Recovering HOPE

CLIENT HANDBOOK

CO-OCCURRING OUTPATIENT SUBSTANCE USE DISORDER PROGRAMMING

Contents

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Welcome!

We understand that choosing our facility was a significant decision for you! Our mission at Recovering Hope is to empower individuals and families to achieve their goals, and this handbook has been created with you in mind. It serves as a guide to support you throughout your treatment process.

Overview

As an outpatient facility specializing in substance use and mental health, we provide a safe and nurturing environment to address these challenges. At Recovering Hope, you are not just a number; you are a unique individual with specific needs. Our dedicated professionals are committed to tailoring your treatment to meet those needs. We truly value your future and are here to help you accomplish the goals you have set for yourself. Our treatment program is designed to personalize your recovery plan, ensuring that you receive the support and care necessary for your success. We believe in equipping you with lasting coping skills, empowering you with confidence as you navigate your journey towards recovery. During your time at Recovering Hope, you will have the opportunity to explore and address the underlying issues related to your substance use and mental health.

Our Mission and Program Philosophy

Embracing Renewal, Empowering Futures:
Building Strong Foundations for Lasting Recovery

At Recovering Hope, our primary focus is to enhance your quality of life and overall well-being. We are dedicated to providing industry-leading treatment for substance use disorders and mental health concerns. Recognizing that each client is unique, we are committed to working with you to design a personalized treatment plan that aligns with your individual goals.

Goals and Objectives of the Outpatient Program

Our program aims to equip individuals with the knowledge, skills, and attitudes necessary for long-term recovery. Recovering Hope utilizes evidence-based practices such as cognitive behavioral therapy and motivational interviewing to assist you in understanding where you are in your change process, developing your personal concept of recovery, setting meaningful goals, and enhancing your overall quality of life. We firmly believe that individuals have the greatest opportunity for long-term recovery when they receive services and education in a safe and supportive environment.

Outpatient Services

Comprehensive Assessments

Recovering Hope Outpatient Services provides confidential and professional Comprehensive Assessments (also known as Substance Use Assessments) to help identify the appropriate level of care for individuals struggling with addiction. Recovering Hope Outpatient Service staff use diagnostic criteria from the Diagnostic and Statistical Manual of Mental Disorders - V (DSM-5) and American Society of Addiction Medicine (ASAM).

ASAM 2.1: Intensive Outpatient Services

Recovering Hope provides co-occurring intensive outpatient services (IOP) for all genders ages 18 and older. Telehealth and in person options are available.

Programming Includes:

- Comprehensive Assessment
- Diagnostic Assessment
- Individualized Treatment Plan
- 1 individual session per week
- 12 hours of group per week
- 16-week curriculum with individualized lengths of treatment

ASAM 1.0: Outpatient Services

Recovering Hope provides co-occurring outpatient services (OP) for all genders ages 18 and older. Telehealth and in person options are available.

Programming Includes:

- Comprehensive Assessment
- Diagnostic Assessment
- Individualized Treatment Plan
- Weekly individual sessions
- 1 individual session per week
- 6 hours of group
- 16-week curriculum with individualized lengths of treatment

Outpatient Mental Health Services

Recovering Hope offers a variety of outpatient mental health services that clients may participate in. These include:

- Diagnostic Assessments
- Individual Therapy
- Group Therapy
- Couples and Family Therapy
- Eye Movement Desensitization and Reprocessing Therapy (EMDR)
- ART
- Medication Management

	Outpatient Programming Schedule
9:00-9:50 am	**Morning Options: Telehealth and In Person**
10:00-10:50 am	ASAM 2.1 M-TH
11:00-11:50 am	ASAM 1.0 Group A M/W Group B T/TH
9:00-9:50 am	**Morning IOP+ M Telehealth Group**
10:00-10:50 am	ASAM 2.1 M-TH
11:00-11:50 am	ASAM 1.0 Group A M/W Group B T/TH
1:00-1:50 pm	**Afternoon Options: Telehealth**
2:00-2:50 pm	ASAM 2.1 M-TH
3:00-3:50 pm	ASAM 1.0 Group A M/W Group B T/TH
5:00-5:50 pm	**Evening Options: Telehealth and In Person**
6:00-6:50 pm	ASAM 2.1 M-TH
7:00-7:50 pm	ASAM 1.0 Group A M/W Group B T/TH

Programming is not currently offered on holidays.

Outpatient Service Descriptions

Individual Counseling Sessions
In your first individual counseling session, you will work with your counselor to complete an Individual Treatment Plan (ITP). This will be your template for your treatment goals and participation in services.

It is required that you engage in weekly individual counseling sessions with your assigned counselor. You must sign up for your one-on-one session every week. If you have an appointment that conflicts with your 1:1 time, you must advise Recovering Hope staff 24 hours prior to the appointment.

Group Outline and Topics:
Group is comprised of psychoeducation and processing. Each group begins with a check-in, process time, and psychoeducation is incorporated based on needs of the group. Curriculum from *Evidence Based Material is* used to guide psychoeducation and topics covered include: relapse prevention, the disease model of addiction, trauma, co-occurring disorders, relationships, early recovery, cross addiction, skills-based interventions, and more.

Mental Health Diagnostic Assessments:
Recovering Hope Treatment Center is a co-occurring facility, which means that we provide both substance use and mental health services. As such, it is our policy to provide Mental Health Diagnostic Assessments upon intake of every client. If you have completed a Diagnostic Assessment within the past six (6) months, please complete a Release of Information (ROI) for Recovering Hope to obtain this document. If you do not wish to complete a ROI or would like a new Mental Health Diagnostic Assessment completed, you will be scheduled with a mental health provider. Following your Mental Health Diagnostic Assessment, you will be provided with recommendations, which may include individual mental health therapy or group therapy.

While we highly recommend participating in the assessment process, you have the right to decline this service.

Rules and Client Responsibilities

Substance Use Disorder Treatment Attendance

It is important for your treatment to attend individual sessions and for the group dynamics to have consistent attendance in groups. If you are going to be late or absent from group or your individual session, you must contact your primary counselor. If you have three or more unexcused absences, you will be re-assessed to determine your current goals and motivation to continue with treatment. This could include an attendance contract, supportive persons meeting, transfer to a program you are more motivated to attend, or other interventions that may be appropriate to help you achieve your goals.

Excused Absences: medical emergencies, medical appointments that cannot be rescheduled, funeral/bereavement and/or court. Your counselor may ask that you provide documentation for these absences to be considered excused.

*** Please talk with your primary counselor if you know you will not be in group, and whether this absence would be considered excused or unexcused.*

Telehealth

If you are engaging in telehealth services through Recovering Hope Treatment Center, please Appendix C for the Telehealth Group Norms.

Types of Discharges

Individuals can end their involvement in treatment at Recovering Hope in one of four (4) ways: With Staff Approval (WSA), Against Staff Advise (ASA), At Staff Request (ASR), or be Therapeutically Transferred (TT). Below are general guidelines of how an individual complete the program in one of these ways but can be modified based on the individual client's needs. The appropriate type of discharge will be determined through consultation with the Outpatient Treatment Team.

With Staff Approval (WSA)/Completion of Goals

1. The client has successfully met majority of the goals in their individual treatment plan
2. The client has worked with the counseling to team develop a viable and supportive Continuing Care plan to Include specific appointments with specific providers within 30 days following discharge
3. The client has maintained their sobriety goals for most of the time they have been in the program.
4. The Treatment Team will collaborate with the client to identify expectations in the individual treatment plan which the client must achieve to complete the program With Staff Approval.
5. Consultation is required by three members of the clinical

6. The client is able to demonstrate they are involved in meaningful activity outside of the treatment program
7. The client is able to articulate how their symptoms progress, what to do in the event of recurrence of use, what the disease of addiction is, and general insight into their cycle of the disease.
8. The client has shown active engagement in the majority of their treatment for between 10-18 weeks.

Against Staff Advice (ASA)

1. The client contacts the counseling team to state they will no longer be participating in the program or they "no show" with no contact (3) three consecutive times, and do not respond to contact from staff, and do not follow plan to return; they have not met the majority of goals in their treatment plan and do not have a viable and supportive continuing care plan.
2. If the Treatment Director, Counselor and/or Mental Health Professional believe the client is at risk to harm self or others, they will follow the Emergency Behavioral Plan.
3. Clients will be provided with an opportunity to meet with staff to assess the needs of care and other resources.
4. If the client denies the opportunity to meet with staff, resources may be mailed to client at the last known address.

