

Vail Place Consent to Receive Services

Revised 01/08/2018

Welcome to Vail Place Services! This document contains important information about our services and policies. Please read it carefully and ask staff any questions you might have. When you sign that you have received this document, it represents an agreement between you and Vail Place for services.

Program Services: Vail Place offers a variety of services that are designed to help you on your recovery journey including Clubhouse program, case management, vocational, housing, benefits assistance, health and wellness and other services related to your needs. Staff will encourage and support you in developing recovery goals. Services will be provided at Vail Place, in the community or in your home.

Eligibility: For *some* Vail Place programs, we are required to obtain a Diagnostic Assessment to verify that you have a mental illness and are eligible to receive services. Service eligibility is regularly reviewed and you will be sent a notice if you are determined to be no longer eligible for services.

Confidentiality: Protecting the privacy and confidentiality of your health information is very important to Vail Place. We will get your permission before sharing your information except in an emergency or when required by law. Our *Notice of Privacy Practices* outlines your privacy rights. **You have the right to read Notice before you sign that you agree to the information in this Consent form.**

Communication: The preferred mode of communication with staff is in person or by phone. Texting and email are not secure ways to communicate with staff. Staff will respond to messages during regular business hours, excluding nights, weekends and holidays. If you have an emergency you are advised to contact COPE at 612-596-1223 or 911. Staff will generally reply to messages within 24-48 hours.

Benefits and Risks: There are many benefits to receiving Vail Place services. You will have help identifying and accomplishing your goals, receive resource information, and help to access other services. A potential risk to receiving services is that there may be times when you share information with others that could bring up difficult issues for you. Staff can assist you in locating a therapist if needed.

Emergency Procedures: Staff are trained to manage crisis or emergency situations:

- If you are experiencing a psychiatric crisis, staff may contact Community Outreach for Psychiatric Emergencies (COPE) at 612-596-1223 or call 911. COPE provides community crisis intervention. Staff will work with COPE or emergency professionals and provide information needed to help you.
- Vail Place is required by law to make a report if you or other persons are in physical danger.

Qualifications of Staff: Most staff are Mental Health Practitioners or Professionals and have diverse education and training backgrounds. All receive ongoing training in the area of mental health.

Alternatives: There are other providers in Hennepin County. We can assist you in contacting other providers or Hennepin County's Intake and Assessment if you do not want to receive services from Vail Place.

Access to records: You have a right to review your file or request a copy of it. Please talk with staff who will connect you with a supervisor to begin the process.

Tennessee Warning: The Information you provide is generally private. You are not required to answer the questions asked, but we may not be able to help you if you don't provide us with some information. The information you provide may be shared with other staff in the state system whose jobs require access and with staff in this or other agencies as provided by law.

Required Reporting: Vail Place staff are mandated to report suspicion of physical or sexual abuse, financial exploitation or neglect to the proper authorities. If we suspect you (or another vulnerable person or child) are being abused in any of these ways, we are required to report it right away to make sure you (or others) stay safe.

Non-Discrimination: Vail Place does not discriminate against anyone seeking services in accordance with all laws, rules and regulations. **If at any point you feel you have been discriminated against or have not received the services you feel you should, please follow the Grievance Policy that you have received and contact a supervisor.**

Payment for Services: Vail Place is reimbursed for providing some services, such as Case Management, Vail Care (Behavioral Health Home) or Vail House (Group Residential Housing). By signing acknowledgment of this form, you are giving permission for Vail Place to request reimbursement from Medical Assistance providers, Hennepin County, or the State of Minnesota for services you receive. In order to get reimbursed, we must share some private information, such as your name, address and date of birth.

For Vail Care Enrollees: *if you have Medical Assistance with a spenddown, you will be responsible for paying any part of the cost for Vail Care services not covered by MA.*

For Vail House Residents: *based on your countable income, service funding rules may require you to pay part of the costs for your housing.*

For Individuals Connected with North Memorial Health (NMH) system: Vail Place has a partnership with NMH and associated clinics as part of their Accountable Care Partnership (ACH). Vail Place staff who work with programs connected to the ACH – Case Management, Vail Connect and Vail Care – have limited viewing access to your health records through the NMH system. This access is to help coordinate your services and care, determine when your appointments are, etc. This information will be held confidential in the same way as your Vail Place record.

I, the client (or guardian), understand I have the right to not to sign that I received this form, however I may not be able to access services if I don't. My signature indicates that I understand this information. If I have questions about any of the items in this form, I will ask staff.

If acknowledgement is not captured in the electronic record, please sign on a paper Signature Page form.