

# Department of Human Services - Field Services: Client Handbook

**Mission:** To provide quality, efficient, and effective human services, which improve the lives of people.

**Core Values:**

***Person Centered Care:*** The unique characteristics, preferences, and goals of each client will be respected and at the center of all service planning and provision.

***Recovery Oriented:*** Recovery from Mental Health and Substance Use Disorders is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential (SAMHSA, 2011).

***Trauma Informed:*** A trauma-informed system is one in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system including clients, caregivers, and service providers.

***Integrated:*** It is recognized that quality care is integrative. Assessment and service planning include awareness of mental health, substance abuse, and physical health concerns. Necessary services are provided in a seamless and integrated manner.

***Transparent:*** Field Services will strive always to be open and honest in business practices and clinical work. Individuals served are partners in service plans developed and services provided.

***Accountability:*** It is critical to demonstrate that quality and effective services are being provided to all served. Input will be sought from clients regarding their experience with services and adjustments will be made as necessary to meet identified needs.

***Evidence-Based Practice:*** Individuals receiving services have a right to expect the availability and quality implementation of evidence-based practices across all areas of service provision.

***Data Driven:*** Data regarding key outcome and access areas is collected and reviewed in real-time to inform practice decisions to individually improve/individualize care for each client as well as inform agency level successes and quality improvement targets.

## **Welcome Statement from Dr. Rosalie Etherington**

Welcome to our Department of Human Services public behavioral health system. Thank you for choosing us for care and service. Your health, safety and well-being are our first priorities. It is our mission to foster health and healing for the people and the communities we serve. Our dedicated staff serve to provide outstanding quality care and superior service. We promise to provide you and your loved ones with exceptional care and compassion. We are your provider and your partner in your journey of recovery.

Warmest regards,

Rosalie Etherington, PhD  
HSC Chief Clinics Officer  
NDSH Superintendent

## **SERVICE OVERVIEW**

### **RESTORING HEALTH, HOME, AND COMMUNITY**

The Department of Human Services is dedicated to assisting individuals served in achieving wellness and the greatest overall quality of life including the restoration of health, home, and community. Services to assist with this are person-centered and rehabilitative in nature and include the provision of skills training, education, and community integration. This approach focuses on life functioning and has demonstrated long-term effectiveness for those with severe substance use disorders and/or serious mental illnesses/serious emotional disturbance.

### **SERVICE PROVISION**

All services will begin with an integrated assessment to determine diagnosis and function. Eligibility for services will be determined based on medical necessity and level of care determined necessary for an individual to attain recovery.

Residential Services, State Hospital, Life Skills, and Transition Center have eligibility requirements that include age limits, level of aggression, risk levels, severity in functioning, etc.

If you do not meet service level criteria at a Human Service Center, you will be provided information about community partner agencies that are able to provide your desired service. Assistance will be provided in scheduling an appointment with a community agency if you desire assistance.

#### **Emergency Services**

24-hour Emergency Services are available to all residents of North Dakota through the eight regional human service centers. This can include face to face screenings as well as crisis psychotherapy.

**Northwest Human Service Center** - Williston, ND

**24-Hour Crisis Line:** (701) 572-9111 or **Toll Free Crisis Line:** 1-800-231-7724

**North Central Human Service Center** - Minot, ND 58701

**24-Hour Crisis Line:** (701) 857-8500 or **Toll Free Crisis Line:** (888) 470-6968

**Lake Region Human Service Center** - Devils Lake, N.D.

**24-Hour Crisis:** (701) 662-5050 [collect calls accepted]

**Northeast Human Service Center** - Grand Forks, ND

**24-Hour Crisis Line:** (701) 775-0525

**Southeast Human Service Center** – Fargo, ND

**24-hour Crisis Line:** (701) 298-4500 or (888) 342-4900

**South Central Human Service Center – Jamestown, ND**  
**24-hour Crisis Line: (701) 253-6304**

**West Central Human Service Center – Bismarck, ND**  
**24-Hour Crisis Line: (701) 328-8899**

**Badlands Human Service Center - Dickinson, ND**  
**24-Hour Crisis Line: (701) 290-5719**

### **Open Access Assessments**

Each Regional Human Service Center has designated hours for Open Access Integrated Assessments. Please contact your local Human Service Center for their assessment hours.

Open Access allows clients to enter services on the day they are ready to engage in services. Clients will be screened to determine that the Human Service Center is the correct location for service delivery. If eligibility is met, the client will see a qualified professional for an integrated assessment.

### **Integrated Assessment (Mental Health and Substance Use Disorders)**

An Integrated Assessment at the beginning of service delivery allows for the client's needs to be determined with one comprehensive evaluation to determine the psychological and emotional state and the current level of functioning including dual conditions of mental health and substance use.

### **Integrated Service Plans**

Based on your needs, you and your treatment provider will determine your level of care to plan the appropriate length and intensity of services. The goal of your treatment services is to achieve your identified goals so that you can successfully transition out of treatment.

