
CLIENT HANDBOOK

CO-OCCURRING WOMENS RESIDENTIAL SUBSTANCE USE DISORDER TREATMENT



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www.recoveringhope.life

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Welcome to Recovering Hope Treatment Center!

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

Overview

At Recovering Hope, we are a residential co-occurring treatment facility that provides a secure environment for you to confront substance use and mental health challenges. We value you as an individual, and our approach to treatment reflects this by tailoring our innovative co-occurring treatment program to meet your specific needs. Our goal is to help you develop lasting coping skills, leading to confidence and self-worth as you transition back into the community.

Throughout your stay, you will participate in individual sessions, psychoeducational groups, and process groups that focus on identifying and exploring issues related to substance use and mental health. We also prioritize keeping you connected with your child(ren) while remaining focused on your recovery journey.

We believe that family involvement is crucial in the healing process, which is why we include families in various aspects of treatment planning, continuing care planning, and individual family sessions. Weekly family group sessions are also offered on Tuesdays from 5 pm to 6 pm.

As you progress through our program, we will help you build vocational skills, search for jobs, and connect with outside services to ensure a stable future upon leaving our facility. Our goal is to help you succeed in treatment and in life.

For clients with medical concerns, we will manage and address them on-site or refer you to Welia hospital on an as-needed basis. Clients struggling with psychiatric/mental health concerns will receive access to medication management and onsite individual psychotherapy or referrals to the outside community. Medication management may also be offered via telehealth. If your health requirements cannot be met on campus, Recovering Hope will provide collaborative care with emergency, urgency, and referral services at an appropriate facility. Non-essential medical appointments will be scheduled once you have reached medium intensity level of programming.

We allow the administration of benzodiazepines, sedative hypnotics, stimulants, and gabapentin as prescribed. Pure opioid agonists must be administered as prescribed and limited to less than two weeks in duration. We do not allow medical marijuana and methadone.

During the comprehensive diagnostic evaluation, we will address your past mental health issues, past psychiatric hospitalizations, and past psychiatric medications. We will also discuss your current mental health symptoms and recommend evidence-based treatment strategies to manage those symptoms. Upon review of all gathered information, a mental health diagnosis may be made, and psychotropic medication may be recommended.

Recovering Hope Staff

Our team of highly experienced Licensed Alcohol and Drug Counselors are dedicated to delivering evidence-based treatment practices tailored to each individual client. We recognize the importance of a team approach in achieving sustainable recovery, which is why we work closely with our clients to create customized treatment plans that address their unique needs.

Our medical team consists of Registered Nurses, Licensed Practical Nurses, and Medication Technicians who work collaboratively to provide comprehensive medical and psychiatric care during your stay at our facility. We also work closely with your substance use counselors, therapists, and Residential advocates to ensure that your treatment is holistic and personalized.

You will have access to a psychotherapist who is a licensed mental health practitioner, such as an LPCC, LPC, LMFT, LICSW, or PsyD, as needed based on your individual needs. We understand the importance of continued care and may recommend working with mental health therapists post-discharge as part of your continuing care plan.

Our Residential advocates are available on-site 24/7 to support and guide you through your daily routine, provide accountability, and help maintain a safe community for recovery.

What To Expect

Upon arrival, you will undergo an intake process that includes an assessment by our intake and medical staff. Your belongings will be searched, and your room will be prepared to accommodate you and your child. Recovering Hope provides cribs, baby monitors, and rocking chairs, and you can bring other baby accessories to meet your parenting needs. If you would like to use a bassinet, you will need to provide a doctor's note.

Within the first 24 hours of your arrival, you will have an introductory meeting and assessment with your counselor. For the first 72 hours of your stay, you will be restricted to campus to ensure that our nursing staff can monitor you for any medical or mental health concerns.

You will receive an initial treatment plan to get you started, and a master treatment plan will be provided within 10 days. This plan can be adjusted throughout your treatment to address any emerging concerns.

It is normal to experience a range of emotions during the first few days of treatment, such as fear, guilt, anger, shame, and resentment. Our staff is here to help you identify and process these emotions throughout your treatment journey. For some of you, this may be your first-time seeking treatment, and the admission process can be overwhelming for you and your family. But we want you to know that being here is a significant step towards a new and healthy life for you and those who care about you.

Levels of Care

Your treatment program is divided into levels; residential high intensity and residential medium intensity. It is possible to be referred to non-residential (outpatient) treatment at Recovering Hope after completing residential if you choose.

High Intensity Residential Level of Care

In High Intensity Residential, we conduct thorough physical, psychological, and social assessments to determine your specific needs. The program typically lasts for about 30 days before transitioning to Medium Intensity Residential. Our staff will assess your progress weekly to determine if you are ready to step down to a lower level of care.

To ensure readiness for transition, our staff will look for behaviors such as:

- A willingness to fully engage in treatment, including attending all programming
- Consistent sobriety demonstrated through negative urinalysis screens and no recurrence of substance use
- Proficiency in managing emotions and distress
- Contributing to the community by being a positive peer leader and fulfilling responsibilities
- Active participation in groups, including completing assignments and homework
- Timely and consistent adherence to prescribed medications and attending all recommended medical appointments
- Compliance with any probation or child protection requirements, if applicable.

We want to support you in your journey towards sustained recovery and ask that you actively participate in your treatment program to achieve the best results.

Medium Residential Intensity Level of Care

Once you have completed the expectations of high intensity residential care, you will transition into the medium residential intensity program, where intensive group therapy will be the primary focus. You will be required to attend all medium residential intensity programming as per your schedule, and in case of missing a group, you will be required to attend makeup programming.

At this level of treatment, you will have the flexibility to start seeking volunteer opportunities or employment to reintegrate into the community. You may request passes and use the Workforce Center. Pass privileges will begin with shorter passes in the community and transition into longer passes. Please note that clients are responsible for their transportation, and full-day passes are a privilege that requires responsibility to be shown to earn them.

To step down from the medium intensity level of care, you must fulfill the following requirements:

- Find verified volunteer work/employment or other meaningful activity outside of the treatment setting.
- Complete the goals on your treatment plan as determined in collaboration with your counselor.
- Demonstrate peer leadership.
- Use relapse prevention skills, as evidenced by the ability to maintain sobriety and negative urinalysis results.
- Establish a continuing care plan with your counselor, including housing and outpatient services, and be in the last few weeks of programming.
- Follow expectations of the facility.
- Follow through with all medical appointments, legal obligations, and recommendations from staff.
- Meet parenting behavioral expectations.
- Demonstrate interpersonal effectiveness and distress tolerance skills, as evidenced by the ability to regulate emotions with peers and staff, decreased impulsivity, and ability to make choices that demonstrate safety and respect.

