The Joy of Life Clinic
Revive. Thrive. Live Fully

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Effective May 1, 2024

Acknowledgment of Rights and Responsibilities

1. The following are your rights as a patient:

- You have the right to confidentiality regarding all matters related to treatment, programming, and services, except as otherwise precluded by statute.
- You have the right to participate in decisions about his/her/their care.
- You have the right to be treated with courtesy and respect.
- You have the right to receive services without discrimination due to race, color, religion, sex, age, national origin, disability, political beliefs, veteran status, or sexual orientation.
- You have the right to know the name, role, and qualifications of your clinician.
- You have the right to have access to your record.
- You have the right to information about fees for service.

2. The following are your responsibilities as a patient:

- You have the responsibility to provide accurate and complete information as required for treatment and billing purposes.
- You have the responsibility to arrive for appointments at the designated time and to notify the clinician at least 24 business hours prior to canceled appointments.
- You have the responsibility to refrain from verbal abuse, threats, and aggressive behavior.
- You have the responsibility to pay all required fees regardless of whether insurance or another agency information is submitted as a paying entity.
- You have the responsibility to notify the clinic and/or your provider when your behavioral or medical advance directives change.

3. Acknowledgment and Agreement

By signing at the end of this document, I affirm that I have read, understood, and agree to my rights and responsibilities outlined in this document.

Name:		
Signature:		Date:
Provider:		
Provider's Signature:		Date: