



## **Recovering Hope Treatment Center Client Handbook**

**Main phone:** 320-364-1300  
**Client Phone Line:** (320)364-1304  
**After Hours Recovering Advocate Phone Line  
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[www.recoveringhope.life](http://www.recoveringhope.life)

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## **Welcome!**

We know this was a big decision for you and we are proud that you made the choice to take the next step into recovery. Recovering Hope Treatment Center 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 for substance abuse and mental health. It is intended to serve as a guide for you as you move through the treatment process.

## **Services Provided**

As a residential co-occurring treatment facility, we offer a safe environment to face your struggles with substance use and mental health. You are not just another number. You are an individual and your treatment will reflect your individual needs. Our innovative co-occurring treatment program is designed to individualize your treatment and recovery to fit your needs.

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 issues related to substance use and mental health through individual sessions, psychoeducational groups, and process groups. 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.

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 program, you 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.

For women with medical concerns, these will be managed and addressed on site, or referred to Welia hospital, on an as needed basis. For clients who are struggling with their psychiatric/mental health, clients will be provided with access to medication management and receive onsite individual psychotherapy or referrals to the outside community. Medication management may also be offered via telehealth.

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 scheduled once you have reached medium intensity level of programming.

***Recovering Hope does not allow the use of benzodiazepines, hypnotics, stimulants, or opiates on campus for the safety of the recovery of self and others.***

During the thorough diagnostic 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 recommended.

### **Recovering Hope Staff**

Our **Licensed Alcohol and Drug Counselors** have extensive years of combined 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. We understand that to stay in recovery it takes a team approach.

Our medical team consists of **Registered Nurses, Licensed Practical Nurses, and Medication Technicians** 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 substance use counselors, therapists and Recovery Advocates to provide comprehensive treatment.

You will be referred to a **psychotherapist that is either a LPCC, LPC, LMFT, LICSW, PsyD or mental health practitioner**, who will meet with you as needed based on individual needs. Part of your continuing care plan may include continuing to work with mental health therapists post discharge.

**Recovery Advocates** are on site 24 hours per day. Our recovery advocates help guide you on your daily routine, hold accountability, offer support and help maintain a safe community for recovery.

### **What To Expect**

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. If you would like to use a bassinet, you will be required to show a doctor note.

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

During the first 72 hours, you will be restricted to campus and 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 to get you started. Clients will receive their master treatment plan within 10 days. 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, shame, and resentment along with a variety of other emotions. 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 high intensity and residential medium intensity. It is possible to be referred to non-residential (outpatient) treatment at Recovering Hope after completing residential if you choose.

### **High Intensity Residential Level of Care:**

High Intensity Residential is a foundation phase in which physical, psychological and social assessments will be conducted to determine the scope of your needs. Clients coming into our program for high intensity residential programming will remain on the residential level for, on average about 30 days, before stepping down to medium intensity. Staff will assess the client weekly to determine appropriateness for stepping down to a lower level of care. Some of the behaviors staff will look for include the following:

- Willingness to engage in treatment, including attending all programming.
- Demonstrate a pattern of sobriety through negative urinalysis screens and absence of recurrence of use
- Demonstration of skills, including ability to regulate emotions and manage distress
- Contributing to the community, including being a peer leader and completing responsibilities
- Participation in groups, including completion of assignments and homework
- Taking prescribed medications on-time, and as prescribed.
- Attending all appointments, including medical, as recommended.
- Following requirements of probation or child protection (if applicable)

**Medium Residential Intensity Level of Care:**

After you have completed the expectations for high intensity residential care, you will move into the medium residential intensity program where intensive group therapy is the major focus. You will be required to attend all medium residential intensity programming as reflected in your schedule. If you miss group, you will be required to attend make up programming.

During this level of treatment, you will have flexibility to begin to look for volunteer opportunities or employment to begin reintegration into the community. You can request passes, or utilize 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:

- Have found verified volunteer work/employment or other meaningful activity outside of the treatment setting
- Completed the goals on your treatment plan as determined in collaboration with your counselor
- Have shown yourself as a peer leader
- Demonstrated use of relapse prevention skills, as evidence by ability to maintain sobriety, negative urinalysis
- 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
- Demonstrate interpersonal effectiveness and distress tolerance skills, as evidence by ability to regulate emotions with peers and staff, decreased impulsivity, and ability to make choices that demonstrate safety and respect

**Expectations**

*Wake up Hours: (You are able to wake up earlier; however, staff wake up calls are at the following times).*

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

**Curfew**

You need to be back in the facility by **9:00 P.M.**, nightly. No exceptions. If walking is your transportation, you must be back on site before sundown for your safety.

Quiet time starts at 9:00 P.M. EVERYDAY. 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. Television is turned off at 9:00pm.

### **Childcare**

Recovering Hope is a treatment center that allows for women to admit to residential treatment with their children. **You are responsible for the appropriate supervision of your children AT ALL TIMES.**

Other peers may not supervise/babysit your child, so please do not ask them. Staff can only watch your children in an urgent/emergency situation, and they will utilize your child emergency plan in those instances they need to watch your child. If you are struggling with providing effective supervision to your child, please speak with your counselor about your options. Recovering Hope also has parenting classes to assist you in learning the skills you need to effectively supervise your children. We ask that you practice the skills you are learning with your children.

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 until your child emergency contact arrives to take over supervision and care for your child.

