

General Intake Consent

Please read the following information carefully. If you need assistance or have questions, please speak with an administrator or your provider. There are copies of Lakeview's policies and procedures in the lobby.

LATE CANCELLATIONS / NO SHOWS

You must cancel your appointment no later than 24 hours prior to your scheduled time to avoid the cancellation being marked as a late cancellation.

Lakeview Behavioral Health tracks the number of late cancellations and no shows in the preceding 12 months. Lakeview does not charge a no-show fee. Each individual provider can have their own policy regarding late cancellations and no shows. This may include losing the option of having recurring appointments and/or being discharged from the provider's caseload. Please speak with your provider about their policy. Your care is important to us and compliance with keeping scheduled appointments is vital to your success. If you need to explore finding a provider that best meets your needs and schedule please contact our office.

INDIVIDUAL PROVIDERS POLICIES

Lakeview Behavioral Health practices within Federal, State, County, contractual and internal policies. Each individual provider is afforded discretion related to policies, that are not otherwise required by law, and requests to complete forms. These forms may include, but are not limited to: Family Medical Leave (FMLA) forms, emotional support animals, medical opinion forms, county/government forms, documentation for medical surgeries and general letters.

NOTICE OF PRIVACY AND CONFIDENTIALITY PRACTICES

for client protected healthcare information

During the course of care at Lakeview Behavioral Health, staff may gather information about a client's medical history and their current health. This notice explains how that information may be used and shared with others as well as client privacy rights regarding this kind of information. The terms of this notice apply to information created or received by Lakeview Behavioral Health. We are required by law to make sure that information that identifies the client is kept private; give the client notice of our legal duties and privacy practices with respect to medical information about them; follow the

terms of the notice that is currently in effect; and notify the client in the event that there is a breach of any unsecured protected health information about them.

Lakeview Behavioral Health seeks to strictly abide by all applicable confidentiality regulations, including CFR 42, Chapter 1, Part 2, "Confidentiality of Substance Use Disorder Patient Records", and any applicable sections of Minnesota Statute Chapter 13, "Data Privacy Act" if applicable. All information requested by this facility will be used for one or more of the following purposes:

1. To evaluate the client's need for and level of care.
2. To develop a treatment plan that is best suited to help the individual and to provide, coordinate and manage each client's care and treatment.
3. To fulfill county, state and federal requirements for reports and record keeping.
4. To utilize consultation services.
5. To coordinate payment. We may disclose medical information about clients so that the treatment and services they receive may be billed to, and payment may be collected from, the client, an insurance company, or another third party.
6. For operations of Lakeview Behavioral Health, including evaluating staff performance and treatment and care services.
7. For sending appointment reminders and other communications to the client.
8. As required by federal, state or local law.

No other uses will be made of this information unless noted or otherwise authorized by law.

Access will be limited to persons whose work assignments require access to accomplish as authorized by law.

Clients have a legal right to confidentiality during and after their time of treatment here. We honor this right by not informing anyone before, during, or after treatment of the client's presence here without their written consent, including inquiries in person, in writing, or by telephone. We expect clients to honor the rights of their peers in treatment so that all may remain anonymous. This includes not communicating in any way "client information" to any person outside the Counseling Center without the express written consent of the affected person.

Risks

A client entering services at Lakeview Behavioral Health may experience risks that are beyond the control of this center and its staff. These are as follows:

1. Observation of the client's physical presence at the facility or functions of Lakeview Behavioral Health.
2. The possible repercussions that may arise from social stigma attached to the diagnosis of substance use disorder or any mental health problem.
3. Disclosure of information by the client in a group setting may be viewed negatively or judgmentally by others and result in a certain degree of emotional pain for them.
4. The risk that an employer may react in a negative manner if they were to discover the employee's participation in the program or diagnosis.
5. The diagnosis of a mental health or substance use concern, as required by insurance companies, employment applications or other legal documents may have a detrimental effect.

