

RECOVERY & WELLNESS

MENTAL HEALTH COUNSELING SERVICES, PLLC

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STATEMENT OF CLIENT RIGHTS - *As a client of Recovery & Wellness, PLLC I have the right...*

To have the name, contact information, and credentials of my clinician;

To receive considerate and respectful care;

To receive services without regard to race, color, ethnicity, religion, sex, or sexual orientation;

To be treated in a way that recognizes and responds to my cultural identity and/or disability and/or sexual orientation, and/or gender;

To have access to my treatment provider's code of conduct, (AMHCA) and be informed of my treatment provider's rules, regulations, and expectations;

To receive confidential treatment. Except for a medical emergency, court order, child or elder abuse, danger to self or others, or crimes committed on the treatment provider's premises, my treatment provider cannot release information without my written consent;

To receive a Confidentiality Notice to Patients outlining HIPAA laws, if requested;

To discuss and obtain current information about diagnoses and participate in developing a treatment plan, including goal setting and measuring progress with my counselor;

To receive services either remotely (phone or video) or in a physical environment that is safe and conducive to effective treatment, and which appropriately safeguards the privacy and confidentiality of my interaction with my treatment provider;

To be free of personal involvement with my treatment provider. Clients have the right to be free from sexual harassment and sexual misconduct;

To express my objections to any aspect of treatment and receive a prompt and reasonable response from my treatment provider to that objection or complaint.

To discontinue treatment or refuse treatment at any time, and be told what effect this could have on my health or status in the program. Clients under an external mandate shall receive explanation of the consequences of a discharge prior to completion of treatment, which is always voluntary in nature;

Obtain in writing, at my request, an explanation of the reason(s) for my discharge from treatment, and if necessary, receive referral to another provider.

If I feel I have been treated unfairly or complaints have not been heard or addressed, I may contact the New York State Office of Professions at 1-800-442-8106. For questions about impaired driver services, please contact the Office of Alcoholism & Substance Abuse Services OASAS at 1-877-846 7369 or Florida Department of Health email: MQA.ConsumerServices@FLhealth.gov; fax 850-488-0796.