



VEEMAH Integrated Wellness and Consulting Services, LLC
7070 Brooklyn Boulevard, Brooklyn Center, MN, 55429

✉ INFO@VEEMAHCONSULTING.COM

☎ OFFICE: (763) 202-4767

☎ FAX: (763) 355-5718

🌐 WWW.VEEMAH.COM

HIPAA Notice of Privacy & Confidentiality Rights & Procedures

This notice describes how clinical information about you may be used and disclosed, and how to gain access to this information. Please review it carefully and ask questions if the information is unclear to you. It is VEEMAH's responsibility to ensure your privacy, inform you of your rights and the procedures used to protect your information, and document that you have received this information.

RIGHTS

No client-identifying information may be released without your informed, written consent. This applies to both oral and written information. This legislation also requires VEEMAH Integrated Wellness and Consulting Services, LLC, to disclose only the minimum necessary information to fulfill the purpose of the release. All materials released must include a notice of privacy and confidentiality stating that the information CANNOT be used for any purpose other than that specified and MAY NOT be re-released by the recipient. A court may only access information from your record with a subpoena and court order. Under federal law, you have the right to determine what information is to be shared and for what purpose, with your signature to authorize the release.

- You have the right to request that VEEMAH communicate your medical information to you in a specific way or specific location.
- You have the right to refuse to authorize the release of information; however, if you refuse, you will be advised of the impact this may have on VEEMAH's ability to treat you, to obtain insurance coverage or funding, and how this may result in additional consequences outside of VEEMAH (i.e. refusing to release information to probation).
- You have the right to revoke your authorization at any time, except as it has already been acted on.
- You have the right to know what information has been released with your authorization, to review your clinical records within a reasonable time after your request, and to receive copies for a reasonable fee upon your signed consent. Request forms are available upon request.
- You have the right to reasonable notice of changes in counseling services or charges.
- You have the right to file a grievance without fear of retaliation if you feel your rights have been violated or your care has been inappropriate. The Grievance Procedure is included in this handbook, is posted at each facility, and is available upon request.
- You have the right to choose from available therapists and to change therapists after services have begun, within the limits of health insurance or other payment agreements.
- You have the right to coordinate transfer when there is a change in the provider of services.
- Nondiscrimination based on race, religion, age, sex, or sexual orientation, ethnic origin, physical or mental impairment, or financial or social status.
- The right to the least restrictive treatment conditions necessary.
- The right to be informed of your treatment and care and to participate in the planning of your treatment and care.

- The right to confidentiality of all treatment records, to review and copy certain documents, and to challenge the accuracy, completeness, timeliness, or relevance of information in your records.
- The right not to be filmed or taped without your permission.
- The right to be informed about the costs of treatment.
- The right to go to court if you believe that your rights were violated.
- The right to be treated with respect, dignity, and individuality by all employees of VEEMAH

Communication and Privacy Rights

As a VEEMAH client, you have the right to confidentiality. Your records will only be released with your permission. Exceptions include situations where you pose a danger to yourself or others, or if ordered by a court. If there is concern about a client’s competency or if there is suspected physical, verbal, or financial abuse, neglect, or self-neglect, the agency’s duty to ensure the client’s safety and well-being takes priority over the right to confidentiality.

Your right to file grievance

As a client of VEEMAH, you have the right to file a grievance if you believe your rights have been violated. Our agency provides a grievance process for submitting complaints. Grievances must be submitted in writing within 45 days of the incident or issue. VEEMAH staff will give you a copy of the Grievance Procedure upon request. You have the right to take legal action at any time.

Exceptions to your rights

Professional staff are mandated to report all known or suspected cases of child abuse or neglect. Professional staff are required to report if there is substantial reason to believe that you may do harm to yourself or others. Professional staff may report information during an emergency if you are unable to give authorization to ensure you receive appropriate medical care or other services, or to the coroner's office in the event of death. Staff are required to document the information disclosed and to notify you and your representative of any disclosures as soon as possible following the emergency. Staff will report crimes committed by clients on VEEMAH’s property or against other clients or staff.

Violations

You may report violations to the Program Director, VEEMAH, following the grievance procedures. You will not be discriminated against if you present a complaint. You may also report directly to the state or federal agencies listed here:

<p>Secretary of the Federal Department of Health & Human Services</p> <p>200 Independence Ave SW Washington, DC 20201 PH: 202-690-7000</p>	<p>MN Dept of Human Services</p> <p>444 Lafayette Road St. Paul, MN 55155 PH: 651-461-6500</p>	<p>Minnesota Board of Behavioral Health & Therapy</p> <p>335 Randolph Ave, Suite 290, St Paul, MN 55102 PH: 651-201-2756</p>	<p>Office of Ombudsman for Mental Health and Developmental Disabilities, State of Minnesota</p> <p>121 7th Pl E #420, St Paul, MN 55101 PH: (651) 757-1800 or 1-800-657-3506 TTY/TDD</p>
---	---	---	---



VEEMAH Integrated Wellness and Consulting Services, LLC
7070 Brooklyn Boulevard, Brooklyn Center, MN, 55429

- ✉ INFO@VEEMAHCONSULTING.COM
- ☎ OFFICE: (763) 202-4767
- ☎ FAX: (763) 355-5718
- 🌐 WWW.VEEMAH.COM

Patient or Client Representative — Keep for Your Records

Outpatient Informed Consent for Treatment

Welcome to VEEMAH. This document contains important information about our professional services and business policies. You will need to sign an **Acknowledgment and Consent Form confirming that you have received and reviewed this information and that you consent to begin treatment.** This form may also be signed on behalf of someone you are legally responsible for. You have the right to withdraw your consent for services at any time. VEEMAH also reserves the right to cease services. If services are discontinued, we will help you find a new provider.