Exceptions

1. We may disclose client information if the client has threatened a clear, substantial risk of harm to self or others. Reports may be made, as required by law, to an individual or agency that is able to help prevent the threat.
2. Clients under 18, where it is in their best interest to disclose information.
3. We may disclose information in response to a valid court order, administrative order, certain types of subpoenas, discovery requests, if the client's condition has been put at issue in civil litigation, and other lawful process.
4. We may disclose information to law enforcement in the above circumstances along with the following; to identify or locate a suspect, fugitive, material witness, or missing persons, about a death we believe may be the result of criminal conduct, about criminal conduct at our facility, and in emergency circumstances in regards to a crime.
5. If unethical conduct on behalf of another provider, a report must be made to the licensing board.
6. We may release medical information to organizations that handle organ procurement to facilitate organ or tissue donation and transplantation. This information will be limited to only what is necessary to make a transplant possible.
7. We may release information to military command authorities if the client is a member of the armed forces if we are required to do so by law or when we have been given client consent.
8. We may release information to workers compensation or similar programs that provide benefits for work-related injuries or illness.
9. We may disclose information to public health authorities for public health activities. These generally include preventing or controlling disease, injury or disability, reporting births and deaths, reporting abuse or neglect of a child or

vulnerable adult, reporting reactions to medications or problems with products, notification of product recalls, notification on exposure to disease or condition and reporting to the FDA.

10. We may disclose client information to health oversight agencies, for purposes such as government audits, investigations, inspections, and licensure activities, which are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
11. We may disclose information to a coroner or medical examiner in the case of certain types of death, and we must disclose health records upon request of the coroner or medical examiner and funeral directors, if necessary to carry out their duties.
12. We will release client information to authorized federal officials for intelligence, counterintelligence, national security activities, or to provide protection to the President, other authorized persons, or foreign heads of state or conduct special investigations as required by law or with client's written consent.
13. If the client is an inmate of a correctional institution or under the custody of a law enforcement official, we will release medical information about them, as permitted by law, to institutions or officials.

Depending on the program you are in we may need a release of information to release some of the above, if so we will seek your consent for a release of information before releasing any information.

Client Rights Regarding Client Information We Maintain

Lakeview Behavioral Health is required to obtain a written authorization from the client for most uses and disclosures of notes and protected health information. Except as described in this notice, Lakeview Behavioral Health will not use or disclose client health information without a specific authorization from the client. A client may, at any time, revoke an authorization that they have given. In the event that an authorization has been revoked, it will no longer be used to disclose information, except as previously outlined in this notice. Lakeview Behavioral Health is unable to take back disclosures that have already been made with authorization, and is required to retain records of the care that was provided to the client.

Clients have the right to inspect and receive a copy of their information that is used to make decisions about their care. To request to see or receive copies of their medical information, clients should contact Lakeview Behavioral Health administrative staff in writing, to 516 S Pokegama Ave. Grand Rapids, MN 55744, or via phone, at (218) 327-2001. If the client's record is maintained electronically, they may request their

record electronically. If proper written consent has been given by the client, we may send records directly to an entity or person of their choosing.

If the client believes that their information is incorrect or incomplete, they have the right to request that the information be changed, for as long as the information is kept by Lakeview Behavioral Health. This request may be submitted to administrative staff at our facility. Lakeview Behavioral Health staff may deny a client's request for an amendment if it does not include a reason to support the request, if the document was not created by Lakeview Behavioral Health, is not part of our facility records, is not part of the information which may be inspected by the client, or if the information is accurate and complete.

Clients have a right to request an "accounting of disclosures." This is a list of disclosures made from our facility of client health information. This request must be submitted in writing to Lakeview Behavioral Health administrative staff and include a timeframe not to exceed six years prior to the date of request.

Clients have a right to request a restriction or limitation on the medical information used or disclosed by our facility. If a client pays for a service in full, out-of-pocket, they may request that information not be disclosed to their health plan or third party payer. We are not required to agree to any other request. To request a restriction, a client should contact Lakeview Behavioral Health administrative staff and inform them of what information they want limited, if they are limiting our use, disclosure, or both, and who the limits should be applied for.