At Staff Request (ASR)

1. Clients who cannot, or will not, abide by program expectations regarding program participation even after an attempt to implement treatment interventions for behavioral modification or improved motivation to participate happens.
2. The client may be discharged from Outpatient Services if they are disruptive to others' treatment process, and interventions to address the disruptive behaviors are not effective.
3. Clients who demonstrate aggressive behavior towards children, peers or staff. Any client who threatens to assault anyone at Recovering Hope, physically assaults another client or staff, damages property, or is persistently verbally aggressive may be discharged and the Kanabec County Sheriff will be notified.
4. Recovering Hope staff confers with other interested person to review the issues involved in the decision is warranted.
5. Recovering Hope will document reasons for the discharge and alternatives considered and/ or attempted prior to discharge.
6. Recovering Hope staff will assist the client in finding appropriate referrals for recovery, including alternative treatment settings.
7. Clients who have behaviors that are consistently interfering with others' ability to receive treatment services.
8. Clients who are not agreeable to a therapeutic transfer to another facility, if it

has been determined by the Clinical Team that they need a higher level of care, different services than Recovering Hope provides, or different type of care.

9. Clients refuses to take necessary precautions to protect themselves from danger or whose presence might pose a danger to other clients.
10. Consultation is required by three members of the clinical team for decisions about discharging a client at staff request.

Therapeutic Transfer

1. Clients may be Therapeutically Transferred to another program for stabilization and/or additional treatment for the following reasons:
2. They express suicidal ideation and/or intent. Clients may be re-admitted following stabilization.
3. They cannot maintain sobriety (client goal) while in the program. In this event, it may be RHTC is not the most effective program for you, and we want you to try a program you might have better success in. This decision is made on a case-by-case basis in consultation with the Treatment Director and the Mental Health Professional.
4. The client is in need of medical treatment which is beyond the scope of practice of Recovering Hope. The client will be referred to a medical facility capable of admitting the client. Clients may be re-admitted following stabilization.
5. The Treatment Director, Counselor and/or Mental Health Professional will meet with the client, whenever possible, to develop a plan for transfer.

Tobacco
You are not allowed to smoke cigarettes, use electronic cigarettes or pipe, or chew tobacco inside the building at any time. Client smoking area is located to the West of the Outpatient entrance. Do not smoke in front of the Outpatient Entrance. Please use proper receptacles to dispose of your cigarette butts.

Drug and Alcohol Policy
Abstinence from all mood altering, non-prescription chemicals is a recommended goal of everyone attending group and individual program sessions or other activities. Should any person continue to use mood altering chemicals while in the program, they may work with their primary counselor on harm reduction strategies and/or be referred to a higher level of care. Possession and/or use of alcohol or other drugs (including over-the-counter medications and non-alcoholic beverages such as near beer) or drug paraphernalia is not permitted on grounds.

If you appear under the influence of drugs and/or alcohol, a conversation with your provider will occur. Upon the discretion of your provider and/or the clinical team, you may be asked to leave the facility. You will be expected to find transportation and will not be allowed to drive yourself while under the influence. If you chose to drive your vehicle while under the influence, we will notify law enforcement.

Urinalysis and/or breathalyzers are valuable tools to provide evidence of your ongoing sobriety and commitment to programming at RHTC. Clients participating in outpatient programming at RHTC will be required to submit samples for urinalysis and/or breathalyzers throughout their treatment stay. Upon each arrival to programming, clients will be expected to check in at the front desk and inquire whether they have been selected for a urine screen. Clients will be expected to provide samples for urinalysis on breaks and not during programming hours. Staff reserve the right to request a urine sample if concerns arise. Refusal to provide a sample or inability to provide a sample will be considered a positive urinalysis.

For clients participating via telehealth, urine screening will be determined based on proximity to the facility, transportation, and third-party involvement prior to admission into the outpatient program. Clients participating in programming via telehealth will have 48 hours to provide a sample in the facility for urinalysis. Clients residing more than 60 miles from the facility will be admitted to the program contingent on their ability to work with third parties (e.g. CPS, probation, health care professionals, etc.) to provide results of urine screens completed regularly.

Child Care
If you have children, you will be expected to find appropriate childcare during your scheduled group and individual sessions. Typically, children are not allowed in the group setting. If you are unable to find childcare, please discuss with your primary counselor about an appropriate plan.

Boundaries with other Group Members
Clients are encouraged to develop lasting and healthy connections with other members of the group in order to grow their sober support network. In order to keep a strong sober support network, clients are encouraged to practice good boundaries and keep the nature of the relationship with one another as sober support. Therefore, clients are encouraged not to engage in romantic or sexual relationships with other group members.

Group members who are in relationships (familial, employment, romantic, sexual) should disclose the nature of their relationship to the group facilitator, and the facilitator will schedule both clients into separate groups and different counselors as available.

Cell Phones
Please keep your cell phone turned off and put away during group and individual sessions. This is to preserve privacy of the group process and maintain the confidentiality of others in the group. Additionally, it promotes an environment of safety.

Photography
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. Upon intake, admission staff will take your photo to include in your medical record. There are also cameras throughout the facility and within groups rooms. Further information on this can be found in the informed consent section in the Client Intake Packet. Clients will always be informed when they are being taped or photographed. No unauthorized photos will be taken.

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

Pets
Pets are not allowed on RHTC property.

Violence or Threats of Violence
Verbal threats, physical assault, and weapons are not permitted and may be grounds for immediate discharge from the program, and law enforcement contact. We highly value the safety of our clients, their families/concerned persons, and our staff.

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

Clients 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. The attached document explains your right as a client at RHTC. Also, as a client in a chemical dependency treatment program in Minnesota, you have the following rights **(Appendix A).**

Client Confidentiality

Recovering Hope seeks to abide strictly with all applicable confidentiality regulations, including Federal T.H. 42, Chapter 1, Part 2, "Confidentiality of Alcohol and Drug Abuse Patient Records" and any applicable sections of M.S. 15-1642, "Data Privacy Act". 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, or exceptions permitted by law.

We also expect you to also 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. Please do not disclose anything that is said in group to anyone who is not in your group.

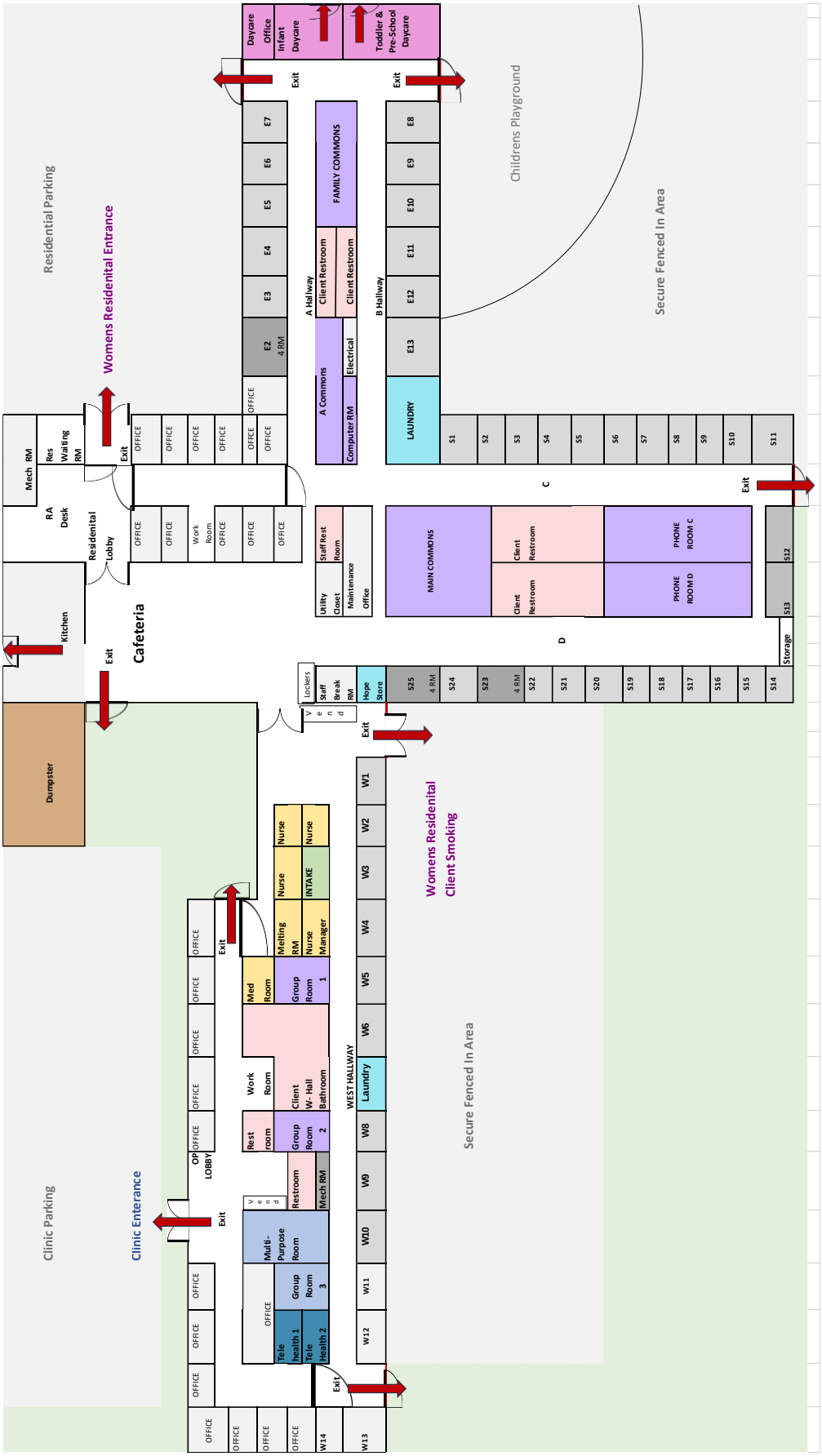
Recovering Hope is in a small community, you may see other clients or staff out in the community. Be mindful of confidentiality in the community and be aware that staff will not approach you unless you acknowledge them.

