MINNESOTA MENTAL HEALTH CLINICS

Revised: May 4, 2016

Treatment Agreement

Privacy Policy and Client Rights and Responsibilities: The privacy of your medical information is important to us and we are committed to protecting it. A record of your care will be created for the services received while a patient at our office. This record is necessary to provide you with quality care and to comply with certain legal requirements. Your medical information may be disclosed to other treating providers at your request, your insurance company to assist in payment of your claim and to pharmacies to assist in obtaining your medications. Full notice of our privacy policy is posted on our waiting room wall. You are being given a copy of your rights and responsibilities. **My signature on this form acknowledges I have read this policy and have been informed of the privacy policy of this office.**

Complaints, Grievances, or alleged violations of rights: I have received a copy of the procedure to report a complaint, grievance or rights violation and understand its contents. You have the right to file a complaint with us about our privacy practices or our compliances with our Notice of Privacy Practices, our Privacy Policies and Procedures, or federal or state privacy rules or law. The contact information to do so is: Minnesota Department of Health and Human Service, 540 Cedar St, St Paul, MN 55101, (651) 431-2000

Mental Health Services: I give permission to Minnesota Mental Health Clinics to evaluate, administer diagnostic testing, prescribe medication, develop a treatment plan and provide treatment with my participation. I understand that the practice of medicine and psychotherapy is not an exact science and I acknowledge that no guarantees have been made to me as the result of assessment or treatment in this facility.

After Hours Emergency: If there is an after hour emergency, I can call the agency and follow the directions given on the recording or refer to the list I've been given for crisis assistance.

Telephone Confidentiality: In the event the Minnesota Mental Health Clinics staff must telephone the client for purposes such as appointment cancellations or reminders, or to give/receive other information, efforts are made to preserve confidentiality. Unless you give us other instructions below, we will call your home and/or office, first we will ask to speak to the client or guardian without identifying the name of the agency (to protect confidentiality). If necessary we will identify ourselves as your therapist's/provider's office, we do not say the name of the agency or nature of the call, but rather the mental health professional's name only. If we reach an answering machine or voice mail we will follow the same guidelines. If you'd like us to contact you by another procedure, please list where we may reach you by phone and how you would like us to identify ourselves. Include phone numbers and how you would like us to identify ourselves when phoning you.

I wish to be contacted in the following manner (check all that applies):

Home Telephone: _____

___ OK to leave message with detailed information

___ Leave message with callback number only

Written Communication:

___ OK to mail to my home address

___ OK to mail to my work/office

___ OK to fax to this number: _____

Email or Texting:

Email address: _____

Cell Phone; _____

___ OK to leave message with detailed information

___ OK to send appointment information

___ Ok to send customer surveys

___ Ok to send communications on services or offerings

Work Phone: _____

___ OK to leave message with detailed information

___ Leave message with callback number only

Client Name (please print) _____

Signature_____ Date: _____

Parent or Guardian Signature_____ Date: _____

Parent or Guardian (please print) _____

Minnesota Mental Health Clinics Eagan Clinic-3450 O'Leary Lane, Eagan MN 55123 Phone: 651-454-0114 Fax: 651-454-3492
Edina Clinic- 6525 Drew Ave. So. Edina, MN 55435 Appointments call 651-365-8222 Fax: 651-454-3492
Lakeville Clinic-18586 Joplin Ave., Lakeville, MN 55044 Phone: 952-435-8700 Fax: 952-435-0599
Maplewood-2785 White Bear Ave. Suite 403, Maplewood, MN 55109 Phone: 651-365-8289 Fax: 651-365-8283
Southwest Minneapolis Clinic-5346 Lyndale Ave. So., Minneapolis, MN 55419 Phone: 612-746-5888 Fax: 612-746-5518
Woodbury Clinic-1000 Radio Dr. Suite 210, Woodbury, MN 55125 Phone: 651-365-8209 Fax: 651-739-0272