

you may become ineligible for financial assistance or to receive services.

Any disclosure of information about you is limited to those disclosures that are permitted or required under state and federal law, as described in our Notice of Privacy Practices. In addition, we often need to share information with third party payers, including insurance companies or county agencies, in order to maintain your eligibility for services. We believe it is important that you are aware that there are exceptions to when we are required by law to provide information without your written permission.

These include but are not limited to:

- Risk of harm to self or others
- Suspected child abuse or neglect that has occurred within the last three years
- Suspected abuse or neglect of vulnerable adults
- Court orders or Minnesota state laws
- Collection agencies – limited to demographics and treatment time frame

Your Rights

You have the right to courteous and respectful treatment, as well as appropriate care based on your needs. All professionals from whom you will receive care are licensed by a professional board.

You have the right to:

- Obtain the rules of professional conduct governing the professional practice of a licensed staff member
- Review the public records that the professional board maintains
- File a complaint with the Professional Board

To pursue your rights concerning the practice of professional, contact the respective board of the respective board of the licensed provider from whom you receive care. A listing of the professional Boards and their telephone numbers can be found at the end of this document,

You have the right to expect that the professional working with you has met the minimal qualification of training and

experience required by state law. Also you have the right, upon request, to be informed of the professional's education, training and experience.

You have the right to receive complete and current information about your treatment, including information concerning diagnosis, treatment, and progress, in plain language, so that we can consider your opinions and make the most common risks and treatment options, including the prescribed medications and their purpose, possible side effects, and alternative medication.

You also have the right to participate in the design of your treatment plan. If your care involves testing, you have the right to a brief summary of the results. Reasonable accommodations will be made for those clients who cannot read, or who have communication impairments, and for those who do not read or speak English. Arubah Emotional Health individual will also respect your right to privacy and individuality around your social, religious and psychological wellbeing.

You have a right to information about the costs and anticipated length of your care, before beginning treatment. You have a right to reasonable notice of changes in services or changes. You have a right to information on fees, the method of billing, insurance coverage, and information about adjusted fees,

You have the right to refuse or terminate care for treatment. Clients who are court-ordered may face consequences imposed by the court for failure to complete treatment. You also have the right to request a different professional within the limits of our agencies, clinical practices, health insurance, medical assistance, or other payment programs or agreement. You have the right to a coordinated transfer of care.

You have the right to a referral if you need mental health services that we cannot provide. We will also make a referral when you ask us to do so. Upon request we will provide you information on or about available health and social services within the community.

You have the right to review your medical record. HIPAA laws (see Notice of Privacy Practices) provide that a therapist may restrict your access to the records (believing it is in your

best interest). You may receive copies of your medical records unless restricted by your therapist. MN Statutes Section 144.335.

You have a right to treatment free of discrimination. We will not discriminate against you based on age, sex, creed, marital status, national origin, disability, sexual preference, or public assistance status.

You have the right to a timely response to requests. You have the right to obtain information as to any relationship Arubah or its employees have with other health care or related institutions, as it relates to your care., which includes staff availability to schedule appointments and as need arises. You may assert your rights without retaliation.

If you have questions about your rights, please ask your therapist.

Your Responsibilities

As a client of Arubah Emotional Health Services, you have responsibilities as well as rights.

- You are responsible for being clear and direct about the problems you are experiencing.
It is important that you provide complete and accurate information about past illnesses, hospitalizations, treatment programs, medications, and other matters related to your background.
- You are responsible for understanding your treatment plan. Your willingness to help design your treatment plan and follow it bears directly on the success of your treatment.
- You are responsible for arranging payment for the cost of services you receive if you are on a fee based program.
- You are responsible for respecting the right of privacy and confidentiality of other clients you see in our treatment programs.

You share the responsibility with us in assuring that the helping relationship remains respectful and that our staff, other clients and visitors feel safe and protected. We reserve the right to terminate contact with clients who engage in abusive language or behavior, any form of harassment, or who are perceived to be under the influence of mood-altering chemicals.

For services operated by scheduled appointments:

You are responsible for keeping scheduled appointments. If you cannot keep an appointment please call and cancel at least 24 hours in advance.

If you miss three appointments or more, your services may be terminated. A no – show fee may be charged for appointments not kept. If you miss several appointments and have not made payments to your account, your treatment may be interrupted until payment is made.

If your appointment needs to be rescheduled due to inclement weather or some other type of emergency, you will be called as possible, at the discretion of the clinician.

Payment Policy

At the time of intake we will assist you in determining who is responsible for the cost of services. A subsidized fee is available. In order to qualify for the subsidized fee, you must provide proof of income and financial inability to pay. Your ability to pay will be evaluated periodically and with any change in your financial situation. Payment must be received at the time of service.

Please let us know if you change jobs, insurance companies, our home address, or telephone number.

We will attempt to collect from your insurance company; however, you are responsible for paying your co- pay and deductible at the time of service. We accept reimbursement from most insurance companies, including Medical Assistance. Benefits vary from one plan to another Some diagnoses do not qualify for payment from insurance companies or other payers. Insurance companies often request copies of client records to determine payments for claims made.

Please discuss questions about your coverage with your employer or customer service of your insurance plan. We will help to resolve questions about your account. You however are ultimately responsible for the charges you incur.

If it becomes necessary to place your account with a collection agency because of non-payment, any legal and/ or collection fees will be added to your account balance.

Grievance Procedure:

If you are dissatisfied with your care we encourage the following:

- To file a complaint, form found on website.
 - o www.arubahemotionalhealth.com
- Talk with your therapist
- File a formal complaint with our complaint departments.
 - o Adult Rehabilitative Mental Health Services (ARMHS) :
 - Justin Allen: (952) 201-8155
 - o Children’s Therapeutic Support Services (CTSS):
 - Deanin Willsun: (763) 354-8561
 - o Therapy Services/ HIPAA complaints:
 - Jennifer Boyd (952) 955-4946
 - o Talk with the Owner:
 - Anissa Keyes: (763) 447-5573.

Response time will be within three business days of the receipt of the complaint.

If you wish to file a grievance with a reporting board external to Arubah Emotional Health Services, you can contact:

Office of Health Facilities and Complaints

P.O.Box 64970

St Paul, MN 55164-0970

Phone: 651 201 4201

National, toll Free 1-800-369-7994

The staff and contractors at Arubah Emotional Health Services are committed to respecting your rights.

Arubah Emotional Health Services, PA

3300 County Rd 10 Suite 204B

Brooklyn Centre, MN 55429

Phone: 612-284-8115

www.arubahemotionalhealth.com.



Client Rights Brochure

Arubah Emotional Health Services

Welcome to Arubah Emotional Health Services. We are pleased you have chosen us for your care. Our staff is committed to working with you in a sensitive, private, and professional manner.

Arubah Emotional Health Services is a private organization that is licensed to provide mental health care to adults, children, and families. In addition we provide community support services.

Privacy and Confidentiality

Arubah Emotional Health Services is committed to providing high quality, professional care. .

As such we value the privacy of our clients.

The information you provide o us, or that we obtain per your written permission will be used by Arubah to assist in providing your care. . The information will help determine your eligibility, or for related administrative purposes. The information you share will likely be documented in our client records. Our use of this information may include sharing it with business associated who we retain to provide services such as supervision, consultation, legal review or quality assurance activities.

Unless ordered by court to do so, you are not required to provide the information that we ask of you or on our forms. If you choose not to provide the information, however, we may not be able to provide appropriate services to you. Also you may not be able to provide appropriate services to you. Also,