

Sunshine Counseling LLC

Client Rights & Responsibilities Policy

Clinician: Lesley Kiesling, LPC-IT

Effective Date: [Insert Date]

Purpose

At Sunshine Counseling, we believe that therapy is a collaborative process built on mutual respect, trust, and clear communication. This document outlines your rights as a client and your responsibilities as an active participant in the therapeutic process.

Client Rights

As a client of Sunshine Counseling, you have the right to:

- 1. Respectful and Non-Discriminatory Care**
Receive services without discrimination based on race, ethnicity, gender, sexual orientation, religion, age, ability, or any other protected characteristic.
- 2. Dignity and Professionalism**
Be treated with dignity, respect, and compassion in all interactions.
- 3. Informed Consent**
Receive information about your counselor's credentials, therapeutic approach, fees, potential risks, and benefits of treatment before beginning services.
- 4. Confidentiality**
Expect that all information shared in therapy is confidential, except as required or permitted by law (e.g., threats of harm, abuse reporting, or court orders).
- 5. Access to Records**
Request access to or copies of your clinical records as permitted by HIPAA and Wisconsin state law.
- 6. Participation in Treatment**
Be involved in developing your treatment goals and plan, and to ask questions or request changes at any time.
- 7. Refusal or Withdrawal of Services**
Decline or discontinue counseling at any time, although it is encouraged to discuss this decision with your clinician.

8. **Informed About Alternatives**

Receive information regarding alternative treatment options, referrals, or community resources if therapy at Sunshine Counseling is not the best fit.

9. **Cultural Sensitivity**

Expect that your beliefs, values, and culture will be acknowledged and respected throughout treatment.

10. **Grievances and Complaints**

Express concerns or file complaints about services without fear of retaliation. Complaints may be discussed directly with your clinician or directed to the Wisconsin Department of Safety and Professional Services (DSPS) at <https://dps.wi.gov>.

Client Responsibilities

As a client of Sunshine Counseling, you are expected to:

1. **Active Participation**

Attend sessions consistently and participate openly and honestly in the therapeutic process.

2. **Communication**

Notify your clinician promptly of changes in contact information, insurance status, or life circumstances that may affect treatment.

3. **Cancellations and Attendance**

Provide at least 24 hours' notice when cancelling appointments to avoid cancellation fees (see separate Cancellation & No-Show Policy).

4. **Payment**

Pay all fees, copays, or balances as outlined in your financial agreement.

5. **Safety and Respect**

Maintain a respectful, safe, and professional environment during all interactions—whether in person, via telehealth, phone, or email.

6. **Substance Use and Impairment**

Refrain from attending sessions under the influence of alcohol or non-prescribed substances, as this may interfere with the therapeutic process.

7. **Confidentiality in Telehealth**

Ensure privacy and minimize distractions during telehealth sessions by choosing a secure and confidential location.

8. **Termination and Closure**

Participate in discussions about treatment progress and termination. Notify your clinician if you plan to discontinue therapy so appropriate closure and referrals can be arranged.

Acknowledgment

By signing below, you acknowledge that you have read, understand, and agree to the **Client Rights & Responsibilities Policy** for Sunshine Counseling LLC. You acknowledge receipt of a copy of this document and understand your rights and responsibilities as a client.

Client Name: _____

Client Signature: _____

Date: _____

Clinician Signature: _____

Date: _____