

Clients Rights and Responsibilities

Policy

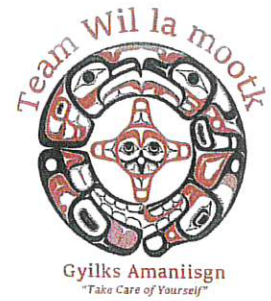
It is the policy of Wil la mootk Counseling Center (WLM) to respect the right of clients. Clients receive in writing a statement of their rights and responsibilities while receiving care at Wil la mootk Counseling Center.

Clients have the right:

- A. To receive care from Wil la mootk "Place of Healing" Counseling Services within our capability and mission and in compliance with the law.
- B. To have their cultural, psychosocial, spiritual, and personal values, beliefs, and preferences respected.
- C. To personal dignity.
- D. To be informed about what forms of treatment are available.
- E. To be involved in decisions about care, treatment, and services provided.
- F. To review their own record with clinical staff supervision and obtain a timely response to the request for copies of their record.
- G. To the confidentiality of their records except when released by written consent, court ordered, or reported anonymously as statistics.
- H. To view their billing records and obtain a timely response to the request for copies of that record.
- I. To file a grievance as established by company policy.
- J. To refuse care in accordance with law and regulation.
- K. To be informed about the outcomes of provided treatment, including unanticipated outcomes.
- L. To be free from mental, physical, sexual, and verbal abuse, neglect, and exploitation.
- M. To protective and advocacy services.
- N. To know the name, purpose, and side effects of any medications prescribed.
- O. To appropriate referrals that reflects the foregoing rights and values.

Clients have the responsibility:

- A. To actively participate in treatment.
- B. To provide accurate and complete information to their care provider during your care.
- C. To ask questions when they do not understand an aspect of their care.
- D. To follow mutually agreed upon guidelines or instructions during treatment.
- E. To accept the consequences if treatment guidelines or instructions are not followed.



Limits of Confidentiality

Information discussed in the therapy or group setting is held confidential and will not be shared without written permission except under the following conditions:

1. The client threatens suicide.
2. The client threatens harm to another person(s), including murder, assault, or other physical harm.
3. The client is a minor (under 18) and reports suspected child abuse, including, but not limited to, physical beatings, sexual abuse, emotional abuse, or neglect.
4. The client reports abuse of the elderly.
5. The client reports sexual exploitation by a therapist.

State law mandates that mental health professionals may need to report these situations to the appropriate persons and/or agencies.

Communications between the clinician and client will otherwise be deemed confidential as stated under the laws of this state.

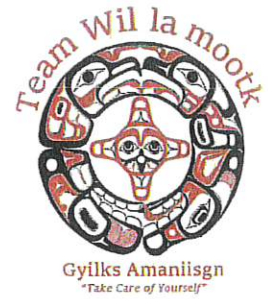
Having read and understood the above, I agree to these limits of confidentiality.


Name of Parent/ Guardian

Date

Signature of Parent/ Guardian

Signature of Staff



METLAKATLA INDIAN COMMUNITY  WIL LA MOOTK POLICY & PROCEDURE	SECTION:	NUM- BER:	PAGE :
	TITLE: TIMELINES FOR SERVICES		
ATTACHMENTS/FORMS: Intake Packet 1. Behavioral Health Assessment (BHA) 2. Psychosocial History 3. Screening Tools: (LOCUS), (CASII) and (ECSII) 4. Treatment Plan Development and Review Other psychometric tools as needed.	APPROVED: MIC	DATE: 5/8/13	
	INITIATED: 3/29/13		
	REVIEWED:		
	REVISED: 4/23/14, 9/17/18		
	POLICY OWNER:		

Purpose:

The purpose of this policy is to define the course of action from intake to discharge, considering the healthiest way to present questions to clients (focused on getting as much information as possible without lengthy duress) to properly prepare assessment that allows for best fit diagnosis and Treatment plan.

Scope:

This policy applies to employees and contractors of Metlakatla Indian Community Wil la mootk Counseling Center (WLM).

Policy:

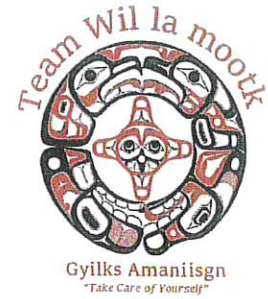
WLM will establish reasonable timelines to provide services to clients. These timelines are set and reviewed by the WLM Director on a regular basis.