Children *who are sleeping* may be in their rooms alone and left sleeping IF: a) Mother has a baby monitor and uses it b) The child is appropriate age to do so c) Mother checks on her child every 15 minutes d) Children are in an appropriate sleeping arrangement and safe sleep policies are being followed

### **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, a tub 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 (SIDS).
3. Do not shake or hit babies. If a baby is crying and you feel frustrated, please talk with a staff person.
4. Behavior 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. (Ex. Spanking is NOT allowed)
  - 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 a 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 or separate room that is well-lighted, free from hazards, ventilated, and open to the view of caregivers.
  - 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.
  - b. Children will be offered opportunities for toileting.
6. If the 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. You will be provided with information on risk factors related to Sudden Unexpected Infant Death and Abuse Head Trauma from shaking infants and young children, and how to reduce the risks, including safety precautions related to 245A.1435 and the dangers of co-sleeping.
9. Do not “prop” bottles for feeding infants. Infants are not able to move the nipple when full, and are at risk for choking and drowning with a propped bottle. You must be present and holding the bottle at all times during feedings.

### **Daycare Expectations**

Drop off and Pick Up times are located on the schedule and Daycare Doors.

Personal toys will not allowed in the daycare classroom.

Please remember to bring a jacket and sensible shoes for children to wear when going outside.

Children in pull-ups or diapers are expected to be changed before drop offs.

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

### **Co-Sleeping**

Clients are not allowed to co-sleep with their children. Clients who are observed with children in bed will be provided education on safe sleeping Day Care Director. Clients who repeatedly co-sleep with their child,

depending on the individual circumstances, and risk to child, may be asked to utilize their Emergency Child Plan and the child removed 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.

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—whichever you choose.

### **VISITING HOURS**

Tuesday 5:30 - 8:30pm

Saturday 1 - 3:30 pm and 6 - 8 pm

Sunday 1:30 - 4 pm and 6 - 8 pm

Visiting Hours will be provided for most Holidays.

All visitors must come to the front door and sign in with the Recovery Advocate 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 before they have been approved. Visitors need to show valid picture identification to Recovery Advocate prior to being allowed on the unit. Visitors are only allowed to smoke outside the building.

All visitations will take place in the cafeteria. 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. 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 of your children during their visit. Visitors and children over the age of 12 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. See **Appendix C** at the back of this handbook for a full list of Visitor Expectations.

This involves behaviors exhibiting, but not limited to:



- 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 physicians, sponsors, religious advisor, county case manager, parole or probation officer, and attorney. Clients must discuss this with their counselor in advance.

### **Passes**

Day passes are a privilege and responsibilities must be shown to earn this privilege. Clients will not be able to take passes into the community (other than legal/parental/medical) until they are on medium intensity programming.

**Clients must complete the weekly pass form and have it turned into their counselor by Monday morning at 8:15am.** (See an example of a client's weekly pass at the back of this handbook.) The counselor will review your requests and return your form back to you. Hours that are approved will be stamped. If they are not stamped, then the hours were not approved. Clients that need medications while on pass need to follow procedure identified by medical staff. Before leaving, you must sign out at the front desk.

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 must sign in upon return to the building.

Clients on High Intensity Residential Programming 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.

Recovering Hope *does not* allow overnight passes. The reason for this is because we are a High and Medium intensity treatment facility, and the structure we provide is appropriate for this level of care.

### **Client 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. Additionally, we have a search canine (drug dog) randomly at our facility to assure safety for our clients and their children—they will enter your room during their search.

### **Room Checks**

Room checks occur daily, between 8am and 9am.

Your room should be kept clean at all times. The following are the criteria for earning your Hope Cash:

- ✓ Wall art can only be in the purple square (can not use tacks).
- ✓ Nothing can be covering the vent, and no dryer sheets in the vent
- ✓ Fire escape map, room expectation sheet, and child sleeping guidelines are not covered, marked on, or removed.
- ✓ All lights, lamps, fans, and radios are off.
- ✓ No food or drink, besides covered water, in the room.
- ✓ Nothing behind the door.
- ✓ Adequate walking space to get out of the room.
- ✓ Diapers should be disposed of in the dumpster outside.

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.

#### **Daily Community Duties - Also see, Appendix D**

We want to encourage you to be responsible in a community, and to learn how to take part responsibly in a community living environment. Therefore, you will be assigned house duties as a life-skills building opportunity.

Clients are to be dressed and ready by 8:15 A.M. and client's room should be cleaned and bed made. Room checks are completed daily between 8:15 A.M. and 9:15 A.M. Each client will be assigned a house job to be done daily. Client house duties are to be completed by the designated time. You start your new house duty on Monday each week and complete this duty through the following Sunday. 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.

#### **Employment/Volunteering/Meaningful Activities Outside Treatment Setting**

It is important that managing the symptoms of your disease is the priority, therefore, if extracurricular activities interfere with your ability to receive treatment services, the team will recommend you stop those activities until you can effectively manage your medium intensity residential treatment.

High Intensity 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 12:30pm-9:00 P.M, outside of programming hours.

Your relationship with your employer is between you and your employer, however, if interventions are deemed necessary during treatment (such as pass restrictions for safety) these may interfere with your employment. Recovering Hope is not responsible for you *maintaining* your employment. Situations that may arise that may result in restriction to the premises (therefore interfering with employment) include recurrence of use, repeated pass violations, and non-participation in programming.

### **Community Self-Help and Support Meetings/Groups**

Recovering Hope Treatment Center holds client led self-help meetings once per week.

Clients are able to request passes for outside meetings on medium intensity. Staff provides transportation to outside meetings on Wednesdays and Thursdays for all Intensity clients; however, there are limited spots available. 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. Recovery Advocates can sign you up for a meeting at the front desk, please see them if you would like to be added to a spot on the transportation list .

### **Spirituality**

Recovering Hope Treatment program is not affiliated with any religion; however, we understand that spirituality can be an important factor in recovery. 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 or not.

Transportation is provided to outside spiritual services on Sunday morning. Clients must sign up in the Recovery Advocate office prior to the spiritual outing. Clients decide as a group on which service to attend in the area. If a client is on medium, they are able to request a pass to attend a worship service of their choice; however, they are responsible for their own transportation.

