

# **Lakes Area Counseling**

## **Patient Rights, Risks and Tennesen Warning**

### **Patient Rights**

1. Every patient has the right to considerate and respectful treatment.
2. Every patient can expect to obtain from the appropriate staff, complete and current information concerning their diagnosis, treatment, and prognosis in language that the patient can understand.
3. Every patient has the right to consideration of his or her individuality as it relates to social, cultural, religious and psychological well being.
4. Every patient has the right to refuse treatment if, after thorough explanation, the patient (or those acting on their behalf) is of the opinion that the treatment is not in the best interest of the patient.
5. Every patient has the right to expect that if a scheduled appointment cannot be kept, the patient will be advised in a reasonable period of time.
6. A patient may use the following grievance procedure if they have a complaint regarding the service or treatment:
  - a. The complaint or grievance must first be discussed with the staff involved.
  - b. If that is not satisfactory, the complaint will be referred to the Program Director who will act on the complaint within 3 days.
  - c. If the person making the complaint is not satisfied, a written complaint drafted by the patient will be referred to the Program's Governing Body. The Governing Body will render a recommendation within 10 days of receiving the complaint. The Program Director will deliver this recommendation to the persons involved within 3 working days. The written complaint drafted by the patient that is to be brought before the Governing Body must be placed on the meeting agenda at least 3 days prior to the meeting. Another person of the patient's choosing may assist the person(s) making the complaint in presenting the complaint.
  - d. In cases where there has been alleged abuse or neglect, appropriate authorities will be notified as soon as allegations are made clear.

## **Risks**

1. Lakes Area Counseling cannot guarantee your recovery from problems for which you are being treated. We can, however, teach you some of the tools and provide resources you will need in order to assume responsibility for your mental health. It is your responsibility to utilize these skills and resources while in treatment and after you leave treatment.
2. It is important for you to be aware that participation in treatment may impact your health insurance costs and coverage.
3. Minnesota State Law requires that we report any suspected child abuse or neglect to the proper authorities.
4. Your involvement in Lakes Area Counseling may be emotionally painful for you. Due to the nature of some mental health problems, the individual sometimes hides or covers up past painful behaviors and feelings. In order to help you, we need to take a realistic look at these issues.

## **Tennesen Warning**

1. Information shared with Lakes Area Counseling will be held in confidence by staff. Only persons or parties that you or your parent or legal guardian (if under 18) have consented to have information released to will be kept informed as to your progress. There are 2 exceptions:
  - a. As counselors we are bound by Minnesota State Law to report any suspected child abuse or neglect.
  - b. We are also bound by the “Duty to Warn” rule which means that if you are threatening to harm another person or their property, it is our duty to make a reasonable effort to contact that person or law enforcement officials.
2. Minors have the right to request that data about him or her is withheld from the parents. This document constitutes notice of that right. Minors must notify Lakes Area Counseling staff in writing if they wish that data is withheld from parents. The request from the minor should include the reasons for denying parental access to data and should be signed by the minor. Lakes Area Counseling will withhold the information if it is in the best interests of the minor.

## **Lakes Area Counseling Patient Rights, Risks and Tennesen Warning**

My signature below indicates that I have received a copy of the handout titled *Patient Rights, Risks and Tennesen Warning*. I have read this document and have had an opportunity to discuss it with staff.

I agree to participate in therapy at Lakes Area Counseling.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

- The patient takes home the attached: *Patient Rights, Risks and Tennesen Warning*
- This signature sheet is detached from the packet and placed in the patient's chart