### **Outpatient Integrated Services**

- Mental health and substance use disorder programs are provided with a combination of interventions including group therapy, psychoeducation, skills training, skills integration, individual and family therapy for children, adolescents and adults
- Psychosocial Rehabilitation occurs with a multi-disciplinary team with a client's services providers
- Clients who are eligible for Case Management services are offered care coordination to assist with managing mental health and substance use disorder treatment needs.
- Psychiatric evaluation and medication management services for eligible clients
- Tele-Behavioral Health is delivery of health care services over two-way interactive video that allows providers to be present for assessment/evaluation, treatment and medication services by a health care provider or specialist who is at a different and

possibly distant location. Depending on the region and availability of providers and specialists, your location may utilize Tele-Behavioral Health services.

### **Residential Services**

- Residential services for Crisis, Substance Use Disorder treatment or Transitional Living are offered regionally
- Each residential facility has guidelines and program requirements that will be provided at the time of admission

### **Inpatient Adult Psychiatric Services**

- The Adult Psychiatric Services Unit at the North Dakota State Hospital provides services for patients age 18 and older who have a primary diagnosis of serious mental illness.
- Inpatient services include short-term stabilization, trauma program, gero-psychiatric services, and psychosocial rehabilitation services.
- A 16-bed transitional living program on campus provides a residential level of care for individuals preparing to return to their home communities.

### **Inpatient Chemical Dependency Services**

- The Chemical Dependency Services Unit at the North Dakota State Hospital provides services for patients age 18 and older who have a primary diagnosis of chemical dependency.
- Services include inpatient treatment for people who need medical intervention and monitoring, residential treatment for individuals who do not require higher levels of medical intervention, and services for individuals who are diagnosed with both a mental illness and chemical dependency.

### **Tompkins Rehabilitation Center (TRC)**

- TRC located at the North Dakota State Hospital consists of four programs contracted with the Department of Corrections and Rehabilitation (DOCR).
- TRC provides evidence-based and integrated assessment and treatment services for clients referred by the DOCR.
- Services focus on client-centered recovery to reduce risk for recidivism and problematic substance use increasing community integration and overall wellness.

### **Sex Offender Treatment and Evaluation Program SOTEP**

- The Sex Offender Treatment and Evaluation Program (SOTEP) provides diagnosis and treatment for North Dakota residents who have been referred to treatment for sexual offenses.
- The population is referred by the court system for evaluation and continuing treatment under civil commitment.
- Provides treatment opportunities that incorporate the necessary tools to assist with reintegration to society for civilly committed sexual offenders in a safe, secure, and humane environment that protects residents and the public.

**Life Skills and Transition Center**

- Comprehensive residential, day services, and clinical support agency for people with intellectual and developmental disabilities.
- Residential and day services located in Grafton, N.D. with applied behavior analysis and CARES outreach supports available through the Human Services Centers.
- The Center provides specialized services and is a safety net for people whose needs exceed community resources as demonstrated by all other services being exhausted.

## **General Information**

### **Patient Rights and Responsibilities**

As an individual, you have specific rights AND responsibilities.

#### **If you are receiving services at a Human Service Center, you have the right to:**

- Be treated with dignity and respect.
- Appropriate care based on individual needs.
- Receive complete and current information concerning your diagnosis, treatment, alternatives, risks, and prognosis as required. This information shall be in terms and language that is understandable.
- Participate in the planning of your health care.
- Refuse treatment based on the information provided.
- Respect and privacy as it relates to your care. Case discussion, consultation, examination, and treatment are confidential and shall be conducted discreetly.
- Confidential treatment of your personal and medical records, and the right to approve or refuse your release to any individual outside the facility.
- Consideration of your privacy, individuality, and cultural identity related to your social, religious, and psychological well-being.
- Voice grievances and recommend changes.
- Prompt resolution of any grievance without retaliation.
- Participate in development and implementation of your care plan.
- Reasonable access to care.
- Receive appropriate and prompt treatment of my psychiatric, substance abuse, and physical ailments.
- Not be subject to physical, emotional, or sexual abuse or harassment by employees or another client.
- Have services for male or female clients specific to gender needs.
- Receive notice of federal confidentiality requirements.
- The least restrictive conditions necessary to achieve treatment.
- Freedom from discrimination because of race, age, sex, religion, sexual orientation, disability, creed, color, national origin, or payment issues.
- Request and receive an explanation of your bill.

#### **Rights for those residing in Treatment Facilities include all of the above plus the following rights to:**

- Communicate privately with persons of your choice.
- Correspond with others in writing (at your expense).
- Send and receive mail without interference.
- Telephone correspondence.
- Gender specific accommodations (sleeping, bathing quarters, etc.)

I have the responsibility to:

- Be honest and direct.
- Know and follow the Human Service Center rules and regulations.
- Cooperate with care givers and follow my agreed upon treatment plan.
- Notify the staff if I do not understand my diagnosis, treatment, or expected behaviors.
- Accept the consequences of not following instructions or treatment plan.
- Ask questions if I don't understand something.
- Provide accurate and complete information about my symptoms, reasons for admission, past illnesses, past hospitalizations, and medication (including prescribed and non-prescribed medications and herbal remedies).
- Provide the name of any contact person to whom information may be released.
- Meet financial commitments related to my care.

