



Recovering Hope's Client Handbook

Welcome to Recovering Hope Treatment Center

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www.recoveringhope.life

Welcome to Recovering Hope Treatment Center

We know what a big decision this is for you and we are proud that you made the choice to take the next step into recovery. Recovering Hope is a place that prides itself on helping women and their families start the next chapter of their life. This handbook is for the clients, family members and other concerned persons who come to Recovering Hope Treatment Center for treatment of substance abuse and mental health. It is intended to serve as a guide for you as you move through the treatment process.

Services Provided by Recovering Hope Treatment Center

As a residential and continuing care facility, we offer a safe environment to face your struggles with addiction and mental health. You are not just another number. You are an individual and your treatment will reflect your individual needs. Your future is truly important to our caring professionals as we help you fit the pieces of your life's puzzle back together. Our ground-breaking co-occurring treatment program is designed to individualize your treatment and recovery.

We believe in helping you learn and practice lasting coping skills so that you can achieve confidence and self-worth as you transition slowly back into the community.

While at Recovering Hope, you'll be able to identify and explore your issues related to chemical dependency and mental health. You will also be able to stay connected with your child(ren) while remaining focused on your recovery—recovery that leads to confidence to create the life you deserve.

Our **Licensed Alcohol and Drug Counselors** have extensive years of experience delivering empirically evidenced treatment practices. We specialize in a wide variety of topics, which allow us to customize each person's program. We have individual treatment plans for each of our clients and tailor their schedules for the break out groups that would most benefit their needs. We understand that to stay in recovery it takes a team.

Families will be included in various aspects of treatment planning, continuing care planning, and individual family sessions. Family workshops may also be an additional aspect of client care.

As you progress through our 3-phase program, they will engage in vocational skill-building, job searches, connecting with outside services to have plans in place for a stable future prior to leaving the facility. We want to help you succeed in treatment as well as in your recovery of life.

Our medical team consists of **Nurse Practitioners, Registered Nurses and Licensed Practical Nurses** that work closely together to ensure your medical and psychiatric needs are addressed during the treatment stay. We work closely together with each woman's chemical dependency counselors, therapists and technicians to provide comprehensive treatment.

A Nurse Practitioner will meet with you within 10 business days of admission and will complete a physical exam. Within this same 10 business day period of time, we will also have you meet with our Psychiatric Nurse Practitioner who will provide a comprehensive psychiatric diagnostic assessment.

For women with medical concerns, these will be managed and addressed on site by our Nurse Practitioner on an as needed basis as requested by the client. For clients who are struggling with their psychiatric/mental health, follow-up visits with the Psychiatric Nurse Practitioner will be scheduled more frequently within the first two months of admission and once you are stable, will be seen as mutually agreed upon or referred to a community provider if remaining in the area post discharge.

Clients of Recovering Hope will receive medical and psychiatric care while in residential treatment on campus by a contracted provider. In the event that your health requirements are not able to be met on campus, Recovering Hope will provide collaborative care with emergency, urgency and referral services at an appropriate facility. Non-essential medical appointments will be schedule once you have reached medium intensity level of programming.

Recovering Hope does not allow the use of benzodiazepines, hypnotics, stimulants, or opiates on campus.

During the thorough psychiatric evaluation, a history of past mental health issues, past psychiatric hospitalizations, and past psychiatric medications will be addressed. Additionally, current mental health symptoms will be discussed as well as evidence-based treatment strategies to manage those symptoms. Upon review of all of the information gathered a mental health diagnoses may be made and psychotropic medication may be prescribed.

You will be referred to a psychotherapist that is either a LPCC, LICSW, PsyD or Clinical Nurse Specialist/Nurse Practitioner, who will meet with you as needed based on individual needs. If you are remaining in the area, you may be referred to a community provider for continued care of mental health needs to establish a strong relationship for long-term care.

Chemical Health Technicians are on site 24 hours per day. Our chemical health technicians help guide you on your daily routine, hold accountability, offer support and help maintain a safe community for recovery.

What to expect in your first few days

New clients will receive a Big Sister to help them become familiar with the program. When you are chosen as a Big Sister, you will receive a checklist to help guide you in mentoring your Little Sister during her first few days of treatment. If you are selected as a Big Sister and are going to be gone during those few days or not in an emotional place to take on the responsibility of being a Big Sister, let counseling staff know right away.

During your intake process each client meets with our intake staff and medical staff for assessment. While you are meeting with staff, your belongings will be searched and your room will be prepared to accommodate yourself and your child(ren). Recovering Hope provides cribs, baby monitors and a rocking chair. Clients are able to bring other baby accessories to accommodate parenting needs.

Within the first 72 hours, each client will meet with their primary counselor for an introductory meeting and assessment.

During the first 72 hours, you will not be able to leave campus for meetings or other activities in order to be monitored by nursing for medical/ mental health related concerns.

Clients will be given an initial treatment plan while counseling staff develops a treatment that meets the individual needs of each client coming into treatment. Clients will receive their master treatment plan within the first week of treatment. The master treatment plan can be adjusted throughout the treatment process to address areas of concern as they arise.

It is normal during the first few days of treatment to experience many different emotions from fear, guilt, anger, self-pity, and resentment along with a variety of other emotions. It is important to focus on what emotions are present. Staff will continue to help you identify new feelings and emotions throughout your treatment process. For some of you, this is your first involvement with treatment and being admitted is often viewed as a family crisis. The fact that you are here, however, can be the beginning of a new life for you and those concerned about you.

LEVELS OF CARE

Your treatment program is divided into levels; residential, medium intensity and low intensity.

Residential Level of Care:

Residential is a foundation phase in which physical, psychological and social assessments will be conducted to determine the scope of your needs. You will be introduced to the first three steps of Alcoholics Anonymous→ through special assignments, lectures, and groups, you will come to understand the illness of addiction and how it has affected your life.

Among the many destructive results of substance abuse is isolation from other people. A basic goal of treatment is to help you substitute unhealthy dependency on alcohol or chemicals for a healthy dependency on other people. The written assignments you will be working on during

the residential level of care are to be completed with help from other clients who are in the later phases of treatment. Ask for help as you begin these assignments.

Clients coming into our program for residential programming will remain on the residential level for at least 30 days before being eligible to step down to medium intensity. Clients who admit to our program from a completed residential program will be placed on residential programming status for least two weeks prior to moving to medium in order to adjust to Recovering Hope's programming.

In order to request step down from residential level of care the following must be completed:

- Be approaching 30 days of residential programming
- Sister Sheet (provided to your sister)
- Life Story (provided in intake folder)
- Step One (provided in intake folder)
- Step Two (given to you once Step One is completed)
- Step Three (given to you once Step Two is completed)
- Insanities/Exploring Change/Interferences Worksheet (provided in intake folder)
- Be a big sister to a new peer
- Follow expectations of the facility and show peer leadership
- Lead a client led A.A. meeting
- Following through with parenting behavioral expectations

Medium Intensity Level of Care:

After you have completed the expectations for residential care, you will move into the medium intensity where intensive group therapy is the major focus. In addition to attending small group Mondays, Wednesdays and Fridays, you will also be required to attend full programming Mondays and Tuesdays. You are required to attend parenting programming if you have children under the age of 18 regardless of them being present in the program. If you miss group, you will be required to attend make up programming.

Clients are also required to attend Sunday Reflections, if not on pass.

During this level of treatment, you will be given flexibility in your schedule to look for volunteer opportunities or employment to begin reintegration into the community. You can request passes, or utilize Thursdays staff transport to the Mora library to use their computers. You may also utilize the Workforce Center. Pass privileges will begin with shorter passes in the community and transition into longer passes. Full day passes are a privilege and responsibility must be shown to earn this privilege.

In order to step down from medium intensity level of care the following must be completed:

- Step Four worksheet and present with counselor, sponsor or clergy member
- Have found verified volunteer work/employment (use worksheet provided to track progress)
- Have shown yourself as a peer leader
- Lead three client lead A.A. meetings
- Establish continuing care plan with counselor, including housing and outpatient services and be in the last few weeks of programming
- Follow expectations of the facility
- Follow through with all medical appointments, legal obligations and recommendations from staff
- Following through with parenting behavioral expectations

Low Intensity Level of Care:

Low Intensity of Care focuses on your ability to be productive and responsible in recovery. Graduating to low intensity care provides you with an opportunity to practice your skills you have gained in the community. In this phase you will be working with your counselor to develop a continuing care plan to support you once you transition home from treatment. Low intensity clients are required to attend community and small process group unless conflicts by employment or volunteer hours. Exceptions to schedule change are decided by client and primary counselor. If clients are in the building they are also required to attend community on Saturdays, the tech led activity and reflections.

EXPECTATIONS

WAKE UP HOURS: (You are able to wake up earlier; however, staff wake up calls are at the following times).

| | |
|---------------|-----------|
| Monday-Friday | 6:30 A.M. |
| Saturday | 7:00 A.M. |
| Sunday | 7:00 A.M. |

CURFEW

You need to be back in the facility by 9:45 P.M. nightly. Exceptions due to employment must be approved by primary counselor. If walking is your transportation, you must be back on site before sundown for your safety.

Quiet time starts at 8:00 pm EVERYDAY. Children need to be in bed by 8:30 P.M. unless you have a newborn baby, please speak with staff. Lights out start at 10:00 pm EVERYDAY. You are able to read or participate in a mindful activity using a side lamp or reading light as long as it does not disrupt the sleep of roommate or children.

CHILDCARE

Recovering Hope is a treatment center that allows for women to admit to residential treatment with their children. Due to the allowance of children in our facility, you may be asked by another client to watch their children. **This is not a requirement of our program and you are allowed to say no to this request.** If you would like to help mothers on the unit by agreeing to watch their children, you are responsible to sign the consent form and to follow expectations regarding parenting as adhered by Recovering Hope policies, please see below.

