

Family Options Counseling, LLC **Client Rights / Privacy Notice**

The purpose of this form is to provide our clients with specific information regarding the treatment they will receive at Family Options Counseling. This agency offers both verbal and written information to our clients. Please ask your therapist for any clarification regarding your treatment.

My signature on this form indicates that the therapist provided complete information regarding the following areas:

- The benefits of treatment
- Potential risks of treatment
- How treatment will be delivered
- Alternative treatment options
- Assessment and evaluation

My signature on this form also indicates that I have received a copy of the privacy practices and grievance procedures of Family Options Counseling. I understand that this document provides an explanation of the ways in which my health information may be used or disclosed by Family Options Counseling, of my rights with respect to my health information, and how to use the grievance process.

I have been provided with the opportunity to discuss any concerns I may have regarding my treatment and the privacy of my health information.

Client

Date

Legal Guardian / relationship to client
(necessary if client is under age 18)

Date