All staff are 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 that a report was made. (**Appendix B)**

Release of Information (ROI)

It is recommended that you complete a Release of Information (ROI) for any important persons involved in your treatment and/or mental health journey. These releases are often recommended for Probation Officers, County Workers, Emergency Contacts, and any other provider that are currently involved in your care. An ROI is the "written consent" that allows staff to communicate with someone various details about your treatment. You may elect to sign an ROI for someone so we could communicate, and the following are examples of reasons people often sign an ROI to be used for: communicate with Probation program participation, communication of urinalysis results, communication about progress in treatment plans, scheduling family sessions and education, referring a client for medical appointments, and transferring to a different care setting.

Emergency Procedure



Grievance Procedure

Grievance forms (Appendix B) will be provided to you upon admission and can be requested at any time from a staff member. Any grievance from a client will be processed by the following procedure:

Grievance forms can be submitted to the Treatment Director who will respond to your grievance within three (3) 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. **(Appendix C)**

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 Tel: (651) 431-6500
Minnesota Board of Behavioral Health and Therapy 335 Randolph Avenue, Suite 290 St. Paul, MN 55102 Tel: (651) 201-2756	Minnesota Board of Medical Practice 2829 University Ave. SE, Suite 400 Minneapolis, MN 55414-3246 Tel: (612) 617-2130 Fax: 612-617-2166

Additional Information

Client Portal

Recovering Hope provides access to appointments and documents through our client portal. You can also view your scheduled appointments and any financial statements. If you would like information on how to setup and access your client portal, please speak with the front desk.

Transportation

Transportation services may be available to you via Recovering Hope Treatment Center, Timber Trails, or your insurance company. For additional information, please speak with a receptionist.

Insurance Information

If you have any questions about your insurance coverage for services provided at RHTC, please speak with reception.

Legal Involvement

If you are involved with the legal system, it is most helpful for you and all parties involved to have an open line of communication. Please make sure to have a valid Release of Information to allow contact with any outside parties. This will ensure that we provide only the information that you want us to provide about your services at RHTC. It is important to know that there are limits to your confidentiality, including if your provider is subpoenaed to court. In this instance, there are legal obligations that your provider must uphold that supersedes your client confidentiality. Please talk with your provider if you believe this may apply to you.

Appendices

Appendix A

Clients Bill of 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 another 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 another 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 another person designated by the patient or resident as a representative. Individuals have the right to refuse this information.

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

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.

Sudbd. 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 nonintrusive 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

Appendix B

Program Abuse Prevention Plan

I. POPULATION

Recovering Hope Treatment Center provides services for persons who have been diagnosed with mild to severe substance use disorder according to the Diagnostic and Statistical Manual of the American Psychological Association. All clients are 18 years old or older. Recovering Hope has the capacity to hold 108 clients. Some client's may be court ordered to complete treatment for one for more substance use disorders. Many clients are also being treated for co-occurring mental health issues including, but not limited to: depression, anxiety, post-traumatic stress disorders, attention deficit disorder and obsessive-compulsive disorder.

Clients may take medication prescribed by a medical doctor or nurse practitioner while receiving services at Recovering Hope Residential Program. Clients are expected to report all medications prescribed by and are encouraged to sign a consent for release of information to, all health care providers. Clients may be referred to a psychiatrist for medication evaluation while participating in Recovering Hope services. Clients may be referred to a Mental Health Professional if they meet criteria for the referral or make request to their counselor. The primary substance dependency counselors are responsible for ongoing contact with outside professionals who are working with Recovering Hope Clients if the client has signed an appropriate consent for release of information.

All clients who enter Recovering Hope have completed an intake interview with a Recovering Hope staff or have had an outside assessment reviewed by Recovering Hope staff and are determined to be appropriate for the residential program. This assessment process is separate from any outside interviews or assessments to determine level of care and funding approval. The purpose of the assessment is to identify areas including, but not limited to: age, sex, mental functioning, physical and emotional health and the behavioral history of the client. In terms of client vulnerabilities, at intake, the following areas have been identified as being particular concern:

1. ***Age***: Clients must be 18 years old or older. Clients' children onsite for residential services range from 0 to 5 years of age for residential services. Protective measures for children onsite include:
    A. A requirement that a supervision adult is within sight or hearing of children at all times.
    B. Parents are oriented to supervision expectations and behavioral guidance before a child is admitted to the program and weekly thereafter.
    C. Before a child is allowed to live in the facility, staff must complete and document and assessment of the parent's capacity to meet the health and safety needs of the child, including identifying times when the parent may be unable to adequately care for their child due to:
        I. The parent's physical or mental health;
        II. The parent being under the influence of drugs, alcohol, medications, or other substances;
        III. The parents being unable to provide appropriate supervision for the child; or
        IV. Other information available that indicates the parent may not be able to adequately care for the child. If the treatment team determines a parent is unable to adequately care for their child before admission to the program, a treatment team member will notify the referent and develop and alternative plan for the client and/or the child.
        V. Before a child is allowed to live in the facility, the staff will provide education to the parent regarding safe bathing and reducing the risk of sudden unexpected infant death and abusive head trauma from shaken infants and young children. Specifically, the education will include:
            - A child or infant 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; and

- Risk factors related to sudden unexpected infant death and abusive heath trauma from shaking infants and young children, and means of reducing the risk, and the dangers of co-sleeping.

VI. Staff will document the parent's receipt of the education in the parents' file.
- Documentations will indicate whether the parent agrees to comply with the safeguards.
- If the parent refuses to comply, staff will provide additional education to the parent at appropriate intervals, at least weekly for the duration of the parent's participation in the program or until the parent agrees to comply with the safeguards. Staff may not allow child to reside onsite until parent complies with the safeguards.

2. ***Gender:***

A. Residential services will serve women. Children may be boys or girls.
B. Outpatient services will serve any individual regardless of gender.
C. Staff will respect gender identity and gender expression for all clients and children.
D. Clients will be provided education regarding gender identity and gender expression.
E. Children will be encouraged to play with toys of their choosing without regard to gender.

3. ***Intellectual Functioning***: Recovering Hope's Program is designed for persons with average to above average intellectual functioning. However, the staff recognizes some clients may struggle with reading, writing and understanding concepts related to substance use disorders and recovery. Programming will be adjusted for these client's as follows:

A. The treatment team will develop a plan in consultation with the client to allow for alternative learning styles including:
   I. Allowing additional time to facilitate understanding.
   II. Simplifying assignments to increase opportunities for success.

4. ***Substance Use Disorder***: All clients at Recovering Hope Residential have abused mood-altering substances and/or are considered to have a moderate to severe substance use disorder and all clients at Recovering Hope Outpatient Services have abused mood- altering substances and/ or considered to have mild to severe substance use disorders for these reasons, protective measures include the following:

Dimension	High	Medium	Low
I	0 to 2	0 to 1	0
II	0 to 2	0 to 1	0
III	2 to 3	0 to 2	1
IV	2 to 4	2 to 3	1 to 4
V	2 to 4	2 to 3	1 to 4
VI	3 to 4	2 to 3	1 to 4
Recommendations for level of care are based on the Minnesota Matrix Model. Care recommendations for lodging services will be determined by clinical care team. Additional factors include client's parental engagement (if she has children in the facility or is working towards reunification). Level of care will also be determined based on the number of dimensions with high severity.			

Dimension	Intensive Outpatient	Outpatient	Relapse Prevention or MAT Recovery
I	0 to 2	0 to 1	0
II	0 to 2	0 to 1	0

III	2 to 3	0 to 2	1
IV	2 to 4	2 to 3	1 to 3
V	2 to 4	2 to 3	1 to 3
VI	3 to 4	2 to 3	1 to 3
Recommendations for level of care are based on the Minnesota Matrix Model. Care recommendations for lodging services will be determined by clinical care team. Additional factors include client's parental engagement (if she has children in the facility or is working towards reunification). Level of care will also be determined based on the number of dimensions with high severity.			

5. ***Reoccurrence of use:*** If a client has a reoccurrence of use with mood-altering substances while an active participant in the program, the counselor will consult with the multi-disciplinary team to determine and appropriate course of action which may include:
    A. Reviewing and revising the client's treatment plan to address attitudes, behaviors, thinking processes and mental health challenges which may lead to the relapse.
    B. An increase in support services, including mentoring by persons who support sobriety.
    C. Referral to a psychiatrist or psychiatric nurse practitioner for medication evaluation.
    D. Multi-disciplinary team will determine client's eligibility to remain in programming or transfer to another similar program for care.
6. ***History of Abuse:*** Clients will be screened for a history of emotional, physical and/or sexual trauma prior to and following admission to the program.