**If you are receiving services at the North Dakota State Hospital, you have the right to:**

- Participate in the planning of my care, treatment, and discharge from the hospital and to have the assistance of a friend, family member, guardian, or protective service worker when I need their help. If I desire I can hire a consultant at my own expense.
- Least restrictive conditions necessary to achieve treatment, such as: only clinically justified restrictions and restraint; no emotional or physical abuse; a treatment plan with clear outcomes to achieve a discharge.
- Refuse unnecessary medications or treatment procedures to the extent permitted by law. When I do, I understand that the hospital/organization may seek legal alternatives such as orders for involuntary treatment. I will have the right to legal representation at any hearings.
- Have visitors, phone privileges, sending and receiving sealed mail, using personal clothing and possessions, getting outdoor exercise. These can only be limited by an order in my chart by a licensed medical staff. (Also included in this section is general visitor guidelines).
- Exercise all my civil rights, including voting.
- Discuss any issue or concern with my doctor or the appropriate hospital/organization department manager.
- Access to ethical information and to participate in ethical questions that arise in the course of my care including: withholding resuscitative services; foregoing or withholding all life sustaining treatment; participation in investigative studies or clinical trials.
- Be informed about outcomes of care, including unanticipated outcomes.
- Access to adaptive devices for communication.
- Be informed and/or formulate advanced directives.
- Information on procurement and donation of organs and tissues.
- Appropriate assessment of pain.
- Be cared for by staff who have been educated about patient rights and their role in supporting these rights.

**If you are receiving services at the North Dakota State Hospital Sex Offender Treatment and Evaluation Program the following also applies.**

### **25-03.3-23. Individual rights**

For so long as a committed individual is placed in and resides at a treatment facility, the committed individual has the same rights as other clients of the facility, subject to the following limitations and restrictions:

1. The individual's rights are subordinate to legitimate safety precautions and to the terms of the applicable individualized habilitation or treatment plan.
2. If an individual's rights are inconsistent with this chapter in a particular situation, the specific provisions of this chapter prevail.

If you are receiving services at the North Dakota State Hospital – Tompkins Rehabilitation Center the following also applies:

Those individuals under supervision or custody of Department of Corrections and Rehabilitation are subject to limitations and restrictions that are necessary for safety and security of facility, staff members, clients, public, and for the orderly administration of the facility

### **Access to Records**

You have a right to review and/or request copies of your client records. A copy of the Notice of Private Practices is included in this handbook which tells you how to request this information. The policy also explains the circumstances under which information can be provided without authorization and tells you how to submit a grievance should you feel that your rights have been violated

### **Attendance**

All services are considered voluntary by this organization, even in cases where clients are court-ordered to complete treatment services. However, by consenting to treatment services you are expected to actively engage in treatment services as identified in your Integrated Service Plan. (ISP)

It is important that you keep all scheduled appointments. If you are unable to attend a scheduled appointment, you are expected to provide notice of cancellation in advance. For Outpatient Services, if you are going to be late for an appointment or are unable to attend because of an unexpected emergency, you should immediately notify the agency.

If you are court ordered to attend evaluation and/or follow treatment recommendations and you fail to show for those appointments, the court will be notified.

## **Client Rights and Grievances**

The North Dakota Department of Human Services is committed to providing a treatment experience that is respectful of all clients and employees. As such, employees are expected to uphold the organization's standards of practice and client rights.

During registration, you will be provided your client handbook, which contains the organization's client rights and grievance policies. The policies explain how you can submit a grievance should you feel that your rights have been violated.

## **Civil Rights**

Discrimination means treating someone differently because of a particular characteristic such as race, color, sex, age, disability, or religion. DHS makes available all services and assistance without regard to the race, color, sex, age, disability, national origin, religion, political beliefs, or status with respect to marriage or public assistance. These laws must be followed by persons who contract with or receive funds to provide services for DHS, including the states eight regional Human Service Centers, the State Hospital, the Developmental Center, and county social services.

Further information is in the appendix of this document, posted at your DHS location or available upon request.

## **Code of Ethics**

North Dakota Department of Human Services is committed to providing services in a professional and ethical manner. Employees will protect your client rights and treat you with respect and dignity. If you ever feel that an employee is violating the organization's standard of ethical behavior, you may report this behavior by submitting a grievance to the agency director.

## **Communication Assistance**

North Dakota Department of Human Services contracts with CTS Language Link for telephone interpretation services for people with Limited English Proficiency. A quick phone call is all it takes to set up the services that are available 7 days per week, 24 hours per day. Please inform staff that you are requesting assistance and this will be coordinated for you.

## **Confidentiality**

Client's information will remain confidential. Policies and Procedures are designed to protect your information as well as information for others you may be with in programming.

## **Fees/Sliding Fee Scale**

North Dakota Department of Human Services utilizes a sliding fee scale to assist those with an inability to pay for services based on income eligibility. This will be determined at the time of registration for services.