Diagnostic Assessment

A written report that documents the clinical and functional face-to-face evaluation of the recipient's mental health. The length of time required to complete the interview may vary. The final assessment will provide diagnostic clarification and treatment recommendations.

Psychotherapy

The clinicians at our practice employ techniques and principles from various approaches, including behavioral therapy and cognitive-behavioral therapy. Therapy often leads to a significant improvement in overall functioning. The initial sessions will involve an evaluation of your needs. We will then discuss your treatment goals and create a treatment plan. Please consider this discussion carefully and whether you feel comfortable with the treatment plan and working with your therapist. Therapy involves commitment of time, money, and energy.

Like any psychological service, assessment and psychotherapy have benefits and risks. Since these services involve talking about personal information, you might feel uncomfortable at times. However, they can also provide helpful recommendations and may help reduce feelings of distress. There are no guarantees about what you will experience. Importantly, therapy might not work for everyone. It's crucial to understand that outcomes are not guaranteed.

Adult Rehabilitative Mental Health Services (ARMHS)

ARMHS is a state-certified service provided to adults 18 years old or older who have a primary diagnosis of a serious mental illness as determined by a Diagnostic Assessment. ARMHS offers a range of services to individuals, focusing on enhancing or maintaining independence in various areas of daily functioning. An individual may receive up to 6 hours of ARMHS services per week based on their need identified in the diagnostic and functional assessment. You will be notified about your eligible hours upon the completion of your assessments.

Appointments

Psychotherapy sessions will last between 30 and 90 minutes, depending on what you and your therapist agree on. Please arrive on time for your appointment. If you need to cancel or reschedule, we request that you provide at least 24 hours' notice if possible.

Legal involvement

According to VEEMAH's policy, we do not participate in legal disputes or official proceedings unless mandated by a court of law. Issues like custody and mediation are better managed by professionals trained specifically for those areas rather than by your therapist. However, if you become involved in a legal matter and the court requires your therapist's involvement, you will be responsible for covering the costs of the professional's time, including any travel expenses. This will be billed at a rate of \$150.00 per hour.

Billing and payments

If you provide us with your insurance information, we will bill your insurance company after the service is completed. Once your insurance has processed the claim and made a payment, you will receive a statement for any remaining balance. You are ultimately responsible for paying the entire amount of your bill, regardless of your insurance coverage.

Professional records

VEEMAH is required to maintain accurate records of the psychological services we provide. You have the right to a copy of your file at any time. You have the right to request that we provide a copy of your file to any other healthcare provider upon your written request. We maintain your records in a secure location in the office.

Contacting your clinician

We are often unavailable by phone at certain times. During these periods, you can leave a message on our confidential voicemail, which we check regularly. We will do our best to return your call within a reasonable time, excluding weekends and holidays. In an emergency, contact the nearest Crisis Center, call 988, or go to the closest emergency room. If we are away for an extended period, we will provide you with the name of a colleague to contact in case you need assistance.

Minors

If you are under eighteen years old, be aware that the law may give your parents the right to review your treatment records. Minnesota state law requires a parent or guardian's consent for treatment, except for alcohol or drug abuse treatment.

Right to terminate services and appeal

You have the right to withdraw from treatment at any time. Likewise, VEEMAH reserves the right to end services at any time for any reason. If we decide to terminate services, we will suggest alternative options and provide referrals upon request. If you disagree with this decision, you have the right to file an appeal. Your appeal will be handled as a formal grievance in accordance with the policy guidelines.



VEEMAH Integrated Wellness and Consulting Services, LLC
7070 Brooklyn Boulevard, Brooklyn Center, MN, 55429

- ✉ INFO@VEEMAHCONSULTING.COM
- ☎ OFFICE: (763) 202-4767
- ☎ FAX: (763) 355-5718
- 🌐 WWW.VEEMAH.COM

ACKNOWLEDGMENT AND CONSENT FORM

Please sign after reviewing each section (1 & 2). This page serves as acknowledgment of receipt and consent related to the following documents:

1. HIPAA NOTICE OF PRIVACY & CONFIDENTIALITY RIGHTS & PROCEDURES

I acknowledge that I have received and reviewed VEEMAH Consulting's HIPAA Notice of Privacy & Confidentiality Rights & Procedures. I understand the information provided and have been informed of my privacy rights.

Client Name (Print): _____

Client or Guardian Signature (if applicable): _____

Witness Signature: _____

Date: _____

2. OUTPATIENT INFORMED CONSENT FOR TREATMENT

I have read and understand the Outpatient Informed Consent for Treatment provided by VEEMAH Consulting. I give my consent to receive outpatient services and understand my rights and responsibilities regarding treatment, billing, communication, and confidentiality.

Client Name (Print): _____

Client or Guardian Signature (if applicable): _____

Witness Signature: _____

Date: _____

Signature Page — Please Return to Clinic