Recovering Hope staff does not provide daycare services outside of the licensed daycare. If in case of a therapeutic intervention, Recovering Hope staff can watch a child for up to 15 minutes as deemed appropriate by staff.

Behavioral Guidance Expectations for Parenting/Childcare

We want to ensure a safe and nurturing environment for adults, children and infants at Recovering Hope Treatment Center. With this in mind, please understand the following expectations:

1. Children and infants should never be left unattended around water. Tubs should be filled with only two to four inches of water for infants, and an infant should never be put into a tub when the water is running.
 2. Children must sleep in the crib or bed provided for him or her. Bed-sharing puts babies at risk of suffocation, strangulation and sudden infant death syndrome and is not permitted at Recovering Hope. For babies under the age of one year, nothing other than a pacifier is allowed in the crib, including blankets. For children over one year a light weight blanket that has been approved by staff is allowed.
 3. Do not shake or hit a baby or child. If a baby is crying and you feel frustrated, please talk with a staff person.
 4. Behavioral guidance must be constructive, positive and suited to the age of the child. Methods of intervention, guidance, and redirection must be used.
 - a. Corporal punishment and emotional abuse are unacceptable forms of discipline at Recovering Hope.
 - b. Food, light, warmth, clothing and medical care will not be withheld from children.
 - c. Discipline and punishment will not be delegated to another child.
 - d. The separation of a child from the group (Time-Out) to guide behavior must be appropriate to the age of the child and circumstances requiring the separation.
 - e. An infant will not be separated from the group for disciplinary reasons.
 - f. A child separated from the group must be placed in an area of separate room that is well-lit, free from hazards, ventilated, and open to the view of care givers.
 - g. No child will be placed in a locked room to separate the child from the group.
 5. If you decide to begin toilet training, you will be expected to work with the Early Childhood Family Educator consultant to develop a plan for the timing and method of training.
 - a. Children will not be punished for toileting accidents.
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- b. Children will be offered opportunities for toileting.
6. If staff observes, or suspects you are maltreating your child, we will talk with you about our concerns. We will work with you to practice appropriate skills for addressing common difficulties, including sleep, eating tantrums, and other challenging behaviors.
7. If we believe you have neglected or abused your child, we will contact Child Protective Services. We will talk with you about the report, and we will work with you to develop an appropriate plan so you and your child can have a positive relationship.
8. Additional parental education is provided by daycare staff and Kanabec County Public Health.

Daycare expectations are as follows:

Pick Up times are 11:40 A.M. and 3:50 P.M.

Drop Off times are 7:45 A.M. and 12:20 P.M.

During the drop off time we are asking parents to only come in two at a time that way we can work together to settled into the programming.

You are not to bring any personal toys into the daycare classroom. No exceptions and no reminders.

Please remember to bring a jacket and sensible shoes for children to be taken outside.

Children in pull-ups or diapers must be changed before drop offs

Children who are toilet trained need to be allowed time before drop off to use the facilities.

Blankets are to be brought at the 12:20 P.M. drop off for naptime and taken with you at 3:50 P.M. pick up.

Strollers are not to be used inside the facility. Strollers can be stored in client rooms and used to go off campus.

Clients that are not focused on their treatment program and own child may be placed on babysitting restriction. Clients are evaluated weekly to ensure ability to babysit/have children onsite.

Clients are not allowed to co-sleep with their children. Clients who are observed with children in bed will be given one warning. If observed a second time, clients will meet with Daycare Director. Clients who are observed three times with child in bed will need to have their emergency placement pick up child and remove them from the facility.

Clients who request alternative sleeping arrangement for their child such as a bassinet, must provide a doctor's note approving these arrangements.

A release of information needs to be in place for a designated individual that would be able to take care of your child within 24 hours if staff becomes concerned about your ability to focus on your recovery program and/or not following parenting expectations. Staff will evaluate your ability to care for children on site weekly.

Clients are encouraged to work on choosing healthy eating options during their treatment process. Clients who choose to give their children unhealthy, sugary snacks and beverages may be asked to keep your child out of daycare or receive other consequences for not working to address positive parenting skills. Soda for children is NOT allowed. Recovering Hope provides healthy meals and snacks for you and your child(ren). Child(ren) must be supervised during dining hours.

All clients with children at Recovering Hope will meet with the Daycare Director prior to starting daycare services. Daycare Director will discuss fees, expectations, paperwork and help to set up a well child check. If concerns arise throughout your stay, the Daycare Director will meet you to address those concerns.

If you become aware of a new pregnancy during your admission to Recovering Hope, you will meet with medical provider and primary counselor to explore options for pregnancy. As a client you have the right to carry the pregnancy, adoption or termination.

VISITING HOURS

Saturdays from 1:00 P.M.-3:30 P.M.

Tuesdays from 6:30 P.M.-8:30 P.M.

Visiting Hours will be provided for most Holidays.

All visitors must come to the front door and sign in with the technician prior to visiting or dropping things off for you. You are not allowed to visit in vehicles at any time. Please notify your visitors of this prior to their visit. You are not allowed to let your visitor into the building. Visitors need to show valid picture identification to technician prior to being allowed on the unit. Visitors are only allowed to smoke in the designated smoking area, which is located outside the cafeteria.

All visitations will take place in either the cafeteria, outside in the smoking area, or in the outside play area. If you are needing an additional place for visiting due to child protection involvement, you will need to make arrangements with your primary counselor prior to the visit. If you are visiting in the outside play area, they must use outside entrance. Visitors are not allowed to walk through the building. Do not mingle or visit in the parking lot. You are responsible for keeping track of your visitors. You are responsible for the care and discipline of your children during their visit. Visitors and children are not allowed to go to your rooms. Visitors can use bathrooms located in the cafeteria.

If there is evidence of activities of use and the possibility of visitors bringing in alcohol or chemicals, there will be restrictions on visitors. If any persons are acting contrary to the purpose of the treatment facility and the welfare of the client, they will be asked to leave the premises and will be restricted from further visits.

This involves behaviors exhibiting:

- Intoxication
- Carrying and dispensing of drugs and/or alcohol
- Loud and disruptive behavior
- Disrespect for property of the treatment facility, staff or clients
- A personal relationship that exhibits controlling and/or abusive behavior
- Sexual interactions with clients/inappropriate touching, kissing, and hugging

Recovering Hope Treatment Center reserves that right to restrict visitors if believed to be counter-productive to client's treatment process.

Clients will be allowed visitors at all reasonable times from their personal, physicians, sponsors, religious advisor, county case manager, parole or probation officer, and attorney. Clients must discuss this with their counselor in advance.

PASSES/SIGN-OUT LOG

Day passes are a privilege and responsibilities must be shown to earn this privilege. Pass privileges could begin with two hour passes the first week, four hour passes the second week and longer passes as you grow in the program.

Clients must complete the pass form and receive approval three days prior to the pass. If pass request is not submitted to staff within three days, the pass will automatically be denied. All passes must be turned in by 2:00 P.M. daily. All passes must receive approval from nursing regarding medications while off campus, have confirmed transportation, chore coverage and babysitter if during non-daycare hours before leaving campus.

Clients must sign in and out of the building at the front desk. Staff has the right to ask for verification of identification for any one providing transportation to Recovering Hope clients, and reserves the right to refuse pass if client's transportation is not on the pass or appears under the influence upon pick up. Clients are not able to sign other clients out. Clients need to sign out on the white board in cafeteria for on-property walks and inform staff of walk. Clients must sign in upon return to the building. Failure to sign in and out from pass may result in Health Habit Cards.

Clients in High Intensity are not permitted to have passes unless they relate directly to your medical or legal concerns. Any exception to the pass guidelines must be discussed with your counselor and approved by the technician supervisor.

PASSES: OVERNIGHT

Recovering Hope does not allow overnight passes unless approved by the treatment team in advance. Request for overnight passes must be requested in advance and will only be considered in emergency situations.

CLIENT ROOMS

You are not allowed to be in each other's bedrooms. If you would like to visit with someone who is in a different room; you will need to visit in the open areas of the facility. If you are babysitting another client's child and need access to their room for child related items; you must ask tech staff to assist. Client's children are also not allowed in other client's rooms. We reserve the right to maintain safety in our facility by conducting room searches. You do not have to be present during a room search.

Your room should be kept clean at all times. Your bed should be made every morning and nothing should be on the floor. Your room needs to be cleaned by the start of community and will be checked during that time and if your room is not clean you will be asked to pick up your room as part of your responsibilities of being a client at Recovering Hope.

Diapers need to be disposed of prior to your first group starting, during lunch, and in the evening prior to 9:45 P.M. Failure to dispose of diapers will result of client taking diapers outside to the dumpster after each change. Diaper Genies are allowed at the expense of client. Diapers are not allowed to be discarded in a common room, bathroom, or kitchen garbage's.

There is no napping or being in your room Monday-Friday from 8:00 A.M. to 3:50 P.M. unless clients receive a pass from medical staff. Napping, laying down and spending time in your room is allowed during non-group hours such as free times and breaks on the weekends. Clients are encouraged not to isolate in their rooms and to engage with other clients in the common areas. If staff has concerns about isolation, additional expectations may arise.

DAILY HOUSE DUTIES

Clients are to be dressed and ready by 8:00 A.M. and client's room should be cleaned and bed made. Room checks are completed daily between 8:00 A.M. and 9:00 A.M. Each client will be assigned a house job to be done daily. Client house duties are to be completed by 8:00 P.M. every night, unless indicated otherwise based on your specific duty. The house duty assignment list is provided to clients on Sunday evenings during Reflections. You start your new house duty on Monday each week and complete this duty through the following Monday. You are not allowed to switch duties with another client unless given prior approval by a Technician. If you are not able to complete your assigned duty due to medical reasons, a pass will be needed from medical staff. That week's peer leader will verify your job duty was completed or assign appropriate consequences.