Services Provided

Group and Individual Counseling

Maintaining confidentiality is crucial in all group, individual counseling sessions, and meetings. We expect all clients to respect the privacy of others and keep the information discussed within these sessions confidential.

You are here to have a positive experience that will help you improve the quality of your life. If you have any questions regarding the program, please do not hesitate to ask a counselor, Residential advocate, or senior peer for assistance.

We encourage you to use your time here to grow and make progress. The more you invest in your program, the more you will benefit from it. Our team is dedicated to supporting you throughout your journey, and we are here to help you every step of the way.

Programming

In order to fully participate in our program, it is mandatory for all clients to attend all scheduled programming for each level. Leaving the group during programming is not allowed unless approved by your counselor or nursing staff. You will receive a schedule of group times upon admission which you should keep with you at all times.

To ensure a productive group experience, we ask that you come prepared. This includes bringing your assignment folder and writing materials. Please also use the restroom before the group as leaving the group for any reason can be disruptive to the facilitator and other clients. Drinking or eating outside of the dining room is prohibited, except for water in a covered container.

During the group, it is important to follow the guidelines provided by the facilitator. This includes being respectful to both the facilitator and your peers.

Process Group:

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

Education Group:

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

Living Sober

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

Psychiatry/Medical Group:

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

Cultural Diversity Group:

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

Community Meeting:

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

Life Skills:

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

Introduction to Self Help:

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

Spirituality:

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

Parenting Skills Group:

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

DBT Skills I and II:

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

Creative Writing and Journaling

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

Emotion Regulation:

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

Rising Strong and Living Whole-Heartedly:

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

Enhanced Nursing Group:

This group covers curriculum based on state regulations as well as covering daily health topics.

CBT Skills group:

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

Seeking Safety:

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

Relationships:

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

Co-occurring Group:

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

Creative Arts Group:

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

Relapse Prevention I:

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

Relapse Prevention II:

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

Recovery Maintenance:

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

Body Image/Self Esteem Group:

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

Compassion:

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

Helping Women Recover

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

Discharge Prep Group: This group is facilitated one time weekly for a total of one hour for medium intensity clients by a Peer Recovery Specialist. This group is designed to be an open conversation discussing what the transition from residential programming to outpatient

programming or other after care is like with an emphasis on time management skills and making healthy connections within the recovery community.

Zen Teachings: This group is facilitated one time weekly for a total of one hour for high intensity clients by an Alcohol and Drug Counselor and/or a qualified professional. This group uses education and experiential practices and skills to be present in the moment to build awareness of emotional, mental and physical self.

Coin Ceremony: This group is co-facilitated one time weekly for a total of one hour for all intensity clients by an Alcohol and Drug Counselor and/or a qualified professional. It is a time to provide a coin to those clients that are completing treatment to build community and hope.

Individual Mental Health Services

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

Medication Management

For individuals requiring medication management during residential substance use treatment, our team will guide you through the process. Following the recommendation, you'll receive instructions on enrolling in scheduled sessions or connecting with external medication management services. We're committed to ensuring your medication plan aligns with your recovery goals, supporting you throughout the journey.

Nursing

Our nursing staff is here to support your health and wellness needs on a daily basis. We encourage the use of alternative techniques to promote healing, such as heating/cold packs, stretching, yoga, and other helpful tools. We also encourage you to develop long-term coping strategies in addition to any necessary medications.

All medications, including prescription and over-the-counter drugs, must be brought to the medical office immediately. Medication administration will be observed by Recovering Hope staff, and all medications will be stored in a locked cabinet inaccessible to clients.

We use a company-approved pharmacy for medications, and our medical staff is available to answer any questions you may have about your medications. If you require transportation to medical appointments, please speak with medical staff.

Please follow the medication times posted outside the medication room, and if you are not currently insured, we will require you to complete an application for insurance. Recovering Hope cannot order medications for you until you are able to purchase them by self-pay or your insurance becomes active. Our goal is to ensure that you receive the care you need to support your recovery.

Client Rules and Responsibilities

As part of our value system at Recovering Hope, we have established responsibilities that are essential for our growth. Safety is one of our core values, and to ensure a safe environment, it is crucial that everyone adheres to the same set of responsibilities.

For a full list of responsibilities, see Appendix B.

You will receive 1 HOPE CASH dollar, per expectation completed, per day. If all expectations are met for the week, you will receive 50 HOPE CASH. Clients can approach the RA desk to receive their HOPE CASH check.

HOPE CASH can be redeemed for various rewards such as: pass hours or items in the hop store. The Hope Store can be accessed on Tuesdays & Thursdays. All rewards are subject to change. You may not transfer your HOPE CASH to another client or use HOPE CASH if you re-admit to services.

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

Healthy Habit Cards

In the event that a client fails to comply with the facility's rules, they will be issued a Healthy Habit Card that corresponds with the specific rule. For a comprehensive list of our facility's rules, please refer to Appendix B. All Healthy Habit Cards must be completed promptly upon receipt. It's important to note that while a client has outstanding Healthy Habit Cards, they will be placed on REFLECTION. Clients are responsible for checking to see if they have received a Healthy Habit Card for not fulfilling their responsibilities. The completion of these responsibilities determines the client's eligibility for passes, visitation, and other privileges. During the reflection period, clients are on pass restriction until all Healthy Habit Cards are completed. Clients can work on Healthy Habit Cards after group hours up until 9 P.M. each night.

Reflection

At Recovering Hope, "reflection" is a term used to describe a period of time when a client's privileges, including passes, visitation, and additional privileges, may be limited until they have fulfilled their obligations, which are listed on their Healthy Habit Cards. Clients who are on REFLECTION must stay within the confines of the Recovering Hope facility, and any previously approved passes will be canceled during this time. It's important to note that no passes will be granted during the reflection period.

Wake up Hour

You are able to wake up earlier; however, staff wake up calls are at the following times

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

Clients are to be dressed and ready by 8:15 A.M. and the client's room should be cleaned and bed made. Room checks are completed daily between 8:00 A.M. and 9:00 A.M

Client Rooms

We reserve the right to maintain safety in our facility by conducting room searches. You do not have to be present during a room search.

