



## CLIENTS' RIGHTS AND RESPONSIBILITIES

Welcome to the Minnesota Mental Health Clinics. Our staff will be continually working to provide you with appropriate, high quality services. We believe that a client who understands and participates in his/her case may achieve better results. We have the responsibility to give you the best care possible, to respect your rights and recognize your responsibilities as a client. We have prepared this information to help you identify these rights and responsibilities.

### **YOUR PRIVACY RIGHTS**

As a client of this clinic you have a right to privacy and to review information we keep in your file. Under of the Minnesota Data Privacy Practices Act and the Health Insurance Portability and Accountability Act you have the right to:

1. Be told why the information we request is needed.
2. Be told how the information will be used.
3. Be shown all information about yourself.
4. Be told of the consequences of refusing to supply the requested information.
5. Contest the accuracy of information in your file.
6. All information about you will be kept private.

*You will also receive a brochure titled, "Your Privacy" which details the use and handling of your protected health information. Please read this brochure carefully to understand how medical information about you may be disclosed and how you can get access to it.*

*If you have any questions* about your Privacy Rights, please contact your therapist or the Clinic Director.

**RIGHT TO DIGNITY** You have a right to be treated with dignity and respect and to receive the same consideration and treatment as anyone regardless of your race, creed, religion, disability or sexual or affectional preference.

**RIGHT TO UNDERSTAND** You have a right to be informed of the staff's assessment of your problem in language you understand; treatment alternatives; possible outcomes and side effects of treatment, expected length; cost and hoped for outcome of treatment. In addition, you have the right to and responsibility to help develop your own treatment plan.

You also have a right to understand why information requested about you is needed. In general, such information is used to determine whether you are eligible for services, to help us evaluate your needs for services and develop a plan to meet those needs, and to collect information from others, which will be helpful in developing an effective treatment plan.

You have the right to understand how the information requested of you will be used. The information we collect will be used by staff members of the Minnesota Mental Health Clinics for clinical management, planning and evaluation purposes. No information will be released to any other agency or individual without your written consent within the exceptions outlined above.

Clinical information relating to your social history and present concerns is necessary in order for our staff to correctly and completely assess your needs and develop a plan for meeting them. If you do not supply such information, it cannot be determined which services are most appropriate for you and will make it difficult for us to carry out an effective treatment plan for you and/or your family member and you may be refused services.

**RIGHT TO CONSENT OR REFUSE** You can be treated without consent only if there is an emergency and in the opinion of your therapist failure to act immediately would jeopardize your health. Otherwise, you may refuse treatment and change your mind at any time. Discuss your objections with your therapist. Try to be sure of what you do or do not want.

**RIGHT TO ACCESS YOUR RECORDS** You have a right to request in writing access to and may obtain a copy of the medical and billing records that MMHC clinical staff maintain. Your clinician can deny your request only if he/she has a substantial belief the information would be harmful to you. You are entitled to see such information about yourself. This includes the therapist's treatment plan and notes. Your therapist or the Clinic Director or his designee are the only persons allowed to review your treatment related records with you. Do not expect the office staff to review your file or photo copy information for you. A charge does apply for a copy of your records per Minnesota State Statute

**RIGHT TO REQUEST TO CHANGE INACCURATE INFORMATION** You have the right to request a MMHC Staff to amend your health information. MMHC requires clients to make requests for amendments in writing and to provide a reason to support a requested amendment, provided that he/she informs clients in advance of such requirements. MMHC makes the final determination with those requests.

**RIGHT TO REQUEST RESTRICTIONS ON DISCLOSURE** The Privacy Rule permits clients *to request* restrictions on the use and disclosure of parts of the client's PHI or the entirety for treatment, payment, and health care operations, or to family members. While MMHC clinical staff is not required to agree to such restrictions, MMHC clinical staff will attempt to accommodate a reasonable request. Once MMHC clinical staff have agreed to a restriction, MMHC clinical staff may not violate the restriction; however, restricted PHI may be provided to another health care provider in an emergency treatment situation.

The Privacy Rule also permits clients to request receiving communications from MMHC through alternative means or at alternative locations. As required by the Privacy Rule, MMHC clinical staff will accommodate all reasonable requests.

