



Patient Rights and Responsibilities

Effective September 1, 2011

This form describes your rights and the grievance process if you believe your rights have been violated.

Your Rights

1. **Complaints.** Integritas Psychological Services, Inc. (IPS) will carefully consider your complaints. The majority of patient complaints can be resolved with good will and open communication.
2. **Suggestions.** You are invited to suggest changes to any aspect of the services IPS provides.
3. **Civil Rights.** Your civil rights are protected by federal and state laws.
4. **Cultural and Spiritual Issues.** IPS harmonizes its practice of psychology with a Catholic understanding of philosophy, anthropology, and theology. We believe respect for individual conscience and the patient's personal search for truth, goodness, beauty, and meaning are of the highest importance and we do not impose beliefs on our patients. Thus, patients do not have to be Catholic or subscribe to the teachings of the Catholic Church to receive treatment. You may request services from someone with training or experiences from a specific cultural or spiritual orientation. If we cannot provide these services, we will help you in the referral process.
5. **Treatment.** You have the right to take part in formulating your treatment plan.
6. **Denial of Services.** You may refuse services offered to you and be informed of

any potential consequences.

7. **Record Restrictions.** You may request restrictions on the use of your protected health information; however, IPS is not required to agree with the request.
8. **Availability of Records.** You have the right to obtain a copy and/or inspect your protected health information. In rare cases, however, IPS may deny access to certain records. If IPS chooses to do so, we will discuss this decision with you.
9. **Amendment of Records.** You have the right to request an amendment in your records. This request, however, could be denied. If denied, your request will be kept in the records.
10. **Medical/Legal/Spiritual Advice.** You may discuss your treatment with your physician, attorney, clergy, spiritual director, and others.
11. **Disclosures.** You have the right to receive an accounting of disclosures of your protected health information which you have not authorized.

Your Rights to Receive Information

1. **Costs of Services.** The costs of services will be discussed with you before charges are incurred. (form: Payment Contract)

2. Termination of Services. You will be informed as to what behaviors or violations could lead to termination of services at IPS. (form: Policies and Procedures)

3. Confidentiality. You will be informed of the limits of confidentiality and how your protected health information will be used. (form: Privacy of Information Practices)

4. Policy Changes. You will be notified of policy changes in writing.

Our Ethical Obligations

1. IPS dedicates itself to serving the best interest of each patient.
2. We will not discriminate between patients based on age, race, creed, disabilities, or handicaps.
3. We maintain a professional relationship and hold professional boundaries with each patient.
4. We will end services or refer patients to other programs when appropriate.
5. Dr. Gudan will evaluate his personal limitations, strengths, biases, and

effectiveness on an ongoing basis for the purpose of self-improvement. He will continually attain further education and training.

6. He will improve institutional and managerial policies if the best interest of the patient is served.

Your Responsibilities

1. You are responsible for your financial obligations to the clinic as outlined in the Payment Contract.
2. You are responsible for following the policies and procedures detailed in the Policies and Procedures form.
3. You are responsible to treat Dr. Gudan and fellow patients in a manner in which their rights are not violated.

If you believe your rights have been violated please discuss this with Dr. Gudan. If this does not resolve the issue, you may contact the Indiana State Board of Psychology for information on lodging a formal complaint.

I have read and understand these rights and responsibilities and understand I can receive a copy of this notice upon request.

Patient name (please print): _____

Signature: _____ Date: _____

Signed by: patient parent/guardian personal representative

Guardian name (please print): _____