Room Checks

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

Your room should be kept clean at all times. The criteria for passing room check is:

- ✓ Wall art/lights/etc should only be hung up inside the purple square (tape only)
- ✓ Nothing covering the vent & no dryer sheets in the vent
- ✓ Fire escape map/child expectations sheet/child sleeping guidelines are not covered, marked on, or removed
- ✓ All lights/lamps/radios need to be turned off if the client is not in their room
- ✓ No food or drinks in the room (covered water only)
- ✓ Diapers are disposed of in the dumpster outside

Diaper Genies are allowed at the expense of the client. Diapers are not allowed to be discarded in a common room, bathroom, or kitchen.

Walking

Walking can be an effective coping mechanism when dealing with intense emotions or triggers. At Recovering Hope, all medium-intensity clients can walk the property line with the approval of their counselor. The nature trails at the back of the facility are also available for clients to use. However, clients are not permitted to smoke on the nature trails due to fire hazards. It's important to respect nature and leave no trace while walking. Please ensure that the environment is left as you found it.

During severe weather conditions or for safety reasons, walking on the campus may be prohibited at any time by staff. If a client wishes to walk off the property or on property outside of the designated walking areas, they must obtain an approved pass from the counseling staff.

Curfew

It is mandatory for all clients to return to the facility by 8:30 P.M. each night. No exceptions will be made to this rule. If walking is your mode of transportation, it is important to ensure that you are back on site before sundown for your safety.

Every day, quiet time starts at 9:00 P.M. unless you have a newborn baby. If you have a newborn baby, please speak with staff for further guidance. Lights out will begin at 11:00 P.M. It is acceptable to read or participate in a mindful activity using a side lamp or reading light, as long as it does not disturb the sleep of your roommate or children. At 9:00 P.M., the television will be turned off, and the phone room will be closed for the night.

Outside Establishments

At Recovering Hope, clients will not be permitted to go to bars, casinos, or any other gambling establishments, including bingo halls. Moreover, we strongly advise clients against buying lottery or scratch-off tickets while they are participating in the program.

Clients will not be authorized to visit smoke shops, and we do not encourage them to visit establishments that serve alcohol. In case clients decide to dine out in a restaurant that serves alcohol, we recommend that they sit in the dining area.

Meal Hours

Our meal schedule is as follows, Monday through Sunday:

- Breakfast: 6:00 A.M. to 8:00 A.M.
- Snacks: Fresh fruits and other snacks will be made available for your enjoyment between meals.
- Lunch: For high-intensity clients, lunch will be served from 11:30 A.M. to 12:30 P.M. For medium-intensity clients, lunch will be served from 12:30 P.M. to 1:00 P.M.
- Dinner: For high-intensity clients, dinner will be served from 4:30 P.M. to 5:00 P.M. For medium-intensity clients, dinner will be served from 4:00 P.M. to 4:30 P.M.

Food Delivery/Ordering Out

Clients are allowed to order food deliveries; however, they must inform the kitchen in advance to ensure we can accommodate the meal count. Clients must be present to receive the delivery when it arrives.

Coffee will be provided during the following hours:

Weekdays: 6:00 A.M. to 9:00 A.M.

Saturdays and Sundays: 6:00 A.M. to 10:00 A.M.

Visiting

VISITING HOURS

Tuesday 5:30 pm - 8:00pm

Saturday 1:00 pm - 3:00

Sunday 1:00 pm - 3:00 pm

Visiting Hours will be provided for most Holidays.

To ensure safety and security, all visitors must sign in with the Residential Advocate at the front door before visiting or dropping off any items for clients. Visits in vehicles are not permitted, and visitors

must present a valid photo ID to the Residential Advocate before being allowed on the unit. Smoking is only permitted outside the building. Please inform your visitors of these guidelines before their visit and do not allow them to enter the building before approval.

All visits will take place in the cafeteria, unless otherwise arranged with your primary counselor in cases of child protection involvement. Visitors are not permitted to walk through the building or visit in the parking lot. You are responsible for supervising your children during their visit, and visitors and children over the age of 12 are not permitted to enter your room. Bathrooms located in the cafeteria may be used by visitors.

If there is any evidence of activities involving drug or alcohol use or the potential for visitors to bring in alcohol or drugs, restrictions may be placed on visits. Visitors who exhibit disruptive behavior, disrespect for the facility or its staff, or engage in any inappropriate or abusive behavior may be asked to leave and be restricted from future visits. Appendix C in this handbook provides a comprehensive list of visitor expectations, including behaviors that are not tolerated, such as intoxication, drug use, loud and disruptive behavior, and sexual interactions with clients.

Recovering Hope Treatment Center reserves the right to restrict visitors if they are deemed counterproductive to the client's treatment process. Clients may receive visitors from their physician, sponsor, religious advisor, county case manager, parole or probation officer, or attorney at reasonable times, with prior discussion with their counselor.

Passes

Day passes are granted as a privilege and clients must demonstrate responsibility to earn this privilege. Until clients are on medium intensity programming, they will not be permitted to take passes into the community, except for legal, parental, or medical purposes.

Clients should complete their weekly pass form and submit it to their counselor by Monday at 8:15 am. The counselor will review the request and stamp approved hours. Clients requiring medication while on a pass must follow procedures outlined by medical staff. Before leaving, clients must sign out at the front desk.

Clients must sign in and out of the building at the front desk, and staff may ask for identification verification for anyone providing transportation to clients. Recovering Hope reserves the right to refuse a pass if a client's transportation is not on the pass or if they appear under the influence at pick-up. Clients cannot sign out other clients, and must sign in upon return to the building.

Clients on High Intensity Residential Programming are generally not permitted to have passes unless they relate directly to medical or legal concerns. Any exception to the pass guidelines must be discussed with the client's counselor.

Recovering Hope does not allow overnight passes due to the high and medium intensity treatment provided, which requires structure appropriate for this level of care.

External Engagement Guidelines

At Recovering Hope, we understand the importance of employment, volunteering, and meaningful activities for our clients' overall well-being. However, managing the symptoms of the disease is our top priority. Therefore, if any extracurricular activity interferes with your ability to receive treatment services, our team will recommend that you stop those activities until you can effectively manage your medium intensity residential treatment.

Clients on High Intensity Residential programming are not permitted to work until they reach medium intensity. If you are seeking employment or volunteering opportunities, you must fill out a pass and identify where you are looking for employment. Once you have obtained employment, be prepared to provide proof of employment such as a weekly work schedule or a copy of your pay stub. It is important to discuss your program schedule with your counselor, and you must obtain pre-approval from your counselor before obtaining any employment. Clients are allowed to work a maximum of 15 hours weekly outside of programming hours.

