

ADULT REHABILITATIVE MENTAL HEALTH SERVICES

RIGHTS AND RESPONSIBILITIES OF PROGRAM PARTICIPANTS

You have the right to considerate and respectful care. Our staff is responsible for considering your individuality as it relates to your ethnic, social, religious and psychological well-being and to provide you with those services which will best meet your individual needs in a professional and ethical manner.

You have the right to privacy and confidentiality. No information concerning your involvement in the program shall be made available to any organization, agency or individual without your written consent except in the following cases: if there is reported or suspected child abuse, if the recipient is a minor, the parents/guardians are entitled to know the condition, diagnosis and progress of therapy, when the recipient poses a "clear and imminent danger" to themselves or others, if the recipient is or becomes a "vulnerable adult", if a court subpoenas your records, every attempt will be made to preserve your rights of confidentiality allowed by law. In order to provide the best possible therapy, your case will be discussed with a supervising therapist during consultation and regular supervision.

You have the right to request and receive information about Adult Rehabilitative Mental Health Services Division and the rationale and goals of any services. You also have the right to request an explanation for any and all referral recommendations made in the program. You also have the right to seek a second opinion from another counseling service as well as refuse our services.

You have the right to contact your counselor at any time during your involvement in our program. If problems do arise and you feel the need to talk, we encourage you to contact your counselor. Our business address is listed above.

In a professional relationship, sexual intimacy is never appropriate and should be reported to the grievance board.

Mental health services are governed by the State of Minnesota by the following boards.

Board of Psychology	612-617-2230
Board of Marriage & Family Therapy	612-617-2220
Board of Nursing	612-617-2270
Board of Social Work	612-617-2100
Board of Behavioral Health	612-548-2177

And for everyone who does not fit in the above categories:

Unlicensed Mental Health Practitioners	651-431-2225
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Based on the credentials of your staff person, the appropriate board and phone number may be called. If you are unclear as to which Board should be contacted, our office may be contacted for the most directly responsible Board.

Team Approach to Your Treatment in ARMHS

ARMHS is an effective model of care that involves a team of trained staff to help coordinate within our program and with outside agencies and providers. In addition to an assigned Mental Health Practitioner, you will also receive services from Lead Mental Health Practitioners, Mental Health Professionals, and ARMHS nurses within our agency. Please know that in the event your assigned Mental Health Practitioner is on leave because of illness, other time off, or due to leaving our agency, a new Practitioner will be quickly assigned to maintain continuity of care.

No Show/Cancellation Policy

As a recipient of ARMHS you have the responsibility of maintaining your appointments with ARMHS staff. If you need to cancel an appointment we request that you do so at least 24 hours in advance. The agency policy is such that if you do not show for the session or late cancel (less than 24 hour notice) three times, your case will be closed.

Confidentiality in Community-Based Care

Your right to privacy and confidentiality can be at risk when meeting with your ARMHS staff in public. However, we recognize that sometimes clients choose to meet in a public place. If this occurs, every effort will be made to keep your communication private. Patients are financially responsible for services if their insurance processes claims as their deductible or spenddown. A service charge of 1.5% (18% annual rate), or the highest statutory amount allowed, whichever is higher, will be charged on accounts past due 60 days. I have read the above information on my rights as a Program Participant; I understand these rights and have received a copy of this statement. I also understand that Adult Rehabilitative Mental Health Services has the right to release records to my insurance company for payment of services.

I hereby acknowledge that the HIPAA/Notice of Privacy Practices and the MN Patient Rights, procedures for reporting alleged violations of patient's rights and grievance procedures have been made available to me.

Crisis Intervention

If a crisis situation should occur please follow your current crisis plan. If you do not have one, you can call one of the following numbers or dial 911:

- Crisis Connection (Twin Cities Metro): 612-379-6363
- Crisis Connection (outside of the metro): 866-379-6363
- National Suicide Prevention Hotline: 800-273-8255

Attestation for Consent

From the onset of treatment throughout termination your signature will be captured through verbal consent. By signing this document you understand that the following forms will require your verbal confirmation be given to the provider. The provider will ask you for your verbal consent after reviewing the following forms: Initial Treatment Plan and Updated Treatment Plans

Date: _____ Recipient: _____

Witness: _____

Parent/Guardian: _____