

**MILLE LACS BAND OF OJIBWE  
HEALTH AND HUMAN SERVICES POLICY & PROCEDURE**

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**Department:** Substance Use Disorders - Administration      **Policy Number:** HHS-SUD-ADM 8119

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**Policy Title:** Client Rights and Responsibilities

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**Attachments:** Client Statements of Rights and Responsibilities

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**Revision History:**      **Revised by/Date:** Mark Watters/Holly Hunter 4/3/2020

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**Approved by:**       **Date:** 4-8-2020  
Mark Watters, Substance Use Disorders Director

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**Approved by:**       **Date:** 4-14-2020  
Nicole Anderson, Commissioner of HHS

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**POLICY STATEMENT:** Mille Lacs Band Substance Disorders Program staff will treat all clients with respect and dignity by following the Clients Bill of Rights. The Substance Disorders Department supports and protects the human, civil, constitutional and statutory rights of each client. Persons are provided access to treatment regardless of race, color, national origin, sex, sexual orientation, creed, religion, age, political beliefs, disability or status with regard to public assistance.

**PURPOSE:** The purpose of this policy is to provide clients with their rights as a client of the Substance Use Disorder Programs.

**PROCEDURE:** Clients are informed of their rights at the time of admission/service initiation.

- A. Clients shall be informed of their rights in a language they understand.
  - 1. Rights will be interpreted for clients, as necessary.
  - 2. Clients unable to read will have rights read to them.
  
- B. Each residential client is given a copy of the Client Statements of Rights and Responsibilities upon service initiation. All documents are explained and clarified for clients to ensure understanding.
  
- C. These rights are reviewed and explained by the staff and include:
  - 1. Information is shared with the client regarding program fees for service.
  - 2. A brief summary, in plain language, of the theoretical approach used by the program and staff in treating clients.
  - 3. A statement that other health and social services available in the community, including where services are available.
  - 4. The following statements accompanied by corresponding addresses and telephone numbers:
    - a. You may obtain a copy of the rules of professional conduct from the Public Documents Division, Minnesota Department of Administration;
    - b. You have a right to report complaints to the Board of Behavioral Health and Therapy, UMICAD or the Minnesota Chippewa Tribe;

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- c. You have a right to the reasonable notice of changes in counseling services and charges;
  - d. You have a right to complete and current information concerning the counselor's assessment and recommended course of treatment; including duration of treatment;
  - e. You may expect courteous service and to be free from verbal, physical, or sexual abuse by the counselor;
  - f. Your records and transactions with the counselor are confidential unless the release of these records is authorized in writing by you, or otherwise provided by law;
  - g. You have the right to be allowed access to records and written information from records according to Minnesota Statutes;
  - h. You have a right to request another counselor, after services have begun.
  - i. You have a right to coordinated transfer when there will be a change in the provider of services;
  - j. You may refuse services or treatment, unless otherwise provided by law;
  - k. You must be able to assert your rights without retaliation.
5. Prior to intake, the staff must obtain a written statement signed by the client attesting to the fact that the client has received the client bill of rights. If the client refuses to sign the statement, the staff must document the fact.
- D. In addition to the rights listed in C. 1-5 above, if the treatment team determines it is appropriate, clients receiving treatment have the right to:
1. (a) Know what your legal rights are during your stay.  
(b) Request to leave if admitted voluntarily.  
(c) Know the names and addresses of advocacy individuals and organizations.  
(d) Special arrangements if you do not speak English, or have problems communicating.
  2. Polite and respectful care.
  3. Proper medical and personal care based on your needs. There may be limits if the services are not Reimbursable by public or private funds.
  4. Know your doctor's name, business address, telephone number and area of specialty.
  5. Know in writing if you will receive services outside the facility.
  6. Get current facts on your diagnosis, treatment choices, risks and prognosis.
  7. Help plan your treatment.
  8. Have continuity of care.
  9. Refuse care.
  10. Refuse to take part in experimental research.
  11. Be free from maltreatment, and from chemical and physical restraints.
  12. Privacy and respect about your treatment.
  13. Have your personal and medical records kept private.
  14. Know what services are offered by the facility.
  15. Answers to your questions and requests.
  16. Every respect to your privacy and individuality about your social, religious, and psychological well-being.
  17. (a) Speak out freely, without suffering punishment, about problems in the facility.  
(b) Suggest change.  
(c) Know the grievance procedure.  
(d) Receive a written response if you ask for one.
  18. Wear your own clothes and have your own belongings as space and program rules allow.
  20. Choose not to perform services for the facility unless they are part of your treatment
  23. Receive visitors, mail, make and receive phone calls, and, if you are an eligible voter, to vote by