Your relationship with your employer is your responsibility, and Recovering Hope is not responsible for your employment. However, there may be situations where interventions during treatment (such as pass restrictions for safety) may interfere with your employment. Recurrence of use, repeated pass violations, and non-participation in programming may result in restriction to the premises, therefore interfering with your employment.

Community Self-Help and Support Meetings/Groups

At Recovering Hope Treatment Center, we hold client-led self-help meetings once a week. These meetings are an opportunity for clients to share their experiences, support each other, and discuss their recovery. We believe that self-help meetings can be a valuable tool in the recovery process, and we encourage clients to participate in these meetings.

Clients on medium intensity programming are able to request passes for outside meetings. However, clients must demonstrate responsible behavior and fulfill their treatment responsibilities in order to earn this privilege. Please note that clients will not be allowed to take passes into the community unless they are on medium intensity programming, except for legal, parental, or medical reasons.

We provide transportation to outside meetings on Wednesdays and Thursdays for high intensity clients only, due to limited spots available. Recovering Hope is located in a small community, and it is possible that clients may encounter friends, family members, or acquaintances at outside meetings. It is important for clients to remember that they are representing the facility and the recovery community as a whole, and we expect them to sit together as a group and demonstrate respectful and responsible behavior while offsite.

Attendance at outside meetings is considered a privilege, and it may be revoked if a client fails to follow the expectations outlined in this handbook. If a client's behavior is not appropriate at meetings, they will no longer be allowed to attend outside meetings. Please remember that your behavior in the community reflects on the staff, clients, and facilities at Recovering Hope.

If you would like to attend an outside meeting, please see a residential advocate at the front desk to sign up and reserve a spot on the transportation list.

Spirituality

At Recovering Hope Treatment program, we respect the spiritual and religious beliefs of our clients, and understand that they can play a valuable role in the recovery process. We do not affiliate ourselves with any specific religion or spiritual practice, and allow clients to practice their own religion as long as it does not impose on others or pose a danger to themselves or others.

The Serenity prayer is sometimes spoken at the end of group sessions, but clients are free to choose whether or not to participate.

We provide transportation for clients who wish to attend spiritual services in the area on Sunday mornings. Clients must sign up for this outing at the Residential Advocate desk. Clients on medium intensity programming are able to request a pass to attend a worship service of their choice, but they are responsible for their own transportation. As a group, clients decide on which spiritual service to attend. Please note that attending spiritual services is a privilege and this privilege can be removed if expectations are not being followed.

Smoking and Tobacco

At our residential substance use facility, we are committed to promoting a healthy and smoke-free environment. **Smoking of any kind is strictly prohibited inside the facility at all times.**

We understand the importance of allowing our clients to smoke, which is why we have designated an outdoor smoking area located at the back of the building, next to the pop/snack machines. Smoking is not permitted in parking lots or any other areas on the property. We kindly request that all clients who smoke dispose of their cigarette butts in the ashtrays provided and keep the area clean.

To ensure a safe and comfortable environment for all clients, smoking doors are open from 6:00am-11:00pm. Clients who use tobacco or sage ceremonially are allowed to do so outside of the building, and our counselors are available to answer any questions you may have regarding this.

While vaping is allowed on our premises, we do have restrictions in place. For safety reasons, we do not permit the use of refillable vapes, nicotine juice, or pipes.

At Recovering Hope, we understand the challenges of smoking addiction and offer assistance with smoking cessation. Our nursing staff is available to discuss available options, and we encourage clients to attend our smoking cessation group.

Lastly, we ask that clients who have children living with them in the facility take their children outside with them to smoke (unless they are sleeping and have an appropriately ranged baby monitor). This helps ensure a safe and healthy environment for all.

Drug and Alcohol Policy

Abstinence from all mood altering, non-prescription chemicals is required of everyone attending program sessions or other activities. Should any person insist upon using mood altering chemicals, he/she will not be allowed to participate in the program. This is required in relation to our purpose as a treatment provider and providing a safe recovery environment for all, including the children.

Possession and/or use of alcohol or other drugs (including over-the-counter medications and non-alcoholic beverages such as non-alcoholic beer) is not permitted and may be grounds for discharge. Recovering Hope Treatment Center maintains a chemical-free environment for those who need treatment. Urinalysis or a breathalyzer will be administered upon admission. Urinalysis or breathalyzer testing may be conducted at any time during your treatment. Saliva tests may be utilized if deemed medically necessary.

If you refuse to complete a Urinalysis, saliva test or breathalyzer in the time frame provided by staff, it will be considered a positive test. All prescription drug usage must be approved by Recovering Hope medication providers. We are here to help you change your life, so if you have the urge to use it, you need to talk to your counselor to get the help you need.

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

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

Client Property Management

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

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

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

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

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

Do not sell or buy items from each other. This includes borrowing, lending and giving money. Do not give another client your debit or credit card. If you would like to help out one of your peers in recovery with small items such as a pop or a pack of cigarettes, you need to consider this a gift to them. **Recovering Hope Treatment Center takes no responsibility for lost, damaged or stolen personal items.** Your personal property is your sole responsibility, keep it safe. Clients are not encouraged to pay each other for services such as cosmetology services, running errands, etc. as this may cause resentments or tension with peer staff.

No pets are allowed on the property.

Items Brought in to the Facility

Items must be checked by staff before taking them to your room whether brought by you or brought to you by anyone outside this facility. This includes any items you buy while shopping; receipts must be shown or items will be confiscated as contraband.

Cell Phone Use Policy and Other Electronics

Cell phones and any other electronic use (iPad, laptops, etc.) are only allowed in designated areas; electronics must stay in these areas unless approved by a counselor.

At Recovering Hope, we prioritize our client's privacy. Below is our policy regarding cell phone use for clients:

1. Cell phone use is restricted to assigned phone rooms. Phones are not allowed in community spaces, dining areas, bedrooms, group rooms, hallways, etc.
2. If you are taking your cell phone back to your locker for storage after passes, it must remain in your pocket/bag/purse during transport from your pass to the locker or bedroom.
3. Recording, photographing, or videoing clients or their children is strictly prohibited. This includes no facetime with other clients or capturing pictures of clients or their children.
4. Clients acknowledge that Recovering Hope is not liable for any theft or loss of personal devices. We encourage you to use the SECURED LOCKERS provided for keeping your phone safe. Recovering Hope will not reimburse for lost or stolen cell phones.
5. Cell phones should not be left charging anywhere in the building except in the phone rooms while you are present.
6. Respect your peers by refraining from talking loudly or using profane or sexual language while using your cell phone in the phone rooms.
7. If you are listening to music on your cellphone, you must use headphones.
8. Cell phone usage is allowed between 6:00 am and 10:00 pm when not scheduled for programming.
9. The phone rooms are inaccessible between 8:15 am and 10:15 am.
10. Failure to comply with the above rules may result in the loss of cell phone privileges. Your primary counselor may implement additional measures if problematic cell phone usage disrupts group participation.

