

**Lola R. Georg**  
**Licensed Professional Counselor**

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**Client Rights and Responsibilities**

I am strongly committed to respecting the basic human rights, worth and dignity of each person receiving services. In addition, you have the legal rights which are guaranteed by the constitution, and state and federal laws and regulations. You also have responsibilities regarding your treatment. These rights and responsibilities are:

**The Right of Confidentiality**

The right of confidentiality of all records and communications, as provided by Federal law with a few exceptions:

- If I suspect child or elder abuse is suspected.
- If I suspect you may harm yourself or someone else.
- If I receive a court order or subpoena.
- If you enter into litigation against me.
- If I seek consultation with another professional about your case.

**The Right to Treatment**

- The right to have all reasonable requests responded to promptly and adequately.
- The right to ask for and obtain a copy of all rules and policies which apply to clients.
- The right and responsibility to choose a therapist and mode of treatment that meets your needs. The modalities I use include but are not limited to: Internal Family Systems, Cognitive-Behavioral Therapy, Mindfulness, Solution-Focused Therapy, etc.
- The right to ask questions about my training, therapeutic approach, and progress of treatment.
- The right to be informed, when treatment begins, of expected results and/or side effects of treatment.
- The right to refuse treatment, unless court ordered.
- The right to life-saving treatment.
- The right to refuse to be a research subject.
- The right to adequate care or to be referred to another provider.
- The right to request the name and specialty of any person responsible for care or coordination of care.
- The right to revoke your authorization, in writing, to release or discuss your medical record except when action has already been taken.

**The Right of Informed Consent**

- The right of confidentiality of all records and communications, as provided by Federal law with a few exceptions: If child or elder abuse is suspected; if I suspect you may harm yourself or someone else, if I receive a court order; or if you enter into litigation against me.
- The right and responsibility to participate in developing a treatment plan with your therapist.

- The right to receive and read a copy of your medical record, as long as doing so causes no harm.
- The right to receive an itemized bill, including third party reimbursement paid toward the bill.

**The Right of Protection from Mistreatment**

- The right to be treated in a manner which is ethical and free from abuse, discrimination and/or exploitation, meaning no romantic or sexual relationship, and your story will not be turned into a movie, book or TV show.
- The right to know that the therapeutic relationship will not be leveraged in an inappropriate manner or develop into a dual relationship.
- The right to be treated with dignity and respect no matter your culture, gender, sexual orientation, age, ability, and religion.

**The Right to File a Complaint**

If you are concerned about your clinical care and client rights, please speak with me in session or contact me in writing. You may also file a complaint with your State department of health and my licensing board.

Pennsylvania State Board of Social Workers, Marriage and Family Therapists, and Professional Counselors: One Penn Center, 2601 North 3rd Street, Harrisburg, PA 17110, (717) 783-1389

**Client Responsibilities**

- To keep your schedule appointments and let me know if you cannot keep it by giving 24-hours notice.
- To be as honest and as open as possible.
- To think through any insights or concerns you are addressing between sessions.
- To follow through on treatment recommendations and complete any homework agreed upon during session.
- To have a termination session rather than not keeping your last appointment.
- To call 911 or go to your nearest emergency department if you feel you are in danger of harming yourself and then to inform me.

If you have any questions or concerns about your rights and responsibilities, I invite you to please bring them up in session.

Signing this document acknowledges that I have read and understand my rights as a client and have received a copy of them. I have also had the opportunity to ask questions.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Printed Name

\_\_\_\_\_  
Lola Georg, Licensed Professional Counselor

\_\_\_\_\_  
Date