If you are going to be gone during your house duty time you are responsible to find a replacement for your duty and identify on your pass sheet.

PEER LEADERSHIP PROGRAM

House duties teach clients about practical life skills, taking ownership, and having responsibilities. At Recovering Hope, we maximize the experiential and clinical growth opportunities that house duties present through out Peer Leadership Program (PLP)

In the PLP, four clients are chosen by their primary counselor based on their treatment, which means that they oversee the various areas of responsibility at Recovering Hope, like rooms, laundry, and dining room. These leaders are chosen every seven days. Once a client acquires a peer leadership role she is responsible for ensuring that the daily house duties are completed properly and consistently.

SUPER CLEAN

All clients are expected to participate in Super Clean once per month. You will meet in the dining room where you will receive your assigned task and the task description for the morning. After completing your task, remember to bring your slip to the Technician who will then approve your completed duty. This is to be a learning opportunity on how to keep your house/ living space clean once you discharge Recovering Hope.

EMPLOYMENT/VOLUNTEERING

Residential clients are not permitted to work until medium intensity. Clients who are seeking employment/volunteering must fill out a pass and identify where they are looking for employment. Once you have obtained employment, be prepared to provide proof of employment either with your weekly work schedule or a copy of your pay stub and discuss with your counselor your program schedule. Clients are able to work between the hours of 6:00 A.M.-9:00 P.M. If you are offered a job for a different shift, you must speak with your counselor prior to accepting the position. It is mandatory for clients on medium to attend community, small group and meet with your primary counselor once per week, unless provided with permission from counseling staff.

COMMUNITY SUPPORT GROUP MEETINGS

Recovering Hope Treatment Center holds client led A.A. meeting once per week. Clients are able to request passes for outside meetings on medium and low intensity. Staff provides transportation to outside meetings on Wednesdays and Thursdays for all intensities. Recovering Hope is located in a small community and therefore sometimes there are friends, family members or acquaintances that also attend outside meetings. Recovering Hope clients are expected to sit together as a group and demonstrate the mission statement of the facility while offsite. Meetings are considered to be a privilege and this privilege can be removed if expectations are not being followed. Remember that your behavior in the community is a reflection of all staff, clients and facility at Recovering Hope. If your behavior is not appropriate at meetings, clients will no longer be allowed to attend outside meetings. Sign up boards are located in the tech office for the most common meetings in the area. Clients are expected to sign up for a meeting 72 hours prior to the meeting.

SPIRITUALITY

Recovering Hope Treatment program is not affiliated with any religion; however, you are here for the purpose of having a spiritual experience that will help you grow. Clients may practice their own particular religion unless it is imposed on others or places others in danger. The

serenity prayer is spoken at the end of some groups and you may choose whether to say this prayer.

Transportation is provided to outside church services. Clients must sign up in the tech office 72 hours prior to the church outing. Clients decide as a group on which service to attend in the area. If a client is on medium or low intensity, they are able to request a pass to attend a church service of their choice; however, they are responsible for their own transportation. High intensity clients that are not attending church outings are required to attend Big Book Study during that time.

GROUP AND INDIVIDUAL COUNSELING SESSION

It is expected that all clients will observe confidentiality in all groups, sessions and meetings. You are here for the purpose of having a spiritual experience that will help you grow and make life great. This can only be accomplished by all of us working together towards this goal. Having support and friendship are two of the most important commodities in life. It's a privilege.

If you don't know where things are or what is expected of you, ask a counselor, tech or senior peer.

Make your time here one of growth. What you are willing to put into your program is what you will get out of it. We are here for you.

Weekend programming is required for all high intensity clients and encouraged for clients who are on medium and low intensity who are not on pass.

Clients on medium and low intensity who are not required to attend specialized afternoon groups must be working on something productive and using their time to be pro-active in their recovery. If this expectation is not made, client will be required to attend groups.

GROUP MEETINGS

You must attend all group meetings for each level and are not allowed to leave group unless approved by your counselor or nursing staff. Please see the schedule included in your folder for group times. Small Group is mandatory for all clients unless arranged otherwise due to work/volunteering with primary counselor.

Please come to group prepared. You should bring your assignment folder and something to write with; even if you don't have any assignments to present. You also should use the restroom PRIOR to group. There will be no leaving group to use the restroom, get a drink, or take medications unless it's absolutely necessary.

There is no food or drinks allowed outside of the dining room; only water. No food, drink or cleaning chemicals is allowed in smoking area.

Group Rules

1. **Be on time for group.**
2. **Be respectful of others.**
3. **No cross talk.**
4. **What is said in group stays in group.**
5. **One person speaks at a time.**
6. **No use of profane or foul language.**
7. **Use the bathroom BEFORE group starts.**
8. **Be dressed for the day before community group.**
9. **No laying/sitting on the floor.**
10. **No sleeping during group.**
11. **If you are late to group, please bring a pass to group facilitator.**
12. **No blankets or pillows in group.**

GROUPS OFFERED AT RECOVERING HOPE:

Small Process Group:

This is a time for clients to discuss current or past concerns that are currently impacting them. This allows for clients to receive feedback from their primary counselor and peers regarding the concern. This group is “the meat and potatoes” of treatment and where the most growth happens. The more you share, the more you grow. Small group is required for all intensities.

Recovering Education Group:

This group allows for clients to help take the knowledge they are learning from their treatment process and share with the community.

Psychiatry/Medical Group:

This group is facilitated by our APRN staff and allows for education regarding co-occurring issues.

Cultural Diversity Group:

This group is available for all clients and children on site to participate in a culturally diverse activity and to look at how to incorporate their cultural into their recovery and learn about other cultures.

Meditation/Mindfulness:

A time to start your day off in a positive manner and learn various meditation and mindfulness skills.

Life Skills:

Clients will be provided with education and tools regarding employment applications, resumes, cover letters, and interviewing skills. Clients will become prepared to venture into the workplace. Client’s will also look at various life skills. Employment is required for all intensities until consistent employment, volunteering, or schooling is in place.

Mother/Infant Yoga:

Mothers are able to bond with their infants in a yoga class instructed by a community yoga instructor.

Yoga:

A community yoga instructor will guide you in various yoga techniques to incorporate into your recovery plan. Each client on high intensity is required to attend yoga sessions, if you are not willing to participate in the yoga activity, you will need to participate in a mindfulness activity such as deep breathing, devotion, or meditation. Please respect this group for those seeking mindfulness from yoga.

Parenting Skills Group:

This group is facilitated by the Kanabec County Public Health nurse and our Daycare Director to discuss parenting skills in sobriety. This group addresses various topics such as discipline, development and play activities. This group is required for all intensities for women who have children under the age of 18 whether they are on or off site.

CBT/DBT Skills Group:

This group covers skills for Cognitive Behavioral Therapy and Dialectical Behavioral Therapy. This is a skills-based group that allows you to develop specific tools for living in recovery.

Nutrition:

Clients will learn about healthy eating habits, grocery and meal planning as well as practice these skills during group.

Spirituality Group:

This is a group that covers spiritual aspects of recovery and helps you to grow in faith. This group will help you to gain a better understanding of your higher power, however you define it.

12 Step Education:

This group covers traditional twelve step work. It helps to put the words of the twelve steps into action. We focus on integrating the twelve steps into your daily routine. It incorporates AA, NA, Wellbriety, and CBT skills.

Enhanced Nursing Group:

This group covers curriculum bases off of state regulations as well as covering daily health topics.

Emotional Regulation Group:

Emotions are one of the biggest trigger for relapse. In this class you will learn how to regulate emotions and develop emotional resiliency in early recovery. This group identifies helpful and unhelpful ways to deal with all emotions.

Seeking Safety:

This group covers giving clients a safe place to begin talking about their victimization and learn coping skills to manage symptomology. Clients will be able to develop processing skills to recognize the triggers of trauma that impact their lives.

Healthy Relationships:

This groups focuses on defining sexual health in recovery. Topics of this group range from relationships, healthy sexual behaviors and women's issues.

Co-occurring Group:

This group covers the connection between addiction and mental health as well as helps develop coping skills to address mental health concerns to prevent relapse.

Creative Arts Group:

Clients will incorporate art and creativity into finding themselves and developing coping skills to live a happy, healthy life in recovery.

Relapse Prevention:

This group discusses the basics of addiction and chemical health. This group provides insight into how to identify addiction symptoms and be proactive in your recovery.

Domestic Support Group:

This group is an optional group for all clients who have been affected by domestic abuse in past relationships. This is facilitated by an outside community member who is the Kanabec County Domestic Abuse Advocate.

Alumni Group:

This group is offered for clients that have completed the program and would like additional support after discharge. This allows for Alumni to remain connected to Recovering Hope as a positive support. Alumni who come to this support group are also able to join us for lunch.

Orientation Groups:

These groups are for new clients and clients who have stepped down to medium intensity. Each client is required to attend their first week of admission to become orientated to the treatment program. Once you have been approved to step down to medium intensity, you must attend the first medium intensity orientation group following your approval.

ONE-ON-ONE COUNSELING SESSIONS

You must sign up for your one-on-one session with your counselor every week. Once you are signed up you cannot change times without talking to your counselor first. If you have an appointment that conflicts with your 1:1 time, you must advise your counselor prior to the appointment.

ONE-ON-ONE MENTAL HEALTH SESSIONS

If mental health services are recommended for your care, you will be informed of how to sign up for your weekly sessions or be assisted in setting up outside mental health care.

