

Mash-ka-wisen Adult Client Handbook



Minnesota Indian
Primary Residential
Treatment Center, Inc.
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218-879-6731

Introduction

Welcome to Mash-ka-wisen Treatment Center. The word Mash-ka-wisen is an Ojibwe word meaning "to be strong and accept help." It is our hope that you will take this opportunity to reach out for help in improving your life situation. The treatment program is dedicated to assisting you in entering a life of recovery from ravishes of alcoholism and chemical dependency. We take this responsibility very seriously and have developed a program to assist you in entering recovery. The staffs are dedicated to providing you with the best available services to support you and your recovery. It is our hope that regardless of whatever situation brought you to treatment, you will take this opportunity to improve the quality of your life. We look forward to working with you in your recovery efforts.

Treatment Program

Individual Assessment

Each client upon entering treatment will be assessed by a trained chemical dependency therapist. This assessment will include questions regarding areas in your life such as; medical health, mental health, chemical use, legal history, family support, education, and employment status. All this information is to assist your therapist in working with you to develop an individualized treatment plan that best fits your needs.

Individual Treatment Plans

A primary therapist has been assigned to you. This individual will be responsible for developing with you an individual treatment plan that addresses your needs as they relate to your recovery efforts. Please take some time to think about what you want to accomplish and what you expect from us while you are in treatment.

Programming

Mash-ka-wisen has developed a basic treatment program to compliment your individual program. The program schedule is posted weekly. It is your responsibility to attend and participate in all schedule activities.

Cultural Programming

Mash-ka-wisen works with individuals with community-based wisdom to ensure clients have access to culture. Staffs draw together the strengths of mainstream, or Western, and Ojibwe knowledge. Clients are encouraged to ground themselves in culture through active participation in ceremony which includes: listening to insights and teachings from Elders, language teachings, incorporating smudging in prayer each day, and participating in a sweat lodge, moon, and grief ceremony. Mash-ka-wisen Cultural Teachers offer opportunity for individual growth. Staffs also are always attempting to include Clients in community events that are culturally relevant.

Family Programming

Clients have the opportunity to participate in family sessions. Family sessions are on an individual basis. This service can be accessed by discussing your needs with your primary therapist. For family whom must travel to make a session vouchers may be available.

Nursing Services

The nursing team at Mash-Ka-Wisen Treatment Center consists of licensed Registered Nurses and Licensed Practical Nurses providing care to clients seven days a week from 0645 until 2245. Services provided at Mash-Ka-Wisen include medication administration, interventions and assessments by licensed nursing staff, care plan management, educational lectures, and management of medical needs for after care planning, and one on one care focusing on medical diagnosis and needs specific to the Native American population. The nursing department works closely with our Medical Director and Certified Nurse Practitioner addressing and monitoring medical and physical needs for the overall well-being of clients while in our care.

Psychological and Psychiatric Services

Psychological services are offered to clients in need of help. In addition to substance use disorders, many clients struggle with mental health issues, such as depression or anxiety. Clients are referred for psychological services by their primary therapist. The services include psychological testing, screening with our psychologist and possible referral for psychiatric services. The purpose of psychological screening at Mash-ka-wisen is to identify and address current mental health needs in order to help clients in early recovery. Clients are also offered various assignments and strategies to help strengthen areas such as coping skills, communication skills and anger management to further aid in recovery.

Things you need to know

Confidentiality and Mandatory Reporting

As a client you are entitled to confidentiality regarding your presence in treatment, your progress, and what you share during treatment. There are some exceptions to this rule. When you sign a release of information the facility will release that information. Clients who have probation or parole officers those individuals have access to certain information. Staffs who have direct client contact are consider "mandatory reporters" and have to violate your confidentiality due to MN state statutes. Also staff are required by law, a duty to warn if you make a threat to do serious bodily harm or violence to another person. A more specific listing of your rights and confidentiality is contained in the "Client Bill of Rights" and "Health Care Bill of Rights" which are attached.

Telephone Calls

In order to protect your confidentiality, staff will not indicate to anyone calling of your presence in the facility. Family and friends of clients are encouraged to leave a message on the client call line and these will be posted for you throughout the day.

Each client is allowed 2 phone calls made on the office line typically in the evening hours or weekends during free time. These phone calls are limited to ten minutes to help everyone get an opportunity to make connections with family.

Pay phone is also available to all clients during the hours of 5:30p – 10p (Monday - Friday) and free time Saturday and Sunday. This pay phone is the property of an independent company, Mash-ka-wisen staff cannot fix or reimburse for lost phone time.