Definitions:

- BHA: Behavioral Health Assessment
- CASII: Child and Adolescent Service Intensity Instrument, a screening tool for ages 6-18
- ECSII: Early Childhood Service Intensity Instrument, a screening tool for ages 0-5
- LOCUS: Level of Care Utilization System, a screening tool for adults
- MSS: Metlakatla Social Services
- WLM: Wil la mootk Counseling Center

Responsibilities:

Wil la mootk Counseling Center
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271 8th Avenue
Metlakatla, AK 99926
Tel 907-886-6911 Fax 907-886-6917



Notice of Privacy Practices

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

If you have any questions about this Notice please contact our Privacy Officer at 886-6911 or contact via mail at Wil la mootk Counseling Center Post Office Box 8; Metlakatla, Alaska 99926. You may also contact the Office of Civil Rights at 200 Independence Avenue, S.W.; Washington, DC 20201, or reach the Secretary by phone at (202) 690-7000.

OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION (PHI)

“Protected health information” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services. We understand that your PHI is personal. We are committed to protecting your PHI and to sharing minimum necessary information required to accomplish the purpose. We create a record of the care and services you receive through the Wil la mootk Counseling Center. This notice applies to all of the PHI compiled about you during your care with our agency.

This Notice of Privacy Practices describes how we use and disclose your protected health information to carry out treatment, payment or healthcare operations and for other purposes that are permitted or required by law (see in the body of the Notice). It also describes your rights to access and control your PHI.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. Whenever there is a material change to the uses and disclosures of PHI, we will promptly revise and distribute our Notice and the Revised Notice will be available for you at your next visit to the agency.

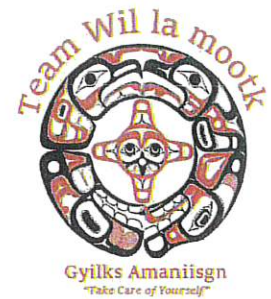
I. Uses and Disclosures of Protected Health Information

When you come into our agency there are many forms that you will need to complete and data that you will provide. We are required to compile much of this information by our funders. Your PHI may be used and disclosed by our agency, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing services to you.

Your PHI may also be used and disclosed to pay your health care bills and to support the operation of the provider’s practice.

Following are examples of the types of uses and disclosures of your protected healthcare information that we will make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

A. Treatment: We will use and disclose your PHI to provide, coordinate, or manage your healthcare and any related services. This includes the coordination or management of your healthcare. We will also share information that you provide with supervisors or our internal team members so that they can assist in determining the best course of care and services for you.



B. Payment: Your PHI will be used, as needed, to obtain payment for the services that we provide. This may include certain activities that your health insurance plan or service funder may undertake before it approves or pays for the healthcare services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the health plan/funder to obtain approval for the hospital admission. We may also disclose your information to another provider involved in your care as part of ensuring your eligibility for services.

C. Healthcare Operations: We may use or disclose, as-needed, your PHI for our own healthcare operations in order to provide quality care to all consumers, to assess staff training needs or to ensure the efficiency of program operations. Healthcare operations include such activities as:

- Quality assessment and improvement activities,
- Employee review activities,
- Training programs including those in which students, trainees, or practitioners in healthcare learn under supervision,
- Accreditation, certification, licensing, or credentialing activities,
- Review and auditing, including compliance reviews, record reviews, legal services and maintaining compliance programs, or
- Business management and general administrative activities.

In certain situations, we may also disclose patient information to another provider or health plan for their healthcare operations.

D. Other Uses and Disclosures: As part of treatment, payment and healthcare operations, we may also use or disclose your PHI for the following purposes:

- To remind you of an appointment,
- To inform you of potential treatment alternatives or options,
- To inform you of health-related benefits or services that may be of interest to you.

II. Other Permitted Uses and Disclosures

Others Involved in Your Healthcare: We may use or disclose PHI to your guardian or personal representative or any other person that is directly responsible for your care. Finally, we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your healthcare.

- **Communication Barriers:** We may use and disclose your PHI if we attempt to obtain an authorization from you but are unable to do so due to substantial communication barriers that we cannot overcome and we determine, using professional judgment, that you intend to provide authorization to share information.

