



Client Bill of Rights for Unlicensed Mental-Health Care Practitioners

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THE STATE OF MINNESOTA HAS NOT ADOPTED UNIFORM EDUCATIONAL AND TRAINING STANDARDS FOR ALL MENTAL HEALTH PRACTITIONERS.

As a client of Cardinal Wisdom, LLC, you have without asking the right:

1. To be treated in a professional, respectful, competent and ethical manner consistent with all applicable state laws and the following professional ethical standards
2. To receive full information about your treatment provider's knowledge, skills, experience and credentials. If you any questions or concerns about your care, please contact Dr. Parra directly at (952) 855-2564 or mariaparrapsyd@gmail.com, You may also contact OCAP (Office of Alternative Practices) at (651)201-3728.
3. To have the information you disclose to your mental health provider kept confidential within the limits of state and federal law. Communications between mental health providers and clients are typically confidential, unless the law requires their disclosure. Mental health providers will inform you of the legal exceptions to confidentiality, and should such an exception arise, will share only such information as required by law. Examples of such exceptions include but are not limited to: abuse of a child, abuse of an incapacitated adult, orders of the court and significant threats to self, others or property.
4. To a safe setting and to know that the services provided are effective and of a quality consistent with the standard of care within this profession and to know that sexual relations between a mental health provider and a client or former client are a violation of the law.
5. To obtain information, as allowed by law, pertaining to the mental health provider's assessment, assessment procedures and mental health diagnoses. Additionally, you have the right to quality service, considerate and respectful care. You have the right to understand the extent of your problem, recommended treatment, treatment cost and expected outcome, and the right to refuse treatment.
6. To participate meaningfully in the planning, implementation and termination or referral of your treatment.
7. To be informed of the cost of professional services before receiving them.
8. To document informed consent: to be informed of the risks and benefits of the proposed treatment, the risks and benefits of alternative treatments and the risks and benefits of no treatment. When obtaining informed consent for treatment for which safety and effectiveness have not been established, therapists will inform their clients of this and of the voluntary nature of their participation. In addition, clients have the right to be informed of their rights and responsibilities, and of the mental health provider's practice policies regarding confidentiality, office hours, fees, missed

appointments, billing policies, electronic communications, managed care issues, record management, and other relevant matters except as otherwise provided by law.

9. To receive a copy of your mental health record within 30 days upon written request (except as otherwise provided by law), by paying a nominal fee designed to defray the administrative costs of reproducing the record.

Crisis Intervention: If you have a life-threatening psychiatric emergency, call 911 or go to the nearest emergency room. If you have an urgent need to talk with a mental health professional and/or are in emotional crisis, call or text 988, 24 hours a day, 7 days a week.

Client Responsibilities: Taking responsibility of yourself in therapy will greatly enhance your progress. Your responsibilities include:

- a) being honest, open and willing to share information: your concerns, past mental health history, previous treatment, prescribed medications and any other important information about yourself;
- b) asking questions when you don't understand something or need clarification;
- c) participating in the formation of your treatment plan and following it;
- d) keeping appointments and **canceling within 48 hours notice if unable to attend**; and
- e) not engaging in any harassing or abusive interactions of any kind

I (please print your name) _____ acknowledge by my signature that I have received and understand the Complementary and Alternative Health Care Client Bill of Rights.

Signature _____

Date _____