NURSING

Nursing staff is available daily to help with concerns about health and wellness. Nursing staff will encourage the use of alternative techniques when dealing with health and wellness. Some of these techniques include heating/cold packs, stretching, yoga and a variety of helpful tools. You will be encouraged to look for long term coping strategies in addition medications when appropriate.

All medications (prescription drugs as well as over-the-counter) are to be brought to the medical office immediately.

Administration of medications will be observed by Recovering Hope staff. All medications (prescription drugs as well as over-the-counter) are kept in a locked medication cabinet in the office and are off limits to clients.

This facility utilizes Coborn's Pharmacy for medications. If you have any questions regarding your medications, please speak with medical staff.

Please connect with medical staff regarding transportation to medical appointments.

Please follow medication times as posted outside the med room. Missed or late medications will result in consequences.

If you are not currently insured, you will be required to complete an application for insurance. Recovering Hope will not order medications for you from the pharmacy until you are able to purchase medications by self-pay or your insurance becomes active.

TOBACCO

YOU ARE NOT ALLOWED TO SMOKE CIGARETTES INSIDE THIS FACILITY AT ANY TIME. There is an outside smoking area in the back of the building using the cafeteria doors. Smoking is not allowed in the parking lots or other areas on property. It is expected that any client who smokes will clean up their own cigarette butts and place them in the ashtrays.

Children are not allowed in the smoking area and must be monitored by a peer while parent is smoking. It is your choice to use tobacco, not your child's. There is absolutely no smoking in outside child play area.

Individuals who utilize tobacco or sage ceremonially may do so outside of the building. If you have any questions, please speak with your counselor.

Chewing tobacco, rolled cigarettes and use of electronic cigarettes and pipes are not allowed at Recovering Hope.

Recovering Hope can assist with smoking cessation. Please discuss options with nursing staff if interested.

DRUG AND ALCOHOL POLICY

Abstinence from all mood altering, non-prescription chemicals is required of everyone attending program sessions or other activities. Should any person insist upon using mood altering chemicals, he/she will not be allowed to participate in the program. This is required in relation to our purpose as a treatment provider. Possession and/or use of alcohol or other drugs (including over-the-counter medications and non-alcoholic beverages such as near beer) is not permitted and may be grounds for discharge. Recovering Hope Treatment Center

maintains a chemical-free environment for those who need treatment. Urinalysis, saliva tests or a breathalyzer will be administered upon admission and discharge. Urinalysis, saliva tests or breathalyzer testing may be conducted at any time. If you refuse to complete a Urinalysis, saliva test or breathalyzer in the time frame provided by staff, it will be considered a positive test. All prescription drug usage must be approved by Recovering Hope medication providers. We are here to help you change your life, so if you have the urge to use, you need to talk to your counselor to get the help you need.

Drug paraphernalia of any kind is not allowed on your person, in your room or on Recovering Hope property at any time.

Success in the program is up to you. The staff and program are here to help you. We are committed to you and are accountable to you. You are ultimately responsible for success or failure in this program.

ITEMS BROUGHT TO THIS FACILITY

Items must be checked by staff before taking them to your room whether brought by you or brought to you by anyone outside this facility. This includes any items you buy while shopping; receipts must be shown or items will be confiscated as contraband. Please bring all items to the tech office including, your bags from your day and weekend passes.

CLOTHING

All clothing must be appropriate for recovery. Any clothing with references to drugs, alcohol, bars, or casinos is not allowed. Spaghetti straps tank tops are also not allowed. Staff has the right to ask you to change your clothing if deemed inappropriate and you are not to wear them again during your stay. Clients are not allowed to wear clothing that is too revealing; cleavage, bras, underwear and stomachs should never be seen. Tanning is allowed in summer if the appropriate clothing is worn. Swimsuits are not allowed to be worn on site. Pajamas must be worn to bed and appropriate clothing must be worn outside when smoking. There is to be no wearing pajamas outside at any time; this also means you must wear shoes or slippers and jackets outside. Do not bring blankets to the smoking area.

All clients and children are required to wear shoes or slippers at all times while in Recovering Hope.

Clients are allowed to bring two weeks of clothing anything that exceeds this will be sent home with family.

If in need of clothing donations, please fill out the donation request form and provide to tech staff. We will do the best to accommodate your donations needs within 72 hours.

LAUNDRY

There are washers and dryers available to you for your use. You are required to change and wash your bed linens once a week. Please remember the washers and dryers are free so please, DO NOT over load them.

Please identify yourself when using the machines by writing your name on the white board in the laundry room and what machine you are using. If you find laundry in a machine after it has completed its cycle and are in need of the machine, check the whiteboard for the name of the individual using that machine. If the person is available, request them to remove their laundry. If the person is not available, request staff remove the laundry; **DO NOT TOUCH ANOTHER PERSON'S LAUNDRY.** If staff are called to remove laundry from the machines, it will have to be retrieved by its owner from the tech office.

There is to be no laundry done during groups, before 6:00 A.M. and after 9:45 P.M. Please pay attention to directions on all laundry supplies. Follow the instructions to ensure you are using the proper amount of soap and emptying the lint tray.

SHOWERS

All clients are expected to shower/bath at least every other day and wear clean clothing. What we wear reflects our attitudes and how we feel about ourselves. Showers should be taken in the morning and clients should come to community meeting ready for the day. Practicing good hygiene is in order. Clients are able to shower during non-group time or if provided with a pass from medical staff or counseling staff. Clients with children need to bathe children every other day.

CLIENT PROPERTY MANAGEMENT

Each client receives a client locker to place; cell phones, valuables, and items that need to be checked out from staff. The client is responsible for all of her personal items. Cigarettes are to be placed in this locker and can be checked out at 6:00 A.M. and must be returned prior to 9:45 P.M. Clients are not allowed to keep items containing alcohol, cell phones, cigarettes, lighters or sharp objects in their rooms; these items can be checked out from lockers in the tech office.

Clients are allowed to have their hair straightener and/or curling irons. If curling iron or straighteners are found left on, clients will receive Healthy Habit Cards and if found left on more than once, items will not be allowed for use.

Clients are allowed to have \$20.00 on their person at any time. Clients are able to keep additional monies with Recovering Hope staff in the financial office. Hours to receive funds from their account are:

Mondays 11:40 A.M.-12:40 P.M.

Wednesdays 11:40 A.M.- 12:40 P.M.

Fridays 11:40 A.M.-12:40 P.M.

Clients will need to plan ahead to insure monies for the week. If a client is in need of additional funds to purchase items outside of the facility, a pass will be needed from counseling staff.

Any property abandoned will be maintained for 30 days and then discarded or donated.

All property with the exception of: a) drugs, drug paraphernalia and drug containers, b) weapons, explosives and other property which could do damage to self or others, c) legal chemicals determined harmful by Recovering Hope's physician, will be restored to client upon discharge, regardless of status.

All of the above listed property, which is confiscated, will be destroyed by staff or will be given over to the custody of a local law enforcement agency and the client shall be notified of the transfer and right to reclaim the property that was transferred.

Do not lend or borrow your things to each other. This includes items and money. If you would like to help out one of your peers in recovery with small items such as a pop or a pack of cigarettes, you need to consider this a gift to them. Recovering Hope Treatment Center takes no responsibility for lost, damaged or stolen personal items. Your personal property is your sole responsibility, keep it safe. Money or jewelry can be kept in your locker and only staff have access to the lockers. Clients are not allowed to pay each other for services such as cosmetology services, running errands, completing each other's chores, or babysitting.

Whenever a person discharges from the program, they are responsible for their own cleaning. Upon exiting the facility, each client is to complete the discharge checklist.

NO PETS ARE ALLOWED ON RECOVERING HOPE PROPERTY AT ANY TIME.

BANNED ITEMS

You are not allowed to have personal TV's, picture frames with glass, electrical appliances, pagers, large fans, personal heaters, walkie-talkies, cameras, electronic games, mirrors/glass/ceramics or computer pads. If you are using a personal computer or iPad for productive reason, you can do so Monday- Friday from 12:30 P.M.- 3:50 P.M. in the cafeteria. You are also not allowed to use any extension cords in your rooms as they are a fire hazard. You are not allowed to have incense, plug-ins, perfumes or air fresheners. You are not allowed to have candles in your bedroom or in the facility. If you have these banned items with you, they must be turned in to staff. The items will be locked up for safety and returned to you when you leave the program. Bottle warmers are acceptable for mothers; however, if found to be left on, they will be removed from the client's room.

All items containing alcohol, such as hair spray, nail polish/remover etc. must be kept in client locker. Techs are responsible to determine which products containing minute amounts of alcohol clients are able to have in their possession. Fingernail polish and fingernail polish remover are to be used at the cafeteria table or outside only. Fingernail polish remover must be returned to the Tech office when you are finished using.

PORNOGRAPHY

Pornography is not allowed on Recovering Hope property at any time. Due to hygiene concerns no personal pleasuring items are allowed on campus.

DATING

There is no dating while at Recovering Hope. You are not allowed to start a new relationship. Dating applications are not allowed. If you are found to be dating while in programming, you may be discharged from the program for not following expectations.

TELEPHONE

Recovering Hope provides access to phones and allows free local calls. For all other calls, clients must use a calling card.

CALLS ARE LIMITED TO TWO 10 MINUTE PHONE CALLS. Client are encouraged to use assertive communication to address peers misusing this expectation.

If you anticipate a business call taking more than 10 minutes, you must get a phone pass from the tech or counselor which will allow you to use the phone for a longer time.

Some of our clients are only able to call their children at specific times, this is indicated on the message board. Please be mindful that for some clients this is the only time they are able to talk with their children and allow them to use the phone at that time.