Clients may also request to make phone calls with their primary therapist.

Expectations

1. This facility is a drug free program. Prescribed medications are distributed by nursing staff. Any using or enabling another client to use is grounds for discharge.
2. Violence or intimidation is not allowed and will lead to immediate discharge.
3. Gambling of any type is prohibited.
4. Gang attire, gang signs, or gang endorsement will not be allowed. For this purpose all hats and bandanas are to be removed.
5. You must engage in all treatment programming; nursing staff is the only staff that can excuse you from programming. If you are excused, you are down for the day and will have a special dietary wellness meal brought to you.
6. Cell phones and all other electronic devices are not permitted. Radios with alarm clocks are allowed. No CDs or DVDs.
7. Clients are not allowed to buy, sell, or trade crafts, art or other handiwork.
8. Clients are expected to remain in the dining room at lunch and supper until excused by a staff member.
9. You are not allowed to remove food/dishes from the kitchen. For pest control, food will not be allowed in your rooms.
10. Clients are not to wear blankets or mittens through the serving line.
11. This is a tobacco free building. Chewing is prohibited inside. Mash Staff encourages chewers to be mindful of where they spit.
12. Once the sun sets, clients shall not be off the smoking patio. This is a safety precaution.
13. You are not to be in the lake for any reason or on the ice that is formed over the lake. Safety

Client Rights

You have the right:

To know the fees per unit of service and the method of billing, the names of insurance companies that have agreed to reimburse the counselor, the health maintenance organizations with whom the counselor contracts to provide service, whether the counselor accepts Medicare or reimbursement from consolidated chemical dependency treatment fund, and whether the counselor is willing to accept partial payment and in what circumstances.

A brief summary, in plain language of the theoretical approach used by the counselor in treating clients;

A statement of other health and social services that is available in the community, including where information concerning services is available.

You may obtain a copy of the rules of professional conduct from the Public Documents Division Minnesota Department of Administration. 200 Administration Building, 50 Sherburne Avenue, St. Paul, Minnesota 55155. 651-201-2555.

You have the right to report complaints to the Board of Behavioral Health and Therapy, University Park Place Plaza, 2829 University Avenue South East, Minneapolis, Minnesota 55414. 651-201-2759.

To reasonable notice of changes in counseling services or charges

To complete and current information concerning the counselor's assessment and recommended course of treatment, including the duration of treatment

Expect courteous treatment and to be free from verbal, physical, or sexual abuse by the counselor and staff.

Your records and transactions with the counselor are confidential unless release of these records is authorized in writing by you, or otherwise provided by law.

To be allowed access to records and written information from records according to Minnesota Statutes.

To choose freely among available counselors, and to change counselors after services have begun, within the limits of health insurance, medical assistance, or other payment programs or agreements.

To coordinated transfer when there will be a change in provider of services

To refuse services or treatment, unless otherwise provided by law

To assert your rights without retaliation

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

**PLEASE REVIEW IT CAREFULLY.
THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.**

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect 4/14/03 and will remain in effect until we replace it.

~~We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.~~

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

UNDERSTANDING YOUR HEALTH RECORD INFORMATION: Each time you visit Minnesota Indian Primary Residential Treatment Center, Inc. (MIPRTC) for services, a record of your visit is made. Typically, this record contains your symptoms, examination, test results, diagnosis, treatment, and a plan for future care. This information, is often referred to as your health record, serves as a:

- * Plan for your care and treatment
- * Communication source between health care professionals
- * Tool with which we can check results and continually work to improve the care we provide
- * Means by which Medicare, Medicaid or private insurance payers can verify the services billed
- * Tool for education of health care professionals
- * Source of information for public health authorities charged with improving the health of the people
- * Source of data for medical research, facility planning and marketing
- * Legal document that describes the care you receive

Understanding what is in your health record and how the information is used helps you to:

- * Ensure its accuracy
 - * Better understand why others may review your health information
 - * Make an informed decision when authorizing disclosures
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USES AND DISCLOSURES OF HEALTH INFORMATION

How MIPRTC may use and disclose health information about you: The following categories describe how we may use and disclose health information about you.

We will use and disclose your health information to provide your treatment.

For example: Your personal information will be recorded in your health record and used to determine the course of treatment for you. The actions taken and the observations made by the members of your healthcare team will be recorded in your health record so we will know how you are responding to treatment.

We will use and disclose your health information for payment purposes.