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absentee ballot

25. Visit alone with your husband or wife. This right may be restricted if the treatment team determines I  
It is not in your best interest.
  27. Available advocacy or protection services.
  28. Be free from physical restraint and isolation, except in an emergency, or when a doctor orders them.
  29. Get a copy of your treatment plan that states written goals and discharge criteria.
  30. You must give consent to have your picture taken except for identification purposes.
  31. Assessment and referral for provision of management for pain.
  32. Meet with or call a personal physician, spiritual advisor, probation officer, county case manager  
and/or counsel at reasonable times.
- E. Due to particular vulnerabilities Substance Disorders Program clientele, visitors are screened for  
contraband upon arrival and the physical location of the visit may be limited to a specific area.
- F. As appropriate, the client's family, or legal guardian will be fully informed regarding the rights of the  
client.
- G. A photograph may be taken of each client for purposes of identification and is placed in the client's  
medical record.
1. All photographs, video tapes, and motion pictures of clients taken in the provision of treatment  
services are considered client records.
  2. Clients must be informed when their actions are being recorded by camera or tape, and have a right  
to deny any taping or photography, except as authorized.
  3. Casual photography by staff, clients or visitors is prohibited.
- H. Substance Disorders Program does not use experimental medication.
- I. During admission / service initiation process, the following will be explained to the client:
1. Program rules
  2. Potential reasons for termination of treatment
  3. Client rights, responsibilities, and grievance procedure
  4. The Substance Disorders Program location's Program Abuse Prevention Plan
  5. The internal and external reporting procedures regarding abuse or neglect.
  6. All clients are advised of mandated reporting related to maltreatment of minors and vulnerable  
adults.
- J. Clients are encouraged to involve family or other concerned persons in treatment planning, family  
program, team meetings and discharge planning. With the client's permission, family will be informed  
as to arrangements for meeting the client's mental health, chemical health, and physical health needs  
following discharge.
- K. All clients will give written, dated and signed consent for the following:
1. Release of specific confidential information to other facilities or persons.
  2. Participation in continuing care follow-up activities.
  3. To collect data for program evaluation.
  4. Use of audio visual equipment.
  5. Other procedures where consent is required by law.

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- L. The SUD Program abides by State and Federal confidentiality laws regarding communication with other sources and regarding the client record.
- M. As part of their treatment, all capable residential clients are expected to keep their own sleeping areas clean and to assist in keeping unit living and recreational areas orderly.

<b>Internal and/or External References</b>	Minnesota Statutes 245G.15 Client Rights Protection
<b>Compliance - Posting Date</b>	4/14/2020 
<b>Replaces – Policy Number</b>	
<b>Next Review - Due Date</b>	4/14/2023



**Mille Lacs Band of Ojibwe  
- Substance Use Disorder Department -**

17230 Noopiming Drive, Onamia, MN 56359  
Office: 320-532-7773 • Fax: 320-532-5343

**Client Statements of Rights & Responsibilities:**

AS MEMBERS OF THE MILLE LACS BAND OF OJIBWE, ANOTHER FEDERALLY RECOGNIZED TRIBE OR NON-INDIANS, SEEKING HEALTH CARE AND / OR OTHER RELATED SERVICES THROUGH THE MILLE LACS BAND OF OJIBWE HEALTH AND HUMAN SERVICE DEPARTMENT. CLIENTS HAVE BASIC RIGHTS WHICH MUST BE OBSERVED AND PROTECTED. TO THIS END, THIS CLIENT STATEMENT OF RIGHTS HAS BEEN ESTABLISHED AND ENFORCED.

