

Client _____



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CLIENT'S RIGHTS AND RESPONSIBILITIES

Client's Rights

You have the right to:

- be treated with dignity and respect
- fair treatment regardless of race, religion, gender, ethnicity, sexuality, age, disability or source of payment
- privacy and confidentiality
- timely care
- know about treatment choices
- participate in developing a plan of care
- ask your insurance company for information about your insurance coverage, their role in your treatment, and guidelines they subscribe to
- ask about my work history, training, and request a printed copy of those
- know about community resources and services
- freely file a complaint or an appeal (see my Disclosure document)

Client's Responsibilities

You have the responsibility to:

- be respectful of the space and others you may encounter while visiting my practice
- supply information that is needed so that I may provide you with the best care
- ask questions about our work together
- actively engage in your own process of growth and development
- tell me about any updates or changes in your medication or health
- provide me with updates or changes in your insurance coverage, address, and contact information
- keep your appointments and give me a minimum of 24 hours' notice if you need to change or cancel

My signature below shows I have been informed of my rights and responsibilities, and that I understand this information.

Client's Signature

Date

Clinician's Signature Susan Davis, MSW

Date