PATIENT RIGHTS AND RESPONSIBILITIES

ALL PATIENTS HAVE THE FOLLOWING RIGHTS TO:

- Be treated in an ethical and professional manner.

- Confidential treatment; no information will be released to or requested from other agencies without written consent. Subject to requirements of funding sources, no information will be released to or requested from other agencies without informed written consent. Exception to this is the reporting of information required by law and/or the reporting of a person presenting as dangerous to self or others.

- Refuse treatment at any time.

ALL PATIENTS HAVE THE FOLLOWING RESPONSIBILITIES:

- Pay the agreed upon fee for service at the time of each appointment, if applicable, or according to payment arrangement agreed upon between therapist and client.

- Cancel appointments that cannot be kept. The regular fee will be charged for the appointments cancelled with less than 24 hours notice. Exceptions will be considered with doctor's note.

- Uphold no show/cancellation policies; therapy or services will be discontinued by this office after the occurrence of two "NO SHOWS" (i.e., failed appointments with no notification) or three appointments that are cancelled with less than 24 hours notice. You will be referred to another provider.

- Utilize emergency services only in cases of genuine need; To pay any charge incurred for such services.

- Supervise the behavior of minor children brought to the office. We will not supervise the behavior of the client's minor children in the waiting room while the parents are in session.

*I HEREBY AUTHORIZE **PAUL W. MACELLARI, PH.D.** TO PROVIDE MENTAL HEALTH SERVICES FOR ME (MY DEPENDENT/MY SON/MY DAUGHTER).*

I UNDERSTAND MY RIGHTS AND RESPONSIBILITIES AND I CONSENT TO TREATMENT. I ALSO UNDERSTAND THAT I CAN WITHDRAW MY CONSENT AT ANY TIME.

_____ _____

PATIENT'S SIGNATURE DATE

_____ _____

PARENT OR GUARDIAN'S SIGNATURE DATE

Revised 11/13/08