### **Group and Individual Counseling**

It is expected that all clients will observe confidentiality in all groups, sessions and meetings. You are here for the purpose of having an experience that will help you grow and improve the quality of your life. If you don't know where things are or what is expected of you, ask a counselor, Recovery Advocate 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.

### **Programming**

You must attend all programming 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.

Please come to group prepared. You should bring your assignment folder and something to write with. You also should use the restroom before group. Please do not leave group to use the restroom, get a drink, or take medications unless it's absolutely necessary, because this can be extremely disruptive to the facilitator and your peers.

There is no food or drinks allowed outside of the dining room; except beverages in a covered container.

Please follow expectations for group as provided by the group facilitator. These expectations include being respectful to facilitator and peers.

**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.

**Small Group:**

A time to come together and share homework and assignments, provide feedback to peers, and receive critical feedback.

**Education Group:**

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

**Living Sober**

Geared towards women in active recovery and focuses on the issues that impact them.

**Psychiatry/Medical Group:**

This group is facilitated by our RN 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.

**Community Meeting:**

A group that teaches interpersonal effectiveness through providing space for the whole community to come together and discuss upcoming events, announcements, concerns and issues.

**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.

**Introduction to Self Help:**

An introduction to various self-help and support meetings within the community.

**Spirituality:**

Geared towards discovering and incorporating your own spiritual principles into your life.

**Therapeutic Recreation**

Designed to provide clients with an opportunity to find different hobbies and activities, and how to enjoy them, while sober.

**Parenting Skills Group:**

This group is facilitated by our Daycare Staff 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.

**DBT Skills I and II:**

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.

**Creative Writing and Journaling**

An opportunity for clients to explore their feelings through guided journal exercises.

**Emotion Regulation:**

This is a group is for those who are looking for support with having experienced grief and loss and how it relates to early recovery.

**Rising Strong and Living Whole-Heartedly:**

These groups cover some of the teachings of Brene Brown and how it can be incorporated into early recovery to teach resiliency, bravery, empowerment and connection.

**Enhanced Nursing Group:**

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

**CBT Skills group:**

Emotions and thinking errors are one of the biggest triggers for relapse. In this class you will learn how to identify thinking errors, criminal thinking, and and develop emotional resiliency in early recovery. This group identifies helpful and unhelpful ways to cope.

**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.

**Relationships:**

This group focuses on defining sexual health in recovery. Topics of this group range from relationships, healthy sexual behaviors, family dynamics 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 I:**

This group discusses the basics of substance use disorders and how to prevent recurrence of use. This group provides insight into how to identify addiction symptoms and be proactive in your recovery.

**Relapse Prevention II:**

This group discusses advanced issues related to substance use disorders and how to prevent recurrence of use. This group provides insight into how to identify addiction symptoms and be proactive in your recovery.

**Recovery Maintenance:**

Clients will learn how to maintain their recovery and sobriety after treatment setting.

**Body Image/Self Esteem Group:**

This group focuses on improving body image and self-esteem for women in early recovery.

**Compassion:**

This 1 hour group for High Intensity clients focuses on self-compassion and learning compassion for others while in early recovery.

**Helping Women Recover**

This group is based on the curriculum developed by Stephanie Covington, specifically for women seeking recovery from substance use disorders.

**Individual Mental Health Services**

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 a company approved 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.

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.

#### **Smoking and 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 next to the pop/snack machines. 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.

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

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, or attend smoking cessation group.

If you are outside smoking, and have children living in the facility with you, then your children must go outside with you to smoke (unless they are sleeping and you have an appropriately ranged baby monitor).

#### **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 and providing a safe recovery environment for all, including the children.

Possession and/or use of alcohol or other drugs (including over-the-counter medications and non-alcoholic beverages such as non-alcoholic 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. Urinalysis, saliva tests or breathalyzer testing may be conducted at any time during your treatment.

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 In to the 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.

#### **Cell Phones**

Due to client confidentiality, cell phones are prohibited in the building.

#### **Clothing**

All clients and children are required to have covered feet (shoes, slippers, socks, sandals) in the dining room due to health codes. Clients are not allowed in the kitchen.

If in need of clothing donations, please see Recovery Advocate staff.

#### **Laundry**

There are washers and dryers available to you for your use. It is suggested that you 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 Recovery Advocate office.

Laundry rooms may be closed during the intake process of new clients. 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.



## CLIENT PROPERTY MANAGEMENT

Each client receives a client locker to place; valuables, and items for safe keeping. The client is responsible for all of her personal items. ***Recovering Hope is not responsible for lost or stolen items, and so we encourage you to use the lockers for anything you consider valuable, or not bring it on the property.***

We do not hold any mail or deliveries that are made for clients once they have discharged our programming. All items delivered while a client is not a current resident will be returned to sender by the carrier that originally delivered the items (i.e. FedEx, UPS, USPS). We encourage clients to coordinate their mail and package forwarding prior to discharging from the program.

**Any property abandoned will be maintained for 30 days and then discarded or donated. We do not store food items due to risk of rodents/insects/mice and concerns for community—perishable food items left at Recovering Hope will be thrown and determined to be “trash” instead of considered “property”.**

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 sell or buy items from each other.** This includes borrowing, lending and giving money. Do not give another client your debit or credit card. 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. Clients are not encouraged to pay each other for services such as cosmetology services, running errands, completing each other’s chores, etc. as this may cause resentments or tension peer staff.

**No pets are allowed on the property.**

### Items not allowed on campus

**Weapons (CAMPUS)** Weapons including guns, sling shots, bullets, shells, and any knives or blades, including pocket knives, etc.