Clients have a right to request that communication about health matters be in a certain way or in a certain location. To make a specific request about confidential communication, a client should contact Lakeview Behavioral Health administrative staff. We will accommodate all reasonable requests.

Clients may request a paper copy of this notice at any time.

Lakeview Behavioral Health reserves the right to change this notice and to make the updated notice effective to past and future dated client information. If the terms of this notice are changed, Lakeview Behavioral Health will provide clients with a revised notice upon client request and the revised version will be posted in our facility. If the client feels that their privacy rights have been violated, they should contact the Minnesota Department of Health and Human Services, at 444 Lafayette Road St. Paul, MN 55155 Phone: (651) 431-6500, or contact our SUDs Treatment Director, Mental Health Clinical Director, or Executive Clinical Director at (218) 327-2001.

MN STATUTE 2023

148F.165 CLIENT WELFARE

Subdivision 1. Explanation of procedures. A client has the right to have, and a counselor has the responsibility to provide, a nontechnical explanation of the nature and purpose of the counseling procedures to be used and the results of tests administered to the client. The counselor shall establish procedures to be followed if the explanation is to be provided by another individual under the direction of the counselor.

Subd. 2. Client bill of rights. The client bill of rights required by section 144.652 shall be prominently displayed on the premises of the professional practice or provided as a handout to each client. The document must state that consumers of alcohol and drug counseling services have the right to: (1) expect that the provider meets the minimum qualifications of training and experience required by state law; (2) examine public records maintained by the Board of Behavioral Health and Therapy that contain the credentials of the provider; (3) report complaints to the Board of Behavioral Health and Therapy; (4) be informed of the cost of professional services before receiving the services; (5) privacy as defined and limited by law and rule; (6) be free from being the object of unlawful discrimination while receiving counseling services; (7) have access to their records as provided in sections 144.92 and 148F.135, subdivision 1, except as otherwise provided by law; (8) be free from exploitation for the benefit or advantage of the provider; (9) terminate services at any time, except as otherwise provided by law or court order; (10) know the intended recipients of assessment results; (11) withdraw consent to release assessment results, unless the right is prohibited by law or court order or was waived by prior written agreement; (12) a nontechnical description of assessment procedures; and (13) a nontechnical explanation and interpretation of assessment results, unless this right is prohibited by law or court order or was waived by prior written agreement.

Subd. 3. Stereotyping. The provider shall treat the client as an individual and not impose on the client any stereotypes of behavior, values, or roles related to human diversity.

Subd. 4. Misuse of client relationship. The provider shall not misuse the relationship with a client due to a relationship with another individual or entity.

Subd. 5. Exploitation of client. The provider shall not exploit the professional relationship with a client for the provider's emotional, financial, sexual, or personal advantage or benefit. This prohibition extends to former clients who are vulnerable or dependent on the provider.

Subd. 6. Sexual behavior with client. A provider shall not engage in any sexual behavior with a client including: (1) sexual contact, as defined in section 604.20, subdivision 7; or (2) any physical, verbal, written, interactive, or electronic communication, conduct, or act that may be reasonably interpreted to be sexually seductive, demeaning, or harassing to the client.

Subd. 7. Sexual behavior with a former client. A provider shall not engage in any sexual behavior as described in subdivision 6 within the two-year period following the date of the last counseling service to a former client. This prohibition applies whether or not the provider has formally terminated the professional relationship. This prohibition extends indefinitely for a former client who is vulnerable or dependent on the provider.

Subd. 8. Preferences and options for treatment. A provider shall disclose to the client the provider's preferences for choice of treatment or outcome and shall present other options for the consideration or choice of the client.

Subd. 9. Referrals. A provider shall make a prompt and appropriate referral of the client to another professional when requested to make a referral by the client.

253B.03 RIGHTS OF PATIENTS.