A. The treatment team recognizes that not all clients will remember or report traumatic experiences before or during treatment.

B. Clients may or may not want to address trauma while in treatment. The treatment team will respect each client's decision and will provide appropriate referral to a mental health professional to address trauma.

C. The treatment team will work within a trauma-informed approach with all clients and their children, regardless of their reported history.

7. ***Aggressive Behavior:*** If a client exhibits aggressive behavior on the premises, the following steps will be followed.
    A. If necessary, staff will contact the Kanabec Sherriff's Office via 911 to intervene or remover the client from the premises.
    B. If the client acknowledges a history aggressive or violent behavior prior to admission, an individual prevention plan is developed at intake. The plan may include a no-harm to other contract with a commitment to talk with the counselor, treatment director or mental health professional if s/he thinks s/he is at risk for hurting someone else.
    C. A client who threatens to assault anyone at Recovering Hope, physically assaults another client or staff, damages property, or is persistently verbally aggressive may be discharged.
8. ***Co-Occurring Mental Illness:*** All clients will be screened for co-occurring mental health systems using the Global Assessment of Individual Needs- Short Screener (GAIN-SS) during the Comprehensive Assessment.
    A. Clients who endorse Moderate to High symptoms of the GAIN_SS will be encouraged meet with the Mental Health Professional to complete a diagnostic assessment and work to develop a treatment plan to stabilize mental health symptoms.
    B. Counselors will adapt program materials to accommodate individuals with mental health problems and facilitate successful treatment outcomes.

9. ***Self-Abusive/Suicidal Behavior:*** If a client expresses suicidal ideation, the following steps will be taken:
    A. If the client acknowledges a history of suicidal behavior prior to admission, an individual prevention plan is developed at intake. The plan may include a no-harm contract with a commitment to talk with the counselor, treatment director or mental health professional as needed.

B. The counselor and/or mental health professional will talk with the client determine if an actual plan has been formulated and the accessibility of the method. If the plan does not appear to be imminent, staff will set up a contract with the client and take whatever steps are necessary to prevent possible implementation of the plan. A note will be entered in the client's file. After further review, other steps may be taken.
C. The On- Call Counselor will be verbally notified of the client's intent if non-clinical staff is not onsite. A note will be entered in the client's file. After further review, other steps may be taken.
D. If the client appears to be intent about inflicting serious harm to self, or if the client appears ambivalent, the counselor will make agreements for the client to be assessed by a psychiatrist or psychiatric nurse practitioner. The evaluation will be obtained as soon as possible. The client ay be transported to the Welia Emergency Room by safe transport (e.g., ambulance) rather than trying to arrange for an assessment.

10. ***Anti-Social Behavior:*** Recovering Hope is designed to teach people how to interact appropriately in a supportive recovery environment. Clients are expected to respect the safe and each other in language, actions and dress. If the staff or clients feel unsafe because a client is threating to hurt someone either physically or emotionally, the staff will take steps to insure the sagely of everyone in the facility.
11. ***Sexual Behavior:*** Some clients have been sexually abused and may be vulnerable to further abuse or inappropriate sexual contact. Some clients have struggled with sexually compulsive behavior. Clients are discouraging from engaging in sexual contact or sexually charged contact with one another while in the program.
    A. If a client engages in sexual charged behaviors or sexual contact with another client, counseling staff will determine if one or more of the client's is particularly vulnerable to abuse and will develop and/ or modify the individual abuse prevention plans accordingly. If counseling staff determines, one of more of the client's is particularly vulnerable, a MARRC report may be made.
    B. If a client is determined to be a sexual predator, the treatment director or designated staff, in consultation with the mental health processional, will put preventive measures in place which would include referral to another treatment program.
12. ***Pregnant Women:*** The clinical staff will develop a specific treatment plan goals for pregnant client to include:
    A. Education about the effects of alcohol and other substances on the developing fetus,
    B. An expectation that the client will seek routine medical care, and
    C. Stress the importance of obtaining from alcohol and other substances for the duration of the pregnancy.
13. ***Physical Health Challenges and Physical Disabilities:*** Clients with physical disabilities and physical health challenges may request reasonable accommodations that will enable them better access to treatment services. The counselor and/or Treatment Director will ask clients if they have any specific needs or requests for accommodations.
14. ***Eating Disorders:*** Clients with a history of an eating disorder will agree to refrain from binging, purging and using laxatives while in the program. Clients with active eating disorders may be referred to outside resources or utilize inhouse resources for more specific support and counseling as needed.
15. ***Learning Disabilities:*** Clients who have learning disabilities will work with the counselor to develop an individualized plan that provides appropriate alternatives to reading, writing or other presentation styles.
16. ***Control and Discipline of Clients:*** Clients who have difficulty following directions and are disruptive to other clients will be redirected by staff. If this is not successful, the counselor will respectfully ask the client to leave the area. Recovering Hope does not use physical restraints, mechanical physical restraint devices or substance restraints. If a client need restrains, the counselor will call 911 for assistance.
17. ***Bloodborne Pathogens (HIV/AIDS/Hepatitis B):*** Recovering Hope has its own policies for Bloodborne pathogens and HIV/AIDS. Specifics for staff and clients are covered in each policy. Universal Precautions will be followed in the handling of potentially infectious bodily fluids. The first aid kit is equipped with

plastic gloves. Biohazard containers are also located throughout the facility. Potentially infectious material spills will be cleaned according to established policies.

II. POPULATION

1. ***Children:*** Children of any gender ages infant to 5 years old. To protect the health and wellbeing of the children and monitor appropriate interactions between Mother, children, family, friends of the client, and staff members the following abuse prevention plan will be in place prior to opening. The program shall train staff in appropriate interventions between clients and their children and any other visiting persons. The staff will be trained in recognizing a need for intervention and how to take the steps towards appropriate redirection of behaviors in behavioral training. The Daycare Manager, Sr. Director of Residential Services and Medical Professional shall create an ongoing training program to implement staff skills in, but not limited to:

A. Assertive communication
B. Guidance in age-appropriate communication
C. Guidance in reward and praise of positive behaviors
D. Redirecting negative behaviors
E. Facility Rule compliance
F. Completing activities of daily living
G. Hourly night time room checks with documentation. Redirecting any infants not sleeping on their backs. Checking for any extra items in cribs. Making sure the child is not sleeping with mother.
H. Treatment schedule compliance
I. Emotional support from mother as needed and/or redirected to appropriate mental health professionals.
J. Maintain appropriate boundaries with personal information
K. Assistance with making any appointments that enable timeliness in access to health care
L. Communicating the treatment team on a weekly basis. Analyzing the behaviors and interactions and appropriate treatment plan adjustments will be followed up biweekly.

Safety in the facility will also be addressed by implementing the following:

a. Appropriate furnishings such as cribs approved by state licensing mandates
b. Cleaning, unbroken toys and other items children will have access to
c. Access to lounge areas for free play, movie time, etc. while not in daycare, meal times, or room times.
d. All furnishing such as shelves in lounges will be securely fastened to the wall to prevent accidents.
e. Windows and doors will be locked to prevent safety issues in this area.
f. Children attending daycare at the facility will be checked in and out of daycare by the Daycare Manager or teacher in the: morning and the end of the treatment day.

IV. ENVIRONMENT

Recovering Hope residential and outpatient program is located in a mixed agricultural and residential area near the end of Rowland Road in Mora, Minnesota. A large parking lot separates the building from Rowland Road on the north side of the property. The children's play area on the east and southside of the building is fenced and securely locked at all times.

1. Clients are not permitted to leave the grounds without an approved pass. Staff persons who accompany clients and their children on outings/passes carry a cell phone for emergency situations.
2. Clients with inhalers or allergies are expected to carry inhalers or epinephrine pens when they leave the facility.

3. Clients are permitted to be outdoors, on the property without staff supervision.
4. Restrictions for permissions may be implemented to enhance client safety.

V. STAFFING PATTERNS

Recovering Hope program staff consists of Executive Director (Treatment Director), Sr. Director of Treatment Services Residential, Outpatient Manger, Residential Counseling Manger, Registered Nurse, Medical staff, Admissions Manager, Admission staff, Daycare Manager, Daycare staff, Telehealth Professionals, Alcohol & Drug Counselor, Mental Health Professionals, Recovery Advocates.