It is your responsibility to update any changes with the business office that may impact your responsibility to pay for services.

**Pets/Service Animals**

The North Dakota Department of Human Services is committed to providing reasonable accommodations to persons with disabilities in fulfilling its responsibilities under Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA). Persons with disabilities may be accompanied by working service animals in the Human Service Centers and its department sites consistent with the provisions of the state policy. Review the state policy for further information or request information at your DHS location.

## **Health and Safety Information**

### **Safety and Security**

The North Dakota Department of Human Services (DHS) is committed to providing safe Behavioral Health Care environment and work places for clients and staff. All DHS facilities, contract facilities, and properties are weapons-free, including administrative offices and State Fleet Vehicles. Clients, staff, and visitors may not bring guns, knives, pepper spray, Tasers or other weapons into any DHS Human Service Center. (With the exception of Law Enforcement) Anyone who brings a weapon into a DHS Human Service Center will be asked to remove them to their personal vehicle or residence.

It is prohibited to use, manufacture, solicit, trade, and/or offer for sale alcohol, illegal drugs, unauthorized prescription medication or intoxicants on or in the property of the Department of Human Services.

In the event of an emergency safety protocols and procedures will be followed as directed.

### **Tobacco Use**

As of July 1, 2018, all North Dakota Behavioral Health facilities, including contracted residential services, are tobacco free zones. If you need assistance to refrain from tobacco use while in programming, please request medication assisted options, even if already offered to you.

### **Use of Cell Phones**

The North Dakota Department of Human Services is dedicated to ensuring safety and privacy for all individuals attending programming. Safe and reasonable access cell phones may be permitted with varying guidelines for cell phone usage depending on level of care, type of service and impact towards others in the same programming. Each facility will post identified cell phone usage guidelines and review with participants. Misuse of cell phones could result in a restriction including placing the phone in storage while in programming.

### **Advance Directives**

If you have concerns regarding your healthcare or mental health now or in the future, you are encouraged to consider completing an Advance Directive. The Advance Directive will assist you and your providers in meeting your medical or psychiatric needs.

At a time of medical or mental health crisis, you may not be able to make your wishes known. If you have an advance directive, your wishes will be clearer to others. Mental Health Advance Directives take effect only if and when you lack capacity to make decisions and your physician makes this conclusion in your medical record. Advance Directives stops being in effect when your physician decides that you have recovered the capacity to make decisions.

If you are interested in additional information about advance directives, speak to your treatment team or access other useful resources below.

Bazon Center for Mental Health Law  
[www.bazon.org](http://www.bazon.org)

North Dakota Protection and Advocacy  
[www.ndpanda.org](http://www.ndpanda.org)

North Dakota Medical Association  
[www.ndmed.org](http://www.ndmed.org)

National Hospice and Palliative Care:  
Caring Connections  
[www.caringinfo.org](http://www.caringinfo.org)

North Dakota Department of Human  
Services  
[www.nd.gov/dhs/services](http://www.nd.gov/dhs/services)

The National Alliance on Mental Illness  
[www.nami.org](http://www.nami.org)

Making Health Care Decisions in North  
Dakota:  
[Departingdecisions.com/NDAdvancedDirect  
ive](http://Departingdecisions.com/NDAdvancedDirective)

## **Appendix**

1. Notice of Privacy Practices (HIPAA)
2. Quality of Care and Formal Complaint
3. Client Financial Responsibility Supplement Information

**NOTICE OF PRIVACY PRACTICES \* \* \* Effective February 1, 2019**

North Dakota Department of Human Services  
HIPAA DN900 (02-19)

***THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.  
PLEASE REVIEW IT CAREFULLY.***

**MEANING OF CERTAIN TERMS:**

In this Notice, when we say “we” or “us”, we mean the staff of the Department of Human Services. When we say “Department”, we mean the Department of Human Services. When we say “you” or “your”, we are referring to the individual who is the subject of the protected health information (PHI) and a person who has authority to act on behalf of an individual in making decisions related to health care.

**UNDERSTANDING YOUR PERSONAL HEALTH INFORMATION (PHI):**

PHI covered by this Notice is any information that identifies you or could be used to identify you, that is created or received by the Department and that relates to your past, present, or future physical or mental health condition, including health care services provided to you and payment for such health care services. PHI may include your name, address, birth date, phone number, social security number, Medicare or Medicaid number, health information, diagnoses, treatments received, and information regarding your health insurance policies.

**DEPARTMENT’S CONFIDENTIALITY COMMITMENT:**

We are required under applicable state and federal law to maintain the privacy and security of PHI. We are required to provide you with this Notice about our privacy practices, our legal duties, and your rights regarding your PHI. We must follow the privacy practices described in this Notice while it is in effect. We reserve the right to change our privacy practices and this Notice at any time, provided such changes are permitted by law. We reserve the right to make changes to our privacy practices and the new terms of this Notice are effective for all PHI we maintain, including PHI created or received before we made the changes. Prior to making significant changes in our privacy practices, we will change this Notice, post it in the common areas of our facilities, on our website at [www.nd.gov/dhs/misc/clientrights.html](http://www.nd.gov/dhs/misc/clientrights.html), and make it available to our clients and others upon request. A copy may also be obtained by contacting the Privacy Officer. We will notify you in the event a breach of your unsecured PHI occurs and is discovered.

