

VAIL PLACE NOTICE OF PRIVACY PRACTICES

This document is adapted from U.S. Department of Health and Human Services Model Notice of Privacy Practices that includes an overlay of Minnesota's additional legal requirements. It is intended to be adapted by health care providers to suit their individual needs. *Minnesota's legal requirements* are in *italic* text.

Your Information. Your Rights. Our Responsibilities.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Your Rights

Your rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you. If you have questions, please reach out to your staff member or contact the Privacy & Security Officials at (952) 945-4269 or Compliance@vailplace.org.

Copy of medical record

Receive an electronic or paper copy of your medical record

- You can ask to see or copy an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information within a reasonable time.
- *If you ask to see or receive a copy of your record for purposes of reviewing current medical care, we may not charge you a fee. [Minn. Stat. § 144.292 subd. 6]*
- *If you request copies of your patient records of past medical care, or for certain appeals, we may charge you specified fees. [Minn. Stat. § 144.292 subd. 6]*

Request to amend medical record

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete.
- We may say "no" to your request, but we'll tell you why in writing within 60 days. *[HIPAA regulation 45 CFR Part 164.526]*

Request confidential communications

Request for us to contact you confidentially

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Request to limit use/sharing of TPO

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations (TPO). We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information. *Minnesota Law requires consent for disclosure of treatment, payment, or operations information. [Minn. Stat. § 144.293 subd. 2]*

List of those with whom we've shared information

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Copy of this privacy notice	<p>Get a copy of this privacy notice</p> <p>You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.</p>
File a complaint	<p>File a complaint if you feel your rights are violated</p> <ul style="list-style-type: none"> You can complain if you feel we have violated your rights by contacting us using the information on page 1. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue SW, Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.
Your Choices	
Request us not to share	<p>For certain health information, you can tell us your choices about what we share.</p> <p>If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.</p> <p>In these cases, you have both the right and choice to tell us NOT to:</p> <ul style="list-style-type: none"> Share information with your family, close friends, or others involved in your care Share information in a disaster relief situation <p>If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.</p>
Will never share without permission	<p>In these cases we never share your information unless you give us written permission:</p> <ul style="list-style-type: none"> Marketing purposes Sale of your information Most sharing of psychotherapy notes <p>Minnesota Law also requires consent <i>for most other sharing purposes.</i></p>
Fundraising	<p>In the case of fundraising:</p> <ul style="list-style-type: none"> We may contact you for fundraising efforts, but you can tell us not to contact you again.
Our uses and disclosures for TPO	<p>How do we typically use or share your health information?</p> <p>We typically use or share your health information in the following ways. <i>We need your consent before we disclose protected health information for treatment, payment, and operations purposes, unless the disclosure is to a related entity, or the disclosure is for a medical emergency and we are unable to obtain your consent due to your condition or the nature of the medical emergency. [Minn. Stat. § 144.293, subd. 2 and 5]</i></p> <p>Treat you</p> <p>In general, we can use your health information and share it with other professionals who are treating you <i>only if we have your consent.</i></p> <p>Example: Vail Place staff coordinate services with other organizations on your behalf, when you provide consent by signing an Authorization to Release Information form. In some situations we are able to share information without your consent with Hennepin County to coordinate services on your behalf.</p> <p>In some cases, we may need to release your health information to other professionals or involved parties <i>without your consent</i> if it is an emergency and you are unable to provide consent due to the nature of the emergency. <i>We may also share your health information with other Vail Place staff or affiliates. [Minn. Stat. § 144.293, subd. 2 and 5]</i></p> <p>Example: We don't need your written permission to provide health information to emergency personnel if you are experiencing a medical or psychiatric emergency.</p>

Our Uses and Disclosures

Our uses and disclosures for TPO ... cont'd

Run our organization

We can use and share your health information to run our programs and services, improve your care, and contact you when necessary. *We are required to obtain your consent before we release your health records to other providers for their own health care operations. [Minn. Stat. § 144.293, subd. 2 and 5]*

Example: We will use your health information to manage your care and services at Vail Place.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities only if we obtain your consent. [Minn. Stat. § 144.293, subd. 2 and 5]

Example: We will ask you to sign our Consent to Receive Services form which gives us permission to share billing information with health plans.