Messages left on the client voicemail are checked throughout the day and placed in the client mailboxes.

TELEVISION

There is a television available for clients in the cafeteria and in each common room, which is equipped with cable TV and a DVD player. TV viewing hours are reserved from 6:00 A.M. to 8:00 A.M. and 6:30 P.M. to 9:45 P.M. The TV is to be shut off at 9:45 P.M. each night. TV viewing is allowed during non-group hours on the weekend between the hours of 6:00 A.M. and 9:45 P.M. The majority rules when deciding what you will watch. Any videos or DVD's should be checked for staff approval prior to viewing them. Good taste in programs is always in order, and any staff member has the right to request channel changes if the show being watched is considered inappropriate. The family common room and yoga common room is reserved for child and family friendly television programming.

You are not allowed to eat or drink anything in the television room, other than water in a clear container.

CELL PHONES

Clients on medium and low intensity are allowed to have their cell phones throughout the building. Clients are able to check out their phones from 7:00 A.M. until 8:00 P.M. Monday-Friday, during tech office hours and between the hours of 8:00 A.M.-5:00 P.M. on Saturday and Sundays. Clients that are seen with their phones out/ringing during programming hours will have their phones taken for one week. Clients are able to FACETIME in the lobby with staff or in your room. Cell phones are to be used for productive reasons and not allowed to

be left out. Clients on medium and low intensity can pick up their phones and take them off site and return them to the tech office upon return. Clients are not to be sharing their personal phones with other clients as this could be a breach of your confidentiality. There is absolutely NO taking of pictures of any kind on campus; this is a breach of confidentiality. Misuse and abuse of this privilege will result in phone restriction. Clients on high intensity who need to access their phone will need to do this with their primary counselor, unless other arrangements are made. If a client is found to be using phone to violate confidentiality, cell phone privileges will be removed for one week.

RADIOS AND STEREOS

Music is to be played only in your room and not the dining room or commons rooms unless approved by staff. Please be respectful and keep the volume down. When you leave your room; please turn off your music, fans, and lights. If you want to listen to music outside of your room, you must wear headphones.

PHOTOGRAPHS

Any photographs, videotapes, digital images or motion pictures of clients will be acquired through a release form for its use. Use will be limited to the purpose of enhancing therapy or staff supervision as a means of communication within the program.

Clients will always be informed when they are being taped or photographed. No unauthorized photos will be taken.

Clients are not allowed to take photos of each other for any reason and are not allowed to post photos of Recovering Hope or clients on social media.

Cameras are not allowed to be kept in client rooms, they can be kept in the client lockers located in the tech office. Photo opportunities will be taken on a regular basis for those families with children either in the daycare or during special activities by staff. Photos will be printed by Recovering Hope staff by request of the client. If additional photos are needed, client will need to make arrangements with tech staff for them to take the photos to ensure confidentiality of others is secure.

TRANSPORTATION

Recovering Hope does provide transportation to our clients in medical emergency situations. Transportation is not provided to your place of employment or non-essential appointments. Approval for transportation from your support system is required for passes. Please see the client care coordinator for prior approval.

VEHICLES

Permission to bring your vehicle to Recovering Hope is up to the discretion of your counselor and **MUST BE PRE-APPROVED**. You must have a valid driver's license, proof of current insurance and valid license plate tabs as well as a copy of the title to the vehicle showing your ownership of the vehicle. All of these forms must be completed with the technician supervisor

before you drive the vehicle. **NO PEER IS ALLOWED TO DRIVE YOUR VEHICLE AT ANY TIME.**

Once the vehicle is brought to the facility, it will be searched by staff prior to you having access to it and may be searched at any time throughout your stay. The keys must remain in the Tech office and checked in and out when you are going on pass. During the first 30 days of your stay at Recovering Hope, the use of your vehicle is not allowed. Clients who are on medium and low intensity have ability to gain privileges to use their car. Privileges are to be discussed with primary counselor. Clients are not expected to drive other clients anywhere, but if you choose to drive other clients, both driver and passenger(s) must sign a liability waiver. If you have a car on campus, you are not allowed to go into your car without staff unless leaving on a pass.

BICYCLES

If you bring a bicycle to Recovering Hope Treatment Center, it is to be stored outside and not brought into the facility. There are no exceptions. If you are concerned about theft, you will need to purchase a chain and lock for securing your bike outside. If this is not possible you may want to consider not bringing your bike to treatment; Recovering Hope Treatment Center is not responsible for lost, stolen, or damaged bicycles. Recovering Hope does have bicycles for clients use; however, they must be returned. Child(ren) must have a helmet to ride bicycles.

WALKING

Walking can be a positive coping skill to use when struggling with intense emotions or triggers to use. All clients are allowed to walk the parking lot alone, as long as they inform staff and sign out on the white board in the cafeteria. Clients are able to use the nature trails in the back. For safety reasons clients on high intensity will need to be accompanied by a low or medium client. Clients are not allowed to smoke or have food/drink on the nature trails. **Clients who would like to walk off property will need an approved pass from counseling staff.**

OUTSIDE ESTABLISHMENTS

Clients are not allowed to go to bars, casinos, or other gambling establishments such as bingo halls. Clients are also not allowed to purchase lottery or scratch-off tickets while in the program. Clients are not allowed to be in smoke shops. Clients are not encouraged to go to any establishments that serve alcohol. If you do go to a restaurant that does serve alcohol please choose to sit in the dining area.

MEAL HOURS

Monday-Friday

Breakfast: 6:00 A.M.-8:00 A.M.

Snack: 9:40 A.M.-10:00 A.M.

Lunch: 11:40 A.M.-12:30 P.M.

Dinner: 4:30 P.M.-5:00 P.M.

Snack: 7:00 P.M.-7:15 P.M.

Saturday-Sunday

Breakfast: 6:00 A.M.-8:00 A.M.

Snack: 9:40 A.M.-10:00 A.M.

Lunch: 12:00 P.M.-12:30 P.M.

Dinner: 4:30 P.M.-5:00 P.M.

Snack: 7:00 P.M.-7:15 P.M.

ORDERING OUT

Clients are allowed to order food on Friday's and Saturday's if the community has been in a positive place. Clients are encouraged to place orders at the same time in order to relieve the delivery drivers from making multiple trips to Recovering Hope.

Clients must be signed up on the Kitchen Board by 2:00 P.M. if ordering dinner and 10:00 A.M. if ordering lunch. Clients are to ensure delivering during dining hours. If clients are not following these expectations, ordering out privileges can be removed.

Coffee is provided from 6:00 A.M.-12:00 P.M. Monday through Friday and 6:00 A.M.-3:00 P.M. on Saturday and Sunday.

Recovering Hope NON-Approved Snacks

The following snacks are not allowed on campus at any time. If your food supply & beverages are beyond what can fit in your bin OR are on the not allowed food list you must send it with family, return it, or dispose of it. If you attend a medical appointment and are given a soft food diet, the kitchen will accommodate your diet. The provided refrigerator and freezer is only provided for breast milk and children's alternative milk needs.

- | | |
|---------------------------|-----------------|
| *Canned or liters of soda | *Liquid creamer |
| *Raman Noodle of any type | *Mac & Cheese |
| *Refrigerated items | *Freezer items |
| *Canned goods | *Fresh fruit |
| *Instant coffee | *Energy drinks |
| *Gum | |

ALL snacks must be singly wrapped or put into a zip lock bag.

Condiments are not allowed and are provided at appropriate meal times. ALL food that is on campus MUST be sealed at all times. If food is found left open it will be disposed of without any warning as this is a health code violation. If food is found being stored outside of your provided bin it will be disposed of without any warning.

WIC FOOD ITEMS ARE NOT ALLOWED ON CAMPUS. THE ONLY WIC ITEMS ALLOWED ARE BABY FOOD AND FORMULA.

Recovering Hope provides three meals and two snacks daily along with available vending machines on campus. Provided snacks are not allowed to be stored in your bin.

SHOPPING

Clients should bring with them a 30-day supply of cigarettes, clothing, and toiletries. If unable to bring these items with, clients can have visitors drop off items on Saturdays from 1:00 P.M-3:30 PM.

Clients are able to go shopping on their designated group days once per week for one half hour. Staff will transport high intensity clients to Shopko, Coborn's and the Dollar Store in rotation. Client's on medium intensity must receive approval from counseling and it is dependent on space in the van if an emergency arises.

SHOPPING RULES

Clients are able to shop on their own and will be given 30 minutes from arrival to the store. Clients must be back to the van within 30 minutes. Staff will meet them there. Clients that are not back at the van will lose future shopping privileges. Once back on site, the next transport will leave. Any items bought must have a receipt and be in the initial package. If you participate in shoplifting you will be discharged from the program immediately. Please remember to only purchase food provided on the approved snack list.

REMINDER

When you are out in the community you are representing Recovering Hope, please reflect our values. Failure to represent Recovering Hope in a positive way will result in loss of shopping privileges.

Medium and low intensity clients are able to request shopping passes as long as they have their own transportation.

RESPONSIBILITIES AND EXPECTATIONS

Responsibilities are expectations in place to help grow our value system. One of the values of Recovering Hope is safety. In order to create a safe environment, everyone must be held to the same responsibilities.

Client Responsibilities:

1. Attend all groups and lectures on time.
 2. Attend individual sessions on time with counseling and mental health.
 3. Follow smoking times.
 4. Have room clean by 8:00 A.M. daily
 5. Complete chores by 8:00 P.M. daily, unless otherwise directed on your chore.
 6. Return from passes on time.
 7. Remain abstinent from all mood-altering chemicals.
 8. Be respectful to staff and peers.
 9. Follow parenting expectations.
 10. Take medications on time.
-

If all expectations are met daily, you will receive 1 HOPE CASH.
 If all expectations are met for the week, you will receive 5 HOPE CASH.