**MINORS' RIGHT TO INFORMATION** All minor clients under the age of 18 years old must have the consent of their parents following an initial intake session to receive further treatment services.

**RIGHT TO A SAFE ENVIRONMENT** No weapons are allowed on the premises. For safety purposes no child should be left unattended on the premises.

**REQUIRED OR PERMITTED BY LAW** We may use or disclose your medical information when we are required or permitted to do so by law. For example, we must disclose your medical information to the U.S. Department of Health and Human Services upon request for purposes of determining whether we are in compliance with federal privacy laws. We may disclose your medical information when authorized by worker's



compensation or similar laws. We may disclose your medical information to a government agency authorized to oversee the health care system or government programs or its contractors, and to public health authorities for public health purposes.

**LAW ENFORCEMENT** We may disclose your medical information in response to a court or administrative order, subpoena, discovery request, or other lawful process. Under limited circumstances, such a court order, warrant, or grand jury subpoena, we may disclose your medical information to the law enforcement officials. We may disclose limited information to a law enforcement official concerning medical information if a suspect, fugitive, material witness, crime victim, or missing person. We may disclose the medical information of an inmate or other person in lawful custody to a law enforcement official or correctional institution under certain circumstances.

**ABUSE OR NEGLECT** We may disclose your medical information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your medical information to the extent necessary to avert a serious threat to your health or safety or the health or the safety of others. We may disclose medical information when necessary to assist law enforcement officials to capture an individual who has admitted to participate in a crime or has escaped from lawful custody.

**NATIONAL SECURITY** We may disclose to military authorities the medical information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal official, medical information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement officials having lawful custody of protected health information of inmate or individual under certain circumstances.

**YOUR RESPONSIBILITIES**

**TO BE HONEST** You are responsible for being honest and direct about everything that relates to you as a client. Tell the staff exactly how you feel about the things that are happening to you.

**TO UNDERSTAND AND FOLLOW THE TREATMENT PLAN** You are responsible to actively participate in the development of your treatment plan. Your ideas on what you need to do are as important as the therapist's. You are also responsible for understanding the treatment plan. If you do not understand, ask your therapist. Be sure you do understand and make efforts to follow your treatment plan since this is important to the success of your treatment plan. If you don't want to or think you can accomplish your goals, let your therapist know.

**TO KEEP APPOINTMENTS...** You are responsible for keeping your scheduled appointments; refer too: Fee Policies & Authorization of Benefits Agreement.

**TO KNOW YOUR THERAPIST** Therapists must have special formal training in order to be licensed or certified in their specific fields. You are entitled to ask your therapist what his/her training is, where it was received and if he/she is licensed/certified.

**TO BE RESPONSIBLE FOR YOUR VALUABLES** You are responsible for your valuables both on your person as well as in your car and your car itself. Minnesota Mental Health Clinics cannot be held responsible for loss or damage to your property on the premises.

**CRISIS INFORMATION** Should you have an emergency, go to your hospital emergency room or call 911. Should you need to talk to someone right away, the following crisis lines are available 24 hours, seven days a week.

Crisis Connection	612-379-6363
Dakota Co. Crisis Response Unit	952-891-7171
Washington Co. Crisis Line	651-777-5222
Ramsey Co. Crisis Service	651-266-7900
Hennepin Co. Suicide Prevention	612-873-2222
Hennepin Co. Crisis Intervention Center	612-873-3161
Anoka Co. Crisis Intervention	763-755-3801
Carver/Scott Co. Crisis Service	952-442-7601
First Call for Help (Not an emergency service but information and referral.)	211

Should you ever be in a crisis situation, you can ask your therapist to help you develop a crisis plan to prepare you to deal with an emergency that might arise. This plan lists things you can do to seek help during a crisis. Should you have an urgent need, you can call and leave a message for your therapist during clinic hours. If your matter cannot wait, you may communicate your urgent need to our office staff and they will contact your therapist immediately. If you should call after clinic hours, our after hours answering service will assist you as necessary and contact the on-call after hours therapist.

**ADDRESS CHANGE**

So that we may contact you whenever necessary, we will rely upon you to notify us of any changes in your address, home telephone number or work telephone number.

\_\_\_\_\_  
Print Client Name

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date