

SOUTHWESTERN MENTAL HEALTH CENTER, INC
CLIENTS RIGHTS AND RESPONSIBILITY

As a client of Southwestern Mental Health Center, you have a right to privacy and to review information we keep in your file. Under the Minnesota Data Privacy Act, you have the right to:

- Be told why the information we request is needed;
- Be told how the information will be used;
- Be shown all information about yourself;
- Be told the consequences of refusing to supply the requested information; and
- Provide information about the accuracy of information in your file.

Why is the information needed?

The information which is requested about you, your household and family members is needed for one or more of the following reasons:

- To determine whether you are eligible for services;
- To enable us to collect federal, state or county funds for services or assistance you receive;
- To help us evaluate your needs for services and develop a plan to meet those needs.

How will the information be used?

The information we collect will be used by program staff members and employees of Southwestern Mental Health Center working with our programs for clinical, management, planning and evaluation purposes. No information will be released to any other agency or individual without your written consent, unless permitted by law.

What information do you have access to?

You may request in writing to be shown private information concerning yourself that is maintained by Southwestern Mental Health Center. A time will be scheduled for you to meet with the staff member who recorded the information.

What are the consequences of your refusing to supply requested information?

Certain financial information is needed to determine your ability to pay for the services you receive. If you cannot afford to pay for services but refuse to supply information concerning your family income and/or family size, you will be billed for the full amount.

Clinical information related to your social history and present concerns is necessary in order for 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 members.

How can you verify and contest the accuracy of written information about yourself?

Submit a written request to your therapist describing the nature of your disagreement. We will act on your request within 10 days.

What rights does a minor have regarding data privacy?

If you are a minor, you have the right to request that data about you be kept from your parents. This request should be in writing and both explain the reasons for withholding data from your parents and show that you understand the consequences of doing so. In a few cases the law permits us to withhold data from your parents without a request from you, if the data concerns the treatment of drug abuse or venereal disease or if you are married. If you have questions about this, ask the staff person who works with you.

If you have any questions about your privacy rights, please contact your therapist.

Clients Rights and Responsibilities

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As a client (or Parent/guardian of client) of Southwestern Mental Health Center, I shall have the right to:

1. Considerate and respectful care.
2. Services in the least restrictive setting that is necessary under the circumstances.
3. Have an individualized treatment plan, if needed.
4. Participate in the formulation of my treatment plan, if needed.
5. Full explanation of the risks associated with the use of any therapeutic procedure.
6. Refuse treatment except in emergency situations or where a court order exists.
7. Privacy and individuality as it relates to my social, religious and psychological well-being.
8. Private and humane treatment environment.
9. Privacy of treatment/records except that my account may be turned over for collection purposes if I fail to make payments as I have agreed.
10. Request an examination of my treatment record.
11. Assert grievances and have them considered through an impartial grievance procedure.
12. Exercise my rights without reprisal.
13. Referral as appropriate to other providers of mental health or chemical dependency services upon discharge.

As a client of Southwestern Mental Health Center, I agree to be responsible to:

1. Be honest and direct about all that relates to me as a client.
2. Understand my health problem. Should I wish assistance in understanding my problem, it will be my responsibility to ask my therapist for assistance.
3. Advise those involved in my care if I cannot or do not want to follow a treatment plan.
4. Inform my therapist of any changes in my health status.
5. Respect the rights of other clients to privacy.
6. Complete my individual Payment Agreement I have made with Southwestern Mental Health Center or take responsibility to discuss my financial needs with the Center's Director of Administrative Services for appropriate resolution.

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