



## STATEMENT OF PARTICIPANT'S RIGHTS

It is the policy of Lampein MFT Institute, Inc. (LMFTI) to provide the highest caliber of individual and family therapy services possible. LMFTI strives to work collaboratively with other professionals in social services, faith communities, schools, treatment programs, protective services, and community corrections on behalf of families. LMFTI is here to use research based interventions as well as culturally informed practices to provide participants in therapy with the highest quality mental health services possible.

LMFTI would like you to know that as a consumer of services, you have many rights, including:

1. The right to know the credentials of the therapy staff providing you with services and to expect that they have met the qualifications of training and experience required by state law;
2. The right to privacy as defined by rule and law (HIPAA). *Please see handout "NOTICE OF PRIVACY POLICY (HIPAA)" for detailed explanation;*
3. The right to be free from discrimination on the basis of race, religion, gender, sexual preference or other unlawful category while receiving services;
4. The right to expect that services will be appropriate to your condition, age, gender and ethnic background;
5. The right to be fully involved in the development of a treatment plan that will be documented in writing, including: assessing strengths and needs in all areas of functioning (family, school, peers, community);
6. The right to see information about yourself in your record and to correct inaccurate information. *Please see handout "NOTICE OF PRIVACY POLICY (HIPAA)" for detailed explanation; and*
7. The right to be treated in a respectful manner in all your interactions with your therapist/counselor.

LMFTI would also like you to be aware that as a participant in therapy services, you have responsibilities as well as rights. These include the responsibilities to:

1. Be honest and thorough in providing information throughout the assessment and treatment process;
2. Actively participate in treatment planning;
3. Understand and follow the treatment plan;
4. Give us feedback about how treatment is going and how you feel about it;
5. Keep us informed about changes in your address, phone number, etc.; and
6. Come to sessions free from the influence of illegal substances or alcohol.



Finally, the members of our staff also have rights and responsibilities that you should know about. These include:

1. The responsibility to provide services in an ethical manner;
2. The right to be treated in a respectful and non-abusive fashion;
3. The responsibility to refer clients to other service providers if we cannot help them here;
4. The responsibility to inform the appropriate authorities about suspected cases of neglect or physical or sexual abuse of children or vulnerable adults; and,
5. The responsibility to inform the intended victim and appropriate law enforcement agencies if a client makes a specific serious threat of physical violence against another person.

If you feel that your rights have been violated, or if you have complaints regarding procedures, services or a therapist, we ask that you first address your concerns to the therapist with whom you are working.

If you feel that the issue is not satisfactorily resolved, you can immediately contact the compliance supervisor, Josef Kevin Hardwick, MDIV, MS, LMFT, Chief Executive Officer of Lampein MFT Institute, Inc.

If complaints are not resolved to your satisfaction, you can contact the Florida Department of Health, Consumer Services Division, 4052 Bald Cypress Way, Bin C75, Tallahassee, Florida 32399-3260, Phone: 850-245-4339; email: [MQA.ConsumerServices@flhealth.gov](mailto:MQA.ConsumerServices@flhealth.gov).

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Participant's Signature (1<sup>st</sup> Signature if Couples Therapy):

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Participant's Signature (2<sup>nd</sup> Signature if Couples Therapy):

\_\_\_\_\_  
Date:

\_\_\_\_\_  
If a Minor, Signature of Participant's Legal Representative

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Therapist's/Counselor's Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date: