

Brighton Therapy Group
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PATIENT'S RIGHTS AND RESPONSIBILITIES

The following information is provided as recommended by the National Association of Social Workers. If you have any questions, please speak with your therapist.

1. You have a right to choose your therapist. If at any time you are unhappy with the treatment you are receiving, it is your responsibility to discuss the situation with your therapist.
2. It is expected that therapy will be helpful to you. However, it is also important to understand that therapy can be emotionally challenging and sometime difficult. Additionally, please be advised that no therapist can guarantee success.
3. You have a right to participate in developing your treatment plan.
4. You have a right to be informed of the type of treatment you will be receiving, and of any potential risk involved.
5. You have the right to end treatment at any time. However, please be advised that termination generally occurs when you and your therapist agree that the goals have been reached, or there is some other reason to terminate. It is strongly recommended that you discuss this important issue with your therapist before you leave.
6. You have the right to confidentiality. The therapist reserves the right to consult with professional colleagues about your treatment but be assured your anonymity will be protected. The exception to this will be when an appropriate release of information is authorized. Additionally, if your therapist is not available and you have an immediate emergency, the therapist on call may have access to your clinical record in an effort to ensure you quality of care.

Here at Brighton Therapy Group, each therapist is engaged in his or her own individual practice. Although we share space, we do not share responsibility for patients unless an explicit referral has been made.

You may reach your therapist at any time by calling their office number and leaving a message. Your call will be returned within 24 hours. If you have EMERGENCY needing IMMEDIATE attention, you can reach the therapist on call by calling your own therapist's office, and following the emergency directions.

Signature _____ Date _____

Therapist's Signature _____ Date _____