

**Gale & Associates, Plc**

2760 W. Rasmussen Rd., Bldg D., Suite 210 • Park City, Utah • 84098 • 435-645-9237

**Client Rights**

You have the following rights:

- To receive therapeutic care- regardless of you race, religion, disability, sex, or national origin- that is suited to you and/or your child’s needs.
- To have privacy, safety, and security maintained, with regard to your Protected Health Information (protected medical records and personal information), in accordance with the HIPAA Privacy Act.
- To receive necessary information about you and/or your child’s treatment in language that can be easily understood.
- To have all information and records about assessment/treatment kept confidential within the extent of the law. Confidentiality is limited by cases of suspected or known child abuse or neglect, self-harm or harm to other ideation, specific court order and medical emergency. In these cases, disclosure of Protected Health Information would be made to someone about to avert the threat to health or safety.
- To inspect and request a copy of the Protected Health Information except as prohibited by law.
- To request an amendment of the Protected Health Information if you feel that it is incorrect or incomplete.
- To request a restriction or limitation on the Protected Health Information we use or disclose about you and/or your child for treatment or payment from third party entities.
- To request recommendations/referrals for additional professional opinions about diagnosis or care.
- To receive upon request and in a timely manner a copy of your itemized bill for services rendered; and arranging for financial payment options.

Complaint/Grievance Process

Expressing your concerns will not negatively impact you or a dependent’s care in any way. Our goal is to resolve your concerns in a way that maximizes your satisfaction with the services that you and/or your child receive. The following are suggestions for a process to address your concerns:

- Talk directly with your psychological examiner/therapist who has been guiding you or your child’s care.
- If your concern cannot be adequately resolved, you may file a complaint or grievance about quality of care concerns with the Department of Professional Licensing.

The above information has been reviewed with me and my questions answered to satisfaction if needed.

\_\_\_\_\_

Client/Parent/Guardian                      Date

\_\_\_\_\_

Client/Parent/Guardian                      Date

\_\_\_\_\_

Witness    Date