Recovering Hope Phones

Recovering Hope provides access to phones. Phone room access is available:

Monday-Friday

6:00 am-8:00 am

11:30 am- 10:00 pm

Saturday

6:00 am – 10:00 pm

Sunday

6:00 am- 10:00 pm

Television

TV is accessible during non- programming hours. The TV is to be shut off at 9:00 P.M. each night. The majority rules when deciding what you will watch. Good taste in programs is always in order, and any staff member has the right to request channel changes if the show being watched is considered inappropriate. The family common room is reserved for child and family friendly television programming.

Radios and Stereos

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

Photographs

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

Clients will always be informed when they are being taped or photographed. Recovering Hope does have security cameras in all community areas throughout the building, and so you are being continuously recorded for safety and security purposes. You were provided this information in your admission paperwork through Informed Consent. No unauthorized photos will be taken.

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

Photo opportunities will be taken on a regular basis for those families with children either in the daycare or during special activities by staff. Photos will be printed by Recovering Hope staff by request of the client. If additional photos are needed, client will need to make arrangements with Residential advocate staff for them to take the photos to ensure confidentiality of others is secure.

Clothing

All clients and children are required to have covered feet (shoes, slippers, socks, sandals) in the building.

If in need of clothing donations, please see residential advocate staff.

Laundry

There are washers and dryers available to you for your use. It is suggested that you change and wash your bed linens once a week. Please remember the washers and dryers are free so please, **DO NOT** overload them. When you use the machines, write your name and the machine you're using on the whiteboard in the laundry room using a dry erase marker (located on top of machine). If you find laundry in a machine after it has completed its cycle and are in need of the machine, check the whiteboard for the name of the individual using that machine. If the person is available, request them to remove their laundry. If the person is not available, request staff remove the laundry.

PLEASE DO NOT TOUCH ANOTHER PERSON'S LAUNDRY. If staff are called to remove laundry from the machines, it will have to be retrieved by its owner from the residential advocate office.

Please pay attention to directions on all laundry supplies. Follow the instructions to ensure you are using the proper amount of soap and emptying the lint tray.

Prohibited Items on Campus:

- Weapons (CAMPUS): This includes firearms, sling shots, bullets, shells, knives, blades (including pocket knives), torch lighters, etc.
- Alcohol, Drugs, and Medications (CAMPUS): All alcohol-based products with alcohol in the first three ingredients (except for shampoo, conditioner, and deodorant). Also, all aerosol-based products, inhalants, illegal drugs, mood-altering substances (including Kratom and CBD oil/tablets/wax), electronic cigarettes, and vape paraphernalia.
- No hammers, power tools, flammables (such as oil/gasoline), or pools.
- No sex toys (intimacy toys) due to sanitation concerns.
- Cough drops, topical creams, ointments, medicated powder, pain reliever patches, bleach, eye drops, vapor rubs, and Epsom salts are not allowed unless approved by medical staff and kept in the med room.
- Electrical appliances such as space heaters, clothing irons, steamers, microwaves, and other small appliances are not allowed. Portable DVD players are permitted.
- No electrical extensions, extra electrical sockets, or extension cords. Outlet extensions with surge protectors and an on/off switch are allowed.
- No candles, wax warmers, wax cubes, essential oils, burnable incense, bath bombs, bath salts, bath paint.
- Hair dye and self-tanner.
- Door locks/kid locks.
- No fireworks of any kind.
- Window decals (gel clings, image clings) that adhere to window glass surfaces and may damage them are not allowed.

Food Items not allowed on Campus:

- Instant coffee
- Coffee grounds
- Cappuccino mix
- Energy Drinks
- Kombucha
- No Items that must be stored in a freezer or fridge.
- No coffee energy drinks. (The can/jar must not have the word ENERGY anywhere on it)
- Food items are only allowed to be stored in clients designated food locker

Transportation

Recovering Hope does provide transportation to our clients for medical situations if unable to secure medical transportation clients. Recovering Hope will also provide transportation to Love the journey and Ampersand Psychological Services, shopping and offsite meetings. Recovering Hope is not responsible for transportation to court appointments. There may be other clients receiving transportation with you to appointments, and please know that confidentiality for self and others still applies during transportation and outside in the community.

Vehicle Use and Access:

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

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

NOTE: Clients are unable to access their vehicles before the initial search has been completed by staff.

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

Bicycles:

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

Client Safety

Ensuring Your Safety

At Recovering Hope, your safety is our top priority. We maintain strict rules against violence, threats, and illegal activities to create a secure environment. Our commitment to client safety includes clear guidelines on appropriate conduct and spaces. We value your well-being and work diligently to uphold a safe and supportive community for everyone.

Violence or Threats of Violence

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

Illegal Activity

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

Additional Safety Information

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

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

You may not enter the kitchen.

