



Patient Responsibilities

- I will be available for meetings at the agency.
- I will meet with physicians or other treatment providers as scheduled.
- I will participate in the Treatment Planning process and provide signature on required documents.
- I will call the agency if moving (change of address), hospitalized (for any reason) or leaving the local area for an extended period of time.
- I will actively be involved in the assessment, transition and discharge planning.
- I will inform the agency of any changes in funding or insurance coverage.
- I will not verbally, physically abuse or harass any client or staff at Clinical Counseling and Consulting Services, PLLC. If this is not followed, my services might be reduced, restricted or terminated.
- I will notify Clinical Counseling and Consulting Services, PLLC about any changes in my symptoms, medications or physical conditions that could affect my mental health.
- I will not steal from the agency, its staff or other clients.
- I will be responsible for my personal property.
- I am responsible for following the recommended Treatment Plan for treatment and services. It is my responsibility to inform a team member if I do not understand the Treatment Plan, if I will be unable to follow through with it, or if I desire changes to my Treatment Plan.