

# **APEX PEDIATRIC THERAPY SERVICES**

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## **CLIENT'S RIGHTS NOTIFICATION**

As a recipient of services, I would like to inform you of your rights as a client. The information contained in this document explains your rights and the process of complaining if you believe your rights have been violated.

### **Your Rights As A Client**

1. Complaints: We will investigate your complaints.
2. Suggestions: You are invited to suggest changes in any aspect of the services we provide.
3. Civil Rights: Your civil rights are protected by federal and state laws.
4. Therapy: You have the right to take part in formulating your therapy plan.
5. Denial of Services: You may refuse services offered to you without consequence.
6. Record Restrictions: You may request restrictions on the use of your protected personal information; however, we are not required to agree with the request.
7. Availability of Records: You have the right to obtain a copy and/or inspect your protected personal information; however we may deny access to certain records in which we will discuss this decision with you.
8. Amendment of Records: You have the right to request an amendment in your records; however, this request could be denied. If denied, your request will be kept in the records.
9. Medical/Legal Advice: You may discuss your therapy with your doctor or attorney.
10. Disclosures: You have the right to receive an accounting of disclosures of your protected personal information that you have not authorized.
11. Credentials of Therapist: You have to right to request and receive a current set of the behavior analyst credentials.
12. Copies of Electronic Recordings: You have the right to request and receive a copy of electronic recordings of interviews and service delivery sessions.

### **Your Rights To Receive Information**

1. Behavior Modifications Used in Your Therapy Program: You will be provided with information describing any potential risks of interventions.
2. Termination of services: You will be informed as to what behaviors or violations could lead to termination of services.
3. Confidentiality: You will be informed of the limits of confidentiality and how your protected personal information will be used.
4. Policy changes: You will be updated on any agency policy changes as they are put into place.

### **Ethical Obligations**

1. The best interest of each client will be served.
2. Neither clients nor professionals will be discriminated against based on age, race, creed, disabilities, handicaps, preferences, or other personal concerns.
3. An objective and professional relationship will be maintained with each client.
4. The rights and views of other mental health professionals will be respected.
5. Services will be appropriately ended if the need for termination should ever arise.

### **Patient's Responsibilities**

You are responsible to provide accurate information about yourself as the client or about the child as his/her legal guardian.

### **What To Do If You Believe Your Rights Have Been Violated**

If you believe that your client rights have been violated, contact our managing partner at [info@apexped.com](mailto:info@apexped.com), or the agency at (847) 376 9191, and the Behavior Analyst Certification Board by visiting [www.bacb.com](http://www.bacb.com).