

CLIENT RIGHTS AND RESPONSIBILITIES

Each individual receiving services shall be protected by a client's Bill of Rights which include but are not limited to the following:

- Expect that the provider meet the minimum qualifications of training and experience required by state law.
- Examine public records maintained by the Board of Behavioral Health and Therapy that contain the credentials of the provider.
- Report complaints to the Board of Behavioral Health and Therapy.
- Be informed of the cost of professional services before receiving the services.
- Privacy as defined and limited by law and rule.
- Be free from being the object of unlawful discrimination while receiving counseling services.
- Have access to your records as provided in sections 144.92 and 148F.135 subdivision 1, except otherwise provided by law.
- Be free from exploitation for the benefit or advantage of the provider.
- Terminate services at any time, except as otherwise provided by law or court order.
- Know the intended recipients of assessment results.
- Withdraw consent to release assessment results, unless the right is prohibited by law or court order or was waived by prior written agreement.
- A non-technical description of assessment procedures.
- A non-technical explanation and interpretation of assessment results, unless this right is prohibited by law or court order or was waived by prior written agreement.
- A client has the right to have, and a counselor has the responsibility to provide a nontechnical explanation of the nature and purpose of the counseling procedures to be used and the results of tests administered to the client.
- The provider shall treat the client as an individual and not impose on the client any stereotypes of behavior, values or roles related to human diversity.
- The provider shall not misuse the relationship with a client due to a relationship with another individual or entity.
- The provider shall not exploit the professional relationship with a client for the provider's emotional, financial, sexual, or personal advantage or benefit. This prohibition extends to former clients who are vulnerable or dependent on the provider.
- The provider shall not engage in any sexual behavior with a client including: sexual contact, as defined in section 604.20, subdivision 7; or any physical, verbal, written, interactive, or electronic communication, conduct, or act that may be reasonably interpreted to be sexually seductive, demeaning, or harassing to the client.
- The provider shall not engage in any sexual behavior as described in subdivision 6 within the two-year period following the date of the last counseling service to a former client. This applies whether or not the provider has formally terminated the professional relationship. This extends indefinitely for a former client who is vulnerable or dependent on the provider.
- The provider shall disclose to the client the provider's preferences for choice of treatment or outcome and shall present other options for the consideration of choice of the client.
- The provider shall make a prompt and appropriate referral of the client to another professional when requested to make a referral by the client.
- Receive courteous treatment.
- Receive appropriate care.

- Know the identity of treating provider.
- Have relationships with other health services.
- Provide informed consent for all mental health treatment, health treatment for developmental disabilities.
- Participate in treatment planning.
- Involvement of family, friends and/or natural supports in the treatment.
- Be provided and informed about client rights and responsibilities.
- Continuity of care.
- Right to refuse care.
- Be informed of and provide consent for experimental research.
- Treatment privacy.
- Disclosure of service available.
- Responsive service.
- Grievances.
- Protection and advocacy services.

Each individual receiving services shall be made aware of and engage in the following Client Responsibilities:

- Provide all pertinent information needed for treatment.
- Participate to the degree possible in understanding your behavioral health care problems and developing mutually agreed upon treatment goals.
- Follow the plan for treatment.
- Keep your appointments or cancel in a timely manner.
- Let the NWMHC know of any special arrangements you might need due to the disability or special condition.
- Let the primary treatment provider, physician or nurse know if medications are discontinued or problems with medications are occurring.
- Use the 24/7 crisis line if a behavioral health crisis or emergent situation exists.
- Respect others' confidentiality.
- Let the NWMHC know if your name, address, phone number, financial status or information changes.
- Let the NWMHC know if you do not plan to return for services.
- Let the NWMHC know if you are dissatisfied with services.
- Make sure payments for all services are made in a timely manner.
- Treat staff and other clients with courtesy and respect.
- Assist the NWMHC in coordinating your care with other outside providers.
- Assist the NWMHC in maintaining a safe environment.
- Participate in your child's treatment.

Committed Individuals have the above rights and responsibilities plus the following specific rights as detailed in MN Statute 253B.03 and which is summarized below; all clients to whom this statute applies may request a copy of this statute:

- The right to be free from restraints.
 - Restraints shall not be applied to clients with developmental disabilities except as permitted under section 245.825 and rules of the commissioner of human services.

