



812 W. 8<sup>th</sup> Street, Suite 6A ♦ Plainview, Texas 79072 ♦ [www.crossroadsmentalhealthservices.com](http://www.crossroadsmentalhealthservices.com)

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### **Explanation of Client Rights**

You have the right:

- To be free from discrimination due to race, religion, gender, sexual or political orientation, disability or any other unlawful category while receiving services.
- To be free of exploitation for your benefit or advantage of a clinician
- To expect that your clinician has met the minimal qualifications of training and experience required by state law
- To be informed of the cost of professional services before receiving the services (\$110.00/hr.)
- To receive information regarding the Limits of Confidentiality before beginning treatment
- To be informed of how your personal healthcare information will be shared with and utilized by any third party
- To obtain a copy of your mental health records as requested. A charge for copies/mailling may be applied (\$15.00 /fee + \$0.20/page)
- To revoke a signed disclosure in writing to your clinician
- To report complaints to the Texas State Board of Examiners of Professional Counselors
- To privacy as defined by ACA ethics and the law
- To request and receive a referral for any needed supplementary services
- To terminate treatment upon request

Additional information regarding your rights are included in the Clinic Policies and Procedures and the Privacy Notice. By signing this form, I acknowledge that I have read and understand Client Rights and have been given a copy of the Clinic Policies and Procedures and the Privacy Notice.

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Client/Parent/Guardian Signature

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Date

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Printed Name

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Client/Parent/Guardian Signature

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Date

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Printed Name