**Alcohol, Drugs and medications (CAMPUS)** Alcohol All alcohol-based products, with alcohol in the first three ingredients (Excluding shampoo, conditioner, and deodorant)

**All aerosol-based products, or inhalants.**

**All illegal drugs or mood-altering substances,** including Kratom and CBD oil/tablets/wax.

**Electronic cigarettes, and vape paraphernalia**

**No medications,** unless approved by medical staff. Miscellaneous items (BUILDING)

**No hammers, power tools, and flammables such as oil/gasoline, or pools**

**No sex toys (intimacy toys)—**we value healthy sexuality, however, we do not have a place within our facility to wash these toys, and therefore it becomes a sanitation issue

**Cough drops, topical creams, ointments, medicated powder, bleach, eye drops, vapor rubs, epsom salts** unless approved by medical staff

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#### **Cell Phones**

**Electrical appliances such as space heater, clothing irons, steamers, microwaves and other small appliances.** Maximum of two (2) small fans no larger than 10 inches in diameter are acceptable. One (1) small desk lamp is acceptable. Extension cords are not allowed.

**No electrical extensions, extra electrical sockets, or electrical splitters are allowed.** Outlet extensions with surge protectors and an on/off switch are allowed, and may be used at the discretion of management.

**Candles, no wax warmers, essential oils, burnable incense, air fresheners, bath bombs and bath salts, bath paint**

**Hair Dye and self-tanner**

**Door locks / kid locks**

#### **Food Items not allowed:**

Instant coffee / Cappuccino mix / Energy Drinks / kombucha Items that must be stored in a freezer or fridge

\*Any items, except weapons, that are confiscated will be removed and placed in a locked storage site until the client discharges. Client will not have access to these belongings during their treatment episode.

#### **Phones**

Recovering Hope provides access to phones and allows free local calls. For all other calls, clients must use a calling card. Cell phones are prohibited in the building due to client confidentiality.

#### **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 is accessible during non-programming hours. The TV is to be shut off at 9:00 P.M. each night. The majority rules when deciding what you will watch. 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 is reserved for child and family friendly television programming.

#### **Radios and Stereos**

Music is to be played **only in your room** and not the dining room, bathroom 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. Recovering Hope does have security cameras in all community areas throughout the building, and so you are being continuously recorded for safety and security purposes. You were provided this information in your admission paperwork through Informed Consent. 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.

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 (there is a form to complete) of the client. If additional photos are needed, client will need to make arrangements with Recovery Advocate staff for them to take the photos to ensure confidentiality of others is secure.

### **Transportation**

Recovering Hope does provide transportation to our clients for medical situation if unable to secure medical transportation clients. Recovering Hope will also provide transportation to the local WIC office, crisis pregnancy center, shopping and offsite meetings. Recovering Hope is not responsible for transportation to court appointments. There may be other clients receiving transportation with you to appointments, and please know that confidentiality for self and others still applies during transportation and outside in the community.

### **Vehicles**

Permission to use your vehicle to Recovering Hope is up to the discretion of your counselor and **MUST BE PRE-APPROVED**. Upon approval, a "Vehicle On Campus" form must be completed (see RA staff to receive). Recovering Hope has the right to request you move your vehicle at anytime, or request that it be removed from our property. It is client's responsibility to follow all laws and statutes related to driving in Minnesota.

**NO PEER IS ALLOWED TO DRIVE YOUR VEHICLE AT ANY TIME**, additionally, peers can not ride in your vehicle with you.

Recovering Hope reserves the right to search all vehicles on premises, including use of drug dogs. By keeping your vehicle on our premises, you consent to it being searched.

A vehicle is considered 'abandoned' by a client if they are no longer an active client, and the vehicle has been on Recovering Hope's property for 30 days. Abandoned vehicles will be removed, towed, etc., at the expense of the client.

### **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. 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 property line with counselor approval. Clients are able to use the nature trails in the back. Clients are not allowed to smoke on the nature trails due to fire hazard. Please leave no trace and leave nature as you found it. During severe weather, or for safety issues, walking on campus may be prohibited by staff at any time. **Clients who would like to walk on or off property will need an approved pass from counseling staff.**

## **Outside establishments**

Clients will not be approved to go to bars, casinos, or other gambling establishments such as bingo halls. Clients are discouraged from buying lottery or scratch-off tickets while in the program.

Clients will not be approved to go to 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-Sunday**

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

Snacks: Fruit and other food will be set out for enjoyment between meals

Lunch: High Intensity 11:30-12:30

Lunch: Medium Intensity 12:30-1:00pm

Dinner: High Intensity 4:30pm-5pm

Dinner: Medium Intensity 4:00-4:30pm

Snack: 6:30-7:00 P.M.

## **Food Delivery/Ordering Out**

Clients are allowed to order food however need to inform the kitchen in order to accommodate meal count. Deliveries must be made during the scheduled meal time.

Coffee is provided from 6:00 A.M.-8 A.M.

## **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 during visiting times or normal business hours. If a visitor is able to drop off items during these times, prior arrangements can be made.

Clients are able to go shopping once per week for one half hour if on High Intensity with staff escort. Medium will be allowed to be transported based on availability, but will not be able to pre-schedule transportation by staff. Medium Intensity clients would be expected to use their own passes to go shopping, as approved by their counselor if staff transport is unavailable. Staff will transport clients to Kwik Trip, Coborn's and the Dollar General. You must sign up by speaking to an RA staff.

## **SHOPPING RULES**

Any items bought must have a receipt and be in the initial package. If you participate in shoplifting you will be prosecuted. 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 privileges. Remember that how you represent RH in the community can impact future clients' ability to find employment, receive services and be treated with respect.

## **Client Expectations and Responsibilities**

**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.**

For a full list of responsibilities, see Appendix B.

You will receive 1 HOPE CASH dollar, per expectation completed, per day.

If all expectations are met for the week, you will receive 50 HOPE CASH. Clients can approach the RA desk to receive their HOPE CASH check.

