacy protected (Please read Notice of Privacy Policy & Technology & Social Media Policy).

- You have the right to be informed if any of your PHI has been breached or compromised (authorization to contact you below).
- Determine the amount of information to be released, whether to or from anyone, by signing an Authorization to Release Mental Health Information.

IV. Right to Comfortable Mental & Physical Environment

You have a right to:

- Be treated with courtesy, respect, and professionally.
- Feel comfortable, safe and be afforded a sense of privacy in my office.

V. Right to Information

You have a right to:

- What you can expect during treatment with Psychodrama New Jersey including appointments, fees, and all relevant office practices, policies, and procedures.
- Therapist credentials, educational experience, treatment philosophy, professional Code of Ethics, NJ State Social Work Licensure requirements, Federal HIPAA regulations.

VII. Right to a Grievance Procedure

You have a right to:

File a formal complaint against Journey Into Wellness Counseling Services LLC/Julie Wells LCSW, CP if you feel that you have been wronged or mistreated in any manner. If you wish to file a complaint, you have the right to file a complaint verbally or in writing with Julie Wells 2641 Harbor Circle Clearwater, FL 33759 or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257. All complaints will be handled respectfully, with the intention of a resolution, and you will not be retaliated against.

I have read and understand my rights as a client of Journey Into Wellness Counseling Services LLC/Julie Wells MSW, LCSW, CP

Signature of Client	Date
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Signature of Parent, Guardian or Personal Representative	Date
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Signature of Therapist	Date
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**Authorization
Contact by Telephone/Verbally in Event of Breach of PHI**

I, _____ [Name of Client], authorize Journey Into Wellness Counseling Services to provide notice to me by telephone or verbally in the event of a breach of my protected health information (PHI) by Journey Into Wellness Counseling Services. Such conversation shall be documented by Julie Wells MSW, LCSW, CP.

Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Final Rule modifying the HIPAA Privacy, Security, Enforcement and Breach Notification Rules, the verbal or telephonic notice provided to me pursuant to this authorization shall not be simply for the administrative convenience of Journey Into Wellness Counseling Services.

Signature of Client Date

Signature of Parent, Guardian or Personal Representative Date

Signature of Therapist Date