1. Program Staff includes Executive Director (Treatment Director), Sr. Director of Treatment Services Residential, Outpatient Manger, Residential Counseling Manger, Registered Nurse, Medical staff, Admissions Manager, Admission staff, Daycare Manager, Daycare staff, Telehealth Professionals, Alcohol & Drug Counselor, Mental Health Professionals, Residential Advocates.
2. An individual may be simultaneously employed as a treatment director, clinical director, and an alcohol and drug counselor if the individual meets the qualifications for each position.
3. At least one qualified professional is present during all programming hours including intake, assessment and treatment planning appointments for residential and outpatient services.
4. At least one Recovery Advocate is present during all hours of operation whenever clients are present in the building. A minimum of one staff member will be present for every 50 adult clients during non-programming hours and one staff member for every 80 adult clients during overnight hours.
5. Typical staffing patterns included one to ten alcohol and drug counselors and one to six administrations during all regular business hours and one to six Recovery Advocates on any shift and any day, including holidays.
6. All staff will be oriented to the vulnerable adult abuse prevention policies and procedures.
7. Residential Group sizes are maintained at one counselor or mental health professional per 48 clients for psychoeducational group and 16 or fewer clients for process group.
8. Outpatient Group sizes are maintained at one counselor or mental health professional to 16 or fewer clients.
9. At least 25 percent of a counselor's scheduled work hours will be allocated to indirect services, including documentation of client services, coordination of services with others, treatment team meetings, and other duties.
10. If an alcohol and drug counselor is simultaneously and alcohol and drug counselor, supervisor or treatment director, that individual is considered a 0.5 full-time equivalent alcohol and drug counselor for purpose of meeting the staffing requirements.
11. The treatment director will designate a Responsible Staff Person for each shift of the 24 hours of the facility's daily operation. The designated staff person will know and understand the implications of Minnesota Statutes 245A.65, 626.556, 626.557, and 626.5572.
12. When clients are present, there will be at least one staff person on the premises who has a current American Red Cross (or equivalent) first aid certificate, Red Cross community or American Heart Association, or equivalent CPR certificate. One person with both certificates satisfies this requirement.
13. During program hours for substance use outpatient programming, at least two staff will be present, one of these staff members must be a licensed professional. The non-licensed professional may be crossover staff with residential recovery advocates.
14. Parents are responsible for requesting staff care for their children during individual counseling sessions and when the parent must go off-site for a treatment related appointment.
15. Childcare providers (staff and volunteers) will care for children according to the following ratio:

Adult Caregivers	Infants	Toddlers	Preschoolers
2	<2	3	4
3	<2	5	6

4	<3	6	8
5	<4	8	10

The ratio of adult caregivers to children must be at least 1 adult to 6 children and no more than two of the children can be infants.

V. PHYSICAL PLANT

Recovering Hope residential program and outpatient is housed in a one-level building. The building footprint is a T-shape:

1. The North Wing of the T is the administrative and cafeteria wing.
2. The South Wing includes 22 bedrooms in the outer perimeter with bathrooms and two large commons areas in the middle.
3. The East Wing includes 12 bedrooms on the northern and southern perimeters with a single commons area and shared bathrooms in Recovering Hope. The childcare center is located at the east end of the building and is composed of two rooms, restrooms specific to the childcare center are located in each of the rooms.
4. The West wing contains two small conference rooms, five group rooms, one multi-purpose room, 11 bedrooms, one shared bathroom, 11 offices, one medical room, two public restrooms and two storage rooms.
5. Outpatient Services is located in the West Wing and separated from the residential building by keyed doors on each end of the outpatient hallway. The Outpatient program contains 11 offices, a lobby, multi-purpose room, two public restrooms, and two group rooms,
6. The Central areas of the building include a mechanical room, a commons area and two additional offices.
7. The entire building is accessible to persons with physical disabilities, including wheelchairs.
8. No major problems are noted in an assessment of the physical plant. Hallways are a minimum of 6 feet wide throughout the building. Some corridors are not easily viewing from adjacent hallways and convex mirrors are installed to assist staff with supervising these areas. The following guidelines are followed to ensure safety of clients and staff:
9. All entry doors, group rooms, offices, bedrooms, bathrooms and restrooms are large enough to accommodate wheelchairs.
10. The only public entrance to the building is located at the northeast side of the building. The front door is locked and monitored by staff all hours including weekends.
11. Staff monitor all areas of the building during the day. All doors are locked to prevent entry from the outside at all times. exit doors are locked but not alarmed, at all times.
12. All hallways and entrances, exits are monitored by security cameras 24/7. Areas that are not monitored by cameras and areas that are difficult to supervise will be supervised by staff 24/7 on a rotating basis.
13. Hazardous items and combustibles are stored in locked closets/cabinets when not in use.
14. Fire Extinguishers: Located in corridors by the office and bedrooms, in the childcare center, commons areas and kitchen.
15. Snow Removal: Because of the local climate, the grounds surrounding the building may be snow covered and slippery during winter months. The parking lot, entrances and the childcare area are cleared of snow and ice as needed. Sand and salt are liberally applied to walking surfaces near building entrances/exits.
16. Clients with specific disabilities or vulnerabilities are encouraged to follow their individualized prevention plans.
17. In case of fire, clients may exit the building via the nearest emergency exit and congregate in the north end of the parking lot. Clients are orientated to fire emergency procedures at admission and weekly thereafter.
18. Staff compete a quarterly site review noting any areas of concerns or changes in the physical environment which may impact clients.

VI. PROGRAMMING

Recovering Hope offers education, counseling and therapeutic support for substance dependency and mental health needs. Education and counseling/therapy sessions are provided by licensed staff for a minimum of 5 hours weekly for low intensity residential, 15 hours weekly for medium intensity residential and 30 hours weekly for high intensity residential; 9 hours weekly for intensive outpatient services, 6 hours weekly for outpatient services, three hours week for relapse prevention and medication assisted recovery group; these hours include small process group, psychoeducational group and one individual counseling session weekly if determined by their treatment plan. Depending upon their individual level of programming, clients are expected to be engaged in a combination of on-site programming, and/or off-site education, volunteer work or employment.

VII. CLIENT CARE POLICIES:

1. ***Admission policies***: Clients are carefully screened to comply with admission policies.
2. ***Orientation:***
    A. Clients will be given a tour of the facility upon admission. Staff will explain the location of restrooms, offices, common area and group rooms. Staff will also orient the client to emergency exits, fire extinguishers and smoking areas.
    B. Staff will explain program expectations around group attendance and participation along with possible reasons for discharge and/or referral to a different level of care.
    C. All clients are given an opportunity for orientation to the program abuse prevention plan within 24 hours of admission.
    D. Staff will review the Consent to Treatment for all clients before the client is admitted to the program. Each client will initial the items and sign the form signifying understanding of the conditions of admission. The conditions of Admission include an authorization to notify the Department of Human Services or Minnesota Adult Abuse Reporting Center to report abuse or neglect.

VIII. PERSONAL POLICIES:

1. ***Recruitment and selection***: Employees are interviewed, and references checked before hiring. The Treatment Director will conduct background studies on all potential employees according to Minnesota Statue ***245C.02***
2. ***Orientation:*** The first week of employment at Recovering Hope for all new employees includes an orientation to the requirements of Minnesota Statue employees includes an orientation to the requirements of Minnesota Statue employees includes an orientation to the requirements of Minnesota Statue 626.557, all internal policies and procedures related to vulnerable adults and Recovering Hope's vulnerable adult prevention plan. This orientation is documented on the new employee's orientation checklist.
3. ***Training:*** The program shall provide annual in- service training for all employees to review the following:
    A. Minnesota Statue 626.557
    B. Client confidentiality
    C. HIV minimum standards
    D. Recovering Hope Code of Conduct
    E. Recovering Hope Therapeutic Boundaries
    F. Reporting of Prenatal Exposure to Controlled Substances
    G. Emergency Procedures
    H. Medication Administration
    I. Mental Health Behaviors and Issues Associated with Medications
    J. CPR, First Aid, "SIDS"
    K. The program will maintain an information file for each person (other than employees) currently providing services in the program. This includes interns, volunteers, consultants and

maintenance workers. The information file will include the background study clearance report for the commissioner. All personnel files will be kept and maintained in the Director of Operations office.

X. PLAN REVIEW AND DISTRIBUTION

The Management Team will review the Program Abuse Prevention Plan annually along with substantiated maltreatment findings that have occurred since the last review. The Management Team will revise the plan, if necessary, to reflect needed changes as a result of the review.

Plan Distribution: a copy of this plan is posted in the lobby and in each common area. Copies are available for review by clients, client representative and mandated reports upon request.
Recovering Hope Maltreatment of Vulnerable Adults Mandatory Reporting Policy is posted in the lobby and each commons area, Copies are available for review by clients, client representatives and mandated reports upon request.

XI. INDIVIDUAL ABUSE & NEGLECT PREVENTION PLANS

Counselors will develop an individual abuse and neglect prevention plan for each client within the first 24 hours following admission to the residential program and on the first session for intensity outpatient services. Counselors will develop an individual abuse and neglect prevention plan for those identified upon service initiation. The Counselor who completes the assessment and plan with the client shall assess and identify the specific measures which will be taken to minimize to risk of abuse and neglect to the client. If there is only a remote susceptibility for abuse or neglect the conclusion and Basis for it will be documented in the Individual Abuse Prevention Plan.
Plan Review: The plan is reviewed periodically throughout each client's treatment.
Client Participation: The client completed the assessment with the counselor during the intake process. The counselor will develop a plan for each question with an affirmative answer. The client ill review and sign the plan after it is competed

Appendix C

HIPAA Notice of Privacy Practices Omnibus Rule

Facility: Recovering Hope Treatment Center

Address: 2031 Rowland Road, Mora, MN 55051

This notice describes how medical information about you may be used and disclosed and how you can get access to this information under the HIPAA Omnibus Rule of 2013.