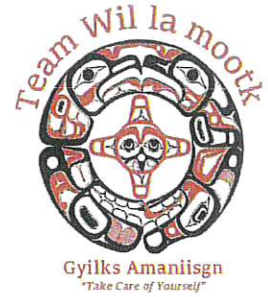


III. Other Required Uses and Disclosures

We may use or disclose your PHI in the following situations without your authorization. These situations include:

- A. In Connection With Judicial and Administrative Proceedings:** We may disclose your PHI in the course of any judicial or administrative proceedings in response to an order of a court or magistrate as expressly authorized by such order or in response to a signed authorization.
- B. To A Designated Hospital To Which A Client Is Involuntarily Committed:** We may disclose PHI to assure continuity of care.
- C. To Report Abuse, Neglect or Domestic Violence:** We may notify government authorities if we believe that a patient is the victim of abuse, neglect, or domestic violence. We will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.
- D. Health Oversight Activities:** We may disclose your PHI to a health oversight agency for activities authorized by law, such as audits; civil, administrative or criminal investigations, proceedings or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight as authorized by law. We will not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of healthcare or public benefits.
- E. In a Medical or Psychological Emergency:** We may disclose your PHI to direct medical service or mental health personnel if a medical or psychological emergency arises.
- F. For Research Purposes:** We may disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.
- G. When Legally Required:** We will disclose your PHI when we are required to do so by any Federal, State or local law.
- H. Imminent Threat to Health or Safety:** Consistent with applicable federal and state laws, we may disclose your PHI, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- I. To Division of Mental Health and Developmental Disabilities in accordance with 7 ACC 71.400 - 7 ACC 71.449.** We will disclose PHI to DMHDD for health oversight activities specifically identified in Alaska law.
- J. For all other disclosures of your PHI we must obtain a written authorization for release of information from you. This authorization must include:**
- Specific person to whom the information is being released
 - Purpose of the release
 - Date of the release –time frame
 - Specific information or documents that are being released
 - Opportunity to revoke consent.

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F. Right to a Paper Copy of This Notice: You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

V. Complaints:

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint in writing, with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Officer as follows for further information about the complaint process:

Edith Guthrie - Business Manager
P.O. Box 8
Metlakatla, Alaska 99926
PHONE: (907) 886-6911 FAX: (907) 886-6917

You may also file a complaint with the Secretary of Health and Human Services at 200 Independence Avenue, S.W.; Washington, DC 20201, or reach the Secretary by phone at (202) 690-7000.

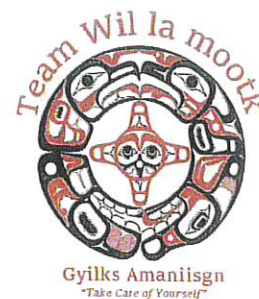
There will be no retaliation for filing a complaint.

VI. Changes to This Notice:

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for PHI we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our office. The notice will contain on the first page, in the top right-hand corner, the effective date. You will be offered a copy of the current notice when you visit our officers for services.

VII. Effective Date:

This Notice of Privacy Practices is effective December 21, 2011



All WLM staff will become knowledgeable about and adhere to the policies and procedures regarding Timelines for Services. Failure to comply with the Timelines for Services policy and procedures will result in disciplinary action up to and including dismissal.

Procedures:

Intake

- 1.. Intake packet is verified for completeness by Administrative Assistant when the completed paperwork is received from the client or parents/guardians. Documents are then routed to the Case Manager.
2. Intake interview is scheduled after the completed intake packet is received by the Case Manager.
 - A... The Case Manager conducts the Intake Interview with client and/or parents/guardians as appropriate.
 - B. Copies of insurance documentation are made if available.
 - C. If the client has no insurance, payment arrangements are discussed.
 - D. If the client is court ordered, the client is advised to produce their court documents and the assessment fee (in full or partial) to the next appointment.
 - E. The Case Manager explains limits of confidentiality and other documents in the Intake Packet. All pertinent papers are signed and dated by client or parents/guardians and the Case Manager signs applicable documents as a witness.
3. The completed packet is submitted to director for clinician assignment. Director determines where potential case resides in care triage and will determine if treatment begins immediately, or client is assigned to waitlist.
4. Once the case is assigned, intake packet is returned to case manager to create a profile in AKAIMS.
5. Case manager then schedules one 45-minute appointment with the assigned clinician for The Screening Tool and further interview questions.

