Life Spiritual Essentials, LLC.
Cyndi W. Bell, Christian Temperament Counselor
Catonsville, Maryland 21228
Phone: (443) 386.2661
Email: drcyndi@lsellc.com

CLIENT'S RIGHTS AND RESPONSIBILITIES

- Clients are responsible for keeping their appointments, arriving on time, and notifying the counselor of any cancellations or reschedules **at least 24 hours prior** to the appointment.
- Clients have the right to be treated with dignity and respect.
- Clients are responsible for treating the counselor with dignity and respect.
- Clients are responsible for providing their counselor with information needed to deliver quality care.
- Clients have the right to care regardless of race, religion, gender, ethnicity, age disability or source of payment.
- Clients have the right to have their counseling session(s) and other information kept private.
- Only in life-threatening situations or if required by law, can records be released without signed consent from you.
- Clients have the right to information from the counselor and staff in a language they can understand.
- Clients should not be involved in any conscious behavior that could harm the lives of their counselor, office staff or other clients.
- Clients have the right to an easy-to-understand explanation of their counseling plan.
- Clients are responsible for addressing questions about their counseling to their counselor and ensure understanding of their role in the counseling process.
- Clients have the right to get information about services offered by their counselors and client roles in the counseling process.
- Clients are responsible for payment of services prior to receiving counseling.
- Clients are responsible for notifying their counselor of any concerns regarding payment.
- Clients have the right to request professional information about their counselor.
- Clients have the right to know the guidelines used in providing and/or managing their counseling.
- Clients have the right to make a complaint.
- Clients have the right to participate in the formation of their counseling plan.

I understand my rights and responsibilities as stated on this sheet.

_____ _____
Client Signature Date

_____ _____
Parent/Legal Guardian Signature Date