

CLIENT RESPONSIBILITIES

1. To be an active participant in the therapeutic process.
2. To give 24-hour notice if an appointment cannot be kept. Failure to give notice may result in a charge.
3. To fulfill the fee agreement.
4. To respect the privacy rights of other persons served by Lutheran Social Service of Minnesota. (LSS of MN)

Data Privacy and Access to Records

LSS maintains information about clients who receive services. Most of this information or data is protected by Minnesota state law and is classified as private. Under the provisions of the Minnesota Data Privacy Act,

You have a right to:

1. Be told the purpose of collecting data from you and its intended use.
2. Be told that you may refuse to give LSS information and whether or not it is legally required for you to do so.
3. Be informed of what, if any, consequences might arise from your refusal to supply information sought.
4. Have your records kept private and made available only to appropriate program and support staff, and (possibly) appropriate employees of government units if you are participating in a program which receives city, state or federal funding.
5. Have access to review, with a therapist, information pertaining to you in your file and to be told what it means.

LSS is a welcoming organization offering employment opportunities and support for all people.

You do not have a right to:

1. Confidential records such as those pertaining to adoption.
2. Information in your file regarding another person who may have been in therapy jointly with you.

RIGHTS OF MINORS

If you are a minor, you have the right to ask that information about you be kept from your parents. You must make this request in writing. You must explain why you want the information to be withheld and what might happen if your parents had it. If we agree that withholding the information from your parents is in your best interest, it will not be shown to them.

REPORTING SUSPECTED ABUSE AND LIFE-THREATENING BEHAVIOR

There are times when we may not be able to protect information about you. Our employees must report suspected abuse or neglect of a child or vulnerable adult. If suicide or other life-threatening behavior is suspected, we may have to notify appropriate persons without your permission.

GRIEVANCE PROCEDURE

If you have a complaint or a concern about the way service was provided, please discuss this with your therapist or another staff member. You may also contact the LSS Behavioral Health Regional Director. Your complaint or concern will be investigated and you will receive a written response from LSS within 30 days. You also have the right to file a complaint with appropriate professional licensing boards. Staff or clients may appeal unresolved grievances to the Minnesota Department of Human Services: 651.296.3971

CONTACT US TODAY

888.881.8261

email us at: counseling@lssmn.org

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LSS BEHAVIORAL HEALTH SERVICES

Client's Rights & Responsibilities

CLIENT RIGHTS

1. To be *treated* with respect and courtesy by a qualified, competent professional.
2. To be *informed* of the cost of professional service before receiving service.
3. To *participate* with the therapist in defining the problem and in determining how it will be addressed.
4. To have *respect* given for the uniqueness of each person's faith, social philosophy and background.
5. To *disagree* with the therapist and to *express* concern openly about any part of the therapy, verbally or in writing.
6. To be *given* specific reasons for referral, transfer or termination of the therapeutic relationship.
7. To give *written* permission for sharing information in your file to insurance companies, other medical and mental health providers, etc.
8. To be *free* from exploitation for the benefit or advantage of the therapist.
9. To *refuse* recommended treatment or services and be advised by my counselor of the consequences for refusal.