

CLIENT RIGHTS & RESPONSIBILITIES

Alternative Pride Wellness, LLC

Effective Date: October 10, 2026

Alternative Pride Wellness is committed to providing respectful, affirming, individualized mental health care. This document summarizes important rights you have as a client and responsibilities that help support safe, ethical, and effective outpatient telehealth treatment.

These rights and responsibilities operate together with your informed-consent documents, Notice of Privacy Practices, Practice Policies, financial agreements, telehealth consent, and other applicable Practice forms. Nothing in this document is intended to waive a right or protection provided by applicable law.

YOUR RIGHT TO RESPECTFUL & AFFIRMING CARE

You have the right to be treated with dignity, respect, and consideration. Care should be provided without inappropriate discrimination and with respect for your identity, values, culture, relationships, and lived experience.

Alternative Pride Wellness is committed to affirming care for LGBTQ+, queer, transgender and gender-diverse, neurodivergent, kinky, polyamorous/ENM, and other clients whose identities, relationships, or lifestyles may fall outside traditional norms.

You have the right to discuss concerns about whether therapy feels respectful, affirming, and appropriate for you.

YOUR RIGHT TO INFORMATION & INFORMED CONSENT

You have the right to receive understandable information about the nature and purpose of therapy, reasonably foreseeable benefits and risks, relevant alternatives, Practice policies, fees, telehealth, privacy, and other matters needed to make informed decisions about your care.

You have the right to ask questions before signing consent forms and throughout treatment. You may request clarification when information is unclear.

YOUR RIGHT TO PARTICIPATE IN TREATMENT

You have the right to participate in decisions about your treatment, including discussing goals, concerns, preferences, progress, and changes you would like to make.

You may ask about the therapist's clinical approach and recommendations. You may express disagreement with a recommendation and discuss reasonable alternatives.

Psychotherapy is collaborative. Treatment goals may be reviewed or revised as your needs change.

YOUR RIGHT TO PRIVACY & CONFIDENTIALITY

You have the right to privacy and to have your health information handled in accordance with applicable privacy laws and professional standards.

Confidentiality is not absolute. Information may be used or disclosed without your authorization when permitted or required by law, including certain safety situations, mandated reporting, health care operations, payment activities, or other legally authorized circumstances.

Additional information about privacy rights, uses and disclosures of protected health information, records, and complaints is provided in the Alternative Pride Wellness Notice of Privacy Practices.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Subject to applicable law, you may have rights to inspect or obtain copies of certain health information, request corrections or amendments, request certain restrictions, request confidential communications, and receive information about certain disclosures.

Some categories of mental health information, including psychotherapy notes as defined by HIPAA, may receive different protections or access treatment than the general clinical record.

YOUR RIGHT TO KNOW ABOUT TECHNOLOGY

You have the right to receive information about the use of telehealth and technology that materially affects your care.

If Alternative Pride Wellness uses AI-assisted clinical documentation, you may ask how it is being used and which documentation platform is currently in use. Applicable AI documentation consent and privacy safeguards are addressed separately.

You may decline AI-assisted documentation or withdraw consent for future use as described in the Practice's AI-Assisted Documentation Consent.

YOUR RIGHT TO UNDERSTAND FEES

You have the right to receive information about fees and financial policies, including applicable self-pay rates, patient-responsibility amounts, and the Practice's cancellation/no-show policy.

If you are uninsured or choose not to use insurance for applicable services, you may have federal rights to receive a Good Faith Estimate of expected charges.

Insurance benefit information is not a guarantee of payment. Your financial responsibilities are further described in the Practice Policies and applicable financial agreements.

YOUR RIGHT TO REFUSE OR END TREATMENT

You may decline a recommended intervention, request a referral, or choose to end therapy, subject to circumstances in which legal or safety obligations may apply.

Alternative Pride Wellness may also determine that telehealth outpatient therapy is no longer clinically appropriate or that another provider or level of care is needed. When appropriate, reasonable transition or referral information may be provided.

YOUR RIGHT TO RAISE CONCERNS

You have the right to raise questions or concerns about your care without inappropriate retaliation. You may discuss concerns directly with Monica Rose, LMSW.