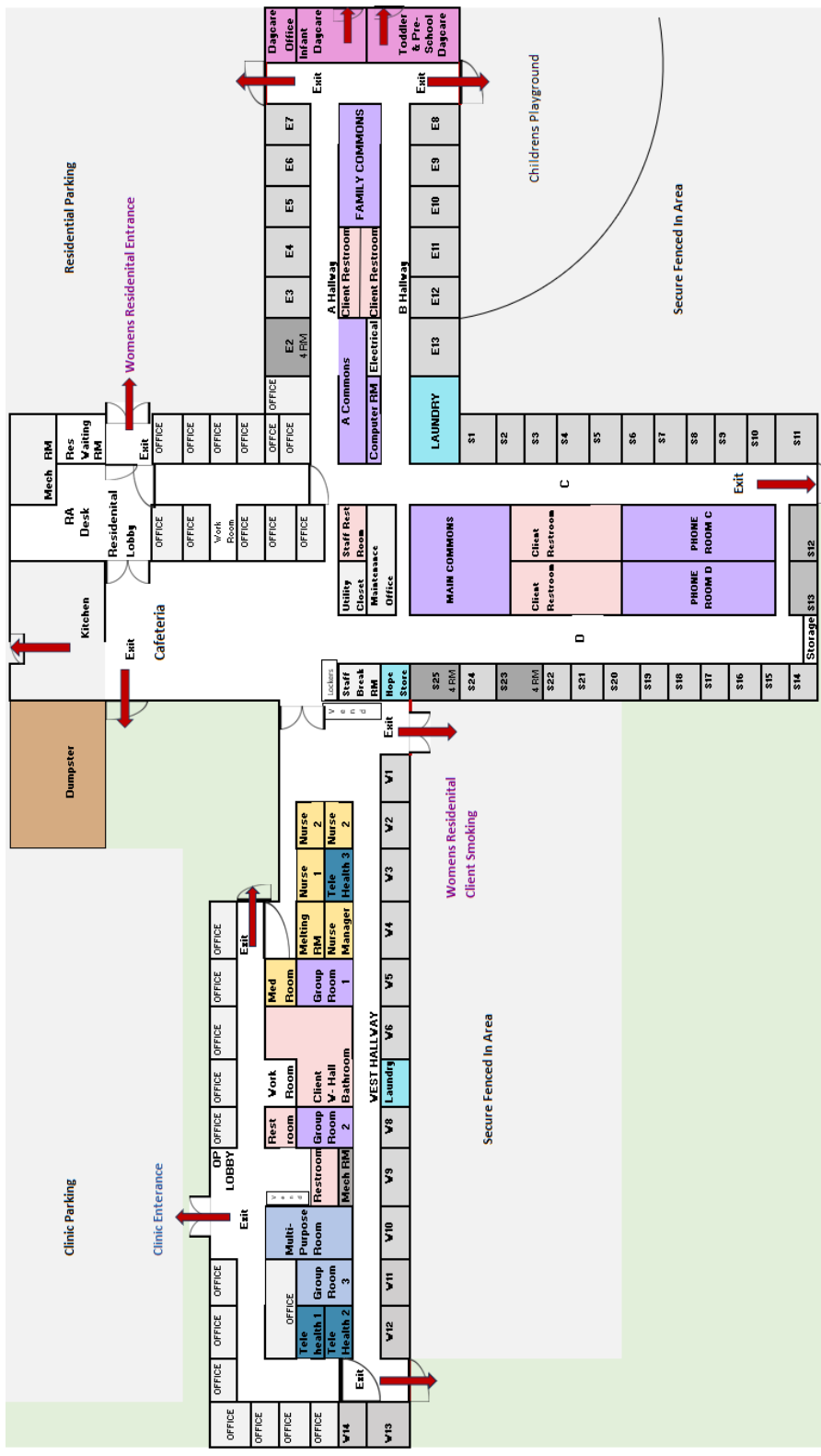
Lights must remain on in the group rooms. Do not turn off lights in community areas.

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

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

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

Client Emergency Map



Childcare Expectations

At Recovering Hope, we understand that being a mother is an important part of your life, and we welcome women with children to our residential treatment program. However, it is essential that you provide appropriate supervision for your child at all times while on the premises.

Please note that other clients are not allowed to watch or babysit your child. In urgent or emergency situations, staff may watch your child and follow your child emergency plan. If you are having difficulty providing effective supervision, please speak with your counselor about your options. We also offer parenting classes to help you learn the necessary skills to care for your child effectively. We encourage you to practice these skills with your child.

Please be aware that our staff does not provide daycare services outside of the licensed daycare. In the case of a therapeutic intervention, we may watch your child until your child emergency contact arrives to take over supervision and care.

If your child is sleeping, they may be left alone in their room only if:

- a) you have a baby monitor and use it
- b) the child is of appropriate age
- c) you check on your child every 15 minutes and
- d) your child is in an appropriate sleeping arrangement and safe sleep policies are being followed.

We appreciate your cooperation in keeping all children safe and well-cared for during your time at Recovering Hope.

Parenting Behavior Expectations

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

1. Children and infants should never be left unattended around water, a tub should be filled with only two to four inches of water for infants, and an infant should never be put into a tub when the water is running.
2. Children must sleep in the crib or bed provided for him or her. Bed-sharing puts babies at risk of suffocation, strangulation, and sudden infant death syndrome (SIDS).
3. Do not shake or hit babies. If a baby is crying and you feel frustrated, please talk with a staff person.
4. Behavior guidance must be constructive, positive, and suited to the age of the child. Methods of intervention, guidance, and redirection must be used.
 - a. Corporal punishment and emotional abuse are unacceptable forms of discipline at Recovering Hope. (Ex. Spanking is NOT allowed)
 - b. Food, light, warmth, clothing, and medical care will not be withheld from children.
 - c. Discipline and punishment will not be delegated to another child.
 - d. The separation of a child from a group (Time-Out) to guide behavior must be appropriate to the age of the child and circumstances requiring the separation.
 - e. An infant will not be separated from the group for disciplinary reasons.
 - f. A child separated from the group must be placed in an area or separate room that is well-lighted, free from hazards, ventilated, and open to the view of caregivers.
 - g. No child will be placed in a locked room to separate the child from the group.
5. If you decide to begin toilet training, you will be expected to work with the daycare staff to develop a plan for the timing and method of training.
 - a. Children will not be punished for toileting accidents.
 - b. Children will be offered opportunities for toileting.
6. If the staff observes, or suspects, you are maltreating your child, we will talk with you about our concerns. We will work with you to practice appropriate skills for addressing common difficulties, including sleep, eating, tantrums, and other challenging behaviors.
7. If we believe you have neglected or abused your child, we will contact Child Protective Services. We will talk with you about the report, and we will work with you to develop an appropriate plan so you and your child can have a positive relationship.
8. You will be provided with information on risk factors related to Sudden Unexpected Infant Death and Abuse Head Trauma from shaking infants and young children, and how to reduce the risks, including safety precautions related to 245A.1435 and the dangers of co-sleeping.
9. Do not “prop” bottles for feeding infants. Infants are not able to move the nipple when full, and are at risk for choking and drowning with a propped bottle. You must be present and holding the bottle at all times during feedings.

Daycare Expectations

1. Drop off and Pick Up times are located on the schedule and Daycare Doors.
2. Personal toys will not be allowed in the daycare classroom.
3. Please remember to bring a jacket and sensible shoes for children to wear when going outside.
4. Children in pull-ups or diapers are expected to be changed before drop offs.
5. Children who are toilet trained need to be allowed time before drop off to use the facilities.

