1. You have the right to considerate and respectful care. Our staff is responsible for considering your individuality as it relates to your ethnic, social, religious, and psychological well-being and to provide you with those services which will best meet your individual needs in a professional and ethical manner. This includes appropriate behavior by staff and program participants. Any questions or concerns you have should be directed to your practitioner, their supervisor or the agency.

2. You have the right to privacy and confidentiality. No information concerning your involvement in the program shall be made available to any organization, agency or individual without your written consent, except as outlined in the Notice of Privacy Practices. In order to provide the best possible therapy, your case will be discussed with a supervising therapist during consultation and regular supervision.

3. You have the right to request and receive information about Professional Family Based Division and/or Family Support Services, Inc. and the rationale and goals of any services. You also have the right to request an explanation for any and all referral recommendations made in the program. You also have the right to seek a second opinion from another counseling service as well as refuse our services.

4. You have the right to contact your counselor during your involvement in our program. If problems do arise and you feel the need to talk, we encourage you to contact your practitioner. Calls will be returned during business hours of 8am-6pm. If a mental health crisis arises it is your responsibility to follow your crisis plan: Our business address is listed above.

5. Attendance responsibility of program participants: Home based services provide more intensive individual and family services, meeting several times a week for extended periods of time. We believe that the best therapy results from consistency of treatment. One way this is achieved is through maintaining scheduled appointments. Insurance companies also consider attendance a quality of care issue. However, we understand that conflicts do occasionally arise. Although we encourage you to maintain attendance as a priority, if you do need to reschedule we request at least 24 hour notice, and try to reschedule within the same week. These early notices will allow our staff to manage their caseload to meet the needs of other clients. If these policies are not adhered to, the missed appointment will be considered a no show. More than two no shows is considered an attendance problem and could result in an attendance agreement or termination of services.

6. Responsibilities of participating in home based services: Home based services are unique in that the service is provided in your home or community location. As a result there exists the natural distractions of daily life. It is your responsibility to limit these distractions in your environment as much as possible. This will create a more productive atmosphere for our work. In addition to the above responsibilities please consider the following: 1) Unless expecting an important call, please let your answering machine pick up your messages, 2) please limit the traffic in the home during our time with you, 3) please have the television turned off in the room where we are meeting and any radio turned low, 4) please have our time together be substance free (including cigarettes if possible). And please remember your children are your responsibility; we are not a childcare service.

7. Attestation for Consent: From the onset of treatment throughout termination your signature will be captured through verbal consent. By signing this document you understand that the following forms will require your verbal confirmation be given to the provider. The provider will ask you for your verbal consent after reviewing the following forms: Initial Treatment Plan, Updated Treatment Plans, Treatment Plan Reviews (90 Day Form).

I have read the above information on my rights and responsibilities as a program participant; I understand these rights and have received a copy of this statement.

Date: ____________________  Parent/Legal Guardian: ____________________________
Client (Print): ________________________________________________________________
Agency Representative: ________________________________________________________

Mental Health services are governed by the State of Minnesota, by the following boards:
Board of Psychology (612) 617-2230, Board of Marriage & Family Therapy (612) 617-2220,
Board of Social Work (612) 617-2100, Board of Behavioral Health and Therapy (612) 617-2178
And for everyone who does not fit in the above categories:
Unlicensed Mental Health Practitioners (651) 282-5621