144.651 HEALTH CARE BILL OF RIGHTS.

Subdivision 1. **Legislative intent.** It is the intent of the legislature and the purpose of this section to promote the interests and well being of the patients and residents of health care facilities. No health care facility may require a patient or resident to waive these rights as a condition of admission to the facility. Any guardian or conservator of a patient or resident or, in the absence of a guardian or conservator, an interested person, may seek enforcement of these rights on behalf of a patient or resident. An interested person may also seek enforcement of these rights on behalf of a patient or resident who has a guardian or conservator through administrative agencies or in district court having jurisdiction over guardianships and conservatorships. Pending the outcome of an enforcement proceeding the health care facility may, in good faith, comply with the instructions of a guardian or conservator. It is the intent of this section that every patient's civil and religious liberties, including the right to independent personal decisions and knowledge of available choices, shall not be infringed and that the facility shall encourage and assist in the fullest possible exercise of these rights.

Subd. 2. **Definitions.** For the purposes of this section, "patient" means a person who is admitted to an acute care inpatient facility for a continuous period longer than 24 hours, for the purpose of diagnosis or treatment bearing on the physical or mental health of that person. For purposes of subdivisions 4 to 9, 12, 13, 15, 16, and 18 to 20, "patient" also means a person who receives health care services at an outpatient surgical center or at a birth center licensed under section 144.615. "Patient" also means a minor who is admitted to a residential program as defined in section 253C.01. For purposes of subdivisions 1, 3 to 16, 18, 20 and 30, "patient" also means any person who is receiving mental health treatment on an outpatient basis or in a community support program or other community-based program. "Resident" means a person who is admitted to a nonacute care facility including extended care facilities, nursing homes, and boarding care homes for care required because of prolonged mental or physical illness or disability, recovery from injury or disease, or advancing age. For purposes of all subdivisions except subdivisions 28 and 29, "resident" also means a person who is admitted to a facility licensed as a board and lodging facility under Minnesota Rules, parts 4625.0100 to 4625.2355, a boarding care home under sections 144.50 to 144.56, or a supervised living facility under Minnesota Rules, parts 4665.0100 to 4665.9900, and which operates a rehabilitation program licensed under chapter 245G or 245I, or Minnesota Rules, parts 9530.6510 to 9530.6590.

[See Note.]

Subd. 3. **Public policy declaration.** It is declared to be the public policy of this state that the interests of each patient and resident be protected by a declaration of a patients' bill of rights which shall include but not be limited to the rights specified in this section.

Subd. 4. **Information about rights.** Patients and residents shall, at admission, be told that there are legal rights for their protection during their stay at the facility or throughout their course of treatment and maintenance in the community and that these are described in an accompanying written statement of the applicable rights and responsibilities set forth in this section. In the case of patients admitted to residential programs as defined in section 253C.01, the written statement shall also describe the right of a person 16 years old or older to request release as provided in section 253B.04, subdivision 2, and shall list the names and telephone numbers of individuals and organizations that provide advocacy and legal services for patients in residential programs. Reasonable accommodations shall be made for people who have communication disabilities and those who speak a language other than English. Current facility policies, inspection findings of state and local health authorities, and further explanation of the written statement of rights shall be available to patients, residents, their guardians or their chosen representatives upon reasonable request to the administrator or other designated staff person, consistent with chapter 13, the Data Practices Act, and section 626.557, relating to vulnerable adults.

Subd. 5. **Courteous treatment.** Patients and residents have the right to be treated with courtesy and respect for their individuality by employees of or persons providing service in a health care facility.

Subd. 6. **Appropriate health care.** Patients and residents shall have the right to appropriate medical and personal care based on individual needs. Appropriate care for residents means care designed to enable residents to achieve their highest level of physical and mental functioning. This right is limited where the service is not reimbursable by public or private resources.

Subd. 7. **Physician's or advanced practice registered nurse's identity.** Patients and residents shall have or be given, in writing, the name, business address, telephone number, and specialty, if any, of the physician or advanced practice registered nurse responsible for coordination of their care. In cases where it is medically inadvisable, as documented by the attending physician or advanced practice registered nurse in a patient's or resident's care record, the information shall be given to the patient's or resident's guardian or other person designated by the patient or resident as a representative.

