



CHAT N RELAX COUNSELING & CONSULTATION, LLC ®
DaRon Stephens, LMHC, MCAP
FLORIDA
(P) 201-675-1083

Client Rights

(Please read carefully and sign)

I acknowledge that I may receive mental health and/or substance use counseling services from **Chat N Relax Counseling & Consultation, LLC** without regard to race, creed, color, origin, sex, religion, sexual orientation, disability, age, or marital status.

I acknowledge that I am pursuing therapy with **Chat N Relax Counseling & Consultation, LLC** voluntarily and may terminate or discontinue therapy services at any time.

I acknowledge that if I decide to terminate services with **Chat N Relax Counseling & Consultation, LLC**, I will be provided with referrals to other services by **Chat N Relax Counseling & Consultation, LLC** to continue therapy elsewhere. I also may decline referrals if I choose to.

I acknowledge that my therapy sessions with **Chat N Relax Counseling & Consultation, LLC** will take place in environment(s) that ensures my confidentiality.

I acknowledge my services with **Chat N Relax Counseling & Consultation, LLC** will be individualized to tailor my specific needs regardless of my age, gender, cultural orientation & practices, sexual orientation, disability, religious beliefs, etc.

I acknowledge that my PHI (Personal Health Information) is confidential and protected by HIPPA (Health Insurance Portability & Accountability Act). I understand that **Chat N Relax Counseling & Consultation, LLC** cannot & will not disclose, release, and/or report any portion of my PHI to any agency, person, business, or entity without signing a release of disclosure as required by law.

I acknowledge the limits of confidentiality, in which **Chat N Relax Counseling & Consultation, LLC** may be required by law to disclose my PHI (Personal Health Record), in the event of serious and foreseeable harm to self or others (45 CFR 164.524) or when legal requirements demand that confidential information must be revealed.

I acknowledge that I have reasonable access to my records or copies of my records. I understand that **Chat N Relax Counseling & Consultation, LLC** will limit the access or portion of my record in the event the record may do more harm than good by being revealed to me.

I acknowledge that I will be treated with dignity, respect, and free from abuse, neglect, and exploitation while in therapy at **Chat N Relax Counseling & Consultation, LLC**.

I acknowledge that I may ask **Chat N Relax Counseling & Consultation, LLC** any & all questions regarding my record, case, therapy, services, fees, or anything that pertains to my services at any time during the therapeutic process.

I acknowledge **Chat N Relax Counseling & Consultation, LLC's** fees for service, types of services offered, and all up to date administrative fees such as copy request of records and/or not limited to treatment letter to verify attendance addressed to a specific place of business, provider, government entity, etc.



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I acknowledge as per 45 CFR 164.524, Right of Access to my record, I may inspect or obtain copies of my records with the *exception* of individual psychotherapy notes, any notes drafted in anticipation of civil, criminal, administrative actions or proceedings, or any third-party documentation provided to **Chat N Relax Counseling & Consultation, LLC** from another healthcare provider. I acknowledge my request may take up to 30 days from initial record request.

By signing below, I have read, fully understand, and is aware of my rights at Chat N Relax Counseling & Consultation, LLC.

(Signature)

(Date)

(Print)

(DaRon Stephens, LPC, LCADC, LMT)