Subdivision 1. **Restraints.** (a) A patient has the right to be free from restraints. Restraints shall not be applied to a patient in a treatment facility or state-operated treatment program unless the head of the treatment facility, head of the state-operated treatment program, a member of the medical staff, or a licensed peace officer who has custody of the patient determines that restraints are necessary for the safety of the patient or others.

(b) Restraints shall not be applied to patients with developmental disabilities except as permitted under section [245.825](#) and rules of the commissioner of human services. Consent must be obtained from the patient or patient's guardian except for emergency procedures as permitted under rules of the commissioner adopted under section [245.825](#).

(c) Each use of a restraint and reason for it shall be made part of the clinical record of the patient under the signature of the head of the treatment facility.

Subd. 1a. MS 2012 [Renumbered [253D.18](#)]

Subd. 2. **Correspondence.** A patient has the right to correspond freely without censorship. The head of the treatment facility or head of the state-operated treatment program may restrict correspondence if the patient's medical welfare requires this

restriction. For a patient in a state-operated treatment program, that determination may be reviewed by the commissioner. Any limitation imposed on the exercise of a patient's correspondence rights and the reason for it shall be made a part of the clinical record of the patient. Any communication which is not delivered to a patient shall be immediately returned to the sender.

Subd. 3. **Visitors and phone calls.** Subject to the general rules of the treatment facility or state-operated treatment program, a patient has the right to receive visitors and make phone calls. The head of the treatment facility or head of the state-operated treatment program may restrict visits and phone calls on determining that the medical welfare of the patient requires it. Any limitation imposed on the exercise of the patient's visitation and phone call rights and the reason for it shall be made a part of the clinical record of the patient.

Subd. 4. **Special visitation; religion.** A patient has the right to meet with or call a personal physician, advanced practice registered nurse, or physician assistant; spiritual advisor; and counsel at all reasonable times. The patient has the right to continue the practice of religion.

Subd. 4a. **Disclosure of patient's admission.** Upon admission to a treatment facility or state-operated treatment program where federal law prohibits unauthorized disclosure of patient or resident identifying information to callers and visitors, the patient or resident, or the legal guardian of the patient or resident, shall be given the opportunity to authorize disclosure of the patient's or resident's presence in the facility to callers and visitors who may seek to communicate with the patient or resident. To the extent possible, the legal guardian of a patient or resident shall consider the opinions of the patient or resident regarding the disclosure of the patient's or resident's presence in the facility.

Subd. 5. **Periodic assessment.** A patient has the right to periodic medical assessment, including assessment of the medical necessity of continuing care and, if the treatment facility, state-operated treatment program, or community-based treatment program declines to provide continuing care, the right to receive specific written reasons why continuing care is declined at the time of the assessment. The treatment facility, state-operated treatment program, or community-based treatment program shall assess the physical and mental condition of every patient as frequently as necessary, but not less often than annually. If the patient refuses to be examined, the treatment facility, state-operated treatment program, or community-based treatment program shall document in the patient's chart its attempts to examine the patient. If a patient is committed as developmentally disabled for an indeterminate period of time, the three-year judicial review must include the annual reviews for each year regarding the patient's need for continued commitment.

Subd. 6. **Consent for medical procedure.** (a) A patient has the right to give prior consent to any medical or surgical treatment, other than treatment for chemical dependency or nonintrusive treatment for mental illness.

(b) The following procedures shall be used to obtain consent for any treatment necessary to preserve the life or health of any committed patient:

(1) the written, informed consent of a competent adult patient for the treatment is sufficient;

(2) if the patient is subject to guardianship which includes the provision of medical care, the written, informed consent of the guardian for the treatment is sufficient;