**CLIENTS RIGHTS:**

As a client of the Mille Lacs Band of Ojibwe's Health & Human Services Division, I have the following rights:

- To be treated with courtesy and respect.
- For staff to keep appointments as scheduled, or notify me of changes in case of an emergency.
- Staff will be free from intoxicating chemicals during professional contact.
- To be informed of expectations and responsibilities.
- To be an equal participant in treatment and care planning.
- Staff will comply with appropriate data practices and all privacy laws.
- Staff will keep information about myself and family confidential, only releasing such information upon my written consent, except as prescribed by law.
- To have full and complete knowledge of the substance use disorder provider's qualifications and training.
- Question the provider's competence and, if they so desire, to complain to the substance use disorder provider's supervisor or to file formal complaints with the appropriate professional or legal bodies that governs their practice.
- Request a copy of ethics codes and other guidelines and procedures that govern the substance use disorder provider's practice.
- Be informed fully regarding the terms under which any and all services will be provided to me or my family.
- Discuss with the substance use disorder provider, or other providers, the detailed explanation of any procedure or form of treatment that the provider recommends, prior to any treatment.
- Request summaries, or at times direct access, of the clients own substance use disorder case file.
- Refuse any and all assessment or treatment of any kind unless the right of refusal is limited by law (as in instances of court-ordered assessment or commitment).
- Terminate treatment at any time or, in the case of court-ordered treatment, refuse to participate in the treatment process (recognizing that the client may have to face legal consequences as a result of their refusal).

**CLIENTS RESPONSIBILITIES:**

As a client of the Mille Lacs Band of Ojibwe’s Health & Human Services Division, **I have the following responsibilities:**

- To keep appointment as scheduled, and to call if possible when appointments need to be changed or cancelled.
- To treat staff with courtesy and respect.
- To be free from intoxicating chemicals during professional contact with all staff.
- Participate in case and treatment planning for myself and / or family members and follow through with the goals and tasks set forth in these plans.

**I understand that the staff may raise concerns under the following situations:**

- Failure to comply with the responsibilities set forth above.
- Failure to complete case or treatment plan tasks or goals in the time frame established.
- Threatening or abusive behavior directed towards any staff.

**RISKS/BENEFITS OF THERAPY:**

Substance Use Disorder treatment is an intensely personal process which can bring unpleasant memories or emotions to the surface. There are no guarantees that treatment will work for you. Clients can sometimes make improvements and then feel like things are getting worse after a period of time. Progress may happen slowly and may require active effort on your part. In order to be successful, you may have to work on things we discuss outside of treatment programming.

However, there are many benefits to substance use disorder treatment. Substance Use Disorder programming can also help you in areas such as, but not limited to; the develop of coping skills, behavioral changes, improvement in the overall quality of your life, learning to manage anger, learning to live in the present and many other advantages.

**CONFIDENTIALITY STATEMENT:**

The purpose of this statement is to insure that confidential information obtained regarding clients and / or their family members is kept secure and only released to outside parties when appropriately authorized in writing by the client, parent or guardian or according to state or federal laws requiring disclosure of confidential information. Also, this statement is to establish a protocol for the secure storage of confidential client information.

1. All client records will be kept in a secure and locked facility. The clinical staff that will have access to the record include the substance use disorder professional providing services, the Clinical Supervisor (or other licensed professional providing clinical supervision) and authorized individuals conducting auditing and monitoring services conducive with Federal, State or Band policy.

2. Confidential client data will be released only upon receipt of written consent by the client or the client's parent or guardian if a minor except in such cases covered by Minnesota laws wherein only a minor has authority to grant such consent which includes: minors who live apart from their parent / guardian and manage their own financial affairs, or who have been married or given birth to a child. Such authorizations must contain the following information:
  - a. The client's name and other identifying information such as date of birth,
  - b. Mille Lacs Band of Ojibwe's Health & Human Services Division name and address,
  - c. The name and address of who will receive the information,
  - d. What information, and only that information, that is to be released,
  - e. Why the information is being released (the purpose of the disclosure),
  - f. A notice that the consent can be revoked at any time and how long the consent will be valid.
  