For purposes of this Notice "us" "we" and "our" refers to the Name of this Healthcare Facility: Recovering Hope Treatment Center and "you" or "your" refers to our patients (or their legal representatives as determined by us in accordance with state informed consent law). When you receive healthcare services from us, we will obtain access to your medical information (i.e. your health history). We are committed to maintaining the privacy of your health information and we have implemented numerous procedures to ensure that we do so.

The Federal Health Insurance Portability & Accountability Act of 2013, HIPAA Omnibus Rule, (formally HIPAA 1996 & HI TECH of 2004) require us to maintain the confidentiality of all your healthcare records and other identifiable patient health information (PHI) used by or disclosed to us in any form, whether electronic, on paper, or spoken. HIPAA is a Federal Law that gives you significant new rights to understand and control how your health information is used. Federal HIPAA Omnibus Rule and state law provide penalties for covered entities, business associates, and their subcontractors and records owners, respectively that misuse or improperly disclose PHI.

Starting April 14, 2003, HIPAA requires us to provide you with the Notice of our legal duties and the privacy practices we are required to follow when you first come into our office for health-care services. If you have any questions about this Notice, please ask to speak to our HIPAA Privacy Officer.

Our staff, business associates (outside contractors we hire), their subcontractors and other involved parties follow the policies and procedures set forth in this Notice. If at this facility, your primary provider is unavailable to assist you (i.e. illness, on-call coverage, vacation, etc.), we may provide you with the name of another provider outside our practice for you to consult with. If we do so, that provider will follow the policies and procedures set forth in this Notice or those established for his or her practice, so long as they substantially conform to those for our practice.

Our Rules on How We May Use and Disclose Your Protected Health Information

Under the law, we must have your signature on a written, dated Consent Form and/or an Authorization Form of Acknowledgement of this Notice, before we will use or disclose your PHI for certain purposes as detailed in the rules below.

Documentation
You will be asked to sign an Authorization / Acknowledgement form when you receive this Notice of Privacy Practices. If you did not sign such a form or need a copy of the one you signed, please contact our Privacy Officer. You may take back or revoke your consent or authorization at any time (unless we already have acted based on it) by submitting our Revocation Form in writing to us at our address listed above. Your revocation will take effect when we actually receive it. We cannot give it retroactive effect, so it will not affect any use or disclosure that occurred in our reliance on your Consent or Authorization prior to revocation (i.e., if after we provide services to you, you revoke your authorization / acknowledgement in order to prevent us billing or collecting for those services, your revocation will have no effect because we relied on your authorization/ acknowledgement to provide services before you revoked it).

General Rule
If you do not sign our authorization/ acknowledgement form or if you revoke it, as a general rule (subject to exceptions described below under "Healthcare Treatment, Payment and Operations Rule" and "Special Rules"), we cannot in any manner use or disclose to anyone (excluding you, but including payers and Business Associates) your PHI or any other information in your medical record. By law, we are unable to submit claims to payers under assignment of benefits without your signature on our authorization/ acknowledgement form. You will however be able to restrict disclosures to your insurance carrier for services for which you wish to pay "out of pocket" under the new Omnibus Rule. We will not condition treatment on you signing an authorization / acknowledgement, but we may be forced to decline you as a new patient or discontinue you as an active patient if you choose not to sign the authorization/ acknowledgement or revoke it.

Healthcare Treatment, Payment and Operations Rule

With your signed consent, we may use or disclose your PHI in order:

- To provide you with or coordinate healthcare treatment and services. For example, we may review your health history form to form a diagnosis and treatment plan, consult with other providers about your care, delegate tasks to ancillary staff, call in prescriptions to your pharmacy, disclose needed information to your family or others so they may assist you with home care, arrange appointments with other healthcare providers, schedule lab work for you, etc.
- To bill or collect payment from you, an insurance company, a managed-care organization, a health benefits plan or another third party. For example, we may need to verify your insurance coverage, submit your PHI on claim forms in order to get reimbursed for our services, obtain pre-treatment estimates or prior authorizations from your health plan or provide your x-rays because your health plan requires them for payment; Remember, you will be able to restrict disclosures to your insurance carrier for services for which you wish to pay "out of pocket" under this new Omnibus Rule.
- To run our office, assess the quality of care our patients receive and provide you with customer service. For example, to improve efficiency and reduce costs associated with missed appointments, we may contact you by telephone, mail or otherwise remind you of scheduled appointments, we may leave messages with whomever answers your telephone or email to contact us (but we will not give out detailed PHI), we may call you by name from the waiting room, we may ask you to put your name on a sign-in sheet, (we will cover your name just after checking you in), we may tell you about or recommend health-related products and complementary or alternative treatments that may interest you, we may review your PHI to evaluate our staff's performance, or our Privacy Officer may review your records to assist you with complaints. If you prefer that we not contact you with appointment reminders or information about treatment alternatives or health-related products and services, please notify us in writing at our address listed above and we will not use or disclose your PHI for these purposes.
- New HIPAA Omnibus Rule does not require that we provide the above notice regarding Appointment Reminders, Treatment Information or Health Benefits, but we are including these as a courtesy so you understand our business practices with regards to your (PHI) protected health information.

Additionally, you should be made aware of these protection laws on your behalf, under the new HIPAA Omnibus Rule:

- That **Health Insurance plans** that underwrite cannot use or disclose genetic information for underwriting purposes (this excludes certain long-term care plans). Health plans that post their NOPPs on their web sites must post these Omnibus Rule changes on their sites by the effective date of the Omnibus Rule, as well as notify you by US Mail by the Omnibus Rules effective date. Plans that do not post their NOPPs on their Web sites must provide you information about Omnibus Rule changes within 60 days of these federal revisions.
- **Psychotherapy Notes** maintained by a healthcare provider, must state in their NOPPs that they can allow "use and disclosure" of such notes only with your written authorization.

Special Rules

Notwithstanding anything else contained in this Notice, only in accordance with applicable HIPAA Omnibus Rule, and under strictly limited circumstances, we may use or disclose your PHI without your permission, consent or authorization for the following purposes:

- When required under federal, state or local law
- When necessary, in emergencies to prevent a serious threat to your health and safety or the health and safety of other persons
- When necessary for public health reasons (i.e., prevention or control of disease, injury or disability, reporting information such as adverse reactions to anesthesia, ineffective or dangerous medications or products, suspected abuse, neglect or exploitation of children, disabled adults or the elderly, or domestic violence)
- For federal or state government health-care oversight activities (i.e. civil rights laws, fraud and abuse investigations, audits, investigations, inspections, licensure or permitting, government programs, etc.)
- For judicial and administrative proceedings and law enforcement purposes (i.e. in response to a warrant, subpoena or court order, by providing PHI to coroners, medical examiners and funeral directors to locate missing persons, identify deceased persons or determine cause of death)
- For Worker's Compensation purposes (i.e., we may disclose your PHI if you have claimed health benefits for a work-related injury or illness)
- For intelligence, counterintelligence or other national security purposes (i.e., Veterans Affairs, U.S. military command, other government authorities or foreign military authorities may require us to release PHI about you)
- For organ and tissue donation (i.e., if you are an organ donor, we may release your PHI to organizations that handle organ, eye or tissue procurement, donation and transplantation)
- For research projects approved by an Institutional Review Board or a privacy board to ensure confidentiality (i.e., if the

researcher will have access to your PHI because involved in your clinical care, we will ask you to sign an authorization)

- To create a collection of information that is "de-identified" (i.e., it does not personally identify you by name, distinguishing marks or otherwise and no longer can be connected to you)
- To family members, friends and others, but only if you are present and verbally give permission. We give you an opportunity to object and if you do not, we reasonably assume, based on our professional judgment and the surrounding circumstances, that you do not object (i.e. you bring someone with you into the operatory or exam room during treatment or into the conference area when we are discussing your PHI); we reasonably infer that it is in your best interest (i.e. to allow someone to pick up your records because they knew you were our patient and you asked them in writing with your signature to do so); or it is an emergency situation involving you or another person (i.e. your minor child or ward) and, respectively, you cannot consent to your care because you are incapable of doing so or you cannot consent to the other person's care because, after a reasonable attempt, we have been unable to locate you. In these emergency situations we may, based on our professional judgment and the surrounding circumstances, determine that disclosure is in the best interests of you or the other person, in which case we will disclose PHI, but only as it pertains to the care being provided and we will notify you of the disclosure as soon as possible after the care is completed. **As per HIPAA law 164.512(j) (i)… (A) Is necessary to prevent or lessen a serious or imminent threat to the health and safety of a person or the public and (B) Is to person or persons reasonably able to prevent or lessen that threat.**

