



Face to Face Health & Counseling Service, Inc
1165 Arcade Street * St. Paul, MN 55106 * www.face2face.org
Phone: **651-772-5555** * FAX: **651-772-5656**

Rights, Responsibilities, Privacy, and Electronic Communication

Your Rights:

- Respect, dignity, confidentiality and privacy
- Request and receive a copy of your medical record
- Request another provider, or to get a referral to another agency
- Know that your service provider may consult with other Face to Face service providers including mental health, medical, health education and SafeZone staff to best serve your needs
- To informed participation in decisions involving your health care
- To a safe environment with suitable privacy
- To refuse treatment and be informed of the medical consequences of refusal
- To expect reasonable education regarding treatment options and prescribed treatment programs

Your Responsibilities:

- Be honest about what you need
- Respect the privacy of other clients
- Inform staff of complaints or problems
- Informing your provider if you do not understand the instructions or explanations given to you
- Provide your current and accurate health information at each visit
- Informing your healthcare provider if instructions cannot be followed and a more suitable plan is required
- Treating all Face to Face staff respect
- Cooperating in observing safety regulations and policies in the office

Your Privacy:

Face to Face Health and Counseling Services, Inc. will maintain your privacy and confidentiality. The confidentiality of this and other forms completed here is protected by federal laws and regulations.

Face to Face Health and Counseling Services, Inc. cannot disclose that a client receives services or any other information on a client unless:

- the client consents in writing
- the disclosure is allowed by court order
- disclosure is to medical personnel in an medical emergency
- disclosure is allowed for audit or for evaluation purposes,
- or as otherwise allowed under HIPPA (Health Insurance Portability and Accountability Act)

Some exceptions to confidentiality under the law, which may require the provider to release information, include but are not limited to:

- Knowledge of or reasonable cause to believe that a child is being neglected, emotionally, physically or sexually abused
- Clients who are 16 and under who are victims of a crime
- Maltreatment of a vulnerable adult as specified in the Vulnerable Adult Act
- Person is a harm to themselves or others

Please turn over- there is more information on the other side



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Electronic Communication:

- E-mail can be immediately broadcast worldwide and be received by many intended and unintended recipients. E-mail and other forms of electronic communication are not “secure” means of communication.
- Backup copies of e-mail or text messages may exist even after the sender or the recipient has deleted his/her copy.
- All e-mail and text messages may be discoverable in litigation regardless of whether it is in a patient’s medical record.
- Messages transmitted via e-mail may not be picked up in a timely fashion. To avoid unnecessary delays in the transmission of important information, do not use e-mail to send urgent messages.

EMAIL COMMUNICATION I (we) understand the assumptions stated above and understand that e-mail is not a secure means of communication. I am aware that the provider may decline to communicate via e-mail based upon the nature of the medical information. I give permission Face to Face Health & Counseling Service, Inc. to use electronic mail as a means of communication regarding my care. I understand that I may withdraw this authorization at any time by notifying Face to Face Health and Counseling Inc. administrative staff or my provider in writing.

TEXT MESSAGING I (we) understand the assumptions stated above and understand that text messaging is not a secure means of communication. I am aware that the provider may decline to communicate via text messaging based upon the nature of the medical information. I give permission for Face to Face Health and Counseling, Inc. to use text messaging as a means of communication both between myself regarding appointment reminders, scheduling and reminders regarding paperwork, or for client or guardian(if applicable) to call the clinic. I understand that I may withdraw this authorization at any time by notifying Face to Face Health and Counseling administrative staff or my provider in writing.