**HOW INFORMATION IS USED AND DISCLOSED BY THE DEPARTMENT:**

The following describes the ways we may use and disclose PHI. Except for the purposes described below, we will only use and disclose your PHI with your written authorization or written authorization of an individual with the legal authority to act on your behalf:

**For Treatment.** We may use and disclose PHI for your treatment and to provide you with treatment-related health care services. For example, we may disclose your PHI to a physician who needs the information to treat you.

**NOTICE OF PRIVACY PRACTICES \* \* \* Effective February 1, 2019**

North Dakota Department of Human Services  
HIPAA DN900 (02-19)

**For Payment.** We may use and disclose PHI so that we or others may bill and receive payment from you, an insurance company or third party, for the treatment and services you received. For example, we may disclose your PHI to the Medicaid or Medicare program or health plan payor to determine if they will make payment, to get prior approval, and to support any claim or bill. The disclosure may include information that identifies you, your diagnosis, or other necessary information for accurate payment.

**For Health Care Operations.** We may use and disclose PHI for health care operation purposes. These uses and disclosures are necessary to make sure that individuals receive quality care and to operate and manage our services and programs. For example, we may use and disclose your PHI to make sure the treatment or healthcare services you receive are of the highest quality.

**Permitted or as Required by Law.** We will use and disclose your PHI if state or federal laws permit or require it, including with the Secretary of Health and Human Services, Office of Civil Rights, for a compliance review or complaint investigation. Unless an exemption or restriction exists, we are required to disclose your PHI to you or to an individual with the legal authority to act on your behalf, specifically when you request access to, or an accounting of disclosures of, your PHI.

**Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services.** We may use and disclose PHI to contact you to remind you of an appointment with us and to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

**Research.** We may use and disclose PHI for research in limited circumstances where the PHI will be protected by the researchers.

**Business Associates and Qualified Service Organizations.** We may disclose PHI to our business associates or qualified service organizations that perform functions on our behalf or provide us with services, if the information is necessary for such functions or services.

**Health Oversight Activities.** We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities may include licensure, inspections, investigations, audits, or facility accreditation. These activities are necessary to monitor the health care system, government programs, and compliance with civil rights laws.

**Law Enforcement or Other Agencies.** We may disclose PHI to law enforcement personnel or other agencies for specific purposes, including reporting any suspected child abuse or neglect; domestic violence; or for the protection of vulnerable adults. We may also disclose PHI if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises or against our staff; (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime; and (7) is necessary to identify or apprehend

## **NOTICE OF PRIVACY PRACTICES \* \* \* Effective February 1, 2019**

North Dakota Department of Human Services  
HIPAA DN900 (02-19)

an individual because of a statement by the individual admitting participation in a violent crime or the individual escaped from a correctional institution or lawful custody.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures will only be made to a person or persons who may be able to help prevent the threat, including the target of the threat.

**Public Health Risks.** We may disclose PHI for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths, report suspected child abuse or neglect, report reactions to medications or problems with products, notify people of recalls of products they may be using, and the appropriate government authority if we believe a person has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Workforce Safety and Insurance.** We may disclose PHI for Workforce Safety and Insurance or similar programs that provide benefits for work-related injuries or illness.

**National Security and Intelligence Activities.** We may disclose PHI to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

**Military and Veterans.** If you are a member of the armed forces, we may disclose your PHI as required by military command authorities. We also may disclose your PHI to the appropriate foreign military authority if you are a member of a foreign military.

**Protective Services for the President and Others.** We may disclose PHI to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or to conduct special investigations.

**Data Breach Notification Purposes.** We may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your PHI.

**Inmates or Individuals in Custody.** If you are an inmate of a correctional institution or under the custody of law enforcement personnel, we may disclose your PHI to the correctional institution or law enforcement personnel if the disclosure is necessary for the institution to provide you with health care, to protect your health and safety or the health and safety of others, or the safety and security of the correctional institution.

**Lawsuits and Disputes.** We may disclose PHI in response to a court or administrative order, or if we are a party to litigation or potential litigation. We also may disclose PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

## **NOTICE OF PRIVACY PRACTICES \* \* \* Effective February 1, 2019**

North Dakota Department of Human Services  
HIPAA DN900 (02-19)

**Business Partners.** We may disclose PHI to our business partners who perform case management, coordination of care, other assessment activities, or payment activities, and who must abide by the same confidentiality requirements.

**De-identified Information.** We may disclose your information in a manner that does not identify you if there is no reasonable basis to believe that the information can be used to identify you.

**Best Interest.** We may disclose PHI in certain circumstances if, in the exercise of professional judgment, the disclosure is in your best interest.