HOPE CASH will be placed in your mailbox daily.

HOPE CASH can be redeemed for various rewards such as: gift cards, extended passes, trinkets, toys, “stay up late” cards, pass to miss group, etc. The Hope Store can be accessed in Sadie’s office Mondays/Wednesdays/Fridays from 10:20 A.M.- 10:40 A.M. All rewards are subject to change.

Please note: If you are discharged against staff advise or at staff request and do not successfully complete our program you will not be allowed to spend your HOPE CASE in the Hope Store before discharge.

If you are not meeting your responsibilities, you will be given a Health Habit Card. All Healthy Habit Card must be completed within 72 hours. Clients are responsible for checking to see if they have received a Healthy Habit Card for not completing responsibilities. If Healthy Habit Cards are not completed, you will receive a client handbook quiz. If you continue to not complete Health Habit Cards, you will meet with your counselors to discuss further loss of privileges. Following through with responsibilities determines passes, visitation, and additional privileges.

| | | | |
|---|---|--|---|
| Missed Appointment (4) | Missed Medications (2) | Missed Group (4) | Late to Group (1) |
| Not following Parenting Expectations (3) | Disrespect (1) | Late from Pass (1 for every 15 minutes late) | Food/ Liquids out of Dining Room (1) |
| Leaving Lights on/ TV on (1) | Room not cleaned (1) | Abusing Phone Privileges (1) | Not turning in items (1) |
| Not turning in cell phone on time (2) | Leaving Group (1) | Leaving clothes in dryer/ washer (2) | Not completing chore (2) |
| Not completing chore on time (1) | Not following smoking times (2) | Not following through with church/ meetings (2) | Not signing in/ out on pass (1) |
| Late for daycare pick up (2) | Sleeping during non-sleeping times (2) | Not following other expectations (1) | |

RESTRICTION

Is defined as being restricted to Recovering Hope facility grounds for the time period designated by the counselor. Failure to do so will lead to additional disciplinary actions up to and including discharge. Restriction can also include loss of smoking hours, telephone privileges, visitation, and/ or additional homework assignments.

CONFIDENTIALITY

Recovering Hope seeks to abide strictly with all applicable confidentiality regulations, including Federal T.H. 42, Chapter 1, Part 2, “Confidentiality of Alcohol and Drug Abuse Patient Records” and any applicable sections of M.S. 15-1642, “Data Privacy Act”. The House also seeks to respect the spirit of anonymity expressed in the concept of “Tradition Twelve” of Alcoholics Anonymous (A.A.)→ and Narcotics Anonymous (NA).

You have a right by law to privacy and anonymity during and after your time in the program at Recovering Hope. We honor this right by not informing anyone before, during or after your program completion at Recovering Hope without your written consent, except in dire emergency.

According to HIPAA Privacy regulations this is explained to you upon admittance and at your intake. This includes contacts concerning you in person, in writing or by phone. We expect you to honor the rights of your peers in the program to remain anonymous. This includes not communicating in any way “client identifying information” to people outside Recovering Hope without express written consent of that other person. Confidentiality is most often breached in making and receiving phone calls, so we ask you to take special care in respecting anonymity in telephone as well as other communications. If you are uncertain of how to respond to an inquiry about another client being present in the program, use the phrase “I can neither confirm nor deny” that person is in treatment.

Recovering Hope is located in a small community, you may see other clients or staff out in the community. Be mindful of confidentiality in the community and be aware that staff will not approach you unless you acknowledge them. With that in mind, be mindful of their time away from work and save work related questions for Recovering Hope.

All staff are considered to be mandated reporters and by law are required to report potential of abuse of vulnerable adults and child abuse. If a mandated report is made, staff will inform you to work with you to develop an appropriate treatment plan so you and your child can have a positive relationship.

It is expected that all clients will observe confidentiality in all groups, sessions, and meetings. Remember: Who you see here, what you hear here, let it stay here. All clients need to be able to feel safe to share what they need in order to heal.

DISCIPLINARY ACTIONS

Most of us would agree that “being responsible” is a very important value in our lives. Unfortunately, many of us through our drinking and/or drug use have at times found it difficult to “be responsible.”

Continuing to do this is an essential step on the road to recovery.

During your stay at Recovering Hope, it is your responsibility to follow the guidelines and expectations laid out in this handbook. You need to read this handbook thoroughly. Following this, you will sign a document stating you have read and understood all guidelines and expectations as detailed in this book. In essence, this signature sheet states that you will fully abide by these responsibilities during your treatment program at Recovering Hope. If you find that you cannot abide by these guidelines and expectations, it may be necessary for you to seek treatment elsewhere or be referred to a different facility.

VIOLENCE OR THREATS OF VIOLENCE

Verbal threats, physical assault, and weapons are not permitted and may be grounds for immediate discharge. The safety and security of clients, concerned persons, and staff must be maintained.

CURRENT CLIENTS

Current clients of Recovering Hope are not allowed to associate with discharged clients who have not successfully completed the program. Those clients that did not complete the program are not allowed on Recovering Hope property. Any exceptions to this MUST be approved by your counselor.

GOSSIP

Gossip is toxic and is not allowed at Recovering Hope. Gossip is when you are talking negatively to someone who cannot change the situation about someone and they are not there with you. You are expected to talk to your counselor if you are concerned about a peer - not each other.

CLIENTS RIGHTS AND RESPONSIBILITIES

The Recovering Hope staff is committed to treating all clients and family members with respect. Please speak with your counselor or the treatment director if you have any questions or concerns about your treatment in this program. Also, as a client in a residential chemical dependency treatment program in Minnesota, you have the following rights:

148F.165 CLIENT WELFARE.

Subdivision 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.

Subdivision Client bill of rights.

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.

Subdivision 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.

Subdivision 4. Misuse of client relationship.

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

Subdivision 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.

Subdivision 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.

Subdivision 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.

Subdivision 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.

Subdivision 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.

Minnesota Department of Human
Services (DHS)
Licensing Division
444 Lafayette Rd N, St. Paul, MN,
55155
(651) 431-6500

Minnesota Board of Behavioral Health and
Therapy
University Park Plaza
2829 University Avenue SE, Suite 210
Minneapolis, MN 55414-3250
612.548.2177

The Office of Ombudsman for Mental
Health and Developmental Disabilities
121 7th Place East
Suite 420 Metro Square Building
St. Paul, Minnesota 55101-2117
651-757-1800 or 1-800-657-3506

Office of Health Facility Complaints
P.O. Box 64970
St. Paul, MN 55164-0970
Tel: (651) 201-4201
(800) 369-7994

As a resident in a health care facility in Minnesota, you also have the following rights:

144.651 HEALTH CARE BILL OF RIGHTS.

Subdivision 1. Legislative intent.

It is the intent of the legislature and the purpose of this section to promote the interests and well being of the patients and residents of health care facilities. No health care facility may require a patient or resident to waive these rights as a condition of admission to the facility. Any guardian or conservator of a patient or resident or, in the absence of a guardian or conservator, an interested person, may seek enforcement of these rights on behalf of a patient or resident. An interested person may also seek enforcement of these rights on behalf of a patient or resident who has a guardian or conservator through administrative agencies or in district court having jurisdiction over guardianships and conservatorships. Pending the outcome of an enforcement proceeding the health care facility may, in good faith, comply with the instructions of a guardian or conservator. It is the intent of this section that every patient's civil and religious liberties, including the right to independent personal decisions and knowledge of available choices, shall not be infringed and that the facility shall encourage and assist in the fullest possible exercise of these rights.

Subdivision 2. Definitions.

For the purposes of this section, "patient" means a person who is admitted to an acute care inpatient facility for a continuous period longer than 24 hours, for the purpose of diagnosis or treatment bearing on the physical or mental health of that person. For purposes of subdivisions 4 to 9, 12, 13, 15, 16, and 18 to 20, "patient" also means a person who receives health care services at an outpatient surgical center or at a birth center licensed under section [144.615](#). "Patient" also means a minor who is admitted to a residential program as defined in

section [253C.01](#). For purposes of subdivisions 1, 3 to 16, 18, 20 and 30, "patient" also means any person who is receiving mental health treatment on an outpatient basis or in a community support program or other community-based program. "Resident" means a person who is admitted to a nonacute care facility including extended care facilities, nursing homes, and boarding care homes for care required because of prolonged mental or physical illness or disability, recovery from injury or disease, or advancing age. For purposes of all subdivisions except subdivisions 28 and 29, "resident" also means a person who is admitted to a facility licensed as a board and lodging facility under Minnesota Rules, parts [4625.0100](#) to [4625.2355](#), or a supervised living facility under Minnesota Rules, parts [4665.0100](#) to [4665.9900](#), and which operates a rehabilitation program licensed under Minnesota Rules, parts [9530.4100](#) to [9530.4450](#).

Subdivision 3. Public policy declaration.

It is declared to be the public policy of this state that the interests of each patient and resident be protected by a declaration of a patients' bill of rights which shall include but not be limited to the rights specified in this section.

Subdivision 4. Information about rights.

Patients and residents shall, at admission, be told that there are legal rights for their protection during their stay at the facility or throughout their course of treatment and maintenance in the community and that these are described in an accompanying written statement of the applicable rights and responsibilities set forth in this section. In the case of patients admitted to residential programs as defined in section [253C.01](#), the written statement shall also describe the right of a person 16 years old or older to request release as provided in section [253B.04, subdivision 2](#), and shall list the names and telephone numbers of individuals and organizations that provide advocacy and legal services for patients in residential programs. Reasonable accommodations shall be made for people who have communication disabilities and those who speak a language other than English. Current facility policies, inspection findings of state and local health authorities, and further explanation of the written statement of rights shall be available to patients, residents, their guardians or their chosen representatives upon reasonable request to the administrator or other designated staff person, consistent with chapter 13, the Data Practices Act, and section [626.557](#), relating to vulnerable adults.