(3) if the head of the treatment facility or state-operated treatment program determines that the patient is not competent to consent to the treatment and the patient has not been adjudicated incompetent, written, informed consent for the surgery or medical treatment shall be obtained from the person appointed the health care power of attorney, the patient's agent under the health care directive, or the nearest proper relative. For this purpose, the following persons are proper relatives, in the order listed: the patient's spouse, parent, adult child, or adult sibling. If the nearest proper relatives cannot be located, refuse to consent to the procedure, or are unable to consent, the head of the treatment facility or state-operated treatment program or an interested person may petition the committing court for approval for the treatment or may petition a court of competent jurisdiction for the appointment of a guardian. The determination that the patient is not competent, and the reasons for the determination, shall be documented in the patient's clinical record;

(4) consent to treatment of any minor patient shall be secured in accordance with sections [144.341](#) to [144.346](#). A minor 16 years of age or older may consent to hospitalization, routine diagnostic evaluation, and emergency or short-term acute care; and

(5) in the case of an emergency when the persons ordinarily qualified to give consent cannot be located in sufficient time to address the emergency need, the head of the treatment facility or state-operated treatment program may give consent.

(c) No person who consents to treatment pursuant to the provisions of this subdivision shall be civilly or criminally liable for the performance or the manner of performing the treatment. No person shall be liable for performing treatment without consent if written, informed consent was given pursuant to this subdivision. This

provision shall not affect any other liability which may result from the manner in which the treatment is performed.

Subd. 6a. MS 1990 [Renumbered subd 6c]

Subd. 6a.**Consent for treatment for developmental disability.** A patient with a developmental disability, or the patient's guardian, has the right to give or withhold consent before:

(1) the implementation of any aversive or deprivation procedure except for emergency procedures permitted in rules of the commissioner adopted under section [245.825](#); or

(2) the administration of psychotropic medication.

Subd. 6b.**Consent for mental health treatment.** A competent patient admitted voluntarily to a treatment facility or state-operated treatment program may be subjected to intrusive mental health treatment only with the patient's written informed consent. For purposes of this section, "intrusive mental health treatment" means electroconvulsive therapy and neuroleptic medication and does not include treatment for a developmental disability. An incompetent patient who has prepared a directive under subdivision 6d regarding intrusive mental health treatment must be treated in accordance with this section, except in cases of emergencies.

Subd. 6c. [Repealed, [1997 c 217 art 1 s 118](#)]

Subd. 6d.**Adult mental health treatment.** (a) A competent adult patient may make a declaration of preferences or instructions regarding intrusive mental health treatment. These preferences or instructions may include, but are not limited to, consent to or refusal of these treatments. A declaration of preferences or instructions may include a health care directive under chapter 145C or a psychiatric directive.

(b) A declaration may designate a proxy to make decisions about intrusive mental health treatment. A proxy designated to make decisions about intrusive mental health treatments and who agrees to serve as proxy may make decisions on behalf of a declarant consistent with any desires the declarant expresses in the declaration.

(c) A declaration is effective only if it is signed by the declarant and two witnesses. The witnesses must include a statement that they believe the declarant understands the nature and significance of the declaration. A declaration becomes operative when it is delivered to the declarant's physician, advanced practice registered nurse, physician assistant, or other mental health treatment provider. The physician, advanced practice

registered nurse, physician assistant, or provider must comply with the declaration to the fullest extent possible, consistent with reasonable medical practice, the availability of treatments requested, and applicable law. The physician, advanced practice registered nurse, physician assistant, or provider shall continue to obtain the declarant's informed consent to all intrusive mental health treatment decisions if the declarant is capable of informed consent. A treatment provider must not require a patient to make a declaration under this subdivision as a condition of receiving services.

(d) The physician, advanced practice registered nurse, physician assistant, or other provider shall make the declaration a part of the declarant's medical record. If the physician, advanced practice registered nurse, physician assistant, or other provider is unwilling at any time to comply with the declaration, the physician, advanced practice registered nurse, physician assistant, or provider must promptly notify the declarant and document the notification in the declarant's medical record. The physician, advanced practice registered nurse, physician assistant, or provider may subject the declarant to intrusive treatment in a manner contrary to the declarant's expressed wishes, only if the declarant is committed as a person who poses a risk of harm due to mental illness or as a person who has a mental illness and is dangerous to the public and a court order authorizing the treatment has been issued or an emergency has been declared under section [253B.092, subdivision 3](#).