- Consent must be obtained from the person or person's guardian except for emergency procedures as permitted under rules of the commissioner adopted under section 245.825.
- Each use of a restraint and reason for it shall be made part of the clinical record of the client under the signature of the head of the treatment facility.
- The right to correspond freely without censorship.
 - The head of the treatment facility may restrict correspondence if the client's medical welfare requires this restriction.
 - Any limitation imposed on the exercise of a client's correspondence rights and the reason for it shall be part of the clinical record of the client.
 - Any communication that is not delivered to a client shall be immediately returned to the sender.
- Subject to the general rules of the treatment facility, a client has the right to receive visitors and make phone calls.
 - The head of the treatment facility may restrict visits and phone calls on determining that the medical welfare of the client requires it.
 - Any limitations imposed on the exercise of the client's visitation and phone call rights and the reason for it shall be made a part of the clinical record of client.
- The right to meet with or call a personal physician, spiritual advisor, and counsel at all reasonable times.
- The right to continue the practice of religion.
- Upon admission to a facility where federal law prohibits unauthorized disclosure of client or resident identifying information to callers and visitors, the client, resident or legal guardian of the client or resident, shall be given the opportunity to authorize disclosure of the client's or resident's presence in the facility to callers and visitors who may seek to communicate with the client or resident.
 - To the extent possible, the legal guardian of a client shall consider the opinions of the client regarding the disclosure of the client in the facility.
- The right to periodic medical assessment, including assessment of the medical necessity of continuing care and, if the treatment facility declines to provide continuing care, the right to receive specific written reason why continuing care is declined at the time of the assessment.
 - The treatment facility shall assess the physical and mental condition of every client as frequently as necessary, but not less often than annually.
 - If the client refuses to be examined, the facility shall document in the client's chart its attempts to examine the client.
 - If a person is committed as developmentally disabled for an indeterminate period of time, the three-year judicial review must include the annual reviews for each year as outline in Minnesota Rules, part 9525.0075, subpart 6.
- The right to prior consent to any medical or surgical treatment, other than treatment for chemical dependency or nonintrusive treatment for mental illness.
 - The following shall be used to obtain consent for any treatment necessary to preserve the life or health of any committed client:
 - The written, informed consent of a competent adult client for the treatment is sufficient.
 - If the client is subject to guardianship which includes the provision of medical care, the written, informed consent of the guardian for the treatment is sufficient.
 - If the head of the treatment facility determines that the client is not competent to consent to the treatment and the client has not been adjudicated incompetent, written, informed consent for the surgery or medical treatment shall be obtained from the nearest proper relative.

- For this purpose, the following persons are proper relatives, in the order listed: the client's spouse, parent, adult child, or adult sibling.
 - If the nearest proper relatives cannot be located, refuse to consent to the procedure, or are unable to consent, the head of the treatment facility or an interested person may petition the committing court for approval for the treatment or may petition a court of competent jurisdiction for the appointment of a guardian.
 - The determination that the client is not competent, and the reasons for the determination, shall be documented in the client's clinical record.
 - Consent to treatment of any minor client shall be secured in accordance with sections 144.341 to 144.346. A minor 16 years of age or older may consent to hospitalization, routine diagnostic evaluation, and emergency or short-term acute care.
 - In the case of an emergency when the persons ordinarily qualified to give consent cannot be located, the head of the treatment facility may give consent.
 - No person who consents to treatment pursuant to the provisions of this subdivision shall be civilly or criminally liable for the performance or the manner of performing the treatment. No person shall be liable for performing treatment without consent if written, informed consent was given pursuant to this subdivision. This provision shall not affect any other liability which may result from the manner in which the treatment is performed.
- A client or resident with a developmental disability, or the client's guardian, has the right to give or withhold consent before (1) the implementation of any aversive or deprivation procedure except for emergency procedures permitted in rules of the commissioner adopted under section 245.825; or (2) the administration of psychotropic medication.
- A competent person admitted voluntarily to a treatment facility may be subjected to intrusive mental health treatment only with the person's written informed consent.
 - For the purpose of this section, "intrusive mental health treatment" means electroshock therapy and neuroleptic medication and does not include treatment for a developmental disability.
 - An incompetent person who has prepared a directive under subdivision 6d regarding treatment with intrusive therapies must be treated in accordance with this section, except in the cases of emergencies.
- A competent adult may make a declaration of preferences or instruction regarding intrusive Mental Health treatment. These preferences or instructions may include, but are not limited to, consent to or refusal of these treatments.
 - A declaration may designate a proxy to make decisions about intrusive mental health treatment. A proxy designated to make decisions about intrusive mental health treatments and who agrees to serve as proxy may make decisions on behalf of a declarant consistent with any desires the declarant expresses in the declaration.
 - A declaration is effective only if it is signed by the declarant and two witnesses. The witnesses must include a statement that they believe the declarant understands the nature and significance of the declaration.
 - A declaration becomes operative when it is delivered to the declarant's physician or other mental health treatment provider.
 - The physician or provider must comply with it to the fullest extent possible, consistent with reasonable medical practice, the availability of treatments requested, and applicable law.
 - The physician or provider shall continue to obtain the declarant's informed consent to all intrusive mental health treatment decisions if the declarant is capable of informed consent.

