

Stephanie Pearce, MSW, LCSW  
PA State License # CW018207  
2334 Rt. 209  
Brodheadsville, PA 18322  
(908) 300-1163

**As a client of Stephanie Pearce Therapy, you have certain rights. You have a right:**

1. To dignity as an individual human being. You have the right to equal consideration and treatment, regardless of gender, race, religion, color, economic status, age, sexual preference or beliefs.
2. To be provided with professional and respectful care.
3. To know my understanding of your needs and my recommended actions and resources available to help address this need.
4. To work toward mutually agreeable goals.
5. To refuse to comply with recommendations. Even though I may suggest you seek help, you may choose not to follow my advice. Alternative resources may be available. You may terminate services at any time.
6. To privacy of information and respect for confidentiality. Information will be released to other parties only with the informed written consent of you and/or legal guardian when appropriate. The exceptions to this rule are 1) when past or present child abuse is revealed. PA State Law specifies that suspected or alleged child abuse or neglect must be reported 2) when someone's life is in danger.
7. If you experience problems or have any complaints or concerns about the care/service received, you and your family are encouraged to address any concerns with Stephanie Pearce. If not resolved, you may call the NE Department of Public Welfare licensing office at 570-963-4335 to register a complaint.

**Along with these rights are certain responsibilities. These are:**

1. To be honest and open and willing to share your concerns.
2. To ask questions when you don't understand or when you need clarification.
3. To discuss any reservations you have about your treatment plan.
4. To follow the treatment plan we have agreed upon.
5. To report any changed or unexpected events as related to your problem.
6. To keep appointments or to call within 24 hours in advance when you need to cancel or reschedule an appointment, except in emergency situations, otherwise you will be charged for the missed session.
7. To be responsible for prompt payment of all fees for services rendered. In the case of non-payment for three consecutive sessions, a fourth session will not be scheduled.
8. To be responsible for providing correct insurance information for billable services.
9. Respect the rights of other clients/families, visitors & staff.

I have reviewed the HIPAA Privacy Notice and have been given the opportunity to receive a copy of the Stephanie Pearce Therapy Privacy Notice.

Client's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