**Organ and Tissue Donation.** If you are an organ donor, we may use or disclose your PHI to organizations that handle organ procurement or other entities engaged in procurement, banking, or transportation of organs, eyes, or tissues to facilitate organ, eye, or tissue donation and transplantation.

**Coroners, Medical Examiners, and Funeral Directors.** We may disclose PHI to a coroner or medical examiner to identify a deceased person or determine cause of death. We may also disclose PHI to a funeral director as necessary.

**Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care or payment for health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

**Disaster Relief.** We may disclose your PHI to disaster relief organizations that seek your information to coordinate your care or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever it is practical to do so.

**Fundraising.** Federal regulations require us to notify you that you have the option to opt out of fundraising contacts. However, we do not engage in fundraising activities.

**Uses and Disclosures Requiring Written Authorization.** We must obtain written authorization for the use and disclosure of your PHI for marketing purposes, disclosures that constitute the sale of your PHI, and for the use or disclosure of psychotherapy notes. We do not create or manage a public client directory.

### **YOUR RIGHTS:**

You or an individual with the legal authority to act on your behalf, have the following rights regarding your PHI:

**Right to Inspect and Copy.** You have a right to inspect and obtain a copy of your PHI that may be used to make decisions about your health care or payment for your health care. This includes medical and billing records, other than psychotherapy notes. To inspect or obtain a

## **NOTICE OF PRIVACY PRACTICES \* \* \* Effective February 1, 2019**

North Dakota Department of Human Services

HIPAA DN900 (02-19)

copy of your PHI, you must make your request in writing. We have up to 30 calendar days from receiving your request to make your PHI available to you. We will make every effort to provide access to your PHI in the form or format you request, if it is readily producible in such form or format. If the PHI is not readily producible in the form or format you requested, the information will be provided in either a readable hard copy or other form and format as agreed to. We may charge you a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. We may limit or deny your request in certain limited circumstances. You may have the right to request a review of the denial. We will notify you if we deny your request and tell you how to request a review of the denial, if applicable.

If we are unable to provide access to your PHI within 30 calendar days from receiving your request, we may extend the time by no more than 30 additional days. If we need to extend your access request, we will inform you, in writing, of the reasons for the delay and the date by which we will provide access.

**Right to Direct PHI to a Third Party.** You have the right to request that your PHI be sent to an individual or entity, designated by you. You must make your request in writing. Your written request must clearly identify the designated individual or entity and where to send the PHI. We will make every effort to provide the PHI in the form or format you request, if it is readily producible in such form or format. If the PHI is not readily producible in the form or format that you request, the PHI will be provided in either a readable hard copy or other form or format as agreed to.

**Right to Amend.** If you feel that the PHI we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we maintain the information. To request an amendment, you must make your request in writing. In certain situations, we may deny your request. If we deny your request, you may have a statement of your disagreement added to your record.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the PHI we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose to someone involved in your health care or the payment for your health care, like a family member or friend. To request a restriction, you must make your request in writing. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your PHI to a non-Medicaid health plan for payment or health care operation purposes, and the information you wish to restrict pertains solely to a health care item or service for which you have paid the non-sliding fee "out of pocket" expense in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment or the disclosure is required by law.

**Right to Revoke Permission.** You have the right to cancel or revoke an authorization you signed for the use or disclosure of your PHI, except to the extent we have already acted based on your authorization.

## **NOTICE OF PRIVACY PRACTICES \* \* \* Effective February 1, 2019**

North Dakota Department of Human Services  
HIPAA DN900 (02-19)

**Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures we made of your PHI for purposes other than treatment, payment, health care operations, or for which you provided written authorization. To request an accounting of disclosures, you must make your request in writing. We will account for disclosures we have made of your PHI for up to six years prior to the date on which the accounting is requested but not before April 14, 2003. We will not charge a fee for the first accounting given to you in a 12-month period. We may charge a reasonable cost-based fee for an additional accounting requested if 12 months have not passed since your last request.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about health care matters in a certain way or at a certain location, or both. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request in writing. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

**Right to a Paper Copy of This Notice.** You have the right to obtain a paper copy of this Notice upon request. You may request a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. You may obtain a copy of this Notice at our web site, [www.nd.gov/dhs/misc/clientrights.html](http://www.nd.gov/dhs/misc/clientrights.html), or you may obtain a paper copy of this Notice at all our facilities or by contacting the Privacy Officer.

**To Exercise Your Rights.** The above rights may be exercised only by written communication to us, in the form and manner prescribed by the Department, unless the written requirement is waived by the Department. Applicable forms may be obtained at any Department location or facility or on the Department's website: <http://www.nd.gov/eforms/?type=p&agency=3250>, and returned to any Department location or facility.

### **FOR MORE INFORMATION:**

If you have questions and would like additional information, you may contact the Administrative Assistant, toll-free at 1-800-472-2622, ND Relay TTY toll-free at 1-800-366-6888, or by mail to: North Dakota Department of Human Services, State Capitol, 600 East Boulevard Avenue, Dept. 325, Bismarck, ND 58505-0250.