Minimum Necessary Rule

Our staff will not use or access your PHI unless it is necessary to do their jobs (i.e. staff uninvolved in your care will not access your PHI; ancillary clinical staff caring for you will not access your billing information; billing staff will not access your PHI except as needed to complete the claim form for the latest visit; janitorial staff will not access your PHI). All of our team members are trained in HIPAA Privacy rules and sign strict Confidentiality Contracts with regards to protecting and keeping private your PHI. So do our Business Associates and their Subcontractors. Know that your PHI is protected several layers deep with regards to our business relations. Also, we disclose to others outside our staff, only as much of your PHI as is necessary to accomplish the recipient's lawful purposes. Still in certain cases, we may use and disclose the entire contents of your medical record:

- To you (and your legal representatives as stated above) and anyone else you list on a Consent or Authorization to receive a copy of your records
- To healthcare providers for treatment purposes (i.e., making diagnosis and treatment decisions or agreeing with prior recommendations in the medical record)
- To the U.S. Department of Health and Human Services (i.e., in connection with a HIPAA complaint)
- To others as required under federal or state law
- To our privacy officer and others as necessary to resolve your complaint or accomplish your request under HIPAA (i.e., clerks who copy records need access to your entire medical record)

In accordance with HIPAA law, we presume that requests for disclosure of PHI from another Covered Entity (as defined in HIPAA) are for the minimum necessary amount of PHI to accomplish the requestor's purpose. Our Privacy Officer will individually review unusual or non-recurring requests for PHI to determine the minimum necessary amount of PHI and disclose only that. For non-routine requests or disclosures, our Privacy Officer will make a minimum necessary determination based on, but not limited to, the following factors:

- The amount of information being disclosed
- The number of individuals or entities to whom the information is being disclosed
- The importance of the use or disclosure
- The likelihood of further disclosure
- Whether the same result could be achieved with de-identified information
- The technology available to protect confidentiality of the information
- The cost to implement administrative, technical and security procedures to protect confidentiality

If we believe that a request from others for disclosure of your entire medical record is unnecessary, we will ask the requestor to document why this is needed, retain that documentation and make it available to you upon request.

Incidental Disclosure Rule

We will take reasonable administrative, technical and security safeguards to ensure the privacy of your PHI when we use or disclose it (i.e. we shred all paper containing PHI, require employees to speak with privacy precautions when discussing PHI with you, we use computer passwords and change them periodically (i.e. when an employee leaves us), we use firewall and router protection to the federal standard, we back up our PHI data off-site and encrypted to federal standard, we do not allow unauthorized access to areas where PHI is stored or filed and/or we have any unsupervised business associates sign Business Associate Confidentiality Agreements).

However, in the event that there is a breach in protecting your PHI, we will follow Federal Guide Lines to HIPAA Omnibus Rule Standard to first evaluate the breach situation using the Omnibus Rule, 4-Factor Formula for Breach Assessment. Then we will document the situation, retain copies of the situation on file, and report all breaches (other than low probability as prescribed by the Omnibus Rule) to the US Department of Health and Human Services at:
http://www.hhs.gov/ocr/privacy/hipaa/administrative/breachnotificationrule/brinstruction.html

We will also make proper notification to you and any other parties of significance as required by HIPAA Law.

Business Associate Rule
Business Associates are defined as: an entity, (non-employee) that in the course of their work will directly / indirectly use, transmit, view, transport, hear, interpret, process or offer PHI for this Facility.

Business Associates and other third parties (if any) that receive your PHI from us will be prohibited from re-disclosing it unless required to do so by law or you give prior express written consent to the re-disclosure. Nothing in our Business Associate agreement will allow our Business Associate to violate this re-disclosure prohibition. Under Omnibus Rule, Business Associates will sign a strict confidentiality agreement binding them to keep your PHI protected and report any compromise of such information to us, you and the United States Department of Health and Human Services, as well as other required entities. Our Business Associates will also follow Omnibus Rule and have any of their Subcontractors that may directly or indirectly have contact with your PHI, sign Confidentiality Agreements to Federal Omnibus Standard.

Super-Confidential Information Rule
If we have PHI about you regarding communicable diseases, disease testing, alcohol or substance abuse diagnosis and treatment, or psychotherapy and mental health records (super-confidential information under the law), we will not disclose it under the General or Healthcare Treatment, Payment and Operations Rules (see above) without your first signing and properly completing our Consent form (i.e. you specifically must initial the type of super-confidential information we are allowed to disclose). If you do not specifically authorize disclosure by initialing the super-confidential information, we will not disclose it unless authorized under the Special Rules (see above) (i.e. we are required by law to disclose it). If we disclose super-confidential information (either because you have initialed the consent form or the Special Rules authorizing us to do so), we will comply with state and federal law that requires us to warn the recipient in writing that re-disclosure is prohibited.

Changes to Privacy Policies Rule
We reserve the right to change our privacy practices (by changing the terms of this Notice) at any time as authorized by law. The changes will be effective immediately upon us making them. They will apply to all PHI we create or receive in the future, as well as to all PHI created or received by us in the past (i.e. to PHI about you that we had before the changes took effect). If we make changes, we will post the changed Notice, along with its effective date, in our office and on our website. Also, upon request, you will be given a copy of our current Notice.

Authorization Rule
We will not use or disclose your PHI for any purpose or to any person other than as stated in the rules above without your signature on our specifically worded, written Authorization / Acknowledgement Form (not a Consent or an Acknowledgement). If we need your Authorization, we must obtain it via a specific Authorization Form, which may be separate from any Authorization / Acknowledgement we may have obtained from you. We will not condition your treatment here on whether you sign the Authorization (or not).

Marketing and Fund-Raising Rules

Limitations on the disclosure of PHI regarding Remuneration
The disclosure or sale of your PHI without authorization is prohibited. Under the new HIPAA Omnibus Rule, this would exclude disclosures for public health purposes, for treatment / payment for healthcare, for the sale, transfer, merger, or consolidation of all or part of this facility and for related due diligence, to any of our Business Associates, in connection with the business associate's performance of activities for this facility, to a patient or beneficiary upon request, and as required by law. In addition, the disclosure of your PHI for research purposes or for any other purpose permitted by HIPAA will not be considered a prohibited disclosure if the only reimbursement received is “a reasonable, cost-based fee” to cover the cost to prepare and transmit your PHI which would be expressly permitted by law. Notably, under the Omnibus Rule, an authorization to disclose PHI must state that the disclosure will result in remuneration to the Covered Entity. Notwithstanding the changes in the Omnibus Rule, the

disclosure of limited data sets (a form of PHI with a number of identifiers removed in accordance with specific HIPAA requirements) for remuneration pursuant to existing agreements is permissible until September 22, 2014, so long as the agreement is not modified within one year before that date.

Limitation on the Use of PHI for Paid Marketing
We will, in accordance with Federal and State Laws, obtain your written authorization to use or disclose your PHI for marketing purposes, (i.e.: to use your photo in ads) but not for activities that constitute treatment or healthcare operations. To clarify, ***Marketing*** is defined by HIPAA's Omnibus Rule, as "a communication about a product or service that encourages recipients . . . to purchase or use the product or service." Under the Omnibus Rule, we will obtain a written authorization from you prior to recommending you to an alternative therapist, or non-associated Healthcare Covered Entity.

Under Omnibus Rule we will obtain your written authorization prior to using your PHI or making any treatment or healthcare recommendations, should financial remuneration for making the communication be involved from a third party whose product or service we might promote (i.e.: businesses offering this facility incentives to promote their products or services to you). This will also apply to our Business Associate who may receive such remuneration for making a treatment or healthcare recommendations to you. All such recommendations will be limited without your expressed written permission.

We must clarify to you that financial remuneration does not include "as in-kind payments" and payments for a purpose to implement a disease management program. Any promotional gifts of nominal value are not subject to the authorization requirement, and we will abide by the set terms of the law to accept or reject these.

The only exclusion to this would include: "refill reminders", so long as the remuneration for making such a communication is "reasonably related to our cost" for making such a communication. In accordance with law, this facility and our Business Associates will only ever seek reimbursement from you for permissible costs that include: labor, supplies, and postage. Please note that "generic equivalents", "adherence to take medication as directed" and "self-administered drug or delivery system communications" are all considered to be "refill reminders."

Face-to-face marketing communications, such as sharing with you, a written product brochure or pamphlet, is permissible under current HIPAA Law.

Flexibility on the Use of PHI for Fundraising
Under the HIPAA Omnibus Rule use of PHI is more flexible and does not require your authorization should we choose to include you in any fund-raising efforts attempted at this facility. However, we will offer the opportunity for you to "opt out" of receiving future fundraising communications. Simply let us know that you want to "opt out" of such situations. There will be a statement on your ***HIPAA Patient Acknowledgement Form*** where you can choose to "opt out". Our commitment to care and treat you will in no way effect your decision to participate or not participate in our fund-raising efforts.