Subdivision 5. Courteous treatment.

Patients and residents have the right to be treated with courtesy and respect for their individuality by employees of or persons providing service in a health care facility.

Subdivision 6. Appropriate health care.

Patients and residents shall have the right to appropriate medical and personal care based on individual needs. Appropriate care for residents means care designed to enable residents to achieve their highest level of physical and mental functioning. This right is limited where the service is not reimbursable by public or private resources.

Subdivision 7. Physician's identity.

Patients and residents shall have or be given, in writing, the name, business address, telephone number, and specialty, if any, of the physician responsible for coordination of their care. In cases where it is medically inadvisable, as documented by the attending physician in a patient's or resident's care record, the information shall be given to the patient's or resident's guardian or another person designated by the patient or resident as a representative.

Subdivision 8. Relationship with other health services.

Patients and residents who receive services from an outside provider are entitled, upon request, to be told the identity of the provider. Residents shall be informed, in writing, of any health care services which are provided to those residents by individuals, corporations, or organizations other than their facility. Information shall include the name of the outside provider, the address, and a description of the service which may be rendered. In cases where it is medically inadvisable, as documented by the attending physician in a patient's or resident's care record, the information shall be given to the patient's or resident's guardian or another person designated by the patient or resident as a representative.

Subdivision 9. Information about treatment.

Patients and residents shall be given by their physicians complete and current information concerning their diagnosis, treatment, alternatives, risks, and prognosis as required by the physician's legal duty to disclose. This information shall be in terms and language the patients or residents can reasonably be expected to understand. Patients and residents may be accompanied by a family member or other chosen representative, or both. This information shall include the likely medical or major psychological results of the treatment and its alternatives. In cases where it is medically inadvisable, as documented by the attending physician in a patient's or resident's medical record, information shall be given to the patient's or resident's guardian or another person designated by the patient or resident as a representative. Individuals have the right to refuse this information.

Every patient or resident suffering from any form of breast cancer shall be fully informed, prior to or at the time of admission and during her stay, of all alternative effective methods of treatment of which the treating physician is knowledgeable, including surgical, radiological, or chemotherapeutic treatments or combinations of treatments and the risks associated with each of those methods.

Subdivision 10. Participation in planning treatment; notification of family members.

(a) Patients and residents shall have the right to participate in the planning of their health care. This right includes the opportunity to discuss treatment and alternatives with individual caregivers, the opportunity to request and participate in formal care conferences, and the right to include a family member or other chosen representative, or both. In the event that the patient or resident cannot be present, a family member or other representative chosen by the patient or resident may be included in such conferences. A chosen representative may include a doula of the patient's choice.

(b) If a patient or resident who enters a facility is unconscious or comatose or is unable to communicate, the facility shall make reasonable efforts as required under paragraph (c) to notify either a family member or a person designated in writing by the patient as the person to contact in an emergency that the patient or resident has been admitted to the facility. The facility shall allow the family member to participate in treatment planning, unless the facility knows or has reason to believe the patient or resident has an effective advance directive to the contrary or knows the patient or resident has specified in writing that they do not want a family member included in treatment planning. After notifying a family member but prior to allowing a family member to participate in treatment planning, the facility must make reasonable efforts, consistent with reasonable medical practice, to determine if the patient or resident has executed an advance directive relative to the patient or resident's health care decisions. For purposes of this paragraph, "reasonable efforts" include:

- (1) examining the personal effects of the patient or resident;
 - (2) examining the medical records of the patient or resident in the possession of the facility;
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(3) inquiring of any emergency contact or family member contacted under this section whether the patient or resident has executed an advance directive and whether the patient or resident has a physician to whom the patient or resident normally goes for care; and
(4) inquiring of the physician to whom the patient or resident normally goes for care, if known, whether the patient or resident has executed an advance directive. If a facility notifies a family member or designated emergency contact or allows a family member to participate in treatment planning in accordance with this paragraph, the facility is not liable to the patient or resident for damages on the grounds that the notification of the family member or emergency contact or the participation of the family member was improper or violated the patient's privacy rights.

(c) In making reasonable efforts to notify a family member or designated emergency contact, the facility shall attempt to identify family members or a designated emergency contact by examining the personal effects of the patient or resident and the medical records of the patient or resident in the possession of the facility. If the facility is unable to notify a family member or designated emergency contact within 24 hours after the admission, the facility shall notify the county social service agency or local law enforcement agency that the patient or resident has been admitted and the facility has been unable to notify a family member or designated emergency contact. The county social service agency and local law enforcement agency shall assist the facility in identifying and notifying a family member or designated emergency contact. A county social service agency or local law enforcement agency that assists a facility in implementing this subdivision is not liable to the patient or resident for damages on the grounds that the notification of the family member or emergency contact or the participation of the family member was improper or violated the patient's privacy rights.

Subdivision 11. Continuity of care.

Patients and residents shall have the right to be cared for with reasonable regularity and continuity of staff assignment as far as facility policy allows.

Subdivision 12. Right to refuse care.

Competent patients and residents shall have the right to refuse treatment based on the information required in subdivision 9. Residents who refuse treatment, medication, or dietary restrictions shall be informed of the likely medical or major psychological results of the refusal, with documentation in the individual medical record. In cases where a patient or resident is incapable of understanding the circumstances but has not been adjudicated incompetent, or when legal requirements limit the right to refuse treatment, the conditions and circumstances shall be fully documented by the attending physician in the patient's or resident's medical record.

Subdivision 13. Experimental research.

Written, informed consent must be obtained prior to a patient's or resident's participation in experimental research. Patients and residents have the right to refuse participation. Both consent and refusal shall be documented in the individual care record.

Subdivision 14. Freedom from maltreatment.

Patients and residents shall be free from maltreatment as defined in the Vulnerable Adults Protection Act. "Maltreatment" means conduct described in section [626.5572, subdivision 15](#), or the intentional and nontherapeutic infliction of physical pain or injury, or any persistent course of conduct intended to produce mental or emotional distress. Every patient and resident shall also be free from nontherapeutic chemical and physical restraints, except in fully documented emergencies, or as authorized in writing after examination by a patient's or resident's physician for a specified and limited period of time, and only when necessary to protect the resident from self-injury or injury to others.

Subdivision 15. Treatment privacy.

Patients and residents shall have the right to respectfulness and privacy as it relates to their medical and personal care program. Case discussion, consultation, examination, and treatment are confidential and shall be conducted discreetly. Privacy shall be respected during toileting, bathing, and other activities of personal hygiene, except as needed for patient or resident safety or assistance.

Subdivision 16. Confidentiality of records.

Patients and residents shall be assured confidential treatment of their personal and medical records, and may approve or refuse their release to any individual outside the facility. Residents shall be notified when personal records are requested by any individual outside the facility and may select someone to accompany them when the records or information are the subject of a personal interview. Copies of records and written information from the records shall be made available in accordance with this subdivision and sections [144.291](#) to 144.298. This right does not apply to complaint investigations and inspections by the Department of Health, where required by third-party payment contracts, or where otherwise provided by law.

Subdivision 17. Disclosure of services available.

Patients and residents shall be informed, prior to or at the time of admission and during their stay, of services which are included in the facility's basic per diem or daily room rate and that other services are available at additional charges. Facilities shall make every effort to assist patients and residents in obtaining information regarding whether the Medicare or medical assistance program will pay for any or all of the aforementioned services.

Subdivision 18. Responsive service.

Patients and residents shall have the right to a prompt and reasonable response to their questions and requests.

Subdivision 19. Personal privacy.

Patients and residents shall have the right to every consideration of their privacy, individuality, and cultural identity as related to their social, religious, and psychological well-being. Facility staff shall respect the privacy of a resident's room by knocking on the door and seeking consent before entering, except in an emergency or where clearly inadvisable.

Subdivision 20. Grievances.

Patients and residents shall be encouraged and assisted, throughout their stay in a facility or their course of treatment, to understand and exercise their rights as patients, residents, and citizens. Patients and residents may voice grievances and recommend changes in policies and services to facility staff and others of their choice, free from restraint, interference, coercion, discrimination, or reprisal, including threat of discharge. Notice of the grievance procedure of the facility or program, as well as addresses and telephone numbers for the Office of Health Facility Complaints and the area nursing home ombudsman pursuant to the Older Americans Act, section 307(a)(12) shall be posted in a conspicuous place.

Every acute care inpatient facility, every residential program as defined in section [253C.01](#), every nonacute care facility, and every facility employing more than two people that provides outpatient mental health services shall have a written internal grievance procedure that, at a minimum, sets forth the process to be followed; specifies time limits, including time limits for facility response; provides for the patient or resident to have the assistance of an advocate; requires a written response to written grievances; and provides for a timely decision by an impartial decision maker if the grievance is not otherwise resolved.

Compliance by hospitals, residential programs as defined in section [253C.01](#) which are hospital-based primary treatment programs, and outpatient surgery centers with section

144.691 and compliance by health maintenance organizations with section 62D.11 is deemed to be compliance with the requirement for a written internal grievance procedure.

Subdivision 21. Communication privacy.