3. When possible, clients will also be informed of exceptions to confidentiality and cases where confidential information may be released **without** the client's consent. This may include, but is not limited to the following:
  - a.) A provider receives information of an individual's intent to harm him or herself, someone else or to attempt suicide. Actions in these circumstances may include arranging for hospitalization as well as notifying law enforcement authorities, family, friends and / or individuals who may be at risk.
  - b.) In the case of abuse and neglect of a child or vulnerable adult require our staff to report the situation to the appropriate authorities.
  - c.) Clients who are pregnant and believed to be abusing drugs, state law requires this to be reported to appropriate authorities.
  - d.) Minnesota law states that parents and spouses of deceased patients have the right of access to the deceased child or spouse's health record.
  - e.) Minnesota law requires health-care professionals to report possible misconduct by another licensed health care professional in order for an investigation by the State Licensing Board.
  - f.) A valid court order may require release of records or testimony.
  - g.) In order to secure payment from my insurance company or other 3<sup>rd</sup> party insurance payor.

### MINNESOTA DATA PRIVACY ACT:

There may be times when the government may obtain information from our records. Once the government has that information certain rules apply which prevent the government from releasing that information to anyone else, unless certain exceptions apply.

#### Disclosure of Government Health or Medical Data With Client Consent:

Unless one of the exceptions below applies, the government will not disclose information without your consent. If you consent is requested, check the consent form for the following:

- The date.
- Who the persons are that are going to disclose the data, the persons who will receive the information and the purpose for which the information may be used by the recipient.
- The data to be disclosed.

- The expiration date which should not exceed one year (with certain exceptions).

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#### Release of Government Health or Medical Data Without Your Consent:

The government may disclose health information without your consent:

- To your physician if it is necessary to diagnose, treat or identify persons who are at risk for certain illnesses or to conduct certain disease investigations (from the Center of Disease Control (CDC)).
- As necessary to prepare summary or “sanitized” data to another government official authorized or required access by federal or state law (i.e. just identifying information only, like birthdates, etc.).
- To the nearest surviving member of a deceased client’s family, unless the client directs otherwise, to communicate the client’s condition to the survivor according to an “accepted medical practice” (i.e. living will).
- To administer federal funds for programs.
- Pursuant to a valid court order or as otherwise required by law.

#### MISCELLANEOUS POLICIES:

The Mille Lacs Band of Ojibwe Substance Use Disorder Department does not discriminate on the basis of race, national origin, color, religion, sex, sexual orientation, gender identity, disability (physical or mental), age, status as a parent, or genetic information. All participants must be eligible for services under the Mille Lac’s Band of Ojibwe’s Direct Service Policy (available upon request). No one will be refused services in case of Emergency or based on ability to pay.

**Target Population:** Mille Lacs Band Substance Use Disorder Department seeks to serve all those in need of mental health and chemical dependency treatment services. However, being a Sovereign nation, our target population includes Mille Lacs Band members living in or outside of the Purchased/Referred Care Delivery Area (PRCDA), and Native Americans from other tribes and from the surrounding community.

**Billing:** We accept Medicare and Medicaid, as well as several private insurances. If a patient has third party insurance, those payers may be billed according to Mille Lacs Band of Ojibwe Health and Human Services billing policies. If a patient does not have insurance, Mille Lacs Band of Ojibwe Health and Human Services policies regarding billing and eligibility for services will be followed to determine if the patient is responsible for the balance or if it will be written off. A sliding fee scale is available upon request.

**Crises:** The Mille Lacs Band of Ojibwe Substance Use Disorder Department does not serve as a crisis response team. If you call us during our regular business hours, we make every effort to respond to phone calls. However, we are frequently with other clients and may not be able to answer your call that day. Additionally, we may be out of the office, on vacation or otherwise. We will make attempts to inform you if we are going to be out of the office for extended periods of time. Please check with your provider regarding their routine schedule, and the best way to contact them. In the event of emergency, call 911, Minnesota (Mille Lacs County



area) Mental Health Crisis Response **1- (800) 523-3333**, or the **National Drug Abuse Hotline 1.800.622.HELP (1.800.622.4357)**. Individual crisis plans can be made with your provider.