Other uses and disclosures

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Public health and safety

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Research

Do research

We can use or share your information for health research *if you do not object. [Minn. Stat. § 144.295 subd. 1]*

Comply with the law

To comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law. [Minn. Stat. § 144.293 subd. 2]

Organ and tissue donation

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations *only with your consent. [Minn. Stat. § 525A.14]*

Medical Examiner

Work with a medical examiner or coroner

We can share health information with a coroner and medical examiner when an individual dies. *We need consent to share information with a funeral director. [Minn. Stat. § 390.11 subd. 7 (a)]*

Workers' comp, law enforcement, government

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or *with a law enforcement official with your consent, unless required by law. [Minn. Stat. § 144.293, subd. 2]*
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services *with your consent, unless required by law. [Minn. Stat. § 144.293, subd. 2]*

Respond to legal actions	Respond to law suits and legal actions We can share health information about you in response to a court or administrative order, or in response to a subpoena. In some cases a court order may be required. [Minn. Stat. § 144.293 subd. 2]
Other state law	Comply with other state laws In Minnesota, we need your consent before we disclose protected health information for treatment, payment, and operations purposes, unless the disclosure is to a related entity, or the disclosure is for a medical emergency and we are unable to obtain your consent. We will never share any substance abuse treatment records without your written permission. [Minn. Stat. §§ 13.386, 254A.09]

Our Responsibilities

Maintain privacy & security	We are required by law to maintain the privacy and security of your protected health information.
Inform of breach	We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
Follow notice practices	We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of this Notice

Changes to the Terms of this Notice	We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.
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Other Instructions for Notice

Effective Date	May 1, 2023 (replaces August 1, 2018 version)
Contact Us	Privacy & Security Officials 952-945-4269 compliance@vailplace.org . VAIL PLACE 23 - 9th Avenue South Hopkins, MN 55343 www.vailplace.org

Vail Place Consent to Receive Services

Revised 05/1/2023

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 reviewed regularly 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 the 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 call 988, your county crisis line, or 911. Staff will generally reply to messages within 24-48 hours. You may receive text notifications for appointments with staff. These texts do not contain private information and you may choose to opt out.

Telehealth Services: Confidentiality still applies for video conferencing services, and Vail Place will not record the session. The Vail Place provider will be in a private space and make every effort to avoid or minimize interruptions. This also applies to interpreters. By consenting to Telehealth Services, you are consenting to receive email or text communication regarding appointments, using the contact information you provide to us. Vail Place has identified video conferencing tools which are secure, HIPAA-compliant forms of communication. If you have a legal guardian, we need the permission of your legal guardian for you to participate in video conference sessions. Telehealth services may be discontinued if you decline to use video conferencing services, or if you or your Team identifies safety risks or other barriers to receiving telehealth services.

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.

Alcohol, Illegal Substance, and Tobacco-free Grounds:

Vail Place grounds are alcohol, illegal substance, and tobacco free. If you are under the influence of alcohol or illegal substances you will be asked to leave or may have your appointment rescheduled. Please refrain from using prior to your scheduled appointment. We kindly ask you to respect our tobacco free grounds.

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

- If you are experiencing a psychiatric crisis, staff may contact your local crisis line or call 911. Employees will work with crisis 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.

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

Access to records: You have a right to request a copy of your records. The request form is on our website, or you can ask your program staff for a copy of the form.

Encounter Alert System: If you are enrolled in a Medical Assistance paid health plan, Vail Place may receive notifications through the Encounter Alert System (EAS) regarding your hospitalizations and access to emergency departments. Vail Place uses this information to coordinate your services and provide support for your medical and mental health needs. You may opt out of these notifications by informing program staff.