Subd. 8. **Relationship with other health services.** Patients and residents who receive services from an outside provider are entitled, upon request, to be told the identity of the provider. Residents shall be informed, in writing, of any health care services which are provided to those residents by individuals, corporations, or organizations other than their facility. Information shall include the name of the outside provider, the address, and a description of the service which may be rendered. In cases where it is medically inadvisable, as documented by the attending physician or advanced practice registered nurse in a patient's or resident's care record, the information shall be given to the patient's or resident's guardian or other person designated by the patient or resident as a representative.

Subd. 9. **Information about treatment.** Patients and residents shall be given by their physicians or advanced practice registered nurses complete and current information concerning their diagnosis, treatment, alternatives, risks, and prognosis as required by the physician's or advanced practice registered nurse's legal duty to disclose. This information shall be in terms and language the patients or residents can reasonably be expected to understand. Patients and residents may be accompanied by a family member or other chosen representative, or both. This information shall include the likely medical or major psychological results of the treatment and its alternatives. In cases where it is medically inadvisable, as documented by the attending physician or advanced practice registered nurse in a patient's or resident's medical record, the information shall be given to the patient's or resident's guardian or other person designated by the patient or resident as a representative. Individuals have the right to refuse this information.

Every patient or resident suffering from any form of breast cancer shall be fully informed, prior to or at the time of admission and during her stay, of all alternative effective methods of treatment of which the treating physician or advanced practice registered nurse is knowledgeable, including surgical, radiological, or chemotherapeutic treatments or combinations of treatments and the risks associated with each of those methods.

Subd. 10. **Participation in planning treatment; notification of family members.** (a) Patients and residents shall have the right to participate in the planning of their health care. This right includes the opportunity to discuss treatment and alternatives with individual caregivers, the opportunity to request and participate in formal care conferences, and the right to include a family member or other chosen representative, or both. In the event that the patient or resident cannot be present, a family member or other representative chosen by the patient or resident may be included in such conferences. A chosen representative may include a doula of the patient's choice.

(b) If a patient or resident who enters a facility is unconscious or comatose or is unable to communicate, the facility shall make reasonable efforts as required under paragraph (c) to notify either a family member or a person designated in writing by the patient as the person to contact in an emergency that the patient or resident has been admitted to the facility. The facility shall allow the family member to participate in treatment planning, unless the facility knows or has reason to believe the patient or resident has an effective advance directive to the contrary or knows the patient or resident has specified in writing that they do not want a family member included in treatment planning. After notifying a family member but prior to allowing a family member to participate in treatment planning, the facility must make reasonable efforts, consistent with reasonable medical practice, to determine if the patient or resident has executed an advance directive relative to the patient or resident's health care decisions. For purposes of this paragraph, "reasonable efforts" include:

(1) examining the personal effects of the patient or resident;

(2) examining the medical records of the patient or resident in the possession of the facility;

(3) inquiring of any emergency contact or family member contacted under this section whether the patient or resident has executed an advance directive and whether the patient or resident has a physician or advanced practice registered nurse to whom the patient or resident normally goes for care; and

(4) inquiring of the physician or advanced practice registered nurse to whom the patient or resident normally goes for care, if known, whether the patient or resident has executed an advance directive. If a facility notifies a family member or designated emergency contact or allows a family member to participate in treatment planning in accordance with this paragraph, the facility is not liable to the patient or resident for damages on the grounds that the notification of the family member or emergency contact or the participation of the family member was improper or violated the patient's privacy rights.

(c) In making reasonable efforts to notify a family member or designated emergency contact, the facility shall attempt to identify family members or a designated emergency contact by examining the personal effects of the patient or resident and the medical records of the patient or resident in the possession of the facility. If the facility is unable to notify a family member or designated emergency contact within 24 hours after the admission, the facility shall notify the county social service agency or local law enforcement agency that the patient or resident has been admitted and the facility has been unable to notify a family member or designated emergency contact. The county social service agency and local law enforcement agency shall assist the facility in identifying and notifying a family member or designated emergency contact. A county social service agency or local law enforcement agency that assists a facility in implementing this subdivision is not liable to the patient or resident for damages on the grounds that the notification of the family member or emergency contact or the participation of the family member was improper or violated the patient's privacy rights.

Subd. 11. **Continuity of care.** Patients and residents shall have the right to be cared for with reasonable regularity and continuity of staff assignment as far as facility policy allows.