**Social Media:** We do not accept friend or contact requests from current or former clients on social networking sites such as (LinkedIn, Twitter, Facebook, Snapchat, etc.). This has the potential to blur the boundaries of a therapeutic relationship, and could compromise your confidentiality, as well as your privacy and our privacy.

**Email and text messaging:** We prefer to using emails and text messaging to department provided cell phones strictly to confirming, modifying, or arranging appointment times and prefer not to discuss content related to your program sessions. Email is not completely secure or confidential. If you choose to contact us by email, please remember that emails are retained in the logs of both your and our internet service providers. While it is unlikely, and not routine, that someone would be looking in these logs, they are available to be read by the system administrator(s). **Any email that I receive from you, and any responses that I send to you, will be printed out and kept in your treatment record.**

If you have concerns about any aspect of your substance use disorder services, please speak with your provider. If you are unable to come to a resolution or feel uncomfortable talking to your provider about your concerns, you may contact the Director of Substance Use Disorder Department – Mark Watters, at (320)532-8911, or the Commissioner of Health and Human Services, Nicole Anderson, at (320) 532-2503. You have the right to present your complaint to the governing board that licensed your provider with whom you are working with, the state, or the US Department of Health and Human Services. We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint.

#### **Transportation Policies:**

Please note: Transportation is done at the discretion of the program and is not available for all services. Transportation will be in compliance with Mille Lacs Band of Ojibwe policy and procedure related to transportation.

- All passengers are required to wear seatbelts by law. Infants and young children will use car seats according to state law.
- Due to passenger side airbags, no child under the age of twelve years old, under 100 pounds and / or under 5 feet will be allowed to sit in the front passenger seat.
- Keys to the vehicle as well as other keys must be kept in the possession of staff at all times. Keys must never be accessible or left in the possession of clients.
- **Staff using their own vehicles for program business must submit proof of insurance to the Mille Lacs Band's Department of Human Resources.**
- Clients must assist in the safe operation of the vehicle by sitting quietly and remaining in his / her seat. No disruptive behavior will be tolerated.

#### **Client Conduct and Safety Procedures:**

For privacy reasons, all appointments with programs in the Mille Lacs Band of Ojibwe – Health & Human Services Division, will occur in spaces that have been reserved for use. Smoking is restricted to the outside radius of all Mille Lacs Band of Ojibwe buildings as indicated by signs. Smokers must be 18 years of age or older.

**Alcohol or drug use is not permitted in the building in general. If participants are suspected to be under the influence they will be asked to leave and may jeopardize their involvement with the services.**

Verbal or physical threats are prohibited. Anyone using racial or sexual slurs, or found to be acting physically or verbally threatening will be excluded from services & other activities, until staff has resolved the situation and feels confident that inappropriate behavior will not continue in the future.

**INFORMED CONSENT:**

I have received the following form:

- Client Rights & Responsibilities
- Confidentiality Statement
- Minnesota Data Practices Act
- Miscellaneous policies

I have had the opportunity to read and review these policies and address any questions or concerns about them and/or the information contained in them with my provider or other Substance Use Disorder department professional. I certify that I understand my rights as a recipient of Substance Use Disorder services, my responsibilities as a client of the Mille Lacs Band of Ojibwe’s Health & Human Services Division and my rights as a subject of data. I am aware of the limits to confidentiality regarding information about myself, child, family member or other person under my care and my provider has explained to me the exceptions to such confidentiality.

I give permission to the Mille Lacs Band of Ojibwe’s Health & Human Services Division to provide Substance Use Disorder services, or other clinical services to myself, child, or other person for whom I am responsible, including the provision of Substance Use Disorder services at an off-site setting (e.g., another health facility, county jail, etc.).” My signature constitutes my agreement and compliance to this document during the course of our professional relationship, and my understanding and acknowledgement of the rights and responsibilities in this document as explained to me.

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Today’s Date: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_  
(If client is a minor)