**Veritas Consent Form**

Please read and ***initial*** next to each section and then print, sign, and date the bottom of the form. Thank you!

**Counseling Consent**

I understand that Dr. Jeffrey J. Vrielink is a Christian Psychiatrist and that he counsels from a Biblical world view in order to treat the whole person - *mind, body, and spirit.*

Dr. Vrielink’s counsel may include, but is not limited to the use of stories and verses from the Bible, prayer (if desired), identifying and addressing sin issues, handing out Christian resources (tracts, pamphlets, information, etc.), and warning against anything which he believes may adversely impact a patient’s mental, physical, and spiritual health.

**Picture Consent**

I understand that under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”),

I have certain rights to privacy. I give Veritas Integrated Psychiatric Care, PLLC permission to use my driver’s license, State ID, or School ID picture in my medical chart for office use only.

**Medicare/Medicaid**

I understand that Dr. Vrielink does not participate with Medicare or Medicaid. As of February 25, 2019, Dr. Vrielink has opted out of Medicare/Medicaid and is not contracted with either entity.

Dr. Vrielink agrees that he will not submit claims to either Medicare or Medicaid for services furnished to a Medicare/Medicaid participant. As of February 25, 2019, patients with Medicare or Medicaid may be seen, in this office, as cash pay clients.

I have read and agree with the above statements, and understand that Dr. Vrielink’s counseling will come from a Christian perspective.

*Print Name* *Signature* *Date*

Jeffrey J. Vrielink, M.D.

*Doctor’s Name* *Doctor’s Signature* *Date*

(Updated 06/2015)