(e) A declaration under this subdivision may be revoked in whole or in part at any time and in any manner by the declarant if the declarant is competent at the time of revocation. A revocation is effective when a competent declarant communicates the revocation to the attending physician, advanced practice registered nurse, physician assistant, or other provider. The attending physician, advanced practice registered nurse, physician assistant, or other provider shall note the revocation as part of the declarant's medical record.

(f) A provider who administers intrusive mental health treatment according to and in good faith reliance upon the validity of a declaration under this subdivision is held harmless from any liability resulting from a subsequent finding of invalidity.

(g) In addition to making a declaration under this subdivision, a competent adult may delegate parental powers under section [524.5-211](#) or may nominate a guardian under sections [524.5-101](#) to [524.5-502](#).

Subd. 7. Treatment plan. A patient receiving services under this chapter has the right to receive proper care and treatment, best adapted, according to contemporary professional standards, to rendering further supervision unnecessary. The treatment facility, state-operated treatment program, or community-based treatment program shall

devise a written treatment plan for each patient which describes in behavioral terms the case problems, the precise goals, including the expected period of time for treatment, and the specific measures to be employed. The development and review of treatment plans must be conducted as required under the license or certification of the treatment facility, state-operated treatment program, or community-based treatment program. If there are no review requirements under the license or certification, the treatment plan must be reviewed quarterly. The treatment plan shall be devised and reviewed with the designated agency and with the patient. The clinical record shall reflect the treatment plan review. If the designated agency or the patient does not participate in the planning and review, the clinical record shall include reasons for nonparticipation and the plans for future involvement. The commissioner shall monitor the treatment plan and review process for state-operated treatment programs to ensure compliance with the provisions of this subdivision.

Subd. 8 **Medical records.** A patient has the right to access to personal medical records. Notwithstanding the provisions of section [144.292](#), every person subject to a proceeding or receiving services pursuant to this chapter and the patient's attorney shall have complete access to all medical records relevant to the person's commitment. A provider may require an attorney to provide evidence of representation of the patient or an authorization signed by the patient.

Subd. 9. [Repealed, [1997 c 217 art 1 s 118](#)]

Subd. 10. **Notification.** (a) All patients admitted or committed to a treatment facility or state-operated treatment program, or temporarily confined under section [253B.045](#), shall be notified in writing of their rights regarding hospitalization and other treatment.

(b) This notification must include:

(1) patient rights specified in this section and section [144.651](#), including nursing home discharge rights;

(2) the right to obtain treatment and services voluntarily under this chapter;

(3) the right to voluntary admission and release under section [253B.04](#);

(4) rights in case of an emergency admission under section [253B.051](#), including the right to documentation in support of an emergency hold and the right to a summary hearing before a judge if the patient believes an emergency hold is improper;

(5) the right to request expedited review under section [62M.05](#) if additional days of inpatient stay are denied;

(6) the right to continuing benefits pending appeal and to an expedited administrative hearing under section [256.045](#) if the patient is a recipient of medical assistance or MinnesotaCare; and

(7) the right to an external appeal process under section [62Q.73](#), including the right to a second opinion.

Subd. 11.**Proxy.** A legally authorized health care proxy, agent, or guardian may exercise the patient's rights on the patient's behalf.

COSTS

Lakeview Behavioral Health does not discriminate against any person receiving health services because of his/her/their inability to pay for services or because payment for health services will be made under Federal, State or Commercial healthcare plans.

We will charge persons receiving health services at the usual and customary rate prevailing in the area. Persons will be charged for services to the extent that payment will be made by a third party authorized or under legal obligation to pay the charges. Health services will be provided at a discounted charge to persons unable to pay for care, based on a sliding fee scale. Sliding scale fees will be based on the most current federal poverty guidelines. Persons at 300% FPG will pay a customary rate. A sliding fee scale is in place with incremental tiering of costs. Federal poverty guidelines and sliding fee scale for specific charges for service are available upon request.