HOPE CASH can be redeemed for various rewards such as: extended passes, trinkets, toys, "stay up late" cards, pass to miss group, etc. The Hope Store can be accessed on Monday/Wednesday/Fridays. All rewards are subject to change. You may not transfer your HOPE CASH to another client or use HOPE CASH if you re-admit to services.

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

## **HEALTHY HABIT CARDS**

If you are not following the rules of the facility, you will be given a Healthy Habit Card that corresponds with the rule. See Appendix B for a full list of facility rules. All Healthy Habit Card must be completed when they are received. While you have Healthy Habit cards, you are considered on **REFLECTION**. Clients are responsible for checking to see if they have received a Healthy Habit Card for not completing responsibilities. Following through with responsibilities determines passes, visitation, and additional privileges. IF HH Cards are not completed you will be placed on a pass restriction.

## **REFLECTION**

Clients who are on Reflection are to remain on Recovering Hope facility grounds and any previously approved passes will be pulled while the client is on REFLECTION. During reflection there are no passes or use of the phones.

## **CONFIDENTIALITY**

Recovering Hope seeks to abide strictly with all applicable confidentiality regulations, including CFR 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 preserve 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.

#### **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.

#### **ILLEGAL ACTIVITY**

Engaging in illegal activities, including stealing from other residents, shoplifting, and damaging property may result in discharge from the program and report to the sheriff department. Committing a crime on the property or against personnel is an exception to client confidentiality, and a police report can be made.

#### **ADDITIONAL SAFETY INFORMATION**

Sexual contact, or inappropriate contact (massage, kissing, fondling) is not allowed between clients. No touching without permission from other clients. Violation of this policy may result in a transfer to another facility, or depending on severity, discharge from the program.

Clients are not permitted in other client's rooms. Only your children, 12 and under, are permitted in your room, other client's children are not permitted in your room.

You may not enter the kitchen.

Lights must remain on in the group rooms. Do not turn off lights in community areas.

Only staff are allowed to open the doors for clients/ and or visitors. Do not let visitors or clients into the building without staff permission.

Do not open the doors once the alarms have been set. Do not set off the alarms unless there is an emergency. 9-1-1 and the police will be notified. If you leave through the doors and set off the alarms, staff will not let you in until law enforcement completes a perimeter sweep to assure community safety.

Do not change or move bedrooms without permission from staff to do so.

## Client Rights

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:

144.651(Except Sub. 28 and 29) 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.

### Subd. 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 chapter [245G](#) or Minnesota Rules, parts [9530.6510](#) to [9530.6590](#).

**Subd. 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.

**Subd. 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.

**Subd. 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.

**Subd. 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.

**Subd. 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 other person designated by the patient or resident as a representative.

**Subd. 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 other person designated by the patient or resident as a representative.

**Subd. 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, the information shall be given to the patient's or resident's guardian or other 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.



**Subd. 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;
- (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.

**Subd. 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.

**Subd. 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.

**Subd. 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.

**Subd. 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.

**Subd. 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.

**Subd. 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.

**Subd. 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.

**Subd. 18. Responsive service.**

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

**Subd. 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.

**Subd. 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.

**Subd. 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 or advanced practice registered nurse 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 or advanced practice registered nurse 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.

**Subd. 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.

**Subd. 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.

**Subd. 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.

**Subd. 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.

**Subd. 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.

**Subd. 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.

**Subd. 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.

**Subd. 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.

**Subd. 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.

**Subd. 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.

#### **148F.165 CLIENT WELFARE.**

##### **Subdivision 1. Explanation of procedures.**

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

##### **Subd. 2. Client bill of rights.**

The client bill of rights required by section [144.652](#) shall be prominently displayed on the premises of the professional practice or provided as a handout to each client. The document must state that consumers of alcohol and drug counseling services have the right to:

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

##### **Subd. 3. Stereotyping.**

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

**Subd. 4. Misuse of client relationship.**

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

**Subd. 5. Exploitation of client.**

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

**Subd. 6. Sexual behavior with client.**

A provider shall not engage in any sexual behavior with a client including:

- (1) sexual contact, as defined in section [604.20, subdivision 7](#); or
- (2) any physical, verbal, written, interactive, or electronic communication, conduct, or act that may be reasonably interpreted to be sexually seductive, demeaning, or harassing to the client.

**Subd. 7. Sexual behavior with a former client.**

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

**Subd. 8. Preferences and options for treatment.**

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

**Subd. 9. Referrals.**

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

**253B.03 RIGHTS OF PATIENTS.**

**Subdivision 1. Restraints.**

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

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

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

**Subd. 1a.**

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

**Subd. 2. Correspondence.**

A patient has the right to correspond freely without censorship. The head of the treatment facility may restrict correspondence if the patient's medical welfare requires this restriction. For patients in regional treatment centers, that determination may be reviewed by the commissioner. Any limitation imposed on the exercise of a patient's correspondence rights

and the reason for it shall be made a part of the clinical record of the patient. Any communication which is not delivered to a patient shall be immediately returned to the sender.

**Subd. 3. Visitors and phone calls.**

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

**Subd. 4. Special visitation; religion.**

A patient has the right to meet with or call a personal physician, spiritual advisor, and counsel at all reasonable times. The patient has the right to continue the practice of religion.

**Subd. 4a. Disclosure of patient's admission.**

Upon admission to a 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 of the patient or resident, shall be given the opportunity to authorize disclosure of the patient's or resident's presence in the facility to callers and visitors who may seek to communicate with the patient or resident. To the extent possible, the legal guardian of a patient or resident shall consider the opinions of the patient or resident regarding the disclosure of the patient's or resident's presence in the facility.

