

CLEARVIEW COUNSELING GROUP

PATIENT BILL OF RIGHTS

As a patient receiving mental health and/or behavioral health services at Clearview Counseling Group, you have important rights protected under Massachusetts law — including M.G.L. c. 123, §§ 23–26, M.G.L. c. 111, § 70E, and applicable federal regulations. These rights apply regardless of your insurance status, diagnosis, or the format of your care (in-person or telehealth).

We are committed to delivering care that is safe, respectful, and person-centered. Please read this document carefully. A copy is available upon request at any time.

1. Right to Respectful and Non-Discriminatory Care

You have the right to:

- Receive care that is considerate, respectful, and free from abuse, neglect, or exploitation.
- Be treated with dignity regardless of age, race, ethnicity, national origin, language, religion, sex, gender identity or expression, sexual orientation, disability, socioeconomic status, or any other characteristic.
- Receive interpreter services or communication assistance if you have a language barrier or disability, at no additional cost to you.
- Have your cultural, spiritual, and personal values respected throughout your care.

2. Right to Privacy and Confidentiality

You have the right to:

- Have your protected health information (PHI) kept confidential in accordance with HIPAA and Massachusetts law.
- Receive a Notice of Privacy Practices explaining how your information may be used and disclosed.
- Request restrictions on certain uses and disclosures of your health information.
- Receive a copy of your medical records within 30 days of request and to request amendments to those records.
- Be informed if a breach of your unsecured PHI occurs.

Important exceptions: Confidentiality may be limited when required by law, such as mandatory reporting of suspected child/elder abuse, threats of serious harm to self or others, or court orders.

3. Right to Informed Consent and Participation in Treatment

You have the right to:

- Receive clear, understandable information about your diagnosis, proposed treatment options, associated risks and benefits, and alternatives — including the option to decline treatment.
- Provide written informed consent before treatment begins, and to withdraw that consent at any time.
- Actively participate in the development and review of your treatment plan.
- Ask questions about your care and receive honest, complete answers.
- Have a support person, family member, or advocate present during appointments, subject to clinical and confidentiality considerations.
- Receive a second opinion and to seek care from other providers.

4. Right to Information About Medication

If medication is part of your care, you have the right to:

- Be fully informed about any prescribed medication, including its purpose, expected benefits, possible side effects, and alternatives.
- Refuse medication, and to be informed of the consequences of that decision.
- Have medications administered or prescribed safely and only by appropriately licensed and credentialed staff.
- Receive written information about your medications upon request.

5. Right to Access and Continuity of Care

You have the right to:

- Receive timely access to services that are medically appropriate.
- Be informed of available services and how to access them, including after-hours and crisis resources.
- Receive appropriate discharge planning and referrals when your course of treatment is ending.
- Not be abandoned or denied emergency care at any point during an active treatment relationship.
- Transfer your care to another provider and to receive reasonable assistance in doing so.

6. Right to Understand Your Financial Obligations

You have the right to:

- Receive a clear explanation of charges, fees, and your financial responsibilities before services begin.
- Be informed of your insurance coverage as it relates to your care, to the extent that information is available to us.
- Receive an itemized statement of charges upon request.
- Be informed of financial assistance options, sliding-scale fees, or payment plans that may be available.
- Not be denied emergency care due to inability to pay.

7. Right to a Safe Environment

You have the right to:

- Receive care in a safe, clean, and supportive environment — whether in-person or via telehealth.
- Be free from any form of physical, verbal, sexual, or emotional abuse from staff or other patients.
- Report safety concerns or unsafe conditions without fear of retaliation.

8. Right to Voice Concerns and File Grievances

You have the right to:

- Express concerns, complaints, or grievances about your care without fear of retaliation or any negative impact on your treatment.
- Have your complaint reviewed and receive a timely written response.

- File a complaint directly with CCG by contacting our Practice Administrator:
 - Phone: 413-237-9010
 - Email: admin@clearviewhwg.com
 - In writing: 200 Boston Ave suite 1400, Medford, MA 02155
- You may also contact the following external agencies:
 - Massachusetts Department of Mental Health (DMH): (617) 626-8000 | www.mass.gov/dmh
 - Massachusetts Board of Registration in Medicine: (781) 876-8200 | www.massborm.org
 - Massachusetts Board of Registration of Social Workers: (617) 727-3080
 - Massachusetts Nurses Association / Board of Nursing: (617) 727-9961
 - U.S. Department of Health & Human Services – OCR (HIPAA): 1-800-368-1019 | www.hhs.gov/ocr
 - The Joint Commission (if applicable): 1-800-994-6610 | www.jointcommission.org

9. Right to Freedom from Retaliation

You have the right to exercise any of the rights described in this document without fear of retaliation, intimidation, coercion, or any change in the quality of your care. CCG strictly prohibits retaliatory action toward any patient who exercises their rights.

10. Right to Emergency Information

You always have the right to be informed of and directed to appropriate emergency resources. If you are experiencing a mental health emergency:

- Call 988 (Suicide & Crisis Lifeline) — call or text, 24/7
- Call 911 or go to your nearest emergency room
- Contact your CCG provider directly during business hours

Your Responsibilities as a Patient

To help us provide the best possible care, we ask that you:

- Provide accurate and complete information about your health, history, and current situation.
- Follow through on your agreed treatment plan to the best of your ability, and communicate openly if something is not working.
- Treat staff and other patients with courtesy and respect.
- Notify us in advance if you are unable to keep an appointment.
- Keep us informed of any changes to your contact information or insurance coverage.
- Ask questions when you do not understand something about your care.

ACKNOWLEDGMENT OF RECEIPT

By signing below, you acknowledge that you have received, read (or had read to you), and had the opportunity to ask questions about this Patient Bill of Rights.

Patient Name (Print): _____ Date: _____

Patient Signature: _____ Date: _____

Guardian/Representative (if applicable): _____

Date: _____

Staff Witness: _____

Date:

This document is reviewed and updated annually. Current as of: 6/1/26
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