



Mankato Mental Health Associates, P.A.

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Patient Bill of Rights and Grievance Procedure

I, _____, have been given a copy of the *Patient Bill of Rights* which outlines the grievance procedure for Nurse Practitioners in the State of MN. I have read these rights and procedures and understand that staff will respect my right to seek clarification and will answer questions clearly and respectfully.

CLIENT SIGNATURE _____ DATE _____

WITNESS SIGNATURE _____ DATE _____

PARENT or GUARDIAN NAME PRINTED _____

PARENT or GUARDIAN _____ DATE _____

PARENT or GUARDIAN NAME PRINTED _____

PARENT or GUARDIAN _____ DATE _____