

Jesse Sparks LMHC, NCC
Intelligent Counseling Solutions, LLC
1345 Clay Street
Winter Park, FL 32789
(V) 407.325.5521
jfsparks@gmail.com

Statement of Clients Rights

As your therapist, I am committed to providing services to you (the client) without regard to race, sex, ethnicity, age, religion, handicapping condition or sexual orientation.

As a client of mine:

- ◆ You have the right to be treated in a respectful and confidential manner that maintains your individual dignity.
- ◆ You have the right to nondiscriminatory services to be provided services without regard to race, sex, ethnicity, age, sexual orientation, religion, AIDS/HIV status or handicapping condition.
- ◆ You have the right to quality services suited to your specific needs, administered skillfully, safely and humanely with full respect for your dignity and personal integrity, and in accordance with all statutory and regulatory requirements.
- ◆ You have the right be involved and participate in the formulation and periodic review of your individualized service plan with your therapist. You have the right to ask questions, at any time, about the course of our work together, and to receive answers that satisfy you.
- ◆ You have the right to decline therapeutic services. At your request, I will provide referrals at any time to other qualified and credentialed therapists so that you may choose an alternate provider.
- ◆ You have the right to express dissatisfaction with therapy and/or terminate services at any time. You also have the right to revoke any signed confidentiality releases that you may have on file with my offices.
- ◆ You have the right to have your records and information revealed to me kept confidential. I, Jesse Sparks, LMHC have the obligation to obtain written consent from you prior to any exchange of confidential information. **There are a few situations and exceptions to confidentiality which are listed below:**
 - a. **If you present a danger to yourself or others, I am legally and ethically required by law to protect the safety of you and/ or the threaten person(s).**
 - b. **If abuse (sexual or physical) or neglect of a child, elderly individual, or disable person is revealed, known or suspected, I am required by law to report it to the Florida Abuse Hotline.**
 - c. **If I receive a court order / subpoena for client records, staff deposition or court testimony, I am require to comply. I am also required to report attendance compliance to the court for court ordered clients.**

In the event that group services are provided I, Jesse Sparks III, or any other co-therapists involved cannot be held responsible for a breach of confidentiality on the part of a peer group member.

My signature below shows that I understand and agree with all of these statements and I have been given a copy for my records.

Signature of client (or person acting for client)

Date

Printed name

Relationship to client (if necessary)

I, Jesse F. Sparks LMHC, NCC have discussed this form with the client (and/or his or her parent, guardian, or other representative). My observations of this person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

Jesse F. Sparks LMHC, NCC

Date