



Client Rights & Responsibilities / Consent to Treatment

It is the primary goal of JNG Health Network to provide you with outstanding mental health services. Your treatment and well-being are our primary concern. As a client, you have the responsibility of being an informed consumer. According to the Florida Department of Health, your rights and responsibilities are as follow:

Individual Dignity:

1. Your individual dignity must be protected at all times and upon all occasions.
2. You retain the right to privacy, which will be respected without regard to your economic status or source of payment.
 - a. Your right to privacy is respected to the extent consistent with providing adequate mental health care and with the efficient administration of JNG Health Network's office.
3. You have the right to prompt and reasonable response to a question or request for other services provided by JNG Health Network.

Information:

1. You have the right to know the name, function, and qualifications of each Clinician who is providing you with mental health services, their supervisors, and regulatory agencies.
2. You have the right to know all of the services that are provided by JNG Health Network and other service providers in the community that may be more appropriate for your mental health needs.
3. You have the right to know of any diagnosis, planned course of treatment, alternatives, risks, and prognosis unless it is medically inadvisable or impossible to give this information to you, in which case the information must be given to your guardian or representative.
 - a. You have a right to refuse this information.
 - b. You have the right to refuse treatment based on the information provided to you, except as mandated by law.
 - i. JNG Health Network Clinicians will document such refusal.
4. You have the right to give, refuse, or retract an informed consent (written or verbally expressed) for treatment and services, except as required by law.
5. You have the right to confidentiality, except when you are a danger to yourself or others, or in cases of child or elderly abuse, or as needed by Worker's Compensation, or when responding to court orders or legal process. Psychotherapy notes are afforded heightened protection.
6. You have the right to be informed of the rules and regulations that govern JNG Health Network's Clinicians and clients.
7. If you do not speak English, you have to receive services in a language you can understand or have an interpreter available to you.

Financial Information and Disclosure:

1. You have the right to be informed of known financial resources for your mental health care, including availability of Medicaid or Medicare services.
2. You have the right to receive upon request, prior to treatment, a reasonable estimate of the charges for your services.
3. You have a right to receive a copy of an itemized bill upon request with explanations of all charges.

Grievance Procedures:

1. You have the right to file a grievance with JNG Health Network regarding any violations of your rights.
 - Step 1: Attempts to resolve the conflict by communicating your concerns to your immediate service provider.
 - Step 2: If the above attempts fail, communicate your concerns in writing to JNG Health Network, Executive Director, who will meet with you to discuss your concerns and generate possible solutions.

Step 3: If the above attempts fail, report your concerns to Florida Department of Health, by phone or e-mail at 1-888-419-3456 or 1-850-245-4339; MQA_ConsumerServices@doh.state.fl.us. The mailing address: DOH/MQA-CSU. 4052 Bald Cypress Way Bin C-75. Tallahassee, Florida 32399-3275.

Access to Health Care:

1. You have a right to impartial access to mental health services or accommodations, regardless of race, national origin, handicap, or source of payment.
2. You have a right to treatment for any emergency mental health need that will deteriorate from failure to provide such treatment.
3. You have the right to access any mode of treatment that is in your judgment and the judgment of your Clinician in the best interests of your mental health.

Experimental Research:

1. You have the right to know if any of the services provided is for purposes of experimental research and to consent prior to participating in such research.
 - a. Your participation in research studies, regardless of your ability to pay is voluntary and you have the right to refuse to participate.
 - b. Your consent or refusal to participate in research must be documented in your clinical record.

Knowledge of Rights & Responsibilities:

1. You have a right to know what your rights and responsibilities are.
2. You have the right to exercise your rights described in this document without negative consequences, including but not limited to negative consequences in the form or denial of any appropriate, available treatment.

Client Responsibilities:

1. You are responsible for providing your Clinician, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to your health.
2. You are responsible for reporting unexpected changes in your condition to your Clinician.
3. You are responsible for reporting to your Clinician whether you comprehend a contemplated course of action in the treatment plan and what is expected of you.
4. You are responsible for following the treatment plan recommended by your Clinician.
5. You are responsible for keeping appointments and, when you are unable to do so for any reason, for notifying the Administrative Team within 24 hours.
6. You are responsible for your actions if you refuse treatment or do not follow your Clinician's instructions.
7. You are responsible for assuring that your financial obligations to JNG Health Network are fulfilled as promptly as possible.
8. You are responsible for following JNG Health Network's rules and regulations affecting patient care and conduct which include:
 - a. Showing respect towards your Clinician, the Administrative Team, and other JNG Health Team members, and clients.
 - b. Respecting the physical property, furniture and other materials.

Request for Records:

Release of records to You or other Third Parties are done according to HIPPA Law and Ethical Guidelines.

