



Mankato Mental Health Associates, P.A.

201 North Broad Street, Suite 308 • Mankato, MN 56001
Main Office: 507-345-4448 • Fax: 507-345-6761
Medication Management: 507-508-9278
www.mankatomentalhealth.com • mmha@hickorytech.net

Patient Bill of Rights and Grievance Procedure

I, _____, have been given a copy of the *Patient Bill of Rights* which outlines the grievance procedure as a client of Mankato Mental Health Associates, P.A. I have and will 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 _____