

**As a patient of the Minneapolis Department of Health & Family Support School Based Clinic Program, you have the right to:**

- Courteous and respectful treatment, including sensitivity toward your cultural values, personal values, beliefs, and preferences.
- Receive appropriate health care based on your needs as well as continuity of care by different health care professionals.
- Receive complete and current information about your treatment so that you can make informed decisions, including information concerning diagnosis, treatment, and prognosis, and the risks and benefits of recommended treatment; this includes information about prescribed medications and their purpose, possible side effects, and any alternatives to medication.
- Receive information in plain language; appropriate assistance will be provided if you cannot read or speak English or if you have communication impairment.
- Refuse or terminate services or treatment (as permitted by law).
- Know and receive in writing, upon request, the following information about the professionals who work with you: 1) name and title; 2) license number; 3) the specialty, if any, of the provider responsible for coordinating your care; and 4) the name, business address, and telephone number of the professional's supervisor, if any.
- Expect that the professional working with you has met the qualifications of training and experience required by law and to be informed, upon request, of the professional's education, training, and experience.
- Information about fees, the method of billing, insurance coverage, and whether we are willing to accept partial payment or to waive payment; also, information about the expected length and charges for those services, before receiving the services, and a right to reasonable notice of changes in services or charges.
- Refuse to give any information at any time; however, the lack of information may affect our ability to help you.
- Request a different professional, within the limits of our agency's clinical practices, health insurance, medical assistance, or other payment programs or agreements.
- A referral when you need services we cannot provide; we will also make a referral when you ask us to do so.
- Information about available health and social services in the community, upon request.
- Privacy related to your health care: case discussion, consultation, examination and treatment are confidential and conducted discreetly.
- Confidentiality of your records, unless 1) you authorize in writing the release of these records, or 2) as provided by law. You are allowed access to your records according to state and federal law; this and other rights and restrictions concerning the privacy of your records are described in the Notice of Privacy Practices.
- Obtain a copy of the rules of professional conduct governing your professional's practice from the Minnesota Department of Administration at 50 Sherburne Ave. St. Paul, MN 55155 or 651-201-2555.
- Examine public records maintained by the licensing board or agency governing the practice of the professional(s) providing service to you. Upon request, the Department Manager will provide you with the address and telephone number of the licensing board or agency.

***You may assert your rights without retaliation. If you have questions about your rights, please ask your provider.***

**Non-Discrimination**

We will not discriminate against you in the provision of care, treatment or services based on age, sex, race, creed, marital status, religion, national origin, disability, sexual preference, public assistance status or criminal record.

You have the right to be free from sexual harassment, sexual contact, verbal, physical or sexual abuse, and any form of exploitation by the staff treating you.

**Reporting a Complaint**

You may openly communicate your dissatisfaction, and raise questions or concerns about the service you have received at the School Based Clinics, without fear. The School Based Clinics want to know about your dissatisfaction or concerns.

If you are dissatisfied with our services, please tell one of our staff - they all can assist you in resolving difficulties. If an individual staff member is unable to help you, they will involve your healthcare provider or the Program Manager in an attempt to resolve the problem. If you remain dissatisfied or still have concerns, you may file a formal complaint by filling out a complaint form. If necessary staff will help you fill out the complaint form. You can anticipate a clinic representative to contact you to discuss your concerns as soon as possible after filing the complaint form. If you continue to have unresolved questions or concerns, you may contact the Minneapolis Department of Health & Family Support at 612-673-2301 to speak with Department Director.

You may also report a complaint to the licensing board or agency governing the practice of the professional(s) providing service to you. Upon request, the Program Manager will provide information regarding the procedure for filing a complaint with the respective board as well as the address or telephone number of the licensing board or agency.

**Cessation of Services – Behavioral Health**

We may decline or discontinue providing you behavioral health services when you are not likely to benefit from continued professional services or the services are unneeded. We may also decline or discontinue providing behavioral health services when you refuse to engage in the therapeutic process, violate program rules, or become a risk to others.

If we decline or discontinue providing you therapeutic services, we will inform you of our decision orally and in writing, and will assist you in obtaining services from another professional.

**As a patient of Minneapolis Department of Health & Family Support School Based Clinics Program, you have a responsibility to:**

- Provide, to the best of your knowledge, accurate and complete health information.
- Provide, to the best of your knowledge, accurate and complete insurance/medical assistance information.
- Tell a provider if you do not understand the information given you about your diagnosis, treatment and/or programs.
- Follow your treatment plan.
- Be considerate and respectful of other patients and staff.
- Express concerns about your personal safety.

The Minneapolis Department of Health & Family Support School Based Clinic will provide care, treatment and services within its capability and mission, and in compliance with law and regulation.

If you need this material in an alternative format please call Minneapolis Department of Health and Family Support at 612-673-2301 or email [health.familysupport@minneapolismn.gov](mailto:health.familysupport@minneapolismn.gov). Deaf and hard-of-hearing persons may use a relay service to call 311 agents at 612-673-3000. TTY users may call 612-673-2157 or 612-673-2626.

Attention: If you have any questions regarding this material please call Minneapolis Department of Health and Family Support 612-673-2301.

Hmong - Ceeb toom. Yog koj xav tau kev pab txhais cov xov no rau koj dawb, hu 612-673-2800;

Spanish - Atención. Si desea recibir asistencia gratuita para traducir esta información, llama 612-673-2700;

Somali - Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjamadda macluumaadkani oo lacag la' aan wac 612-673-3500