1. Records such as Treatment Summaries and Psychological Evaluations are released to you or your Legal Guardian only after a feedback session was completed.

2. If you are referred by the Social Security Administration: Division of Disability Determinations or Other Third Party Payer such as Family Court, a Judge, Lawyer, Military, etc... your immediate right to access Treatment Summaries and Psychological Evaluations is according to the agreement you signed with those Third Parties.
 - a. For example Disability Claimants must refer to the Adjudicators to access his/her records.
 - b. If Military, the report is uploaded directly to TDRL and the Agent must follow-up with them directly.
3. Fees for feedback sessions and for processing medical records may apply.
4. Other release of information will be done only with your written consent and authorization.

It is the responsibility of JNG Health Network To:

1. Assign you a Clinician (psychologist, psychology intern, post-doctoral psychology resident, master's level mental health therapist) who is competent in your area of need.
 - a. All non-licensed Clinicians are supervised by a Licensed Psychologist within JNG Health Network.
 - b. Everyone functions under the leadership of the Clinical Director, Dr. Jose Nadine Garcon
2. Maintain clinical records.
3. Maintain confidentiality, except when court or legal statute require otherwise.
4. Provide referrals when needed.
5. Communicate with officers of the courts as mandated by statute or court ruling.
6. Terminate or refuse services with an explanation and referral.
7. Provide you with more information and resources regarding your rights as a client.
8. Comply with all HIPPA Rules that govern privacy, protection, and use of clinical records and electronic transmission of critical information.
9. Assure that all Clinicians conduct themselves according to national and state standardized professional guidelines and ethics.

Social Media Policy:

At JNG Health Network, your privacy and confidentiality is a primary concern. **Privacy** means we have the right to control other's access to your personal information whether it is psychological or medical/physical in nature. **Confidentiality** means that we cannot tell people that you are our client and provide details in regards to the services you receive from us. Therefore, we refrain from use of Social Networking sites such as Twitter, Facebook, or LinkedIn as a method of communication with our clients. We do not maintain nor accept friend or contact requests (friending or following) from current or former clients on any social networking site.

1. **Telehealth Services** are used in the event face-to-face services are not possible. This includes via HIPPA compliant Telehealth Platform and on rare occasions by phone. The Client is responsible to allocate a safe space and electronic device through which the service can be provided. The Agency strives to provide confidentiality and quality of all telehealth services.
2. **Texting** is used solely to confirm appointments and other brief communication with our clients and only if other more secure methods of communications have failed. Content related information regarding the therapeutic services should not be communicated via text.
3. **E-mail.** If you choose to communicate with us by e-mail, be aware that all e-mails are retained in the logs of the Internet Service Providers. You should also know that any e-mails we receive from you and any responses that we send to you become a part of your legal record. At all means, we strongly encourage you to avoid the disclosure of content related information in regards to your treatment. Transmission of confidential information such as evaluations and reports via e-mail is done only with consent and authorization.

4. **Business Review Sites.** You may find our psychology practice on sites such as Yelp, Healthgrades, Google, Yahoo Local, Bing, or other places which list businesses. Some of these sites include forums in which users rate their providers and add reviews. Many of these sites combine search engines for business listings and automatically add listings regardless of whether the business has added itself to the site. You have a right to express yourself on any site you wish, but if you do choose to do so, be aware that you may be sharing personally revealing information in a public forum and your confidentiality may be compromised.

5. **Testimonials.** The American Psychological Association’s Ethics Code prohibits us from requesting testimonials. You have a right to express yourself on any website or in any forum you wish. However, due to confidentiality, we cannot respond to any review on any of these sites whether it is positive or negative.

CONSENT TO TREATMENT

At JNG Health Network we take pride in providing quality mental health interventions for all clients who display medical necessity and who can benefit from these services. Recommended services can vary, after the clinical interview and after some treatments are provided. To start, the following services are recommended:

- Individual Therapy _____ Sessions, For _____ Months
- Family Therapy _____ Sessions, For _____ Months
- Couple Therapy _____ Sessions, For _____ Months
- Group Therapy _____ Sessions, For _____ Months
- EAP Services _____ Sessions, For _____ Months
- Psychological / Neuro-Psychological / Forensic Evaluation
- Anger Management
- Parenting Skills Training
- Extended Co-Parenting Interventions
- Psycho-Education
- Treatment / Discharge Planning
- Other _____

By signing below, you acknowledge receipt of the Client Rights and Responsibilities and Social Media Policy and Consent to Treatment initially prescribed. You acknowledge the availability of JNG Health Team Members to answer any questions or concerns in regard to this policy and agree to abide by it.

Identified Persons	Print Name	Signature	Date
Client			
Partner or Other Participant			
Parent or Legal Guardian			
Parent or Legal Guardian			
Witness			
Other			