



2209 E Market St
York, PA 17402
Phone: (717)759-1024

YOUR RIGHTS AND RESPONSIBILITIES AS A CLIENT OF THERAPEUTIC FAMILY CONNECTIONS, LLC

As of January 1, 2026

When you receive services from Therapeutic Family Connections you have the right to:

- Receive high quality services by a licensed therapist that has met minimal qualifications of training and experience required by law;
- To examine public records maintained by the board and have the board confirm credentials of the license;
- To obtain a copy of the code of ethics;
- To report complaints to the Pennsylvania State Board of Social Workers, Marriage and Family Therapist and Professional Counselors;
- Be treated with dignity and respect, at all times. You will not be subjected to harsh or unusual treatment or be deprived of any civil rights;
- Have your information kept private and confidential except as described in Therapeutic Family Connections privacy statement;
- Receive services in the office that are safe, clean and accessible;
- Get information and support to help you make decisions to improve your situation;
- Be served without discrimination Based on race, religion, gender, or other unlawful categories while receiving services;
- Discuss your service with staff to identify it is working for you and express any questions or complaints that you may have;
- Request a change of service provider.

While receiving services through Therapeutic Family Connections, these are your responsibilities:

- Treat the staff and others at Therapeutic Family Connections with courtesy and respect
- Let your therapist at Therapeutic Family Connections know 24 hours before, if you cannot commit to this scheduled appointment.
- To provide accurate and complete information concerning your present complaints, passed/present medical/personal history and other matters related to your current condition or life circumstances.
- To read all handouts; client intake form, policies and procedures, client notice of privacy practice, clients rights and responsibilities, and client release of information forms.
- To pay all fees occurred for treatment services at the time of service.



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It is the desire for Therapeutic Family Connections that your experience here will be helpful and produce positive results for your life situations. If you have any questions or concerns about these policies and procedures or any aspect of your therapeutic alliance and relationships, please discuss them with your therapist.

Client Signature _____ Date _____

Therapist Signature _____ Date _____