Co-Sleeping

Clients are not allowed to co-sleep with their children. Clients who are observed with children in bed will be provided education on safe sleeping by the Daycare Manager. Clients who repeatedly co-sleep with their child, depending on the individual circumstances, and risk to child, may be asked to utilize their Emergency Child Plan and the child removed from the facility.

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

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

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

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

245A.1435 REDUCTION OF RISK OF SUDDEN INFANT DEATH IN LICENSED PROGRAMS.

(a) When a license holder is placing an infant to sleep, the license holder must place the infant on the infant's back, unless the license holder has documentation from the infant's physician, advanced practice registered nurse, or physician assistant directing an alternative sleeping position for the infant. The physician, advanced practice registered nurse, or physician assistant directive must be on a form developed by the commissioner and must remain on file at the licensed location. An infant who independently rolls onto its stomach after being placed to sleep on its back may be allowed to remain sleeping on its stomach if the infant is at least six months of age or the license holder has a signed statement from the parent indicating that the infant regularly rolls over at home.

(b) The license holder must place the infant in a crib directly on a firm mattress with a fitted sheet that is appropriate to the mattress size, that fits tightly on the mattress, and overlaps the underside of the mattress so it cannot be dislodged by pulling on the corner of the sheet with reasonable effort. The license holder must not place anything in the crib with the infant except for the infant's pacifier, as defined in Code of Federal Regulations, title 16, part 1511. The pacifier must be free from any sort of attachment. The requirements of this section apply to license holders serving infants younger than one year of age. Licensed child care providers must meet the crib requirements under section [245A.146](#). A correction order shall not be issued under this paragraph unless there is evidence that a violation occurred when an infant was present in the license holder's care.

(c) If an infant falls asleep before being placed in a crib, the license holder must move the infant to a crib as soon as practicable, and must keep the infant within sight of the license holder until the infant is placed in a crib. When an infant falls asleep while being held, the license holder must consider the supervision needs of other children in care when determining how long to hold the infant before placing the infant in a crib to sleep. The sleeping infant must not be in a position where the airway may be blocked or with anything covering the infant's face.

(d) When a license holder places an infant under one year of age down to sleep, the infant's clothing or sleepwear must not have weighted materials, a hood, or a bib.

(e) A license holder may place an infant under one year of age down to sleep wearing a helmet if the license holder has signed documentation by a physician, advanced practice registered nurse, physician assistant, licensed occupational therapist, or licensed physical therapist on a form developed by the commissioner.

(f) Placing a swaddled infant down to sleep in a licensed setting is not recommended for an infant of any age and is prohibited for any infant who has begun to roll over independently. However, with the written consent of a parent or guardian according to this paragraph, a license holder may place the infant who has not yet begun to roll over on its own down to sleep in a swaddle. A swaddle is defined as a one-piece sleepwear that wraps over the infant's arms, fastens securely only across the infant's upper torso, and does not constrict the infant's hips or legs. If a swaddle is used by a license holder, the license holder must ensure that it meets the requirements of paragraph (d) and is not so tight that it restricts the infant's ability to breathe or so loose that the fabric could cover the infant's nose and mouth. Prior to any use of swaddling for sleep by a provider licensed under this chapter, the license holder must obtain informed written consent for the use of swaddling from the parent or guardian of the infant on a form developed by the commissioner.

(g) A license holder may request a variance to this section to permit the use of a cradleboard when requested by a parent or guardian for a cultural accommodation. A variance for the use of a cradleboard may be issued only by the commissioner. The variance request must be submitted on a form developed by the commissioner in partnership with Tribal welfare agencies and the Department of Health.

Client Bill of Rights

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

144.651(Except Sub. 28 and 29) HEALTH CARE BILL OF RIGHTS.

Subdivision 1. Legislative intent.

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

Subd. 2. Definitions.

For the purposes of this section, "patient" means a person who is admitted to an acute care inpatient facility for a continuous period longer than 24 hours, for the purpose of diagnosis or treatment bearing on the physical or mental health of that person. For purposes of subdivisions 4 to 9, 12, 13, 15, 16, and 18 to 20, "patient" also means a person who receives health care services at an outpatient surgical center or at a birth center licensed under section [144.615](#). "Patient" also means a minor who is admitted to a residential program as defined in section [253C.01](#). For purposes of subdivisions 1, 3 to 16, 18, 20 and 30, "patient" also means any person who is receiving mental health treatment on an outpatient basis or in a community support program or other community-based program. "Resident" means a person who is admitted to a nonacute care facility including extended care facilities, nursing homes, and boarding care homes for care required because of prolonged mental or physical illness or disability, recovery from injury or disease, or advancing age. For purposes of all subdivisions except subdivisions 28 and 29, "resident" also means a person who is admitted to a facility licensed as a board and lodging facility under Minnesota Rules, parts [4625.0100](#) to [4625.2355](#), or a supervised living facility under Minnesota Rules, parts [4665.0100](#) to [4665.9900](#), and which operates a rehabilitation program licensed under chapter [245G](#) or Minnesota Rules, parts [9530.6510](#) to [9530.6590](#).

Subd. 3. Public policy declaration.

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

Subd. 4. Information about rights.

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

written statement of rights shall be available to patients, residents, their guardians or their chosen representatives upon reasonable request to the administrator or other designated staff person, consistent with chapter 13, the Data Practices Act, and section [626.557](#), relating to vulnerable adults.

Subd. 5. Courteous treatment.

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

Subd. 6. Appropriate health care.

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

Subd. 7. Physician's identity.

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

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

- (a) The written, informed consent of a competent adult patient for the treatment is sufficient.
- (b) If the patient is subject to guardianship which includes the provision of medical care, the written, informed consent of the guardian for the treatment is sufficient.
- (c) If the head of the treatment facility determines that the patient is not competent to consent to the treatment and the patient has not been adjudicated incompetent, written, informed consent for the surgery or medical treatment shall be obtained from the nearest proper relative. For this purpose, the following persons are proper relatives, in the order listed: the patient's spouse, parent, adult child, or adult sibling. If the nearest proper relatives cannot be located, refuse to consent to the procedure, or are unable

to consent, the head of the treatment facility or an interested person may petition the committing court for approval for the treatment or may petition a court of competent jurisdiction for the appointment of a guardian. The determination that the patient is not competent, and the reasons for the determination, shall be documented in the patient's clinical record.

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

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

No person who consents to treatment pursuant to the provisions of this subdivision shall be civilly or criminally liable for the performance or the manner of performing the treatment. No person shall be liable for performing treatment without consent if written, informed consent was given pursuant to this subdivision. This provision shall not affect any other liability which may result from the manner in which the treatment is performed.