Subd. 12. **Right to refuse care.** Competent patients and residents shall have the right to refuse treatment based on the information required in subdivision 9. Residents who refuse treatment, medication, or dietary restrictions shall be informed of the likely medical or major psychological results of the refusal, with documentation in the individual medical record. In cases where a patient or resident is incapable of understanding the circumstances but has not been adjudicated incompetent, or when legal requirements limit the right to refuse treatment, the conditions and circumstances shall be fully documented by the attending physician or advanced practice registered nurse in the patient's or resident's medical record.

Subd. 13. **Experimental research.** Written, informed consent must be obtained prior to a patient's or resident's participation in experimental research. Patients and residents have the right to refuse participation. Both consent and refusal shall be documented in the individual care record.

Subd. 14. **Freedom from maltreatment.** Patients and residents shall be free from maltreatment as defined in the Vulnerable Adults Protection Act. "Maltreatment" means conduct described in section 626.5572, subdivision 15, or the intentional and nontherapeutic infliction of physical pain or injury, or any persistent course of conduct intended to produce mental or emotional distress. Every patient and resident shall also be free from nontherapeutic chemical and physical restraints, except in fully documented emergencies, or as authorized in writing after examination by a patient's or resident's physician or advanced practice registered nurse for a specified and limited period of time, and only when necessary to protect the resident from self-injury or injury to others.

Subd. 15. **Treatment privacy.** Patients and residents shall have the right to respectfulness and privacy as it relates to their medical and personal care program. Case discussion, consultation, examination, and treatment are confidential and shall be conducted discreetly. Privacy shall be respected during toileting, bathing, and other activities of personal hygiene, except as needed for patient or resident safety or assistance.

Subd. 16. **Confidentiality of records.** Patients and residents shall be assured confidential treatment of their personal and medical records, and may approve or refuse their release to any individual outside the facility. Residents shall be notified when personal records are requested by any individual outside the facility and may select someone to accompany them when the records or information are the subject of a personal interview. Copies of records and written information from the records shall be made available in accordance with this subdivision and sections 144.291 to 144.298. This right does not apply to complaint investigations and inspections by the Department of Health, where required by third-party payment contracts, or where otherwise provided by law.

Subd. 17. **Disclosure of services available.** Patients and residents shall be informed, prior to or at the time of admission and during their stay, of services which are included in the facility's basic per diem or daily room rate and that other services are available at additional charges. Facilities shall make every effort to assist patients and residents in obtaining information regarding whether the Medicare or medical assistance program will pay for any or all of the aforementioned services.

Subd. 18. **Responsive service.** Patients and residents shall have the right to a prompt and reasonable response to their questions and requests.

Subd. 19. **Personal privacy.** Patients and residents shall have the right to every consideration of their privacy, individuality, and cultural identity as related to their social, religious, and psychological well-being. Facility staff shall respect the privacy of a resident's room by knocking on the door and seeking consent before entering, except in an emergency or where clearly inadvisable.

Subd. 20. **Grievances.** Patients and residents shall be encouraged and assisted, throughout their stay in a facility or their course of treatment, to understand and exercise their rights as patients, residents, and citizens. Patients and residents may voice grievances and recommend changes in policies and services to facility staff and others of their choice, free from restraint, interference, coercion, discrimination, or reprisal, including threat of discharge. Notice of the grievance procedure of the facility or program, as well as addresses and telephone numbers for the Office of Health Facility Complaints and the area nursing home ombudsman pursuant to the Older Americans Act, section 307(a)(12) shall be posted in a conspicuous place.

Every acute care inpatient facility, every residential program as defined in section 253C.01, every nonacute care facility, and every facility employing more than two people that provides outpatient mental

health services shall have a written internal grievance procedure that, at a minimum, sets forth the process to be followed; specifies time limits, including time limits for facility response; provides for the patient or resident to have the assistance of an advocate; requires a written response to written grievances; and provides for a timely decision by an impartial decision maker if the grievance is not otherwise resolved. Compliance by hospitals, residential programs as defined in section 253C.01 which are hospital-based primary treatment programs, and outpatient surgery centers with section 144.691 and compliance by health maintenance organizations with section 62D.11 is deemed to be compliance with the requirement for a written internal grievance procedure.

