
**RANDI HERMAN-ROGGEMAN, MC
LICENSED PROFESSIONAL COUNSELOR
NATIONAL CERTIFIED COUNSELOR
REGISTERED PLAY THERAPIST & SUPERVISOR**

CLIENT RIGHTS/CONSENT TO TREATMENT

All clients are afforded the following basic rights:

1. To be treated with dignity, respect and consideration;
2. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, diagnosis, or source of payment;
3. To receive treatment that:
 - a. Supports and respects the client's individuality, choices, strengths, and abilities;
 - b. Supports the client's personal liberty and only restricts the client's personal liberty according to a court order, by the client's consent, or as permitted in this Chapter, and
 - c. Is provided in the least restrictive environment that meets the client's treatment needs.
4. Not to be prevented or impeded from exercising the client's civil rights unless the client has been adjudicated incompetent or a court order of competent jurisdiction has found that the client is unable to exercise a specific right or category of rights;
5. To submit grievances to their counselor and complaints to outside entities and other individuals without constraint or retaliation;
6. To have grievances considered by a licensee in a fair, timely, and impartial manner;
7. To seek, speak to, and be assisted by legal counsel of the client's choice, at the client's expense;
8. To receive assistance from a family member, designated representative, or other individual in understanding, protecting, or exercising the client's rights;
9. To have the client's information and records information and records kept confidential and released only as permitted under R9-20-211 (A)(3) and (B);
11. To have privacy in correspondence, communication, visitation, financial affairs, and personal hygiene, except as required for treatment;
12. To have privacy in treatment, including the rights not to be fingerprinted, photographed, or recorded without consent, except:
 - a. For photographing for identification and administrative purposes, as provided by A.R.S. Title 36-507(2);
 - b. For a client receiving treatment according to A.R.S.36, Chapter 37; or
 - c. For temporary video recordings used for security purposes;
13. To review, upon written request, the client's own record during the counselor's hours of operation except as described in R9-20-211 (A)(6);
14. To be informed of all fees that the client is required to pay
15. To consent to treatment after receiving a verbal explanation of the client's condition and the proposed treatment, including the intended outcome, the nature of the proposed treatment, any procedures involved in the proposed treatment, any

- risks or side effects from the proposed treatment, and any alternatives to the proposed treatment;
- 16. To be offered or referred for the treatment specified in the client's treatment plan;
- 17. To receive a referral to another counselor if the counselor is unable to provide a behavioral health service that the client requests or that is indicated in the client's treatment plan;
- 18. To refuse treatment or withdraw consent to treatment unless such treatment is ordered by a court or is necessary to save the client's life or physical health;
- 19. To be free from:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Retaliation for submitting a complaint; unrelated to the client's treatment needs;
 - g. Discharge or transfer, or threat of discharge or transfer, for reasons unrelated to the client's treatment needs;
 - h. Treatment that involves the denial of:
 - i. Food;
 - ii. The opportunity to sleep, or
 - iii. The opportunity to use the toilet; and
 - i. Restraint or seclusion, of any form, used as a means of coercion, discipline, convenience, or retaliation;
- 20. To participate or, if applicable, to have the client's parent, guardian, custodian or agent, participate in treatment decisions and in the development and periodic review and revision of the client's written treatment plan;

Exceptions to Confidentiality

I understand that counseling services are confidential, with the following exceptions:

- 1. If I give my written consent for information to be released
- 2. By subpoena/court order
- 3. If I present a risk of physical harm to myself or others
- 4. If child abuse or neglect is suspected

Consent to Treatment

- I hereby consent to treatment with Randi Herman-Roggeman, MC, LPC, NCC, RPT-S for myself and/or my child/children. I agree to participate in the treatment planning process to the best of my ability. I understand that there is no guarantee that counseling will prove beneficial to me or my child/children.
- I have read the Client Rights (above) and understand my rights.
- I understand that counseling is a cooperative effort and that it may require discussing material that is upsetting.
- I understand that Randi Herman-Roggeman can be reached at (480) 985-0333 24-hours a day via voice mail or by cell phone at (480) 861-8809.

Client Signature

Date