Lakeview Behavioral Health currently accepts most major medical insurances. We encourage you to contact your insurance company to determine your coverage and estimated cost of care. You may call (218) 327-2001 to speak with our Registration Department to confirm Lakeview's Network status with your insurance.

If Lakeview Behavioral Health is Out of Network with your insurance company, we may bill for services and receive payment if your policy includes out of network benefits. It is important for you to contact your insurance company to determine how this may impact your patient responsibility and financial impact.

Payment is due at the time of service based on your insurance (copay, coinsurance, deductibles), Sliding Fee Schedule Payment, or Private Pay status.

After your insurance is processed, a statement of remaining balance due will be mailed to the address on file. Payment is due as per statement instructions.

The most up to date private pay rates will be provided upon request.

INFORMED CONSENT FOR TELEMEDICINE SERVICES

Telemedicine/Telehealth is delivery of care through telecommunications technology, usually two-way videoconferencing. To improve client care, telemedicine enables healthcare providers to deliver care while the client and provider are in different locations.

Providers may include primary care practitioners, specialists, and/or subspecialists.

Information collected during the Telehealth visit may be used for diagnosis, therapy, treatment, follow-up and/or education and may include any of the following:

- Client Medical Records
- Medical Images
- Live, Two-Way Audio and Video
- Output Data from Medical Devices and Audio and Video Files
- Telephone

Expected Benefits:

- Improved access to medical care by enabling a Client to remain in his/her living and/or primary care facility while the practitioner evaluates and receives information from another site.
- More Efficient Evaluation and Management
- Obtain Specialist Expertise, Regardless of Geographic Location

Possible Risks:

As with any procedure, there are potential risks associated with the use of telemedicine. These risks include, but may not be limited to:

- In rare cases, information transmitted may not be sufficient (e.g. poor resolution of images) to allow for appropriate medical decision making by the practitioner
- Delays in evaluation and treatment could occur due to deficiencies or failures of the equipment.
- In very rare instances, security protocols could fail, causing a breach of privacy of personal medical information.
- In rare cases, a lack of access to complete medical records may result in adverse drug interactions or allergic reactions or other judgment errors.

Client Consent to the Use of Telemedicine

1. I understand that the laws that protect privacy and the confidentiality of medical information also apply to telemedicine, and that no information obtained in the

use of telemedicine which identifies me will be disclosed to researchers or other entities without my consent.

2. I understand that I have the right to withhold or withdraw my consent to the use of telemedicine in the course of my care at any time, without affecting my right to future care or treatment.
3. I understand that I have the right to inspect all information obtained and recorded in the course of a telemedicine interaction, and may receive copies of this information for a reasonable fee.
4. I understand that a variety of alternative methods of medical care may be available to me, and that I may choose one or more of these at any time.
5. I understand that telemedicine may involve electronic communication of my personal medical information to other medical practitioners who may be located in other areas, including out of state.
6. I understand that it is my duty to inform my practitioner of electronic interactions regarding my care that I may have with other healthcare providers.

I have read and understand the information provided above regarding telemedicine. I hereby give my informed consent for the use of telepsychiatry in my medical care. I hereby authorize Lakeview Behavioral Health to use telepsychiatry in the course of my diagnosis and treatment.

GRIEVANCE POLICY

In accordance with MN Statutes 245G and 245I

Staff is available to assist in the development and processing of the grievance.

The names and means of contacting the above individuals will be given to any client, former client, or relative/guardian upon admission to Lakeview Behavioral Health or upon written or verbal request.

Properly filing a grievance or complaint will not subject any person to prejudicial treatment in any program operated by Lakeview Behavioral Health.

If you have a grievance and you have discussed it with the first person on this list and are still not satisfied, you may contact the next person on the list and so on.

- Your counselor – written or verbal
 - The counselor or first person to receive the grievance will respond within 3 days acknowledging receipt of the grievance. If the grievance is not resolved within 3 days...