Tennessee Warning Notice: 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.** As an agency, Vail Place is an equal-opportunity employer that values the diversity of its community, both in our staff and in those whom we serve. In our work with people, we strive for respectful relationships that honor the differences in who we are. Just as we do not tolerate discrimination of any kind towards you, we expect the same respect in return. We do not allow sexual harassment, use of racial/homophobic slurs, or any other abusive behavior. Any type of prejudice or harassment experienced by staff will be addressed and may result in changes to your services at Vail Place.

Payment for Services: Vail Place is reimbursed for providing some services. This includes programs such as Case Management, Vail Care (Behavioral Health Home), Housing Stabilization Services, Vail Connect & Assertive Outreach. By signing acknowledgment of this form, you are giving permission for Vail Place to request reimbursement from Medical Assistance providers, other contracted 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.*

Vail Place engages in service partnerships with some health systems and associated clinics. If you are referred to Vail Place by one of our community partners, the staff who work in these programs may have limited access to your health information. This access is used to help coordinate your services and care. This information will be held confidential in the same way as your Vail Place record.

Your rights regarding this document: Vail Place staff review this consent with individuals served at the time of intake. If you have questions about any of the items in this form, you can ask the staff working with you to explain. We ask you to sign a form to confirm it has been reviewed and that you understand this information. As the person receiving services (or the guardian of a person receiving services), you can choose not to provide your signature. However, you may not be able to access services if you do not provide your signature.

Vail's Assertive Outreach Program Consent to Services Addendum/Right and Responsibilities

The Assertive Outreach (AO) Program with Vail Place works in partnership with your health insurance. If your health insurance provider changes, it may impact your ability to receive Assertive Outreach services. If your insurance changes, we will help you get connected to another program.

This program provides the following resources:

- A Systems Navigator to work with you 1:1 to set goals and connected you to services or programs.
- Access to a Registered Nurse to help manage your health conditions.
- Access to housing, employment, educational and community resources.

Rights and Responsibilities

You can expect the following from Assertive Outreach Staff:

- Courteous, respectful treatment and communication by AO Staff.
- Changes in appointment dates/times will be made as soon as possible.
- AO staff will respond to your messages promptly.
- AO staff will work collaborate with other providers to address your needs.
- AO staff will review and update goals with you quarterly.

AO staff will expect the following of you during your time with our program:

- Courteous, respectful treatment and communication with our AO staff.
- Changes to appointment dates/times will be made as soon as possible.
- You agree to meet/connect by phone regularly with your navigator 2-4 times per month.
- You will notify AO Staff about changes to your contact phone number or address.
- You will work collaboratively with staff to address goal areas.



VailPlace

Work Together Agreements

Empowered Relationships

Vail Place strives to work with you in a person-centered way, where you are treated with respect and in charge of the decisions in your own life. The staff you work with at Vail Place will encourage you to share your hopes for the future and provide you support to accomplish those goals. We understand the basis of positive working relationships depends on openness, honesty, and trust. We encourage you to discuss frequently with staff providing feedback about the services you receive. We want you to get the best support possible, and that requires us to know what is most helpful for you.

Vail Place embraces the strengths and values of all individuals; this applies to people accessing services and our employees. Our mission is to help people avoid crisis, achieve stability, and pursue active, fulfilling lives. We do this through a work- and relationship-oriented approach that empowers each person to take control of their own recovery.

Expectations of one another

Positive working relationships come with clear boundaries and expectations of one another. Vail Place believes that diversity and different identities among people should be celebrated and embraced.