### **TO FILE A COMPLAINT:**

If you believe that your privacy rights have been violated, you may file a complaint with the unit of the Department where you received services. All complaints must be made, in writing, by filing SFN 934, "Request for Informal Privacy Conference". If you need additional information on how to file a privacy complaint involving a unit of the Department, you may contact the Department's Privacy Officer, toll-free at 1-800-472-2622, ND Relay TTY toll-free at 1-800-366-6888, or by mail to: Privacy Officer, North Dakota Department of Human Services, State Capitol, 600 East Boulevard Avenue, Dept. 325, Bismarck, ND 58505-0250. You may also file a complaint with the Secretary of Health and Human Services by writing to or calling: U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, toll-free at 1-800-368-1019, TDD toll-free at 1-800-537-7697, or email: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov).

***There will be no retaliation against you for filing a complaint.***

**NOTICE OF PRIVACY PRACTICES \* \* \* Effective February 1, 2019**

North Dakota Department of Human Services  
HIPAA DN900 (02-19)

**ADDITIONAL NOTICE REGARDING CONFIDENTIALITY OF SUBSTANCE USE  
DISORDER PATIENT RECORDS**

The confidentiality of substance use disorder patient records maintained by Substance Use Disorder Programs is protected by Federal law and regulations. Generally, a Substance Use Disorder Program may not inform any person outside the Substance Use Disorder Program that a patient attends the program, or disclose any information identifying a patient as having or having had a substance use disorder unless:

1. The patient consents in writing;
2. The disclosure is allowed by a proper court order;
3. The disclosure is made to medical personnel in a medical emergency;
4. The disclosure is made to qualified personnel for research, audit, or program evaluation;
5. The patient commits or threatens to commit a crime on the premises of the program or against program personnel;
6. The disclosure is made to the appropriate state or local authorities to initially report suspected child abuse or neglect; or
7. Federal law or regulations allow the disclosure of such information.

**MINOR PATIENTS:**

Federal law and regulations, along with North Dakota State Law, restrict the disclosure of information regarding a minor, 14 years of age or older with sufficient capacity, unless the minor has consented in writing to the disclosure. This includes any disclosure of patient identifying information to the parent or guardian of a minor, 14 years of age or older, for the purpose of obtaining financial reimbursement.

Federal law and regulations, along with North Dakota State law, restrict the disclosure of information regarding a minor, 13 years of age or younger with sufficient capacity, unless both the minor and his or her parent, guardian, or other person authorized under State law to act in the minor's behalf, have consented in writing to the disclosure.

**VIOLATIONS:**

Violation of Federal law and regulations by a Substance Use Disorder Program is a crime. In accordance with Federal regulations, suspected violations may be reported to one of the United States Attorney's Office for District of North Dakota at:

Quentin N. Burdick United States Courthouse  
U.S. Attorney's Office  
655 First Avenue North, Suite 250  
Fargo, ND 58102-4932  
Phone: 1-888-716-7395  
Fax: (701) 297-7405  
TTY Phone: (701) 297-7444

William L. Guy Federal Building  
U.S. Attorney's Office  
220 East Rosser Ave, Room 372  
Bismarck, D 58502-0699  
Phone 1-888-828-8050  
Fax: (701) 530-2421  
TTY Phone: (701) 530-2441

**NOTICE OF PRIVACY PRACTICES \* \* \* Effective February 1, 2019**

North Dakota Department of Human Services  
HIPAA DN900 (02-19)

Or to the Substance Abuse and Mental Health Services Administration (SAMHSA) at:

Substance Abuse and Mental Health Services Administration  
5600 Fishers Lane  
Rockville, MD 20857  
Phone: 877-726-4727  
800-487-4889 (TDD)

See 42 U.S.C 290dd-2(g) for federal law; 42 CFR Part 2 for federal regulations governing the Confidentiality of Substance Use Disorder Patient Records; and North Dakota Century Code Sections 50-06-15 and 14-10-17.

## **Quality of Care and Formal Complaint**

The North Dakota Department of Human Services is committed to providing quality care and recovery based services to all individuals. You have the right to be free from discrimination, harm, sexual harassment, sexual abuse and retaliation by other clients, staff members, contractors, or volunteers.

Individuals have a right to complain and/or grieve services without fear of retaliation or discrimination. If your complaint or grievance cannot be addressed and satisfactorily resolved with your local provider, you have the right to contact any of the following:

### **Individuals receiving Outpatient Services**

Persons who need accommodations or have questions related to discrimination and the delivery of human services may contact any of the following offices. Written complaints may be filed with your local county social service office or any of the following

**Program Civil Rights Office**  
**North Dakota Department of Human Services**  
Legal Advisory Unit  
600 E. Boulevard Avenue, Department 325  
Bismarck, ND 58505-0250  
(701) 328-2311  
TTY 1-800-366-6888; FAX 701-328-2173

**U.S. Department of Health & Human Services**  
**Office of Civil Rights**  
200 Independence Ave. SW  
HHH Building, Room 509-F  
Washington, DC 20201  
(202) 619-0403  
TTY 1-800-537-7697; FAX 202-619-3437