For example: If you have private insurance, Medicare, or Medicaid coverage, a bill will be sent to your health plan for payment. The information on or accompanying the bill will include information that identifies you, as well as your diagnosis.

We will use and disclose your health information for health care operations.

For example: We may use your health information to evaluate your care and treatment outcomes with our quality improvement team. This information will be used to continually improve the quality and effectiveness of the services we provide.

Notification: We may use or disclose your health information to notify or assist in the notification of a family member, personal representative or other authorized person(s) responsible for your care, unless you notify us that you object.

Communication with Family: MIPRTC may use or disclose your health information to others responsible for your care unless you object. For example, MIPRTC may provide your family members, other relatives, close personal friends or any other person you identify with health information which is relevant to that person's involvement with your care or payment for such care.

Interpreters: In order to provide you proper care and services, MIPRTC may use the services of an interpreter. This may require the use or disclosure of your personal health information to the interpreter.

Workers Compensation: MIPRTC may use or disclose your health information for workers compensation for workers compensation purposes as authorized or required by law.

Public Health: MIPRTC may use or disclose your health information to public health or other appropriate government authorities as follows:

- (1) MIPRTC may use or disclose your health information to government authorities that are authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or conducting public health surveillance, investigations, and interventions;
- (2) MIPRTC may disclose your health information to government authorities that are authorized by law to receive reports of child abuse or neglect, and
- (3) MIPRTC may disclose your health information to government authorities that are authorized by law to receive reports of other abuse, neglect, or domestic violence as required by law, or as authorized by law if MIPRTC believes it necessary to prevent serious harm. Where authorized by law, MIPRTC may disclose your health information to an individual who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.

Law Enforcement: MIPRTC may use or disclose your health information for law enforcement activities as authorized by law or in response to a court of competent jurisdiction.

Members of the Military: If you are a member of the military services including the Commissioned Corps of the United States Public Health Service, MIPRTC may use or disclose your health information if necessary to the appropriate military command authorities as authorized by law.

Health Oversight Authorities: MIPRTC may use or disclose your health information to health oversight agencies for activities authorized by law. These oversight activities include: investigations, audits, inspections, and other actions. These are necessary for the government to monitor the health care system, government benefit programs, and entities subject to government regulatory programs and/or civil rights laws for which health information is necessary to determine compliance.

Compelling Circumstances: MIPRTC may use or disclose your health information in certain other situations involving compelling circumstances affecting the health or safety of an individual. For example, in certain circumstances:

- (1) we may disclose limited protected health information where requested by a law enforcement official for the purpose of identifying or locating a suspect, fugitive, material witness or missing person;
- (2) if you are believed to be a victim of a crime, a law enforcement official requests information about you and we are unable to obtain your agreement because of incapacity or other emergency circumstances, we may disclose the requested information if we determine that such disclosure would be in your best interests;
- (3) we may use or disclose protected health information as we believe is necessary to prevent or lessen a serious imminent threat to the health or safety of a person;
- (4) we may use or disclose protected health information in the course of judiciary and administrative proceedings if required or authorized by law;
- (5) we may use or disclose protected health information to report a crime committed on MIPRTC health facility premises or when MIPRTC is providing emergency health care; and
- (6) we may make any other disclosures that are required by law.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voice-mail messages, postcards, or letters).

PATIENT RIGHTS

Access: You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we

cannot practicably do so. (You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of this Notice. If you request copies, we will charge you \$0.15 for each page to a maximum of \$25.00 and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee.)

Disclosure Accounting: You have the right to receive a list of instances in which we disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. (You must make your request in writing.) Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.

MIPRTC Responsibilities: The MIPRTC is required by law to:

- * Maintain the privacy of your health information
- * Inform you about our privacy practices regarding health information we collect and maintain about you
- * Notify you if we are unable to agree to a requested restriction
- * Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations
- * Honor the terms of this notice or any subsequent revisions of this notice

MIPRTC reserves the right to change its privacy practices and to make the new provisions effective for all protected health information it maintains. If MIPRTC makes any significant changes to this Notice, it will send you a copy within 60 days.

MIPRTC understands that health information about you is personal and is committed to protecting your health information.

MIPRTC will not use or disclose your health information without your permission, except as described in this notice and as permitted by the Privacy Act.

QUESTIONS AND COMPLAINTS

If you want more information about your privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

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 with us or with the U.S. Department of Health and Human Services.

Contact Office: Minnesota Indian Primary Residential Treatment Center, Inc.
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