[Subd. 6a.](#) MS 1990 [Renumbered subd 6c]

[Subd. 6a.](#) [Consent for treatment for developmental disability.](#)

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

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

[Subd. 6b.](#) [Consent for mental health treatment.](#)

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

[Subd. 6c.](#) [Repealed, [1997 c 217 art 1 s 118](#)]

[Subd. 6d.](#) [Adult mental health treatment.](#)

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

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

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

(d) The physician or other provider shall make the declaration a part of the declarant's medical record. If the physician or other provider is unwilling at any time to comply with the declaration, the physician or provider

must promptly notify the declarant and document the notification in the declarant's medical record. If the declarant has been committed as a patient under this chapter, the physician or provider may subject a declarant to intrusive treatment in a manner contrary to the declarant's expressed wishes, only upon order of the committing court. If the declarant is not a committed patient under this chapter, the physician or provider may subject the declarant to intrusive treatment in a manner contrary to the declarant's expressed wishes, only if the declarant is committed as mentally ill or mentally ill and dangerous to the public and a court order authorizing the treatment has been issued.

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

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

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

Subd. 7. Program plan.

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

Subd. 8. Medical records.

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

Subd. 9. [Repealed, [1997 c 217 art 1 s 118](#)]

Subd. 10. Notification.

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

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

Client Confidentiality

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

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

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

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

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

It is expected that all clients will preserve confidentiality in all groups, sessions and meetings. Remember: Who you see here, what you hear here, let it stay here. All clients need to be able to feel safe to share what they need in order to heal. Confidentiality Laws: HIPAA Notice of Privacy Practices and Federal Laws Governing Substance Use Disorder Records (CFR-42, Part 2), outlined here in the “Client Handbook”.

Client HIPPA Privacy Practices

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.

Your Rights Regarding Your Protected Health Information

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.

Grievance Procedure

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

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

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

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) 201-4201

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 A

Pass Expectations

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

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

Appendix B

Rules

1.	Abstain from mood altering chemicals, including alcohol. Refusing a UA, or inability to produce in the time provided, will be treated as if it is a positive test result. Depending on severity, clients may be discharged, or transferred to different levels of care.	Individualized – possible DC	16
2.	Engaging in illegal activities, including stealing from other residents, shoplifting, and damaging property may result in discharge from the program and report to the sheriff department. (Respect and safety)	Individualized - possible DC	22
3.	Refrain from physical violence, acts of aggression (posturing, assaults, threats) or intimidating behaviors and/or language, and this may result in discharge from the program and reported to the sheriff department. (safety)	20 and Individualized - possible DC	22
4.	All groups are confidential. Anyone’s involvement in treatment is confidential. Do not disclose someone’s treatment status or information to others. May be discharged. (Respect and safety)	20 and Individualized – possible DC	22
5.	Clients are not permitted in other client’s rooms. Only your children, 12 and under, are permitted in your room, other client’s children are not permitted in your room. (safety)	2	23
6.	Follow all visiting rules. (See handout and Appendix A) (Safety and respect)	2	8-9, Appendix C
7.	Do not smoke in the building. Candles and incense are also not allowed. Do not tamper with, or hang anything, from smoke detectors or sprinklers. (safety)	20 and Individualized – possible DC	15-16
8.	Sexual contact, or inappropriate contact (massages, kissing, fondling) is not allowed between clients. No touching without permission from other clients. May be transferred to another facility, or depending on severity, discharged.	10 and Individualized – possible DC	22
9.	You must sign out at the front desk when you are leaving the building. You must sign in at the front desk when you return to the building. (safety)	5	Appendix A
10.	You must follow all pass expectations. (safety)	5, every 15 minutes late max 20 HHC	Appendix A
11.	You must not have any restricted items in the building (See restricted items list). (safety)	5 for every item found max 20	17-18
12.	You, and your child must be in your bedroom by 11:00pm. (safety and respect)	3	6
13.	You cannot be in the facility with bare feet. Must wear some foot covering at all times. (safety)	2	17
14.	You cannot be in the kitchen. (Staff/personnel only) (safety)	6	23
15.	Television, phones and computers may only be used during non-programming hours, unless given a staff exception. (Safety and respect)	5	
16.	Must supervise your children at all times. Be within sight and sound of them.	5	6-8

	(safety)		
17.	You may not supervise (babysit) other clients' children. (safety)	5	6-8
18.	Client's may not buy, sell, lend or trade items. (safety)	5	17
19.	Client's may not cut other clients, or other client's children's, hair. (safety)	2	17
20.	Personal music should not be heard in community areas. (Please use headphones, etc.) (respect)	1	18-19
21.	Water in a covered container is allowed outside the dining room. No food outside the dining room. Exception given for special events approved by staff only, or baby formula in rooms. (respect)	5/individualized as needed	
22.	No outside toys (scooters, etc.), or bikes inside the building – must remain outside.	1	20
23.	Do not leave personal items in the community areas, including bathrooms. Please take bathroom items back to your bedroom after use. Found items may be placed in a Lost and Found box. We are not responsible for these items.	1	
24.	Lights must remain on in the group rooms. Do not turn off lights in community areas. (safety)	1	23
25.	You must follow safe sleeping and safe bathing expectations. (safety)	Meet with Daycare Manager	7-8
26.	You may not change/move rooms or the side of the room without permission. (respect)	10	23
27.	You, and your child, must be clothed/dressed at all times, including when sleeping. (respect)	1	16
28.	Only staff are allowed to open the doors for clients/and or visitors. Do not let visitors or clients into the building.	20	23
29.	Between 9pm and 6am are quiet hours, do not make loud noises, including vacuuming, at this time.	2	6
30.	DO NOT SET OFF ALARMS ONCE THEY ARE SET.	20	23

Responsibilities

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

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

Appendix C

Visitor Rules

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

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

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

Printed Name _____ Date _____

Signature _____

Visiting Hours are _____

Residential advocate direct line for questions: 320-364-3022 Client line number: 320-364-1304

Peer Leader

If you have been chosen by the care team to be one of the Peer Leaders for the week, you will be given other responsibilities. Your primary responsibility is to help new clients become familiar with our program. You will be informed and introduced to new clients as they arrive. You will be encouraged to help orient them to the facility by:

- Providing a tour of the facility
- Helping them find their way to groups
- Introducing the client to your small group
- Creating a positive environment
- Explaining activities offered on and offsite such as AA, CR, Shopping