Subd. 21. **Communication privacy.** Patients and residents may associate and communicate privately with persons of their choice and enter and, except as provided by the Minnesota Commitment Act, leave the facility as they choose. Patients and residents shall have access, at their expense, to writing instruments, stationery, and postage. Personal mail shall be sent without interference and received unopened unless medically or programmatically contraindicated and documented by the physician or advanced practice registered nurse in the medical record. There shall be access to a telephone where patients and residents can make and receive calls as well as speak privately. Facilities which are unable to provide a private area shall make reasonable arrangements to accommodate the privacy of patients' or residents' calls. Upon admission to a facility where federal law prohibits unauthorized disclosure of patient or resident identifying information to callers and visitors, the patient or resident, or the legal guardian or conservator of the patient or resident, shall be given the opportunity to authorize disclosure of the patient's or resident's presence in the facility to callers and visitors who may seek to communicate with the patient or resident. To the extent possible, the legal guardian or conservator of a patient or resident shall consider the opinions of the patient or resident regarding the disclosure of the patient's or resident's presence in the facility. This right is limited where medically inadvisable, as documented by the attending physician or advanced practice registered nurse in a patient's or resident's care record. Where programmatically limited by a facility abuse prevention plan pursuant to section 626.557, subdivision 14, paragraph (b), this right shall also be limited accordingly.

Subd. 22. **Personal property.** Patients and residents may retain and use their personal clothing and possessions as space permits, unless to do so would infringe upon rights of other patients or residents, and unless medically or programmatically contraindicated for documented medical, safety, or programmatic reasons. The facility must either maintain a central locked depository or provide individual locked storage areas in which residents may store their valuables for safekeeping. The facility may, but is not required to, provide compensation for or replacement of lost or stolen items.

Subd. 23. **Services for the facility.** Patients and residents shall not perform labor or services for the facility unless those activities are included for therapeutic purposes and appropriately goal-related in their individual medical record.

Subd. 24. **Choice of supplier.** Residents may purchase or rent goods or services not included in the per diem rate from a supplier of their choice unless otherwise provided by law. The supplier shall ensure that these purchases are sufficient to meet the medical or treatment needs of the residents.

Subd. 25. **Financial affairs.** Competent residents may manage their personal financial affairs, or shall be given at least a quarterly accounting of financial transactions on their behalf if they delegate this responsibility in accordance with the laws of Minnesota to the facility for any period of time.

Subd. 26. **Right to associate.** (a) Residents may meet with and receive visitors and participate in activities of commercial, religious, political, as defined in section 203B.11 and community groups without interference at their discretion if the activities do not infringe on the right to privacy of other residents or are not programmatically contraindicated. This includes:

(1) the right to join with other individuals within and outside the facility to work for improvements in long-term care;

(2) the right to visitation by an individual the patient has appointed as the patient's health care agent under chapter 145C;

(3) the right to visitation and health care decision making by an individual designated by the patient under paragraph (c).

(b) Upon admission to a facility where federal law prohibits unauthorized disclosure of patient or resident identifying information to callers and visitors, the patient or resident, or the legal guardian or conservator of the patient or resident, shall be given the opportunity to authorize disclosure of the patient's or resident's presence in the facility to callers and visitors who may seek to communicate with the patient or resident. To the extent possible, the legal guardian or conservator of a patient or resident shall consider the opinions of the patient or resident regarding the disclosure of the patient's or resident's presence in the facility.

(c) Upon admission to a facility, the patient or resident, or the legal guardian or conservator of the patient or resident, must be given the opportunity to designate a person who is not related who will have the status of the patient's next of kin with respect to visitation and making a health care decision. A designation must be included in the patient's health record. With respect to making a health care decision, a health care directive or appointment of a health care agent under chapter 145C prevails over a designation made under this paragraph. The unrelated person may also be identified as such by the patient or by the patient's family.

Subd. 27. **Advisory councils.** Residents and their families shall have the right to organize, maintain, and participate in resident advisory and family councils. Each facility shall provide assistance and space for meetings. Council meetings shall be afforded privacy, with staff or visitors attending only upon the council's invitation. A staff person shall be designated the responsibility of providing this assistance and responding to written requests which result from council meetings. Resident and family councils shall be encouraged to make recommendations regarding facility policies.

Subd. 28. **Married residents.** Residents, if married, shall be assured privacy for visits by their spouses and, if both spouses are residents of the facility, they shall be permitted to share a room, unless medically contraindicated and documented by their physicians in the medical records.