Vail Place employees will:

- Treat you with respect and honor your values
- Follow through with tasks as agreed upon
- Explore resources you are looking for and be honest with you about limitations in resources that are available
- Attend meetings as scheduled or communicate with you ahead of time if unable to attend

Individuals receiving services will:

- Treat staff with respect
- Attend meetings as scheduled or communicate ahead of time if unable to attend

Unacceptable behavior

Vail Place will not tolerate language or actions that are disparaging of any group or individual. We strive to build spaces that are welcoming and supportive for people from all walks of life. Examples of unacceptable behavior may include but are not limited to:

- Language or actions that are disparaging of other people's race, culture, abilities, religion, sex, gender identity, sexual orientation or otherwise derogatory comments towards other groups or individuals
- Ethnic slurs, racial comments, gender-specific comments, offensive jokes, or anything that may be construed as harassment or showing disrespect for others
- Hostile, confrontational, or threatening behavior
- Abusive behavior
- Unwanted physical contact or sexual advances

If you experience any form of the behaviors listed above, please let us know.

- **Individuals receiving services** may contact a supervisor directly, or complete a grievance form, available on our website (www.vailplace.org) or by request from an employee. Vail Place's phone number is **952-938-9622**.
- **Employees** may contact their supervisor or contact Human Resources for assistance.

Vail Place reserves the right to suspend or discontinue services to those who violate these behavioral expectations in our work together. Individuals will be provided information regarding other service providers who may be able to address their needs.

Grievance Policy and Procedure

Policy: Vail Place will use a formalized process for handling grievances.
Purpose: To outline the steps for grievances and grievance resolution, and procedures of documentation.
Scope: This policy and procedure applies to individuals served by Vail Place.

Procedures:

- 1.0 Individuals will be informed of the Grievance Procedure at the time of initial involvement.
- 2.0 Before filing a formal grievance, the individual with the grievance is encouraged to make every effort to communicate/resolve the issue(s) with their staff advocate or case manager.
- 3.0 Grievance forms are given to individuals at the time of intake and are available from staff and supervisors or upon request from the Compliance Officer.
 - 3.1 The individual will write his or her grievance on the form, or dictate it to another person if unable to write it out.
 - 3.2 The person filing the grievance will sign and date the form.
 - 3.3 Grievances will be first submitted to the direct supervisor, who will review and contact the individual within two business days to acknowledge receipt of the Grievance form.
 - 3.4 The supervisor will complete the Grievance Response section within seven (7) business days and will share the response with the person filing the grievance.
 - 3.5 The supervisor will then forward the grievance to the Compliance Manager for review.
 - 3.6 The Compliance Officer will review the form; add comments if necessary and sign. If the Compliance Officer is unable to review the grievance, the Executive Director will assume the responsibility.
- 4.0 If, at this point, the grievance is not resolved to the satisfaction of the person filing it, he or she may request that the grievance be forwarded to the Executive Director.
 - 4.1 If the grievance remains unresolved after the Executive Director provides a response, the individual may request the Executive Director forward the grievance to the Board of Director's Executive Committee.
- 5.0 Individuals with a grievance are encouraged to seek resolution through the above procedures; however, they may at any time present the grievance directly to the Minnesota Department of Human Services, the Minnesota Department of Human Rights or Hennepin County.
 - 5.1 The phone numbers for resources available to help resolve complaints are as follows:
 - Hennepin County 612-879-3350
 - Minnesota Human Rights Commission 763-535-1051
 - State Mental Health Ombudsman 651-757-1800
 - Mental Health Association of Minnesota 612-331-6840
- 6.0 Grievance paperwork will be scanned and attached to the client's record in an attachment folder accessible only to the Compliance Officer.
 - 6.1 The Compliance Officer will create a note in the EMR documenting that a Grievance was filed and who it was filed against. This note is private and only available to the Compliance Officer.
 - 6.2 If the grievance is regarding a staff member, the paperwork will also be sent confidentially to the Human Resource department, who will attach the paperwork to the staff record with access limited to only the HR Department.