Patients and residents may associate and communicate privately with persons of their choice and enter and, except as provided by the Minnesota Commitment Act, leave the facility as they choose. Patients and residents shall have access, at their expense, to writing instruments, stationery, and postage. Personal mail shall be sent without interference and received unopened unless medically or programmatically contraindicated and documented by the physician in the medical record. There shall be access to a telephone where patients and residents can make and receive calls as well as speak privately. Facilities which are unable to provide a private area shall make reasonable arrangements to accommodate the privacy of patients' or residents' calls. Upon admission to a facility where federal law prohibits unauthorized disclosure of patient or resident identifying information to callers and visitors, the patient or resident, or the legal guardian or conservator 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 or conservator 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. This right is limited where medically inadvisable, as documented by the attending physician in a patient's or resident's care record. Where programmatically limited by a facility abuse prevention plan pursuant to section 626.557, subdivision 14, paragraph (b), this right shall also be limited accordingly.

Subdivision 22. Personal property.

Patients and residents may retain and use their personal clothing and possessions as space permits, unless to do so would infringe upon rights of other patients or residents, and unless medically or programmatically contraindicated for documented medical, safety, or programmatic reasons. The facility must either maintain a central locked depository or provide individual locked storage areas in which residents may store their valuables for safekeeping. The facility may, but is not required to, provide compensation for or replacement of lost or stolen items.

Subdivision 23. Services for the facility.

Patients and residents shall not perform labor or services for the facility unless those activities are included for therapeutic purposes and appropriately goal-related in their individual medical record.

Subdivision 24. Choice of supplier.

Residents may purchase or rent goods or services not included in the per diem rate from a supplier of their choice unless otherwise provided by law. The supplier shall ensure that these purchases are sufficient to meet the medical or treatment needs of the residents.

Subdivision 25. Financial affairs.

Competent residents may manage their personal financial affairs, or shall be given at least a quarterly accounting of financial transactions on their behalf if they delegate this responsibility in accordance with the laws of Minnesota to the facility for any period of time.

Subdivision 26. Right to associate.

(a) Residents may meet with and receive visitors and participate in activities of commercial, religious, political, as defined in section 203B.11 and community groups without interference at their discretion if the activities do not infringe on the right to privacy of other residents or are not programmatically contraindicated. This includes:

- (1) the right to join with other individuals within and outside the facility to work for improvements in long-term care;
- (2) the right to visitation by an individual the patient has appointed as the patient's health care agent under chapter 145C;
- (3) the right to visitation and health care decision making by an individual designated by the patient under paragraph (c).

(b) Upon admission to a facility where federal law prohibits unauthorized disclosure of patient or resident identifying information to callers and visitors, the patient or resident, or the legal guardian or conservator 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 or conservator 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.

(c) Upon admission to a facility, the patient or resident, or the legal guardian or conservator of the patient or resident, must be given the opportunity to designate a person who is not related who will have the status of the patient's next of kin with respect to visitation and making a health care decision. A designation must be included in the patient's health record. With respect to making a health care decision, a health care directive or appointment of a health care agent under chapter 145C prevails over a designation made under this paragraph. The unrelated person may also be identified as such by the patient or by the patient's family.

Subdivision 27. Advisory councils.

Residents and their families shall have the right to organize, maintain, and participate in resident advisory and family councils. Each facility shall provide assistance and space for meetings. Council meetings shall be afforded privacy, with staff or visitors attending only upon the council's invitation. A staff person shall be designated the responsibility of providing this assistance and responding to written requests which result from council meetings. Resident and family councils shall be encouraged to make recommendations regarding facility policies.

Subdivision 30. Protection and advocacy services.

Patients and residents shall have the right of reasonable access at reasonable times to any available rights protection services and advocacy services so that the patient may receive assistance in understanding, exercising, and protecting the rights described in this section and in other law. This right shall include the opportunity for private communication between the patient and a representative of the rights protection service or advocacy service.

Subdivision 31. Isolation and restraints.

A minor patient who has been admitted to a residential program as defined in section [253C.01](#) has the right to be free from physical restraint and isolation except in emergency situations involving a likelihood that the patient will physically harm the patient's self or others. These procedures may not be used for disciplinary purposes, to enforce program rules, or for the convenience of staff. Isolation or restraint may be used only upon the prior authorization of a physician, psychiatrist, or licensed psychologist, only when less restrictive measures are ineffective or not feasible and only for the shortest time necessary.

Subdivision 32. Treatment plan.

A minor patient who has been admitted to a residential program as defined in section [253C.01](#) has the right to a written treatment plan that describes in behavioral terms the case problems, the precise goals of the plan, and the procedures that will be utilized to minimize the length of time that the minor requires inpatient treatment. The plan shall also state goals for release to a less restrictive facility and follow-up treatment measures and services, if

appropriate. To the degree possible, the minor patient and the minor patient's parents or guardian shall be involved in the development of the treatment and discharge plan.

Subdivision 33. Restraints.

(a) Competent nursing home residents, family members of residents who are not competent, and legally appointed conservators, guardians, and health care agents as defined under section [145C.01](#), have the right to request and consent to the use of a physical restraint in order to treat the medical symptoms of the resident.

(b) Upon receiving a request for a physical restraint, a nursing home shall inform the resident, family member, or legal representative of alternatives to and the risks involved with physical restraint use. The nursing home shall provide a physical restraint to a resident only upon receipt of a signed consent form authorizing restraint use and a written order from the attending physician that contains statements and determinations regarding medical symptoms and specifies the circumstances under which restraints are to be used.

(c) A nursing home providing a restraint under paragraph (b) must:

- (1) document that the procedures outlined in that paragraph have been followed;
- (2) monitor the use of the restraint by the resident; and
- (3) periodically, in consultation with the resident, the family, and the attending physician, reevaluate the resident's need for the restraint.

(d) A nursing home shall not be subject to fines, civil money penalties, or other state or federal survey enforcement remedies solely as the result of allowing the use of a physical restraint as authorized in this subdivision. Nothing in this subdivision shall preclude the commissioner from taking action to protect the health and safety of a resident if:

- (1) the use of the restraint has jeopardized the health and safety of the resident; and
- (2) the nursing home failed to take reasonable measures to protect the health and safety of the resident.

(e) For purposes of this subdivision, "medical symptoms" include:

- (1) a concern for the physical safety of the resident; and
- (2) physical or psychological needs expressed by a resident. A resident's fear of falling may be the basis of a medical symptom.

A written order from the attending physician that contains statements and determinations regarding medical symptoms is sufficient evidence of the medical necessity of the physical restraint.

(f) When determining nursing facility compliance with state and federal standards for the use of physical restraints, the commissioner of health is bound by the statements and determinations contained in the attending physician's order regarding medical symptoms.

For purposes of this order, "medical symptoms" include the request by a competent resident, family member of a resident who is not competent, or legally appointed conservator, guardian, or health care agent as defined under section [145C.01](#), that the facility provide a physical restraint in order to enhance the physical safety of the resident.

Inquiries or complaints regarding medical treatment or the Clients' Bill of Rights may be directed to:

Office of Health Facility Complaints
P.O. Box 64970
St. Paul, MN 55164-0970
Tel: (651) 201-4201
(800) 369-7994

Minnesota Department of Human Services
(DHS)
Licensing Division
444 Lafayette Rd N, St. Paul, MN, 55155
(651) 431-6500

The Office of Ombudsman for Mental
Health and Developmental Disabilities
121 7th Place East
Suite 420 Metro Square Building
St. Paul, Minnesota 55101-2117
651-757-1800 or 1-800-657-3506

Minnesota Board of Medical Practice
2829 University Ave. SE, Suite 400
Minneapolis, MN 55414-3246
Tel: (612) 617-2130
Fax: 612-617-2166

GRIEVANCE PROCEDURE

Grievance forms are located in the cafeteria. Any grievance from a client will be processed by the following procedure:

Grievance forms can be submitted to the Treatment Director or Patient Advocate who will respond to your grievance within three business days after a staff member receives the grievance. You are permitted to bring the grievance to the highest level of authority in the program if not resolved by other staff members. Any staff member can assist you in filling out the grievance form. Grievance procedure and necessary telephone numbers and the addresses of the Department of Human Services, Licensing Division of the Department of Health, Office of Health Facility Complaints will be posted and available to any client or former client.

This shall also be given to clients on admission. Staff shall be included to assist on the development and process of grievance.

Office of Health Facility Complaints
P.O. Box 64970
St. Paul, MN 55164-0970
Tel: (651) 201-4201
(800) 369-7994

Minnesota Department of Human Services
(DHS)
Licensing Division
444 Lafayette Rd N, St. Paul, MN, 55155
(651) 431-6500

Minnesota Board of Behavioral Health
And Therapy
University Park Plaza
2829 University Avenue SE
Ste. 210
Minneapolis, MN 55414

Minnesota Board of Medical Practice
2829 University Ave. SE, Suite 400
Minneapolis, MN 55414-3246
Tel: (612) 617-2130
Fax: 612-617-2166

CLIENT HANDBOOK RECEIPT ACKNOWLEDGMENT: This receipt is signed by the client to indicate she has received the Recovering Hope Client Handbook and understands its effect

I have received my copy of the Recovering Hope Handbook. It is my responsibility to read and understand the matters set forth in this Handbook. It is a guide to treatment facility policies and procedures.

I understand that I will be fully responsible for following the guidelines and expectations contained in this Handbook. I further understand that failure to adhere to these guidelines and expectations will lead to disciplinary actions up to and including termination of services. I will rely on any promises, statements or representations to the contrary only if they are in writing and signed by an authorized member of Recovering Hope management.

I understand and acknowledge that Recovering Hope has the right, to modify, amend or terminate policies, and other institutional programs within the limits and requirements imposed by law.

My signature attests to my agreement to abide by all guidelines and expectations of Recovering Hope as outlined in this handbook.

Client Name: _____

Client Signature: _____ Date: _____

Staff Signature: _____ Date: _____
