



# Client Bill of Rights



As a client of Secure Base Counseling Center, you are ensured to have all of the rights afforded to you in accordance with Chapter 245I.12 and the Health Care Bill of Rights.

You are afforded the right:

1. To be free of discrimination based on age, race, color, creed, religion, national origin, gender, marital status, disability, sexual orientation, and status with regard to public assistance
2. To be informed prior to a photograph or audio or video recording being made of the client. The right to refuse to allow any recording or photograph of the client that is not for the purposes of identification or supervision
3. To courteous treatment and respect for their individuality
4. To appropriate health care based on individual needs to enable you to achieve the highest level of functioning
5. Have or be given, in writing, the name, business address, telephone number, and specialty, if any, of the physician or advanced practice registered nurse responsible for coordination of care
6. Clients who receive services from an outside provider, one who is not employed at SBCC, are entitled, upon request, to be told the identify of the provider
7. To information about the client's treatment. Clients are offered information regarding their diagnosis, treatment, alternatives, risks, and prognosis. This information shall be in terms and language the patients or residents can reasonably be expected to understand. Patients may be accompanied by a family member or other chosen representative, or both. This information shall include the likely medical or major psychological results of the treatment and its alternatives. In cases where it is medically inadvisable, as documented by the attending physician or advanced practice registered nurse in a patient's or resident's medical record, the information shall be given to the patient's or resident's guardian or other person designated by the patient or resident as a representative. Individuals have the right to refuse this information.
8. To participate in planning treatment and the right to involved family or other representatives of their choice in the planning
9. To continuity of care
10. To refuse care
11. To consent to participation in experimental research
12. To freedom from maltreatment or the intentional and non-therapeutic infliction of physical pain or injury, or any persistent course of conduct intended to produce mental or emotional stress
13. To treatment privacy. Case discussion, consultation, supervision, and treatment are confidential and shall be conducted discreetly.
14. To confidentiality of records
15. To full disclosure of services available
16. To responsive service
17. To every consideration of their privacy, individuality, and cultural identity as related to their social, religious, and psychological well-being
18. To voice greivences and recommend changes in policies and services to facility staff and others of their choice, free from restraint, interference, coercion, discrimination, or reprisal, including threat of discharge.
19. To communication privacy and client's may communicate with whoever they choose
20. To retain personal property while receiving services
21. Clients shall not perform labor or services for the facility unless those activities are included for therapeutic purposes
22. Clients shall not be arbitrarily transferred or discharged
23. To be free from physical restraint and isolation
24. To a written treatment plan that describes in behavioral terms the case problems, the precise goals of the plan, and the procedures that will be utilized to minimize the length of time that the client will need services provided. Treatment planning at Secure Base Counseling Center is person-centered, as defined by Minnesota Rules Chapter 9544 subd 38





# Client Grievances



Secure Base clients are encouraged to speak directly with their provider if they have any concerns regarding their services; direct conversation can often resolve issues.

Secure Base clients have the right to file a formal grievance or complaint about their provider, the services rendered, or any other issues of concern. Grievances must be submitted in writing within 28 days of the incident in question.

The Secure Base Counseling Compliance Team will review all written grievances and respond, in writing, within 15 days of the receipt of the grievance. Grievances that are unable to be resolved internally may be escalated to the board of the licensed provider, or another regulating body. Contact information is listed below for each board and office. If you are unsure which license your provider holds, SBCC staff are able to inform you.

### Grievance Addresses:

<p>Department of Human Services Licensing Division PO Box 64242 St. Paul, MN 55164-0242 Phone: (651)431-6500, Fax: (651)431-7673</p>	<p>Social Work Board 335 Randolph Ave, Suite 245 St. Paul, MN 55102 Phone: (612)617-2100, Fax: (612)651-0956 social.work@state.mn.us</p>
<p>Office of Ombudsman for Mental Health PO Box 64249 St. Paul, MN 55164-0249 Phone: (651)431-2660, Fax: (651)431-7426</p>	<p>Minnesota Board of Nursing 1210 Northland Drive, Suite 120 Mendota Heights, MN 55120 Phone: (612)317-3000, Fax: (651)688-1841 nursing.board@state.mn.us</p>
<p>Minnesota Board of Marriage and Family Therapy 335 Randolph Ave, Suit 260 St. Paul, MN 55102 Phone: (612)617-2220 mft.board@state.mn.us</p>	<p>Minnesota Board of Behavioral Health and Therapy 335 Randolph Ave, Suite 290 St. Paul, MN 55102 Phone: (651)201-2756, Fax: (651)797-1374 bbht.board@state.mn.us</p>
<p>Minnesota Board of Medical Practice 335 Randolph Ave, Suite 140 St. Paul, MN 55102 Phone: (612)617-2130, Fax: (612)617-2166 medical.board@state.mn.us</p>	<p>Office of Health Facilities Complaints Phone: (651)291-4200 or 1-800-396-7994 health.ohfc-complaints@state.mn.us</p>