

Clients Rights and Responsibilities

Welcome to the WebMed clinic. Our staff will continually be working to provide you with appropriate and high-quality services. We believe that a client who understands and participates in his/her care may achieve better results. We are responsible to give you the best care possible, to protect your rights, and to recognize your responsibilities as a client. We have this information to help you identify these rights and responsibilities.

Your privacy rights

As a client of this clinic, you have the right to privacy and to review any information we keep in your file under the Minnesota Data Privacy Practices Act and the Health Insurance Portability and Accountability Act you have the right to :

Be told why the information we requested is needed.

Be told how the information will be used. Be shown the information about yourself.

Be told of the consequences of refusing to supply the requested information.

Contest the accuracy of the information in your file.

All information about you will be kept private.

You will also receive a brochure titled "Your Health Information Privacy Rights" which details the use and handling of your protected health information. Please read this brochure carefully to understand how medical information about you may be disclosed and how to get access to it.

If you have any questions about your privacy rights, please do not hesitate to call our office directly at (218) 310-8896 or speak with your provider.

Right to Dignity

You have the right to be treated with dignity and respect in to receive the same consideration and treatment as anyone regardless of your race, creed, religion, disability, sexual, or affectual preference.

Right to Understand

You have the right to be informed of the staff's assessment of your problem in language you understand: treatment alternatives, possible outcomes, side effects of treatment, expected length, cost, and hoped for outcome of treatment. In addition, you have the right and responsibility to help develop your own treatment plan. You also have a right to understand why your information is requested is needed. In general, such information is used to determine whether you are eligible for services. To help us evaluate your needs for services and develop a plan to meet those needs and to collect information from others which will be helpful in developing an effective plan

You have the right to understand how the information requested of you will be used. The information we collect will be used by staff members of the Web Med LLC clinics for clinical management planning and evaluation purposes. No information will be released to any other agencies or individual without your written consent within the exceptions outlined above. Clinical information relating to your social history and present concerns are necessary for our staff to

correctly and completely assess your clinical needs and develop a plan for meeting them. If you do not supply such information, it cannot be determined which services are appropriate for you and will make it difficult for us to carry out an effective treatment plan for you/your family member. In those cases, you may be refused services.

Right to Consent or Refuse

You can be treated without consent, only if there is an emergency and in the opinion of your therapist failure to immediately act would jeopardize your health. Otherwise you may refuse treatment and change your mind at anytime. Discuss your objections with your therapist tried to be sure of what you do or do not want.

Right to Access Your Records

You have the right to request written access to and may obtain a copy of medical and billing records that Web Med LLC clinical staff maintained. Your clinician can deny your request only if he/she has substantial belief the information would be harmful to you. You are entitled to see such information about yourself. This includes the therapist treatment plan and notes. Your provider or clinic director are the only persons allowed to review your treatment records with you. Do not expect the office staff to review your file or photocopy information for you. A charge does apply for a copy of your medical records per Minnesota State statute.

Right to Request a Change to Inaccurate Information

You have the right to request a WebMed staff member to amend your health information. WebMed requires clients to make requests for amendment in writing and provide a reason to support the requested amendment. It is required that he/she informs clients in advance of such requirements. WebMed makes the final decisions with those requests.

Right to Request Restrictions on Disclosure

The Privacy Rule permits clients to request restrictions on the use and disclosure of parts of the clients personal health information, treatment plans, payment, or health care to family members. While WebMed clinical staff is not required to agree to such restrictions, WebMed will attempt to accommodate any reasonable request. Once WebMed clinical staff have agreed to a restriction, WebMed clinical staff may not violate the restriction period however restricted personal health information may be provided to another health care provider in an emergency treatment situation. The Privacy Rule also permits clients to request receiving communications from Web Med through alternate means or alternate locations. As required by the privacy rule, WebMed clinical staff will accommodate all reasonable requests.

All minor clients under the age of 18 years old must have the consent of their parents following an initial intake session to receive further treatment services.

Right to a Safe Environment

No weapons are allowed on the premises. No child should be left unattended on the premises. Required or Permitted by Law

We may use or disclose your medical information when we are required or permitted to do so by law. For example, we may disclose your medical information to the US Department of Health and Human Services upon request for purposes of determining whether we are in compliance with federal privacy laws. We may disclose your medical information when authorized by workers' compensation or similar laws. We may disclose medical information to a government agency authorized to oversee the healthcare system or government programs or its contractors, and to public health authorities for public health purposes.

Law Enforcement

we may disclose your medical information in response to a court or administrative order, subpoena, discovery request, or other lawful purposes period under limited circumstances, such as a court order, warrant or grand jury subpoena, we may disclose your medical information to law enforcement officials. We may disclose limited information to law enforcement officials concerning medical information of a suspect, fugitive, material witness, crime victim, or missing person. We may disclose the medical information of an inmate or other person in lawful custody 2A law enforcement official or correctional institution under certain circumstances.

Abuse or Neglect

we may disclose your medical information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence, or the possible victim of other crimes. We may disclose your medical information to the extent necessary to avert a serious threat to your health or safety and the health or safety of others. We may disclose medical information when necessary to assist law enforcement officials to capture an individual who has admitted to participating in a crime or has escaped from lawful custody.

National Security

We may disclose to military authorities the medical information of armed forces personnel under certain circumstances. We may disclose to authorize federal officials: medical information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institutions or lawful enforcement officials having lawful custody of protected health information of an inmate or individual under certain circumstances.

Your Responsibilities

To Be Honest

You are responsible for being honest and direct about everything that relates to you as a client. Tell the staff exactly how you feel about things that are happening to you.

To Understand and Follow the Treatment Plan

You are responsible to actively participate in the development of your treatment plan. Your ideas on what you need to do are as important as the therapists. You are also responsible for understanding the treatment plan. If you do not understand, ask your therapist. Be sure you do understand and make the effort to follow your treatment plan since this is important to the

success of your treatment plan. If you do not think you can accomplish your goals, let your therapist know.

To Keep Your Appointments

You are responsible for keeping your scheduled appointments. Refer to the Fee Policies and Authorizations of Benefit Agreement.

To Know Your Therapist

Therapists must have special formal training in order to be licensed or certified in their specific fields. You are entitled to ask your therapist what his or her training is where it was received and if he or she is licensed and certified.

To Be Responsible for Your Valuables

You are responsible for your valuables both on your person as well as in your car and the car itself. WebMed clinics cannot be held responsible for loss or damage property on the premises.

Address Change

So that we may contact you whenever necessary, we will rely upon you to notify us of any changes in your address, home telephone number, or work telephone number.