Improvements to Requirements for Authorizations Related to Research
Under HIPAA Omnibus Rule, we may seek authorizations from you for the use of your PHI for future research. However, we would have to make clear what those uses are in detail.

Also, if we request of you a compound authorization with regards to research, this facility would clarify that when a compound authorization is used, and research-related treatment is conditioned upon your authorization, the compound authorization will differentiate between the conditioned and unconditioned components.

<u>Your Rights Regarding Your Protected Health Information</u>

If you got this Notice via email or website, you have the right to get, at any time, a paper copy by asking our Privacy Officer. Also, you have the following additional rights regarding PHI we maintain about you:

To Inspect and Copy
You have the right to see and get a copy of your PHI including, but not limited to, medical and billing records by submitting a written request to our Privacy Officer. Original records will not leave the premises, will be available for inspection only during our regular business hours, and only if our Privacy Officer is present at all times. You may ask us to give you the copies in a format other than photocopies (and we will do so unless we determine that it is impractical) or ask us to prepare a summary in lieu of the copies. We may charge you a fee not to exceed state law to recover our costs (including postage, supplies, and staff time as applicable, but excluding staff time for search and retrieval) to duplicate or summarize your PHI. We will not condition release of the copies on summary of payment of your outstanding balance for professional services if you have one). We will comply

with Federal Law to provide your PHI in an electronic format within the 30 days, to Federal specification, when you provide us with proper written request. Paper copy will also be made available. We will respond to requests in a timely manner, without delay for legal review, or, in less than thirty days if submitted in writing, and in ten business days or less if malpractice litigation or pre-suit production is involved. We may deny your request in certain limited circumstances (i.e. we do not have the PHI, it came from a confidential source, etc.). If we deny your request, you may ask for a review of that decision. If required by law, we will select a licensed health-care professional (other than the person who denied your request initially) to review the denial and we will follow his or her decision. If we select a licensed healthcare professional who is not affiliated with us, we will ensure a Business Associate Agreement is executed that prevents re-disclosure of your PHI without your consent by that outside professional.

To Request Amendment / Correction

If another provider involved in your care tells us in writing to change your PHI, we will do so as expeditiously as possible upon receipt of the changes and will send you written confirmation that we have made the changes. If you think PHI we have about you is incorrect, or that something important is missing from your records, you may ask us to amend or correct it (so long as we have it) by submitting a "**Request for Amendment / Correction"** form to our Privacy Officer. We will act on your request within 30 days from receipt but we may extend our response time (within the 30-day period) no more than once and by no more than 30 days, or as per Federal Law allowances, in which case we will notify you in writing why and when we will be able to respond. If we grant your request, we will let you know within five business days, make the changes by noting (not deleting) what is incorrect or incomplete and adding to it the changed language, and send the changes within 5 business days to persons you ask us to and persons we know may rely on incorrect or incomplete PHI to your detriment (or already have). We may deny your request under certain circumstances (i.e. it is not in writing, it does not give a reason why you want the change, we did not create the PHI you want changed (and the entity that did can be contacted), it was compiled for use in litigation, or we determine it is accurate and complete). If we deny your request, we will (in writing within 5 business days) tell you why and how to file a complaint with us if you disagree, that you may submit a written disagreement with our denial (and we may submit a written rebuttal and give you a copy of it), that you may ask us to disclose your initial request and our denial when we make future disclosure of PHI pertaining to your request, and that you may complain to us and the U.S. Department of Health and Human Services.

To an Accounting of Disclosures

You may ask us for a list of those who got your PHI from us by submitting a "**Request for Accounting of Disclosures**" form to us. The list will not cover some disclosures (i.e., PHI given to you, given to your legal representative, given to others for treatment, payment or health-care-operations purposes). Your request must state in what form you want the list (i.e., paper or electronically) and the time period you want us to cover, which may be up to but not more than the last six years (excluding dates before April 14, 2003). If you ask us for this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee to respond, in which case we will tell you the cost before we incur it and let you choose if you want to withdraw or modify your request to avoid the cost.

To Request Restrictions

You may ask us to limit how your PHI is used and disclosed (i.e., in addition to our rules as set forth in this Notice) by submitting a written "**Request for Restrictions on Use, Disclosure**" form to us (i.e. you may not want us to disclose your surgery to family members or friends involved in paying for our services or providing your home care). If we agree to these additional limitations, we will follow them except in an emergency where we will not have time to check for limitations. Also, in some circumstances we may be unable to grant your request (i.e., we are required by law to use or disclose your PHI in a manner that you want restricted, you signed an Authorization Form, which you may revoke, that allows us to use or disclose your PHI in the manner you want restricted; in an emergency).

To Request Alternative Communications

You may ask us to communicate with you in a different way or at a different place by submitting a written "**Request for Alternative Communication**" Form to us. We will not ask you why and we will accommodate all reasonable requests (which may include: to send appointment reminders in closed envelopes rather than by postcards, to send your PHI to a post office box instead of your home address, to communicate with you at a telephone number other than your home number). You must tell us the alternative means or location you want us to use and explain to our satisfaction how payment to us will be made if we communicate with you as you request.

To Complain or Get More Information

We will follow our rules as set forth in this Notice. If you want more information or if you believe your privacy rights have been violated (i.e., you disagree with a decision of ours about inspection/copying, amendment/correction, accounting of disclosures, restrictions or alternative communications), we want to make it right. We never will penalize you for filing a complaint. To do

so, please file a formal, written complaint within 180 days with:

The U.S. Department of Health & Human Services
Office of Civil Rights
200 Independence Ave., S.W.
Washington, DC 20201
877.696.6775

Or, submit a written Complaint form to us at the following address:

Our Privacy Officer: Sadie, MA LADC, LPCC
Executive Director
2031 Rowland Road
Mora, MN 55051
320-364-1300 | sadie@recoveringhope.life

You may get your "**HIPAA Complaint"** form by calling our privacy officer.

These privacy practices are in accordance with the original HIPAA enforcement effective April 14, 2003, and undated to Omnibus Rule effective March 26, 2013 and will remain in effect until we replace them as specified by Federal and/or State Law.

Optional Rules for Notice of Privacy Practices

Inactive Patient Records
We will retain your records for seven years from your last treatment or examination, at which point you will become an inactive patient in our practice and we may destroy your records at that time. We will do so only in accordance with the law (i.e., in a confidential manner, with a Business Associate Agreement prohibiting re-disclosure if necessary).

Collections
If we use or disclose your PHI for collections purposes, we will do so only in accordance with the law.

Appendix E

Recovering Hope Client Grievance Form

Complete the top portion of this form and give to Treatment Director or appointed designee.

Client Name:	Date:
Describe the Complaint:	
Client Signature:	Date:
The Treatment Director will respond 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.	

***** Client Stop Here*****

Designee Interventions:	
Follow-Up:	
Designee Signature:	Date:

Additional Comments:

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
Phone: (651) 201-4200

Minnesota Board of Behavioral Health and Therapy
335 Randolph Avenue, Suite 290
St. Paul, MN 55102
Tel: (651) 201-2756

The Office of Ombudsman for Mental Health and Developmental Disabilities
121 7th Place East
Suite 420, Metro Square Building
Saint Paul, MN 55101- 2117
Phone: 651-757-1800 or 1-800-657-3506
Fax: 651-797-1950

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

Minnesota Board of Medical Practice
335 Randolph Avenue, Suite 140
St. Paul, MN 55102
Phone: 612- 617-2130
Fax: 612-617-2166

Minnesota Board of Nursing
1210 Northland Drive, Suite 120
Mendota Heights, MN 55120
Phone: 612-317-3000
Fax: 651-688-1841

Appendix F

Telehealth Group Norms

1. Join Zoom 5 minutes prior to group so group can start on time. If you are more than 10 minutes late, you will need to wait until the break to join group.
2. Provide the group facilitator with your location through the chat feature of Zoom at the start of group. If your location changes, please inform the facilitator.
3. To participate in group, you must have a private space without others present. We ask that your space be quiet with limited distractions and background noise.
4. Your camera must be on and you must be visible at all times with the exception of breaks.
5. Please be fully clothed.
6. Speak respectfully to one another and about others.
7. Avoid interrupting others and cross-talk.
8. Be mindful of nonverbal communication and body language.
9. Use "I" statements when providing feedback and share how you can relate.
10. Avoid giving others advice.
11. Cell phones must be on silent and put away. If you are expecting an urgent call, please let the group facilitator know at the start of group.
12. It is the expectation that group is the focus of your attention. You cannot work, shop, drive, text, check emails, watch tv/movies, etc. during group time.
13. Do not smoke, eat, or engage in distracting behaviors during group.
14. If you leave the group at any point after it has started, you may have to wait until the break to re-join.
15. **Confidentiality:** Do not discuss identifying information about peers or what peers have shared outside of group. Essentially, *what is said in group stays in group.*
16. Attendance of programming is an expectation of the program. All appointments and work must be scheduled outside of programming hours.

17. 17. You may not be driving or in a moving vehicle during group or individual sessions. You may be in a parked vehicle with no one else in the vehicle with you.