

Confidentiality

Everything said in treatment is confidential and not shared with anyone without your permission. There are a few situations which where require us by law to release information. This includes if we learn about child or elder abuse, if there are concerns that someone may be a danger to themselves or others, and public safety concerns. Please review the Notice of Privacy Practices or Client Rights for full details, or watch the videos about client rights and responsibilities.

Client Rights

- You have the right to receive prompt and confidential service that is best for your needs.
- You have the right to privacy of your health records.
- Your personal & health information may only be shared with your signed permission.
- Exceptions: By Law, when there are reports of danger to self or others or abuse or neglect
- You have the right to informed consent.
- You have the right to receive services that respect your dignity and protect your health.
- You have the right to be informed of the benefits and risks of your treatment.
- You have the right to refuse service.
- You have the right to review and obtain copies of your records.
- You have the right to exercise all rights that you are entitled as a citizen.
- You have the right to be free of abuse (physical sexual, psychological), as well as humiliation, mistreatment, and exploitation.

If you think that your rights have been violated, you have the right to file a complaint. Contact the Director, Kinga Sherrill, LPC, at 404-377-9224, or kinga@greatdayinc.net. She will assist you with the procedure. If you are not satisfied with the results, you have the right to contact: The Georgia Department of Behavior Health and Developmental Disabilities (404)-657-2282, 2 Peachtree St. NW, room 22.240, Atlanta, GA 30303-3142

Client Responsibility

Honesty

- I will be honest with my counselor.
- I will give complete information about my treatment and personal goals.

Responsibility

- I am responsible for my appointments.
- I am responsible for payment of services or for GREAT DAY to bill my insurance.
- I am responsible for what the insurance does not pay.
- I will cancel my appointment 24 hours in advance.

Safety

- I will be respectful to staff and other clients.
- I will not use physical or other abuse against staff or other clients including disrespectful communication. *Police maybe called if I violate the safety of others*
- No Drugs or Alcohol
- I will not be in possession of any illegal drugs when at GREAT DAY.
- I will not come to appointments impaired.
- Police maybe called in case of public drunkenness or impairment.

No Illegal Activities

- I will follow the law when on the premises of GREAT DAY or when I am with a GREAT DAY counselor. Staff must report, by law, any illegal or dangerous activity.

Advocacy

- It is my responsibility to address any problems or conflicts that may happen regarding services that I receive by communicating directly to my counselor.
- If I am not satisfied, I will follow the grievance procedure that is explained in the Rights Form (above).