Subd. 29. **Transfers and discharges.** Residents shall not be arbitrarily transferred or discharged. Residents must be notified, in writing, of the proposed discharge or transfer and its justification no later than 30 days before discharge from the facility and seven days before transfer to another room within the facility. This notice shall include the resident's right to contest the proposed action, with the address and telephone number of the area nursing home ombudsman pursuant to the Older Americans Act, section 307(a)(12). The resident, informed of this right, may choose to relocate before the notice period ends. The notice period may be shortened in situations outside the facility's control, such as a determination by utilization review, the accommodation of newly admitted residents, a change in the resident's medical or treatment program, the resident's own or another resident's welfare, or nonpayment for stay unless prohibited by the public program or programs paying for the resident's care, as documented in the medical record. Facilities shall make a reasonable effort to accommodate new residents without disrupting room assignments.

Subd. 30. **Protection and advocacy services.** Patients and residents shall have the right of reasonable access at reasonable times to any available rights protection services and advocacy services so that the patient may receive assistance in understanding, exercising, and protecting the rights described in this section and in other law. This right shall include the opportunity for private communication between the patient and a representative of the rights protection service or advocacy service.

Subd. 31. **Isolation and restraints.** A minor patient who has been admitted to a residential program as defined in section 253C.01 has the right to be free from physical restraint and isolation except in emergency situations involving a likelihood that the patient will physically harm the patient's self or others. These procedures may not be used for disciplinary purposes, to enforce program rules, or for the convenience of staff. Isolation or restraint may be used only upon the prior authorization of a physician, advanced practice registered nurse, psychiatrist, or licensed psychologist, only when less restrictive measures are ineffective or not feasible and only for the shortest time necessary.

Subd. 32. **Treatment plan.** A minor patient who has been admitted to a residential program as defined in section 253C.01 has the right to a written treatment plan that describes in behavioral terms the case problems, the precise goals of the plan, and the procedures that will be utilized to minimize the length of time that the minor requires inpatient treatment. The plan shall also state goals for release to a less restrictive facility and follow-up treatment measures and services, if appropriate. To the degree possible, the minor patient and the minor patient's parents or guardian shall be involved in the development of the treatment and discharge plan.

Subd. 33. **Restraints.** (a) Competent nursing home residents, family members of residents who are not competent, and legally appointed conservators, guardians, and health care agents as defined under section 145C.01, have the right to request and consent to the use of a physical restraint in order to treat the medical symptoms of the resident.

(b) Upon receiving a request for a physical restraint, a nursing home shall inform the resident, family member, or legal representative of alternatives to and the risks involved with physical restraint use. The nursing home shall provide a physical restraint to a resident only upon receipt of a signed consent form authorizing restraint use and a written order from the attending physician or advanced practice registered nurse that contains statements and determinations regarding medical symptoms and specifies the circumstances under which restraints are to be used.

(c) A nursing home providing a restraint under paragraph (b) must:

(1) document that the procedures outlined in that paragraph have been followed;

(2) monitor the use of the restraint by the resident; and

(3) periodically, in consultation with the resident, the family, and the attending physician or advanced practice registered nurse, reevaluate the resident's need for the restraint.

(d) A nursing home shall not be subject to fines, civil money penalties, or other state or federal survey enforcement remedies solely as the result of allowing the use of a physical restraint as authorized in this subdivision. Nothing in this subdivision shall preclude the commissioner from taking action to protect the health and safety of a resident if:

(1) the use of the restraint has jeopardized the health and safety of the resident; and

(2) the nursing home failed to take reasonable measures to protect the health and safety of the resident.

(e) For purposes of this subdivision, "medical symptoms" include:

(1) a concern for the physical safety of the resident; and

(2) physical or psychological needs expressed by a resident. A resident's fear of falling may be the basis of a medical symptom.

A written order from the attending physician or advanced practice registered nurse that contains statements and determinations regarding medical symptoms is sufficient evidence of the medical necessity of the physical restraint.

(f) When determining nursing facility compliance with state and federal standards for the use of physical restraints, the commissioner of health is bound by the statements and determinations contained in the attending physician's or advanced practice registered nurse's order regarding medical symptoms. For purposes of this order, "medical symptoms" include the request by a competent resident, family member of a resident who is not competent, or legally appointed conservator, guardian, or health care agent as defined under section 145C.01, that the facility provide a physical restraint in order to enhance the physical safety of the resident.