**Subd. 5. Periodic assessment.**

A patient has the right to periodic medical assessment, including assessment of the medical necessity of continuing care and, if the treatment facility declines to provide continuing care, the right to receive specific written reasons why continuing care is declined at the time of the assessment. The treatment facility shall assess the physical and mental condition of every patient as frequently as necessary, but not less often than annually. If the patient refuses to be examined, the facility shall document in the patient's chart its attempts to examine the patient. If a person is committed as developmentally disabled for an indeterminate period of time, the three-year judicial review must include the annual reviews for each year as outlined in Minnesota Rules, part [9525.0075](#), subpart 6.

**Subd. 6. Consent for medical procedure.**

A patient has the right to prior consent to any medical or surgical treatment, other than treatment for chemical dependency or noninvasive treatment for mental illness.

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

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

(b) If the patient is subject to guardianship which includes the provision of medical care, the written, informed consent of the guardian for the treatment is sufficient.

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

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

(e) In the case of an emergency when the persons ordinarily qualified to give consent cannot be located, the head of the treatment facility may give consent.

No person who consents to treatment pursuant to the provisions of this subdivision shall be civilly or criminally liable for the performance or the manner of performing the treatment. No person shall be liable for performing treatment without consent if

written, informed consent was given pursuant to this subdivision. This provision shall not affect any other liability which may result from the manner in which the treatment is performed.

**Subd. 6a.**

MS 1990 [Renumbered subd 6c]

**Subd. 6a. Consent for treatment for developmental disability.**

A patient with a developmental disability, or the patient's guardian, has the right to give or withhold consent before:

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

**Subd. 6b. Consent for mental health treatment.**

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

**Subd. 6c.**

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

**Subd. 6d. Adult mental health treatment.**

(a) A competent adult may make a declaration of preferences or instructions regarding intrusive mental health treatment. These preferences or instructions may include, but are not limited to, consent to or refusal of these treatments.

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

(c) A declaration is effective only if it is signed by the declarant and two witnesses. The witnesses must include a statement that they believe the declarant understands the nature and significance of the declaration. A declaration becomes operative when it is delivered to the declarant's physician or other mental health treatment provider. The physician or provider must comply with it to the fullest extent possible, consistent with reasonable medical practice, the availability of treatments requested, and applicable law. The physician or provider shall continue to obtain the declarant's informed consent to all intrusive mental health treatment decisions if the declarant is capable of informed consent. A treatment provider may not require a person to make a declaration under this subdivision as a condition of receiving services.

(d) The physician or other provider shall make the declaration a part of the declarant's medical record. If the physician or other provider is unwilling at any time to comply with the declaration, the physician or provider must promptly notify the declarant and document the notification in the declarant's medical record. If the declarant has been committed as a patient under this chapter, the physician or provider may subject a declarant to intrusive treatment in a manner contrary to the declarant's expressed wishes, only upon order of the committing court. If the declarant is not a committed patient under this chapter, the physician or provider may subject the declarant to intrusive treatment in a manner contrary to the declarant's expressed wishes, only if the declarant is committed as mentally ill or mentally ill and dangerous to the public and a court order authorizing the treatment has been issued.

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

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



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

**Subd. 7. Program plan.**

A person receiving services under this chapter has the right to receive proper care and treatment, best adapted, according to contemporary professional standards, to rendering further supervision unnecessary. The treatment facility shall devise a written program plan for each person which describes in behavioral terms the case problems, the precise goals, including the expected period of time for treatment, and the specific measures to be employed. Each plan shall be reviewed at least quarterly to determine progress toward the goals, and to modify the program plan as necessary. The program plan shall be devised and reviewed with the designated agency and with the patient. The clinical record shall reflect the program plan review. If the designated agency or the patient does not participate in the planning and review, the clinical record shall include reasons for nonparticipation and the plans for future involvement. The commissioner shall monitor the program plan and review process for regional centers to insure compliance with the provisions of this subdivision.

**Subd. 8. Medical records.**

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

**Subd. 9.**

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

**Subd. 10. Notification.**

All persons admitted or committed to a treatment facility shall be notified in writing of their rights regarding hospitalization and other treatment at the time of admission. This notification must include:

- (1) patient rights specified in this section and section [144.651](#), including nursing home discharge rights;
- (2) the right to obtain treatment and services voluntarily under this chapter;
- (3) the right to voluntary admission and release under section [253B.04](#);
- (4) rights in case of an emergency admission under section [253B.05](#), including the right to documentation in support of an emergency hold and the right to a summary hearing before a judge if the patient believes an emergency hold is improper;
- (5) the right to request expedited review under section [62M.05](#) if additional days of inpatient stay are denied;
- (6) the right to continuing benefits pending appeal and to an expedited administrative hearing under section [256.045](#) if the patient is a recipient of medical assistance or MinnesotaCare; and
- (7) the right to an external appeal process under section [62Q.73](#), including the right to a second opinion.

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

## **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 Director of Treatment Services 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





## **Appendix A**

### **Pass Expectations**

Congratulations, you are at the point in your treatment experience that staff feel that you are able to enter the community outside of the facility by taking “passes”. In order for this experience to be successful, we ask that you follow the rules outlined:

- Only go to the locations that your pass has been approved for.
- You may only leave at the time approved on your pass.
- You must return by the time indicated and approved for on your pass.
- You must utilize the transportation outlined on your pass.
- You may not go on pass during programming hours.
- You must sign out at the front desk and sign in, when you leave the building.
- Remain law abiding.
- Follow all rules and expectations, including abstaining from all mood-altering substances. Do not utilize anything from the restricted items list.
- If you return with any purchased items, you will be asked to produce the receipt that you were given at time of purchase. We do this to limit shoplifting in the community.
- Your items, including your purse and other belongings, will be searched for restricted items upon return.
- Contact the Recovery Advocate department if anything goes wrong during your pass. The phone number to contact is 320-364-3022