- The Clinical Director of your program – written or verbal
 - Within 15 business days of receiving a grievance, Lakeview Behavioral Health will provide the person who submitted the grievance with a written final response. If you are not satisfied with the outcome of the grievance you may bring the grievance to Lakeview's CEO or designee.
- The CEO or designee.
 - If you do not receive a satisfactory response from this highest level of authority, you may contact the appropriate entity below:

Official Publication of the State of Minnesota, Revisor of Statutes 700 State Office Building 100 Rev. Dr. Martin Luther King Jr. Blvd St. Paul, MN 55155 (651) 296-2868	Office of Ombudsman for Mental Health & Developmental Disabilities 121 7th Place East Ste 420 Metro Square Building St Paul MN 55101 800-657-3506
Department of Health, Office of Health Facilities Complaints health.ohfc-complaints@state.mn.us (651) 201-4200	Dept. of Human Services, Licensing Division 444 Lafayette Road St. Paul MN 55155 (651) 431-6500

You may also contact the licensing board applicable to your complaint:

Board of Social Work 335 Randolph Ave, Suite 245 St. Paul, MN 55102-5502 (612) 617-2100	Board of Nursing 1210 Northland Drive, Suite 120 Mendota Heights, MN 55120 (612) 317-3000	Board of Behavioral Health and Therapy 335 Randolph Ave, Suite 290 St. Paul, MN 55102 (651) 201-2756
Board of Marriage and Family Therapy 335 Randolph Ave, Suite 260 St. Paul, MN 55102 (612) 617-2220	Board of Medical Practice 335 Randolph Ave, Suite 140 St. Paul, MN 55102 (612) 617-2130	Board of Psychology 335 Randolph Ave, Suite 270 St. Paul, MN 55102 (612) 617-2230

Should any client of any program administered by Lakeview Behavioral Health choose to appear in person before the Leadership Team, they may do so by attending the next regularly scheduled meeting of the Leadership Team. The date, time, and location of the next scheduled meeting of the Leadership Team will be given to any client of Lakeview Behavioral Health.

Should any client of any program administered by Lakeview Behavioral Health choose to contact the Leadership Team they may obtain the list of members from admin or your provider.

The grievance procedure will be available to clients upon request and posted in all Lakeview Behavioral Health offices.

ACKNOWLEDGEMENT/VERIFICATION/AUTHORIZATION TO ACCESS DRUG HISTORY

By signing below, I acknowledge and consent for Lakeview Behavioral Health to access my drug history records through the current contracted electronic prescription network and/or the State Prescription Drug Monitoring Program (PDMP). I further consent to Third Party contact related to my prescription information.

ACKNOWLEDGEMENT/VERIFICATION/AUTHORIZATION FOR TREATMENT

By signing below, I acknowledge that I have received, understood, had explained to me and have been informed that I may request a copy of the consents listed below:

1. The Notice of Privacy and Confidentiality Practices, which contains information about management of my client record and private healthcare information.
2. Informed Consent for Telemedicine Services
3. The Client Bill of Rights, which includes information on cost of treatment and rules regarding my proper treatment.m
4. The Client's Grievance Procedure document and am aware that the staff will help me with paperwork if needed.

I authorize Lakeview Behavioral Health to release information acquired in the course of my examination and treatment to third parties for the purposes of obtaining payment for services provided and permit a reproduction of this authorization to be sent in place of the original.

I hereby direct payment of my benefits, if any, otherwise payable to me, to Lakeview Behavioral Health for any services rendered by their facility, not to exceed the usual and customary charges for such services, unless revoked in writing.

I understand that I am responsible to Lakeview Behavioral Health for any and all charges not covered by my insurance plan.

I authorize Lakeview Behavioral Health's employees and agents to treat me for problems related to substance use and/or mental health and have been advised that my success in this program is my responsibility.

Client/Parent/Guardian Signature

Relationship to Client

Date

Revised 03/20/2024