You also have the right to use applicable complaint processes available through privacy regulators, professional licensing authorities, insurers, or other oversight bodies. The Practice's Notice of Privacy Practices provides information about HIPAA privacy complaints.

CLIENT RESPONSIBILITY: PARTICIPATE OPENLY & ACCURATELY

You are responsible for providing information that is accurate and complete to the best of your ability when that information is relevant to your care, including symptoms, medications, safety concerns, treatment by other providers, and significant changes in your circumstances.

You are encouraged to tell your therapist when you do not understand something, disagree with a recommendation, feel uncomfortable, or believe treatment is not meeting your needs.

CLIENT RESPONSIBILITY: ATTENDANCE & COMMUNICATION

You are responsible for attending scheduled appointments as consistently as possible, arriving on time, and following the Practice's cancellation and no-show requirements.

Alternative Pride Wellness requires at least **24 hours' notice** to cancel or reschedule an appointment. Late cancellations and no-shows are generally subject to the Practice's **\$75 fee**, when permitted.

You are responsible for keeping your contact information current and monitoring approved communication channels for scheduling and Practice information.

CLIENT RESPONSIBILITY: TELEHEALTH LOCATION & PRIVACY

You are responsible for accurately reporting your physical location during telehealth sessions when requested. The therapist must be legally permitted to provide services where you are physically located.

You are responsible for choosing a reasonably private and safe environment for telehealth whenever possible and for using technology in a way that supports confidentiality.

Do not participate in therapy while driving or while engaged in an activity that prevents safe and clinically appropriate participation.

CLIENT RESPONSIBILITY: SAFETY & CRISIS CARE

Alternative Pride Wellness is not a 24-hour crisis or emergency service. You are responsible for using emergency resources when immediate assistance is needed rather than relying on email, voicemail, portal messages, or your next scheduled appointment.

If you are in immediate danger or experiencing an emergency, call **911** or go to the nearest emergency department. In the United States, you may also call or text **988** for the Suicide & Crisis Lifeline.

When clinically appropriate, you are encouraged to participate in safety planning and keep emergency-contact and location information current.

CLIENT RESPONSIBILITY: FINANCIAL & INSURANCE INFORMATION

You are responsible for providing current insurance and billing information, promptly reporting changes in coverage, and reviewing your own plan requirements when using insurance.

You are responsible for applicable copays, deductibles, coinsurance, self-pay charges, missed-appointment fees, and other client-responsibility amounts that may lawfully and contractually be collected.

Clients must maintain an active payment method as required by the Practice Policies and applicable payment authorization.

CLIENT RESPONSIBILITY: RESPECTFUL USE OF SERVICES

You are expected to communicate respectfully with the therapist and Practice and to use Practice communication channels appropriately.

Threatening, harassing, abusive, discriminatory, or unsafe conduct may affect the Practice's ability to continue providing routine outpatient services, subject to clinical judgment, safety considerations, professional obligations, and applicable law.

QUESTIONS & CONTACT

If you have questions about your rights, responsibilities, treatment, or Practice policies, please ask.

Monica Rose, LMSW

Alternative Pride Wellness, LLC

Phone: (231) 828-1905

Email: Monica@alternativepridewellness.com

ACKNOWLEDGMENT OF CLIENT RIGHTS & RESPONSIBILITIES

By signing below, I acknowledge that I have received or been provided access to the Alternative Pride Wellness Client Rights & Responsibilities.

I understand that this document summarizes important expectations and protections related to my care and works together with the Practice's other consent forms, privacy notices, financial agreements, and policies.

I understand that signing this acknowledgment confirms receipt and understanding of the information; it does not waive rights provided to me by applicable law.

Client Name: _____

Client Signature: _____

Date: _____

Parent/Guardian/Personal Representative, if applicable:

Name: _____

Signature: _____

Relationship to Client: _____

Date: _____

Practice review note: This document is a general practice-level rights and responsibilities notice. Before formal adoption, review it for consistency with current Michigan social-work requirements, HIPAA, payer contracts, professional ethics, telehealth requirements, and the Practice's other consent and policy documents.