## Appendix B

### RULES

pg. #

1.	Abstain from mood altering chemicals, including alcohol. Refusing a UA, or inability to produce in the time provided, will be treated as if it is a positive test result. Depending on severity, client may be discharged, or transferred to different level of care.	Individualized - possible DC	16
2.	Engaging in illegal activities, including stealing from other residents, shoplifting, and damaging property may result in discharge from the program and report to the sheriff department. (respect and safety)	Individualized - possible DC	22
3.	Refrain from physical violence, acts of aggression (posturing, assaults, threats) or intimidating behaviors and/or language, and this may result in discharge from the program and reported to the sheriff department. (safety)	20 and Individualized - possible DC	22
4.	All groups are confidential. Anyone's involvement in treatment is confidential. Do not disclose someone's treatment status or information to others. May be discharged. (respect and safety)	20 and Individualized - possible DC	22
5.	Clients are not permitted in other client's rooms. Only your children, 12 and under, are permitted in your room, other client's children are not permitted in your room. (safety)	2	23
6.	Follow all visiting rules. (See handout and Appendix A) (Safety and respect)	2	8-9, Appendix C
7.	Do not smoke in the building. Candles and incense are also not allowed. Do not tamper with, or hang anything, from smoke detectors or sprinklers. (safety)	20 and Individualized - possible DC	15-16
8.	Sexual contact, or inappropriate contact (massages, kissing, fondling) is not allowed between clients. No touching without permission from other clients. May be transferred to another facility, or depending on severity, discharged.	10 and Individualized - possible DC	22
9.	You must sign out at the front desk when you are leaving the building. You must sign in at the front desk when you return to the building. (safety)	5	Appendix A
10.	You must follow all pass expectations. (safety)	5, every 15 minutes late	Appendix A
11.	You must not have any restricted items in the building (See restricted items list). (safety)	5 for every item found	17-18
12.	You, and your children, must be in your bedroom by 10:00pm. (safety and respect)	3	6
13.	You cannot be in the facility with bare feet. Must wear some foot covering at all times. (safety)	2	17
14.	You can not be in the kitchen. (Staff/personnel only) (safety)	6	23
15.	Television, phones and computers may only be used during non-programming hours, unless given a staff exception. (safety and respect)	5	
16.	Must supervise your children at all times. Be within sight and sound of them. (safety)	5	6-8
17.	You may not supervise (babysit) other clients' children. (safety)	5	6-8
18.	Client's may not buy and sell items. (safety)	2	17
19.	Client's may not cut other client's, or other client's children's, hair. (safety)	2	17
20.	Personal music should not be heard in community areas. (Please use head phones, etc.) (respect)	1	18-19
21.	Beverages in a covered container are allowed outside the dining room. No food outside the dining room. Exception given for special events approved by staff only, or baby formula in rooms. (respect)	1	
22.	No outside toys (scooters, etc), or bikes inside the building - must remain outside.	1	20
23.	Do not leave personal items in the community areas, including bathrooms. Please take bathroom items back to your bedroom after use. Found items will be placed in a Lost and Found box. We are not responsible for these items.	1	
24.	Lights must remain on in the group rooms. Do not turn off lights in community areas. (safety)	1	23
25.	You must follow safe sleeping and safe bathing expectations. (safety)	Meet with Daycare Manager	7-8
28.	You may not change/move rooms or side of the room without permission. (respect)	10	23

29	You, and your children, must be clothed/dressed at all times, including when sleeping. (respect)	1	16
30	Only staff are allowed to open the doors for clients/and or visitors. Do not let visitors or clients into the building without staff permission.	20	23
31	Between 8pm and 6am are quiet hours, do not make loud noises, including vacuuming, at this time.	2	6
32	DO NOT SET OFF ALARMS ONCE THEY ARE SET.	9-1-1, police will be notified	23

RESPONSIBILITIES:

#	Description	Inspection Time (s)
1.	Attend all programming and appointments.	Everyday
2.	Keep your room clean. Participate in Room Inspections.	Everyday
3.	Take medications during specified med times, as assigned.	See Med Time Sheet.
4.	Complete House Chores as assigned.	Varies
5.	Completed any Healthy Habit Cards.	8am next day
6.	Pick your child up from daycare on time.	By 4:00pm for Medium Intensity and 4:30pm for High Intensity

\$1 Hope Cash per completed responsibility. Stamps received when responsibility completed  
 \$50 Hope Cash for a perfect week.

**Appendix C**  
Visitor Rules

Welcome to Recovering Hope Treatment Center. In order to facilitate a pleasant and enjoyable visitation experience, we ask that you respect the following rules:

- Must remain in the dining room at all times. In order to maintain the privacy for the other residents, we ask that you utilize our dining room for visits.
- Please use the designated visitor bathroom, only.
- You will not be able to smoke during your visit. We ask that you use any tobacco products prior to coming into our facility.
- You will not be able to come in and out during your visit due to the security measures we take checking individuals in.
- No pets may visit.
- If you appear impaired (drunk, high, intoxicated) during your visit, you will be asked to leave for at least 24 hours.
- You will be asked to sign a statement agreeing to protect the privacy of clients receiving services. If you recognize someone, you cannot tell others outside the facility that they are receiving treatment here. Client confidentiality is a FEDERAL LAW, and can be prosecuted and result in imprisonment and up to a \$10,000 fine.
- Do not engage in public displays of affection while visiting, including prolonged kissing, inappropriate touching, fondling, sitting on laps, etc. Do not enter the visitor bathroom with a client.
- No cell phones. We request you keep your cell phone in your vehicle. No pictures, no video or audio recordings. This is due to client confidentiality.
- Any items you want to give to the client must be searched by Recovering Hope staff prior to giving it to the client.
- You may not engage in abusive language or behaviors. Staff will call 9-1-1 if they observe violent or threatening behavior.
- Staff are considered Mandated Reporters according to the State of Minnesota. This requires staff to report any suspicion of child abuse or neglect, or abuse or neglect of vulnerable adults. Our clients, due to their participation in residential treatment, are all considered vulnerable adults.
- Do not bring prescription medications into the building (exceptions are inhalers and emergency medications such as nitroglycerine, epinephrine). If you have questions, please direct them to the staff onsite and we will assist you. Please ask before you enter the visiting area.
- Our facility has children and vulnerable onsite, therefore, we do not allow registered sex offenders in the facility.

