



**Client Rights and Responsibilities**  
**Staff Responsibilities**  
**Reduced Fee Options**

**Client Rights**

- The right to quality and respectful care, without discrimination regardless of age, race, color, creed, religion, sex, gender identity, national origin, gender, sex, marital status, disability, sexual orientation, gender economic or veteran status and status with regard to public assistance.
- The right to confidential and considerate care, respecting privacy and dignity, in a safe non-threatening environment.
- The right to adequate information regarding all aspects of services provided or treatment available, in order to make informed choices regarding your health care. Ensuring the information is easy to understand and in an appropriate language.
- The right to be informed prior to a photograph or audio or video recording being made of you. You have the right to refuse to allow any recording or photograph that is not for the purposes of identification or supervision by the license holder.
- The right to consent or refuse services before they are provided.
- The right to request transfer to another provider within LMHC.
- The right to make a complaint about the service or treatment received from LMHC and expect the complaint will be investigated appropriately and in confidence. Clients will not be disadvantaged in receiving continued services by making a complaint.
- The right to view and/or receive a copy of your health record in accordance with HIPAA and Minnesota Data Privacy Guidelines.
  - You may see all data about you unless it was developed under a Court Order, or for Social Security, or if a therapist believes that the data may be harmful to you or others.
- The right to revoke a consent for release of information by written notice at any time except when legal action prevents revocation (probation, parole, court confinement), or when requested by my insurance company, as the law provides your insurer the right to contest a claim under your policy.
- The right to amend PHI, as applicable. You can ask us to correct health information about you that you think is incorrect or incomplete. We may say 'no' to your request, but we will notify you within 60 days.
- The right to receive confidential communications of PHI, as applicable. You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say 'yes' to all reasonable requests
- The right to request restrictions on certain uses and disclosures of PHI. You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may also say 'no' if it would affect your care.
- The right to restrict certain disclosures of PHI to a health plan. If you pay for a service of healthcare item out-of-pocket in full, you can ask us not to share that information for the purpose of payment for our operations with your health insurer. We will say 'yes' unless a law requires us to share that information.
- The right to receive an accounting of disclosure of PHI, as applicable. You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and healthcare operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but additional requests within the same period, we may charge you for reasonable costs of providing this accounting.

## **Client Responsibilities**

- To show consideration and respect and behave in a manner which does not cause undue disruption to staff and clients.
- To be respectful of LMHC property.
- To maintain confidentiality regarding information about other clients or participants in groups or programs conducted by LMHC.
- To provide complete and accurate information to the service provider in order to receive the best care. Clients are encouraged to ask questions, discuss treatment and if in doubt request a second opinion.
- To keep appointments or give notice as early as possible if unable to attend.
- To follow action or treatment plans which have been chosen in consultation with the service provider.
- To arrange payment for your cost of services you receive as well as pay your copay at the time of appointment.
- No audio or video recording is allowed. Services will be terminated following any violation of this standard. A case by case approval may be considered, but must be approved prior to any video or audio recording being done.

## **Staff Responsibilities**

- Be aware of and adhere to clients rights as outlined above.
- Ensure clients receive verbal and written information regarding their rights at the time of first contact and ensure that this information is in an appropriate language.
- Discuss confidentiality issues with clients and possible limits to confidentiality; for example, duty to warn, professional development, auditing of files, data collection, opening of files to other disciplines to discuss, and obtaining permission before discussion, issues with other service professionals within LMHC or outside agencies.
- Discuss with clients involved in groups and programs the importance of maintaining confidentiality in regard to other group members.
- Provide all new clients with a copy of the Rights and Responsibilities leaflet prior to the initial assessment and be responsible for verbal explanation of the policy as necessary.
- Ensure that communication occurs with the care provider should effective communication with the client not be possible.
- Document in the client's file, a mental health professionals approval of any restrictions that were made to a client's rights along with the reasons for the restriction.

## **Staff Rights**

- To keep their private lives separate from their professional lives and do not routinely give out:
  - Home address
  - Family information
  - Other personal information
- To consult with other LMHC staff as needed
- To transfer clients to other professionals or terminate treatment if:
  - Objectivity has become impaired
  - Problems presented are outside their area of competence
  - Treatment is not indicated
  - Client is not benefiting from or following the treatment plan
  - A client is being abusive
  - The relationship would result in a conflict of interest

## **Complaint/Grievance Procedure**

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint. If you feel your rights have been violated in receiving services at LMHC, you are first encouraged to discuss your concerns with your Clinician. If you feel that your concerns are yet unresolved, you may complete a grievance form. Grievance forms will be forwarded to the Program Supervisor to which you will receive a written response. If you continue to feel that your concerns have not been addressed, you may request the grievance be forwarded to the Regional Operating Officer to which you will also receive a written response. If your concern continues to be unresolved, you may request your grievance be forwarded to the Chief Executive Officer and/or Board of Directors. There will be a response received containing LMHC's official response to this step of the grievance process. While we feel confident that our grievance process will adequately address your concerns, if you feel your concern is still not resolved in a satisfactory manner you may notify:

Minnesota Department of Human Services  
Licensing Division

US Department of Health and Human  
Services For Office of Civil Rights

Phone: 651-431-6500

MN Dept of Health  
Office of Health Facilities Complaints  
[health.state.mn.us/facilities/regulation/ohfc/index.html](http://health.state.mn.us/facilities/regulation/ohfc/index.html)

Phone: 800-368-1019

The Office of Ombudsman for Mental Health  
And Development Disabilities  
State of MN  
121 7th Pl E #420  
St Paul, MN 55101  
651-757-1800

### **Reduced Fee Options**

- LMHC provides services for a six county area: Becker, Clay, Douglas, Grant, Otter Tail and Pope Counties. If you live in one of these counties and meet financial eligibility criteria you may qualify for a reduced fee. This reduced fee applies to most outpatient and psychiatry services (not Chemical Dependency program). In order to qualify for the reduced fee, you need to provide verification of your gross family income, expenses and family size.