History: *1973 c 688 s 1; 1976 c 274 s 1; 1982 c 504 s 1; 1983 c 248 s 1; 1984 c 654 art 5 s 8; 1984 c 657 s 1; 1986 c 326 s 1-6; 1986 c 444; 1989 c 186 s 1; 1989 c 282 art 3 s 5; 1991 c 255 s 19; 1993 c 54 s 1-3; 1995 c 136 s 3,4; 1995 c 189 s 8; 1995 c 229 art 4 s 5,6; 1996 c 277 s 1; 1998 c 254 art 2 s 10; 1999 c 83 s 1; 2004 c 198 s 10; 2007 c 147 art 9 s 18-20; art 10 s 15; 1Sp2010 c 1 art 20 s 15; 2013 c 62 s 4; 2016 c 158 art 1 s 55; 2018 c 170 s 2; 2018 c 182 art 2 s 2; 2020 c 115 art 4 s 38-45; 2021 c 30 art 17 s 4*

NOTE: The amendment to subdivision 2 by Laws 2021, chapter 30, article 17, section 4, is effective July 1, 2022, or upon federal approval, whichever is later. The commissioner of human services shall notify the revisor of statutes when federal approval is obtained. Laws 2021, chapter 30, article 17, section 114.

PEOPLE INCORPORATED MENTAL HEALTH SERVICES

Therapist, Client, and Family Expectations

What you can expect from your therapist:

Your therapist is a mental health clinician who will be working with you to determine not only the concerns your son/daughter experiences at home and/or at school, but also the strengths that your son/daughter has that can be used to deal with those challenges.

Your therapist will meet with you to gather comprehensive information in order to develop a plan of goals and strategies that will be used in their work with your son/daughter. As part of this meeting, you will be asked to talk about the strengths and challenges that are present for your entire family. Your therapist is able to recommend and connect you with a variety of resources and services based on the information that you provide.

Your therapist will discuss with you how often it would be helpful for you to attend sessions with your son/daughter. Your ongoing involvement is a critical part of a successful therapeutic plan.

At a minimum of every three months, your therapist will meet with you to review progress, discuss whether therapy is achieving the agreed upon goals and together make any necessary revisions to the therapeutic plan. Services cannot be continued without your input and your signature. Your therapist will work with you to identify a convenient time and place to meet.

Your therapist will contact you at any time that there are concerns about your child's safety.

What your therapist expects from you:

Your therapist requires your ongoing involvement and your input about your son/daughter. At times, this contact will be by phone and at other times at a scheduled session. We recommend at least monthly family sessions to ensure effective communication.

Your therapist will need you to complete initial paperwork and bring it to your first session. Please fill out the paperwork as completely as you can while knowing that you and your therapist will review this information together during your initial session. At a minimum of every three months, you will be asked to complete additional forms that give information about your son's/daughter's progress. It is important that you respond to these requests in a timely fashion.

Your therapist will set aside whatever time has been scheduled for you to meet. If it is necessary to change these appointments, please make every effort to call to re-schedule or cancel your appointment as much in advance as possible. Therapists do not typically make reminder calls.

If you have concerns about the service that is being provided or if you would like more frequent communication, please contact your therapist directly.

Informed consent - Youth consent for Handbook

In the Children's Programs a client 16 and older can consent to non-residential outpatient treatment. At People Incorporated this includes clinic based therapy, medication management and school based therapy. This does not include Children's Targeted Case Management and Children's Therapeutic Support Services. This is consistent with 245i statute Sec. 144.3431 MN Statutes . Youth consenting to their own services are responsible for:

- Cost of services: Services will be billed to your insurance. If you are not covered by an insurance plan (commercial or Medical Assistance) you can use the sliding fee scale form to determine cost of services.
    - Your household will receive explanation of benefits statements by mail from your insurance company. You are able to call your insurance company and request information is not sent by mail.
    - For a bill from People Incorporated it will get sent to the email address we have on file. You will receive contact from our Financial Operations Associates who will talk with you about your insurance coverage and payment planning as needed.
- Consenting to services
    - Youth would be the People Incorporated Wellness account holder and responsible for signing documentation to consent to services as well as treatment planning for ongoing services
    - Youth is responsible for scheduling sessions with their therapist
    - Youth is responsible for identifying an emergency contact that is over the age of 18, preferably a legal guardian, that would be contacted to support safety planning
- If CTCM or CTSS is involved a parent or legal guardian will need to consent to those services, this does not change youth's preference to consent for outpatient clinical services.

