

Rights and Notices

LSS BEHAVIORAL HEALTH SERVICES



- I / we agree to participate in scheduled meetings with the Lutheran Social Service of Minnesota staff to begin developing a plan for service.
- I / we certify we have been offered a copy of the Cost Estimate.
- I / we certify we have reviewed and been offered a copy of the Client's Rights and Responsibilities brochure.
- I / we certify we have reviewed and been offered a copy of the Notice of Privacy Practices.
 - I request a copy of the Cost Estimate.
 - I request a copy of the Client's Rights and Responsibilities brochure.
 - I request a copy of the Notice of Privacy Practices.

REMINDER CALLS

Our policy is to provide a courtesy appointment reminder the day (or business day) before your scheduled session unless you indicate you do not want one. You have the option for receiving a text message, an email or a phone call. Please complete the following to designate your preference of reminder.

Print name: _____
(parent / guardian name if applicable)

- I would like a phone call reminder.
 - Phone Number to call: _____
 - Okay to leave a message? Yes No
- I would like a reminder text.
 - Phone Number to text: _____
 - Cell Phone Carrier: _____
- I would like a reminder by email.
 - Email Address: _____
- I do not want a reminder call.

Preferred Contact Method: _____

Client / Guardian Signature: _____ Date: _____

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CONFIDENTIALITY NOTICE

All information discussed in these meetings is confidential and will not be shared with anyone, unless:

- I have threatened to seriously harm myself or others.
- I report that I am or have been physically or sexually abusing and /or neglectful of a minor child or vulnerable adult.
- I am under the age of 18 and report that I am being physically or sexually abused.
- I am under the age of 18 and report alcohol or drug use that may be an imminent threat to my health or my unborn child.
- I am over the age of 18 and report alcohol or drug use that may be an imminent threat to my unborn child.
- I give written permission for certain information to be shared with a specific person or social service agency.
- A judge orders records or testimony regarding your treatment.

PRIVACY STATEMENT

- Data collected by LSS on individual is classified as Private.
- Data which has been designated by Federal law (rule or statute), State statute or temporary classification as inaccessible to the general public, but accessible to subject. MN 1302-sub Div.12.

GRIEVANCE

- Staff or clients may appeal unresolved grievances to the Department of Human Services at 612.296.3971.

UNDERSTANDING ELECTRONIC COMMUNICATION

- Electronic communication is not a format for therapy or counseling, particularly involving issues of an urgent nature.
- Lutheran Social Service can make no guarantee of response within a certain timeframe.
- Electronic communication is not encrypted; therefore, not as confidential as mail or telephone communication.
- It is possible for a third party to intercept and read electronic communication without knowledge of either the sender or recipient.
- I accept the risk of loss of privacy or confidential information associated with communication transmitted electronically.

Client / Guardian Signature: _____ Date: _____