Screening Tool

1. During the clients first appointment the clinician completes the Screening Tool with the client. Additional interview questions are posed to help the clinician determine the client's needs and to determine initial diagnosis.
2. Billing and notes are completed, and billing sheet is submitted to the Business Manager.
3. Before the Behavioral Health Assessment (BHA) can be written, the client must be admitted for services (by clinician or case manager).

Assessment



1. The Behavioral Health Assessment (BHA) is completed as soon as possible following Screening, preferably within one week of receiving intake packet.
2. A BHA includes but is not limited to information obtained in the client's Psychosocial History, substance abuse history, and medical history. The Screening Tool is completed with every intake assessment. Clinicians review risk factors for infectious diseases and plan treatment accordingly. Substance use, abuse, or dependence screening is included within the Psychosocial History form and may also include other screening tools.
3. Billing and notes are completed, and billing sheet is submitted to the Business Manager.

D. Individualized Treatment Plan

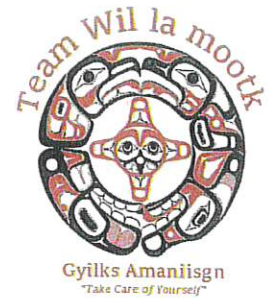
1. A Treatment Plan (aka Opportunity Plan) is prepared by the clinician based on the client's words. This is done after the Behavioral Health Assessment is completed and signed off in AKAIMS by the clinician.
2. Scheduling of services is completed by case manager with input from others during Team Meeting.
3. The Case Manager adds client to treatment lists.
4. The Administrative Assistant prepares the client files.
5. The Case Manager schedules a 45-minute appointment for the Treatment Plan review (15 minutes for review and additional 30 minutes for first session) with client and/or parents/guardians and other team members. Team members sign the agreed upon Treatment Plan. Note or have client or parents/guardians write comments before signing. Treatment session with Clinician can proceed, and additional treatment sessions with Clinician and/or BHA (according to Treatment Plan) can now be scheduled. Clinician signs off in AKAIMS.
6. Treatment Plans must be reviewed at least every 90 days. Treatment Plan updates are completed if diagnosis, treatment, or situational changes occur with client.

E. Contacts/ treatment

1. All client contacts are documented within 24 hours of the contact.
2. Should the situation or services change during treatment, an assessment update or Treatment Plan update are completed, and the updates discussed with assigned staff within one week of the change.

F. Discharge Preparation Notice

1. If a client misses three (3) or more scheduled appointments without notice or has not contacted the office for a month, the clinicians will review the case and a letter may be sent



by the clinician advising the client's parents/guardians that the client's file may be closed in 15 days, or notification made to Metlakatla Social Services (MSS) if appropriate.

2. Staff document efforts to contact the client (i.e., phone calls to the last known phone number and home visits) prior to sending a discharge preparation notice as the primary BHA, Case Manager, Clinician, and Director deem appropriate. All documentation is submitted to the Administrative Assistant for filing.

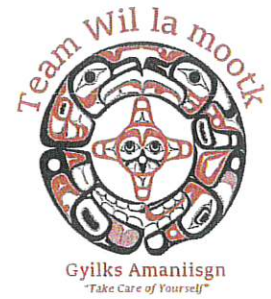
G. Administrative Discharge


1. If no contact is made after 15 days of the discharge preparation notice being sent, a discharge summary is completed, discharge letter sent, and copies are placed in the file.
2. If there is a pattern of the client/family not engaging in treatment, every effort is made to encourage communication of needs. If the client is a ward of Metlakatla and treatment is mandated, the Metlakatla Social Services (MSS) Director is informed of treatment status. The Director or Individual and Family Therapist will follow through on requests made by the MSS Director that are within the scope of treatment and services provided. This may include but is not limited to issuing a discharge preparation notice.

H. Completion of Services Discharge

1. Clients who have completed the conditions of their ascribed Treatment Plan's will be given a certificate of completion/achievement and will be notified of their graduation (as applicable).
2. All clients are encouraged to contact WLM if services are required in the future and to keep staff apprised of client's health and well-being. Addictions "completion of services" graduation is determined by the clinician and substance abuse counselor based upon the following criteria:
 - A. Abstinence from or a marked amelioration of the addiction as evidenced through urinalyses, self-report, collaborating collateral reports, or other means suitable to clinician or substance abuse counselor.
 - B. Successful completion of and participation in a prescribed (but flexible as to individual needs) number of sessions or hours of individual, family, or group sessions.

