

CLIENT BILL OF RIGHTS

- A. The client has a right to reasonable notice of changes in services or charges.
- B. The client has a right to complete and current information concerning the practitioner's assessment and recommended course of treatment, including the expected duration of treatment.
- C. The client may expect courteous treatment and to be free from verbal, physical, or sexual abuse by the practitioner.
- D. Client records and transactions with the practitioner are confidential, unless the release of these records is authorized in writing by the client, or otherwise provided by law.
- E. There are many other services which are available in the community such as:

Family and Children's Services (612) 728-2061

Walk In Counseling Center (612) 870-0565

- F. The Client has the right to choose freely among available practitioners, and to change practitioners after services have begun, within the limits of health insurance, medical assistance, or other health programs.
- G. The client has a right to coordinated transfer when there will be a change in the provider of services.
- H. The client may refuse services or treatment, unless otherwise provided by law.
- I. The client may assert their client rights without retaliation.
- J. The client has the right to be allowed access to records and written information in accordance with section 144.335 of Minnesota law.
- K. AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize the release of any medical information or other information necessary for billing or insurance claims processing. I agree that a reproduced copy of this original is as valid as the original.

- L. AUTHORIZATION TO PAY BENEFITS TO PROVIDER OF SERVICE
I authorize and request payment of medical benefits to the provider or supplier of services. I understand that I am responsible for all non-covered charges.

I have read and I understand the above statement of client rights.

Client signature _____ Date _____