

A BETTER CONNECTION, INC.
YOUR RIGHTS AND RESPONSIBILITIES

CIVIL RIGHTS: You have the right to complain if you feel you have been discriminated against because of race, religion, nationality, origin, sex, age, or sexual orientation. complaints may be registered with:

Minnesota Department of Human Services
444 Lafayette Road North
St. Paul, MN 55155
Phone: (651) 431-6500

RIGHT TO APPEAL: If you feel you have been unfairly treated, you may appeal for a fair hearing. An appeal form may be obtained from your county social service agency or from:
Appeals Office

Department of Human Services
444 Lafayette Road North
St. Paul, MN 55155

RIGHTS:

- To be informed of the cost of professional services before receiving the services;
- Privacy as defined and limited by law and rule;
- Be free from discrimination while receiving counseling services;
- To be free from exploitation for the benefit or advantage of provider;
- To terminate services at any time unless otherwise prohibited by law or court;
- Know the intended recipients of assessment results (via ROI)
- To withdraw consent to release assessment results, unless that right is prohibited by law or court order or waived by prior written agreement;
- A non-technical description of assessment procedures and interpretation of assessment results, unless prohibited by law or court order or waived by prior written agreement.

The provider shall treat the client as an individual and not impose on the client any stereotypes of behavior, values and roles related to human diversity.

The provider shall not misuse the relationship due to a relationship with another individual or entity.

Provider shall not exploit the professional relationship with a client for the provider's emotional, financial, sexual, or personal advantage or benefit. This extends to former clients who are vulnerable or dependent on the provider.

SEXUAL BEHAVIOR WITH A CLIENT: A provider shall not engage in any sexual behavior as defined in section 604.20, subd 7; any physical verbal written interaction or electronic communication, conduct or any act that may be reasonable interpreted to be sexually seductive, demeaning, or harassing to the client. Client refers to current or former client and applies whether provider has formally terminated the professional relationship, indefinitely for a former client who is vulnerable or dependent on the provider.

RIGHTS TO PRIVACY: Information received by this facility is considered privileged and will be kept private. It may be released only with your signed authorization on a proper release form.

PREFERENCES AND OPTIONS FOR TREATMENT: Provider shall disclose to the client the provider's preferences for choice of treatment or outcome and shall present other options for the consideration or choice of the client.

REFERRALS: A provider shall make a prompt and appropriate referral of the client to another professional when requested.

RIGHTS TO ACCESS OF RECORDS: Your individual rights include the following:

- Right to records under 144.92 and 148F.135 except as otherwise provided by law;

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- Right to know what kind of information is being maintained and whether you are the subject of any data;
- The right to be informed of the purpose for, or intended use of, any information requested for you by an agency;
- The right to be informed of any change in the purpose of, or the intended use of, any information you have supplied;
- The right to have disputed data withheld from disclosure except under conditions of demonstrated need, and then only if your statement or disagreement is included with the disclosed data.

GRIEVANCE PROCEDURE: If a problem or complaint arises where you feel your rights are being violated, proceed with the following steps:

- Within three business days of when the grievance occurred, report problems or complaints to ABC's President, who will assist you in processing of the grievance.
- If the grievance is unresolved, contact one of the following:

Minnesota Department of Human Services
444 Lafayette Road North
St. Paul, MN 55155
(651) 431-6500

Minnesota Department of Health
PO Box 64975
St. Paul, MN 55164
(651) 201-5000 or (888) 345-0823

Office of Health Facilities Complaints
PO Box 64970
St. Paul, MN 55164-0970
(651) 201-4201

Office of the Ombudsman for Mental Health
121 7th Place East, Suite 420
St. Paul, MN 55101-2117
(651) 757-1800 or (800) 657-3506

Minnesota Board of Behavioral Health and Therapy
2829 University Avenue Southeast, Suite 210
Minneapolis, MN 55414
(612) 617-2178

IT IS YOUR RESPONSIBILITY: To provide proof on income to establish eligibility; to report any subsequent changes in circumstances which impact eligibility; to cooperate with subsequent facility efforts to assess the appropriateness of the eligibility process.

RISK RESPONSIBILITY: You have the right to be informed that there are risks associated with any therapeutic procedure undertaken, such as, but not limited to:

- You could be subject to embarrassing moments or questions in group or individual counseling
- There could be someone in therapy that you would feel uncomfortable with;
- Your name could leave the building inadvertently

BY ACCEPTING TREATMENT YOU STATE THAT YOU ARE FULLY AWARE OF THESE AND OTHER RISKS INVOLVED.

Signature: _____ **Printed Name:** _____ **Date:** _____