



### **Information about Rights**

You have the right to receive information about Natalis Counseling & Psychology Solutions, its clinicians, clinical guidelines, and clients' rights and responsibilities. Reasonable accommodations are made for people who have a communication impairment and for people who speak a language other than English. In addition, if you are disabled and require the help of a "service animal" (as defined by law) reasonable accommodations will be made. At intake, a written statement of this Bill of Rights will be given to you and it is also posted in our clinic. Our Client Bill of Rights is also available to a client's guardian or his or her chosen representative. All policies and procedures, are available to you or your representative upon written request. Minnesota statute sets a maximum charge for finding and copying records.

### **Respect, Privacy, and Freedom from Exploitation**

You have the right to be treated with courtesy, dignity, and respect and the right to every consideration of your privacy, individuality, and cultural identity as it relates to your social, religious, and psychological well-being. You have the right to privacy as it relates to your behavioral health treatment. You have the right to receive treatment that is free from exploitation, and verbal, physical, or sexual abuse by your clinician.

### **Client's Access Health Records**

In most instances, under the Health Insurance Portability and Accountability Act (HIPPA) and under Minnesota law you may review information in your health records, regarding any diagnosis, treatment, and prognosis. If you ask in writing, your clinician must give you copies of either the records or copies of a summary of the information in the records—unless the health care practitioner determines that the information is detrimental to your physical or mental health, or is likely to cause you to inflict self-harm, or to harm another person. If such a determination is made, then the information may be provided to another practitioner or an appropriate third party. Minnesota statute sets a maximum charge for finding and copying records.

### **Confidentiality of Records**

You have the right to the confidential treatment of your personal information and clinical record, and the right to approve or refuse the release of any individual information— except as required by federal or state law.

### **Release of Health Records without Client Consent**

In circumstances specified in law, your confidential health information may or must be released without your consent. These circumstances include, but are not limited to, the following:

- In a medical emergency.
- When required by federal law.
- By order of a court with appropriate jurisdiction and authority.
- Under Minnesota law, for specific purposes, to:

- Department of Health
- Department of Public Safety
- Office of Mental Health Practices
- Ombudsman for Mental Health and Mental Retardation
- Health Boards
- Health Professional Licensing Boards or Agencies
- Law Enforcement Agencies
- Medical Examiners or Coroners
- Medical or Scientific Researcher
- Minnesota Health Data Institute
- Potential Victims of Serious Threats of Physical Violence
- Guardians or Conservators of Incompetent Persons
- Insurance Companies and other Payers Paying for Independent Medical Examinations
- Proxies, Ombudsman, Attorneys-in-fact

### **Redistribution of a Client's Health Records**

A health care practitioner or a person who receives health records from another practitioner may not re-release your health records without your explicated written permission that is dated, and signed by you. Federal and state law makes certain exceptions to this right. You have a right to know who has received your health information.

### **Client's Responsibilities in Care**

You are responsible for providing accurate and truthful information so that the most appropriate and beneficial care may be provided. You are responsible to gain knowledge about your behavioral health and to develop treatment

goals which are mutually agreeable with your primary clinician. You are responsible for following the treatment plan to which you have agreed.

### **Photographs, Images, and Recordings**

All photographs, pictures, images, video tapes, and recordings of you, taken in the provision of treatment services, are part of your confidential financial and/or clinical record. Release of these materials is subject to the same state and federal laws that govern all other aspects of your private and confidential health information. You must be informed when photographs, pictures, images, video tapes, and recordings are being taken and may refuse to grant your permission.

### **Information about Treatment**

You will be given, by your primary clinician, information concerning your diagnosis, treatment, treatment alternatives, duration of treatment, risks associated with treatment, and a prognosis. This information will be provided in terms and language you may reasonably be expected to understand. You have the right to discuss with candor your clinical condition and the appropriateness and/or medically necessity of treatment options. You may elect to have this discussion in the presence of a family member, guardian, or other person(s) designated by you, and to your representative. In addition, you have the right to refuse to receive this information—and the right to refuse services or treatment, unless otherwise provided by law.

### **Participation in Treatment Planning**

You have the right to participate in the planning of your behavioral health treatment. This right includes the opportunity to discuss treatment and alternatives with the participation of your designated significant other.

### **Coordination of Care and/or Transfer**

You have the right to freely choose from among available clinicians at this clinic and to change clinicians after services have begun, within the limits of health insurance, medical assistance, and other payment programs. You have the right to change to another group once during your treatment. You also have the right to coordinate your transfer to a different clinic when there will be a change in the provider of services.

### **Other Sources of Care**

You have the right to choose behavioral health treatment from other licensed facilities within the limits of health insurance, medical assistance, and other payment programs. For assistance in finding a different source ask your primary clinician for help or call your insurance payer's member line listed on the back of your insurance card.

### **Rules of Professional Conduct**

You have a right to request and receive a copy of the code of professional ethics that guide your clinician's professional conduct. You may also obtain a copy of the rules of professional conduct from the Public Documents Division, Minnesota Department of Administration at, State Register and Public Documents Division of the Department of Administration, 117 University Ave., St. Paul, MN 55155

### **Grievances**

Throughout your course of treatment, you will be informed of and assisted with understanding and exercising your rights. You have the right to voice grievance (complaint) and appeal decisions. We will not retaliate against you for filing a complaint. All grievances can be addressed to our Chief Executive Officer: Greg Picker, Psy. D., LP at 651-379-5157 or Natalis Counseling & Psychology Solutions, 1600 University Avenue West, Suite 12, St. Paul, MN 55104.

### **External Assistance**

You have a right to obtain external assistance and/or make complaints to:

*Office of Ombudsman for Mental Health*  
121 7<sup>th</sup> Place E., Suite 420 Metro Square Bldg., St. Paul, MN 55101  
Phone 651.757.1800

*MN Department of Human Services Licensing Division*  
444 Lafayette Road North, St. Paul, MN 55164  
Phone 651.431.6500

U.S. Department of Health & Human Services Office for Civil Rights  
200 Independence Avenue, S.W., Washington, D.C. 20201  
Phone 1-877-696-6775