**US Department of Health & Human Services**  
**Office for Civil Rights, Region VII**  
1961 Stout, Street, Room 08-148  
Denver, CO 80294  
1-800-368-1019  
TDD 1-800-537-7697; FAX 202-619-3818

**US Department of Agriculture**  
**Director, Office of Adjudication**  
1400 Independence Ave SW  
Washington, DC 20250  
1-866-632-9992  
TTY 1-800-877-8339; FAX 202-690-7442

### **Individuals receiving Residential or Inpatient Services**

**ND Department of Health**  
600 East Boulevard Avenue  
Bismarck, ND 58505-0200  
(701) 328-2352

**The Joint Commission**  
One Renaissance Boulevard  
Oakbrook Terrace, Illinois 60181  
compliant@jacho.org

Protection & Advocacy (P&A) is an independent state agency that protects and advocates for the rights of people with disabilities within established priorities. You may want to contact P&A to request assistance with a disabilities rights issue or to report abuse/neglect/exploitation. **You may contact P&A by calling their centralized intake at 1-800-472-2670.**

### **Individuals within Tompkins Rehabilitation Center**

The Prison Rape Elimination Act (PREA) states you may report incidents of sexual harassment or sexual abuse by any client, staff member, contractor or volunteer to any staff member verbally, in writing, anonymously, through third party reporting or to an outside agency such as:

**North Dakota Highway Patrol**  
205 6th St. SE  
Jamestown, ND 58401-4295  
(701) 251-6229

**Administrative Services Division**  
**North Dakota Highway Patrol**  
600 E Boulevard Avenue- Dept. 504  
Bismarck, ND 58505-0240

You may access outside victim advocates for emotional support services related to sexual abuse by contacting:

**Safe Shelter**  
PO BOX 1934  
Jamestown, ND 58402  
(701) 251-2300

**Just Detention International**  
3325 Wilshire Boulevard, Suite 340  
Los Angeles, CA 90010

**CLIENT FINANCIAL RESPONSIBILITY SUPPLEMENTAL INFORMATION**  
**NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES**  
**FISCAL ADMINISTRATION**  
SFN 1088 (4-2018)

1. Our fees are assessed according to a sliding fee scale, which is determined by family size and proof of income. This information will be required on an annual basis. Failure to disclose this information will result in you being charged full fee for services.
2. It is your responsibility to inform the human service center of any changes in income, family size, marital status, mailing address, telephone number, responsible party, insurance coverage changes, etc.
3. If the human service center does not have your current mailing address and you have a balance due on your account, your address on the billing statement will be reflected as No Forwarding Address and will result in your account being sent directly to collection.
4. A statement for services received will be generated on a monthly basis. All inquiries regarding the statement should be directed to the Regional Human Service Center Accounts Receivable Department at 1-866-275-2007 or 701-328-7050, and follow the prompts.
5. Routine monthly payment on your account is required. If you wish to make arrangements to set up monthly payments on an account that has not yet been turned over to the collection agency, please call 1-866-275-2007 or 701-328-7050, and follow the prompts.
6. Your insurance company information is required to enable us to submit claims for services you receive. If you fail to provide your insurance company information (a copy of the insurance card or the name/address/telephone number/policy number), you will not be eligible for the sliding fee scale. It is your responsibility to comply with requirements from your insurance company, as requested. This includes obtaining referrals as needed, as well as providing updated information your insurance may require.
7. You may restrict disclosure of protected health information to your insurance company (health plan) when you pay full fee for services, regardless of any sliding fee discount you may have qualified for, by filing SFN 1980, "Request to Restrict the Use and Disclosure of Protected Health Information (PHI)" with the Human Service Center.
8. There may be services you receive or services provided by a provider which may not be covered by your insurance. You will be billed for these non-covered services or services by a non-payable provider according to the sliding fee discount you may have qualified for.
9. If you receive payment directly from your insurance company for services received at the human service center and the Regional Human Service Center Accounts Receivable Department is unable to secure a copy of the Explanation of Benefits from your insurance company, you will be billed full fee for those services regardless of any sliding fee discount you may have qualified for.
10. Medicaid/Medical Assistance requires the client be seen for a brief evaluation by one of our licensed independent practitioners in order for us to be able to request reimbursement from Medicaid/Medical Assistance for services you receive, in compliance with Federal requirements. Failure to comply with this requirement will result in you being charged full fee for services, regardless of any sliding fee discount you may be qualified for. NOTE: You are responsible for the full amount of any assessed Recipient Liability and/or Copay amounts as sliding fee scale discounts do not apply.
11. Medicaid/Medical Assistance is the payer of last resort. All other insurances you have must be billed first. Failure to provide us with this information will result in you being charged full fee for services.
12. If you have Medicare, the sliding fee discount does not apply to coinsurance and/or deductible. You are responsible for the full amount and will be billed accordingly.
13. If you have a Medicaid Expansion Policy, the sliding fee discount does not apply to copay amounts. You are responsible for the full amount and will be billed accordingly.