- A treatment provider may not require a person to make a declaration under this subdivision as a condition of receiving services.
- The physician or other provider shall make the declaration a part of the declarant's medical record. If the physician or other provider is unwilling at any time to comply with the declaration, the physician or provider must promptly notify the declarant and document the notification in the declarant's medical record.
- If the declarant has been committed as a client under this chapter, the physician or provider may subject a declarant to intrusive treatment in a manner contrary to the declarant's expressed wishes, only upon order of the committing court.
- If the declarant is not a committed client under this chapter, the physician or provider may subject the declarant to intrusive treatment in a manner contrary to the declarant's expressed wishes, only if the declarant is committed as mentally ill or mentally ill and dangerous to the public and a court order authorizing the treatment has been issued.
- A declaration under this subdivision may be revoked in whole or in part at any time and in any manner by the declarant if the declarant is competent at the time of revocation. A revocation is effective when a competent declarant communicates the revocation to the attending physician or other provider. The attending physician or other provider shall note the revocation as part of the declarant's medical record.
- A provider who administers intrusive mental health treatment according to and in good faith reliance upon the validity of a declaration under the subdivision is held harmless from any liability resulting from a subsequent finding of invalidity.
- In addition to making a declaration under this subdivision, a competent adult may delegate parental powers under section 524.5-211 or may nominate a guardian under sections 524.5-101 to 524.5-502.
- A person receiving services under this chapter has the right to receive proper care and treatment, best adapted, according to the contemporary professional standards, to rendering further supervision unnecessary.
 - The treatment facility shall devise a written program plan for each person which describes in behavioral terms the case problems, the precise goals, including the expected period of time for treatment and the specific measures to be employed.
 - Each plan shall be reviewed at least quarterly to determine progress toward the goals, and to modify the program plan as necessary.
 - The program plan shall be devised and reviewed with the designated agency and with the client.
 - The clinical record shall reflect the program plan review.
 - If the designated agency or the client does not participate in the planning and review, the clinical record shall include reasons for nonparticipation and the plans for future involvement.
- The right to access personal medical records.
 - Notwithstanding the provisions of section 144.292, every person subject to a proceeding or receiving services pursuant to this chapter and the client's attorney shall have complete access to all medical records relevant to the person's commitment.
 - A provider may require an attorney to provide evidence of representation of the client or an authorization signed by the client.
- All persons admitted or committed to a treatment facility shall be notified in writing of their rights regarding hospitalization and other treatment at the time of admission.
 - The notification must include:

- Client rights specified in this section and section 144.651, including nursing home discharge rights;
 - The right to obtain treatment and services voluntarily under this chapter;
 - The right to voluntary admission and release under section 253B.04;
 - Rights in case of an emergency admission under section 253B.05, including the right to documentation in support of an emergency hold and the right to a summary hearing before a judge if the patient believes an emergency hold is improper;
 - The right to request expedited review under section 62M.05 if additional days of inpatient stay are denied;
 - The right to continuing benefits pending appeal and to an expedited administrative hearing under section 256.045 if the patient is a recipient of medical assistance or MinnesotaCare; and
 - The right to an external appeal process under section 62Q.73, including the right to a second opinion.
- The right to a proxy; a legally authorized health care proxy, agent, or guardian who can exercise the client's rights on the client's behalf.