And the clinician or substance abuse counselor and the client's holistic view of the progress achieved by the client



METLAKATLA INDIAN COMMUNITY  WIL LA MOOTK POLICY & PROCEDURE	SECTION:	NUM- BER:	PAGE :
	TITLE: GRIEVANCES		
ATTACHMENTS/FORMS: Grievance form	APPROVED: MIC	DATE: 5/8/13	

Purpose:

To provide clients and employees the opportunity to appeal decisions made by Wil la mootk Counseling Center (WLM) without fear of reprisal.

Scope:

This policy applies to employees and clients of Metlakatla Indian Community Wil la mootk Counseling Center.

Policy:

It is the policy of WLM to offer clients and employees the ability to file grievances and to appeal decisions made by WLM staff members. The purpose of this procedure is to establish protocol for resolving complaints.

Definitions:

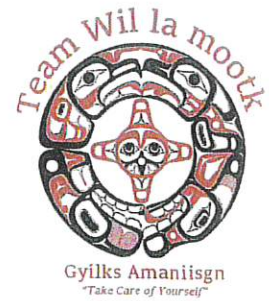
- Grievant: a person who submits a complaint for arbitration
- HEW: Health, Education and Welfare
- WLM: Wil la mootk Counseling Center

Responsibilities:

All WLM staff will be knowledgeable about and adhere to the guidelines established for client grievances. Failure to comply with the Client Grievance policy and procedures will result in disciplinary action up to and including dismissal.

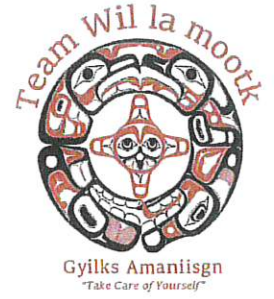
Procedures:

Grievances made against WLM staff or services must be submitted in writing to the WLM Director.



1. At intake, clients and their parent/guardian are provided with a copy of the WLM grievance policy. Grievance forms are available upon request.
 2. All grievances must be signed and dated and submitted within 5 days of the alleged incident.
- B. The Director will assess the documentation, assemble involved staff members, investigate the aggrieved situation, and decide regarding the outcome.
- C. The decision is submitted in writing to the grievant as soon as the situation is evaluated. If an individual is not satisfied with the Director's
- D. decision, he or she has the right to appeal.
1. In the case of an appeal:
 - a. The individual must submit a written, signed, and dated appeal to the Metlakatla Indian Community-Health, Education and Welfare (HEW) Advisory Committee within 5 working days from the date of the Director's documented decision. The appeal must state why the individual disagrees with the decision.
 - b. The HEW committee will determine if the decision was made in compliance with policy and procedures.
 - c. The committee members will investigate the aggrieved situation to the degree possible and will make the final decision in writing after the information has been evaluated.
 - d. The final decision is submitted in writing from the HEW advisory committee to the grievant, Director and the Mayor's office as soon as the situation is evaluated.
- E. Employee grievances follow MIC TITLE FIVE GOVERNMENT CODE CHAPTER 9 PERSONNEL POLICIES AND PROCEDURES; SECTION FIVE.9.7 EMPLOYEE GRIEVANCE.
- F. WLM prohibits any form of retaliation against those who make bona fide reports of possible non-compliance.

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Acknowledgement of Notice of Privacy Practices

I acknowledge that I have received a written copy of the Wil la mootk Counseling Center—
Notice of Privacy Practices. I also acknowledge that I have been allowed to ask questions concern-
ing this notice of my rights under this notice. I understand that this form will be part of my record
until such time as I may choose to revoke this acknowledgement. If I am not the patient, I
Represent that I am authorized by law to act for and on the patient's behalf.

Date

Signature of Patient or Authorized Agent

TO BE COMPLETED BY STAFF OF the Wil la mootk Counseling Center IF NO ACKNOWLEDGEMENT CAN BE OBTAINED:

Good faith efforts were made to obtain acknowledgement from the patient or patient's authorized
Agent. The Good faith efforts made, and the reason acknowledgement could not be obtained were:

- Patient (or Authorized Agent) refused to sign after being requested to do so.
- Other (Please describe) _____

Date

Signature of Wil la mootk Counseling Center = Associate

- Copy of this acknowledgement was provided to client

PERMANENT CHART COPY