

1801 E. Kemp Ave. * Watertown, SD 57201
(605) 753-5520

CLIENT RIGHTS AND RESPONSIBILITIES

As a consumer of services provided by Lori A. Redlinger, d.b.a. Dakota Counseling & Mediation, you have the **right**:

- 1) To be fully informed of the services and charges.
- 2) To be treated with dignity and respect.
- 3) To quality care provided by a Licensed Professional Counselor
- 4) To treatment services which do not discriminate on the basis of race, religion, sex, ethnicity, sexual orientation, marital status, age or disability.
- 5) To participate in treatment planning.
- 6) To individualized treatment in the least restrictive environment.
- 7) To refuse extraordinary treatment.
- 8) To expect service providers to make reasonable responses to your requests; you have the right to voice grievances and recommend changes in policies and services provided by Dakota Counseling & Mediation.
- 9) To seek and have access to legal representation.
- 10) To confidentiality in accordance with 42 CFR 2 (October, 1985). The confidentiality of a client's records maintained by Dakota Counseling & Mediation is protected by Federal Law and ethical regulations. The identity of a client and any information regarding the client can only be disclosed under the following circumstances:
 - a) The client consents, in writing, to release of information to a third party.
 - b) The disclosure is allowed by court order.
 - c) The disclosure is made to medical personnel in the case of medical emergency or qualified personnel for evaluation.
 - d) The client threatens to harm self or others. As mental health professionals we have a "duty to warn" threatened individuals.
 - e) Suspected abuse and/or neglect of a child, elderly person, or person with a disability. According to law and ethical standards we are considered "mandated reporters" of any abuse and/or neglect issues.

I/We understand that a free exchange of information between Dakota Counseling and Mediation and independently contracted supervisor(s) regarding my evaluation and treatment will take place as necessary.

Violations of regulations may be reported to the United States Attorney, South Dakota Licenser Board for Professional Counselors, or the American Counseling Association.

CLIENT RIGHTS AND RESPONSIBILITIES

As a client of Dakota Counseling & Mediation, you have the **responsibility**:

- 1) To attend your appointment as scheduled and to notify your counselor, in advance, when you will be unable to attend your appointment.
- 2) To provide payment for services at the conclusion of each session.
- 3) To be open and honest with your counselor.
- 4) To treatment services which to not discriminate on the basis of race, religion, sex, ethnicity, sexual orientation, marital status, age or disability.
- 5) To participate in your treatment planning.
- 6) To treat Dakota Counseling and Mediation staff members with courtesy and respect.
- 7) To refuse extraordinary treatment.
- 8) To ensure that children who may need to accompany you to your appointment are properly supervised at all times.

HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Dakota Counseling & Mediation has been and always will be totally committed to maintaining clients' confidentiality. We will only release healthcare information about you in accordance with federal and state laws and ethics of the counseling profession.

This notice describes our policies related to the use and disclosure of your healthcare information.

Use and disclosure of your health information is for the purpose of providing services. Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. State and federal laws allow us to use and disclose your health information for these purposes.

TREATMENT: We may need to use or disclose health information about you to provide, manage or coordinate your care or related services. This could include consultants and potential referral sources.

PAYMENT: Information needed to verify insurance coverage and/or benefits with your insurance carrier, to process your claims as well as information needed for billing and collection purposes. We may bill the person in your family who pays for your insurance.

HEALTHCARE OPERATIONS: We may need to use information about you to review our treatment procedures and business activity. Information may be used for certification, compliance and licensing activities.

Other uses or disclosures of your information which do not require your consent: There are some instances where we may be required to use and disclose information without your consent. For example (but not limited to): information you and/or your child or children report about physical or sexual abuse; then by South Dakota State Law, we are obligated to report this to Child Protection Services, information provided by you that informs us that you are in danger of harming yourself or others, information to remind you about or to reschedule appointments or treatment alternatives, information shared with law enforcement if a crime is committed on our premises or against our staff or as required by law such as a subpoena or court order.

HIPAA CLIENT RIGHTS

Right to request how we contact you.

It is our normal practice to communicate with you at your home address and daytime phone number you gave us when you scheduled your appointment about health matters such as appointment reminders, etc. Sometimes we may leave messages on your voicemail. You have the right to request that our office communicate with you in a different way. May we contact you at home? Yes No May we contact you at work? Yes No May we contact you by cell phone? Yes No If "No" to all of the above, where may we contact you?

Right to release your medical records.

You may consent in writing to release your records to others. You have the right to revoke this authorization, in writing, at any time. However, a revocation is not valid to the extent that we have acted in reliance on such authorization.

Right to inspect and copy your medical and billing records.

You have the right to inspect and obtain a copy of your information contained in our medical records. To request access to your billing or health information, contact Lori Redlinger, owner and operator of Dakota Counseling & Mediation. Under limited circumstances we may deny your request to inspect and copy. If you ask for a copy of any information, we will charge a reasonable fee for the costs of copying, mailing and supplies.

Right to add information or amend your medical records.

If you feel that information contained in your medical record is incorrect or incomplete, you may ask us to add information to amend the record. We will make a decision on your request within 60 days, or in some cases, within 90 days. Under certain circumstances, we may deny your request to add or amend information. If we deny your request, you have a right to file a statement that you disagree. Your statement and our response will be added to your record. To request an amendment, you must contact Lori Redlinger. We will require you to submit your request in writing and to provide an explanation concerning the reason for your request.

Right to an accounting of disclosures.

You have the right to request an accounting of disclosures, if any, which is a list of certain disclosures such as child or elder abuse, disclosures related to suicidal or homicidal threats, and disclosures to the U.S. Department of Health and Human Services to evaluate compliance.

Right to request restrictions on uses and disclosures of your health information.

You have the right to ask for restrictions on certain uses and disclosures of your health information. This request must be submitted in writing to Lori Redlinger. However, we are not required to agree to such a request.

Right to complain.

If you believe your privacy rights have been violated, please contact us personally and discuss your concerns. If you are not satisfied with the outcome, you may file a written complaint with the U.S. Department of Health and Human Services. An individual will not be retaliated against for filing such a complaint.

Right to receive changes in policy.

You have the right to receive any future policy changes secondary to changes in state and federal laws. This can be obtained from Lori Redlinger at the contact number below.

WRITTEN ACKNOWLEDGEMENT

The signature below verifies that you fully understand and have received copies of Client Rights and Responsibilities and the HIPAA Notice of Privacy Practices. If you have any questions about the information in either of these documents, you are encouraged to discuss them with your counselor. If you believe your rights have been violated by Dakota Counseling and Mediation, please contact your therapist as soon as possible. You are also encouraged to follow the steps for a grievance procedure in order to ensure a resolution of the grievance.

I understand that my signature below also means that I give consent to Dakota Counseling and Mediation to provide clinical services to me. This includes the use of standard mental health procedures and chemical dependency procedures deemed necessary in my evaluation or treatment of my child or other person of whom I am the legal guardian.

Client/Legal Guardian _____ Date _____

Witness _____ Date _____

I authorize my counselor to exchange information regarding diagnosis, medications, treatment plan and progress with the following referrers:

_____ my physician _____ school personnel _____ my insurance company
(diagnosis/treatment plan only) _____ other (_____)

Client/Legal Guardian _____ Date _____

For office use only

I attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices but acknowledgement could not be obtained because:

- _____ Individual refused to sign
- _____ Communication barrier prohibited obtaining this acknowledgment
- _____ Emergency situation prevented me from obtaining acknowledgment
- _____ Other (please specify)