By signing below, you attest that you are NOT A REGISTERED SEX OFFENDER, and agree to all the above visitor expectations.

Printed Name \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_



Visiting Hours are \_\_\_\_\_

Recovery Advocate direct line for questions: 320-364-3022 Client line number: 320-364-1304

## Appendix D

### Daily House Chores

Each Monday clients will be assigned a daily house chore that will become their responsibility to complete daily, through the following Sunday. New clients will not receive a chore until the Monday following their admission date. House chores are to be completed each day by 9 pm during non-programming hours, unless specified in the description of the house duty. Daily house duty number assignments will be posted on the chore board across from the client's cleaning supply closet, which will correlate with the client's room number. All supplies needed for completing the house duties can be found in that closet, with the exception of a mop. If your daily duty requires the use of a mop, please seek staff. The house duties are as follows:

1. Peer Leader\* - Adonis Blue
2. Peer Leader\* - Emerald
3. Peer Leader\* - Monarch
4. Peer Leader\* - American Lady
5. Peer Leader\* - Purple Sapphire
6. Peer Leader\* - Painted Beauty
7. Peer Leader\* - Queen
8. Vacuum A & B Hallway
9. Vacuum C Hallway
10. Vacuum D Hallway
11. Vacuum W Hallway
12. Vacuum residential front entrance & counselor hallway
13. Vacuum med line & smoking entryway
14. Vacuum Commons A
15. Vacuum Commons B
16. Vacuum Common C
17. Vacuum Commons D
18. Vacuum, pick up & take out garbage Group Room 3 (this room is very small, so this duty encompasses multiple tasks)
19. Vacuum Group Room 4
20. Vacuum Group Room 5
21. Pick up & take out garbage Commons A
22. Pick up & take out garbage Commons B
23. Pick up & take out garbage Commons C
24. Pick up & take out garbage Commons D
25. Pick up & take out garbage Group Room 4
26. Pick up & take out garbage Group Room 5
27. Sanitize tables/chairs/couches in Commons A
28. Sanitize tables/chairs/couches in Commons B
29. Sanitize tables/chairs/couches in Commons C
30. Sanitize tables/chairs/couches in Commons D
31. Sanitize tables/chairs/couches in Group Room 3
32. Sanitize tables/chairs/couches in Group Room 4
33. Sanitize tables/chairs/couches in Group Room 5
34. Sweep 1st half of the dining room including the grey tile floor (side closest to kitchen)
35. Sweep 2nd half of the dining room (side closest to water fountains)

36. Mop 1st half of the dining room (side closest to kitchen)
37. Mop 2nd half of dining room (side closest to water fountains)
38. Spot sweep after lunch **MEDIUM INTENSITY**
39. Sweep & mop (including shower floor) A Bathroom
40. Sweep & mop (including shower floor) B Bathroom
41. Sweep & mop (including shower floor) C Bathroom
42. Sweep & mop (including shower floor) D Bathroom
43. Sweep & mop (including shower floor) W Bathroom
44. Sweep & mop Main Laundry Room (down B Hallway)
45. Sweep & mop Small Laundry Room (down W Hallway)
46. Sweep & mop Phone/Computer Room
47. Wipe down tables after Lunch **MEDIUM INTENSITY**
48. Wipe down tables after Dinner
49. Wipe down tables after nighttime snack
50. Wipe down front counter in dining room (check after lunch, dinner, & nighttime snack) **MEDIUM INTENSITY**
51. Put up chairs after nighttime snack time
52. Bathroom A clean mirrors & sanitize sinks/counter
53. Bathroom B clean mirrors & sanitize sinks/counter
54. Bathroom C clean mirrors & sanitize sinks/counter
55. Bathroom D clean mirrors & sanitize sinks/counter
56. Bathroom W clean mirrors & sanitize sinks/counter
57. Take out garbage in A & B bathrooms
58. Take out garbage in C & D & W bathrooms
59. Clean smoking area (sanitize tables & empty cigarette butt containers)
60. Sanitize front lobby chairs & door handles
61. Sanitize vending machines & water fountains
62. Sanitize tubs & showers in A Bathroom
63. Sanitize tubs & showers in B Bathroom
64. Sanitize tubs & showers in C Bathroom
65. Sanitize tubs & showers in D Bathroom
66. Sanitize tubs & showers in W Bathroom
67. Sanitize door handles in W Hallway & the med bench
68. Sanitize door handles down C & D Hallway
69. Sanitize door handles down A, B & Counselor Hallway
70. Breakdown and take out cardboard
71. Wash windows in dining room
72. Sanitize toys in B commons (family commons)
73. Sanitize high chairs in the dining room
74. Wash windows/doors in client smoking entry

#### **\*Peer Leader**

If you have been chosen by the care team to be one of the Peer Leaders for the week, you will be given other responsibilities and therefore will not be completing a daily house chore. Your primary responsibility is to help new clients become familiar with our program. You will be informed and introduced to new clients as they arrive. You will be encouraged to help orient them to the facility by:

- Providing a tour of the facility
- Helping them find their way to groups

- Introducing the client to your small group
- Creating a positive environment
- Explaining activities offered on and offsite such as AA, CR, Shopping

