

MINNESOTA MENTAL HEALTH BILL OF RIGHTS

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THE STATE OF MINNESOTA HAS NOT ADOPTED UNIFORM EDUCATIONAL AND TRAINING STANDARDS FOR ALL MENTAL HEALTH PRACTITIONERS. THIS STATEMENT OF CREDENTIALS IS FOR INFORMATION PURPOSES ONLY.

The Mental Health Bill of Rights provides that:

- You have the right to file a complaint in writing or through a phone call with the practitioner's supervisor. The supervisor is Steven McManus, LMFT, 763-442-4434, 7575 Golden Valley Road, Suite 305, Golden Valley, MN 55427.
- You may file a complaint with the Office of Mental Health Practice, 2829 University Avenue SE, Suite 340, Minneapolis, MN 55414-3239. Their phone numbers are (612) 617-2105; TTY: (800) 627-3529; and fax: (612) 617-2103.
- You, the client, are billed directly for services, or your insurance coverage may be billed with your permission.
- You have a right to reasonable notice of changes in services or charges.
- You have the right to receive a summary, in plain language, of the theoretical approach used by the practitioner in working with clients.
- You have the right to complete and current information concerning our assessment and recommended course of treatment, including the expected duration of treatment.
- You have the right to expect courteous treatment and to be free from verbal, physical, or sexual abuse by the Practitioner working with you;
- Your records and transactions with the Practitioner are confidential, unless release of these records is authorized in writing by the client, or otherwise provided by law.
- You have the right to be allowed access to records and written information from records in accordance with Minnesota statutes.
- You should know that other services may be available in the community. To find out about such services, you may call First Call for Help at 651-291-0211.
- You have the right to choose freely among available practitioners, and to change practitioners after services have begun, within the limits of health insurance, medical assistance, or other health programs.
- You have a right to coordinated transfer when there is a change in the provider of services.
- You may refuse services or treatment, unless otherwise provided by law.
- You may assert these and other rights without retaliation.

Client Signature _____ Date _____