Attachments: Grievance Form

Reference: MN State Laws

Revision Date: September 24, 2014; September 22, 2016
Changes: 9/22/16 changed language related to staff titles from manager/director to supervisor
Approved By: Shelly Zuzek, Compliance Officer

VAIL PLACE GRIEVANCE FORM

Date of Grievance: _____

Name of person filing Grievance: _____

Address of person filing Grievance: _____

Phone number: _____

Write out (clearly) the Grievance in the space below (or attach additional pages):

Signature of person filing Grievance: _____

ADMINISTRATIVE SECTION (Completed by supervisor):

Date Received: _____ Date of Follow-up Action: _____

Response to Grievance (completed by supervisor):

Compliance Officer Response (optional):

Compliance Officer Signature: _____

Date: _____



Crisis Resources:

National Crisis Line: 988

Crisis Text Line: text MN to 741741—www.crisistextline.org

United Way First Call for Help: 211

Hennepin County COPE: 612-596-1223

Dakota County Crisis Line: 952-891-7171

Scott County Crisis Line: 952-818-3702

Anoka County Crisis Line: 763-755-3801

Ramsey County Crisis Line: 651-266-7900

MN Warmline: 651-288-0400 from 9am-9pm or text 85511

Veterans Crisis Line: 800-273-8255

National Domestic Violence Hotline: 800-799-7233

Health Partners Behavioral Health Triage Line: 952-883-7774

Health Partners Care Line: 612-339-3663

Blue Cross Blue Shield: 952-207-5000 x 106-103-5404

Hennepin County Medical Center – Acute Psychiatric Services (APS)

--Assessment & Referral – 612-873-3161

--Suicide Hotline – 612-873-2222

AA Greater Minneapolis Intergroup: 952-922-0880

Mission Detox/ Plymouth: 763-559-1402

1800 Chicago Minneapolis Detox/Re-Entry Crisis Residence: 612-540-5700

Crisis Nursery: 763-591-0100

*"I feel very cared for at Vail Place"
– Carla, Vail Place Clubhouse Member*

*"The sense of community, that I'm not
alone in this. What I like most is it helps
me to talk to other people and it's
validating that we're all in this together."
– Vail Place Clubhouse Member*

23 - 9th Avenue South, Hopkins, MN 55343

952.938.9622 • 952.938.7934 fax

www.vailplace.org





VailPlace

Housing:

Emergency Shelter:

- Adult:
 - o Hennepin County Shelter Hotline: 612-204-8200
 - o Ramsey County Dorothy Day Center: 651-647-2350
 - o Dakota County Shelter Hotline: 651-554-5751
 - o Anoka County Steppingstone: 763-323-7006
- Families:
 - o Hennepin Shelter Team: 612-348-9410 (day) 612-673-9138 (night, weekend)
 - o Ramsey County: United Way Helpline: 651-291-0211, or Homeless Services Team: 651-266-7818
 - o Dakota County Shelter Hotline: 651-554-5751 x 1
 - o Anoka County Family Promise Shelter: 763-568-7365
- Domestic Violence: Day One: 866-223-1111 or Tubman 612-825-3333

Crisis Housing: Residential mental health crisis stabilization services to adults with mental illness, who may have other behavioral problems and/or substance abuse issues. Can stay up to 10 days at a time.

- Hennepin County: Nancy Page: 612-774-0011 #2
- Ramsey County: Diane Ahrens: 612-774-0011 #2
- Dakota County: Maureen's House: 612-267-5242

Subsidized:

- Housinglink.org
- Aeon.org
- Alliance Housing 612-870-2267
- Commonbond Properties (www.commonbond.org)

Other housing resources:

- HomeLine: free tenant advocacy and legal support: 612-728-5767
- Mn.hb101.org : Comprehensive online website from MN DHS with housing information, including assistance searching for housing

"I feel very cared for at Vail Place"
- Carla, Vail Place Clubhouse Member

"The sense of community, that I'm not alone in this. What I like most is it helps me to talk to other people and it's validating that we're all in this together."
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