Crisis Resources

If a situation is life threatening or you need an immediate response, ***call 911***

County Crisis Teams

- Available 24 hours a day, 7 days a week, 365 days a year
- Call **CRISIS (**274747) from your cellphone anywhere in the State of Minnesota to reach the local county crisis team

Anoka County	763-755-3801
Carver County	952-442-7601
Dakota County	952-891-7171
Hennepin County	612-596-1223
Ramsey County	651-266-7878
Scott County	952-818-3702
Washington County	651-275-7400

Additional Crisis Resources

Crisis Text Line Text "MN" to 741741

The Trevor Project (LGBTQ+) 866-488-7386

National Suicide Prevention Lifeline 1-800-273-TALK (8255) or text 988

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Dental Resources & Prescriptions

Agency	Phone Number	Address
Cedar Riverside Peoples Center Family Dental Care	(612) 332-4973	3152 Minnehaha Ave S Minneapolis, MN 55406
Community Dental Clinic: Sliding fee scale; there is a discount program for those with no insurance or high deductibles. Multilingual and multicultural dentists and staff.	651-774-2959	828 Hawthorne Ave E St. Paul, MN 55106
Community-University Dental Clinic: Sliding fee based on family size and income.	612-301-3433	2001 Bloomington Ave S Minneapolis, MN 55404
Fremont Clinic	(612) 588-9411	3300 Fremont Ave N Minneapolis, MN 55412
Indian Health Board: People do not have to have insurance.	(612) 721-9800	1315 E 24th St Ste 1 Minneapolis, MN 55404
Minneapolis District Dental Society	(651) 631-9845	
Minnesota Dental Association	(651) 767-8400 or 1-800-950-3368	
The Minnesota Board on Aging, Senior LinkAge Line (Low-Cost Rx)	1-800-333-2433	
Native American Community Clinic	(612) 872-8086	1213 E Franklin Ave Minneapolis, MN 55404
Normandale Community College Dental Hygiene Clinic: Low cost cleaning, fluoride treatments, x-rays, sealants, oral hygiene instruction. Appointments available during school year only (September – May). Does not accept dental insurance, takes cash or credit card.	952-358-8608	9700 France Ave S Bloomington, MN 55431
NorthPoint Health and Wellness Center: Reduced fees for low-income and uninsured patients (must live in Hennepin County to qualify).	612-543-2500	1313 Penn Ave N Minneapolis, MN 55411

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Patient Assistance Programs (Low-Cost Rx)		www.needymeds.com www.rxassist.org
Medicine Assistance Tool (Low-Cost Rx)	1-571-350-8643	
MN Community Care Dental Clinic: Sliding fee scale.	651-602-7500	**West Side Dental Clinic** 478 S Robert St St Paul, MN 55107 **Bright Smiles** 153 Cesar Chavez St St Paul, MN 55107 **East Side Dental** 895 E 7th St St Paul, MN 55106
Southside Community Health Services: Comprehensive dental care, all ages. Appointments preferred. Walk-ins welcome. Sliding fee based on family size and income. Has Mobile Dental Van also.	612-822-9030	4243 4th Ave S Minneapolis, MN 55409
St. Paul District Dental Society	651-697-0831	
Union Gospel Mission Hope Dental Clinic Free services. Dental clinic is open M-Th 8am-9pm and F 8am-4pm.	651-789-7605	800 Minnehaha Ave E, Suite 465 St. Paul, MN 55106
University of Minnesota School of Dentistry: Services provided by U of M School of Dentistry students. Will accept state health plans and most insurance plans. No sliding fee or free care.	612-625-2495	515 Delaware St. SE (7th Floor) Minneapolis, MN 55455

Revised 10/11/2022

Free & Low Cost Healthcare Services

Agency	Phone Number	Address	Website	Services Provided	Eligibility / Insurance
Catholic Charities Mpls Opportunity Center	612-204-8300	740 17th St E, Minneapolis 55404	https://www.cctwincities.org	Daytime resources connecting people with medical and mental health care, breakfast and lunch, showers, internet access, laundry and employment counseling.	
Catholic Charities St Paul Opportunity Center	651-404-6407	422 Dorothy Day Place, St Paul 55102	https://www.cctwincities.org	Integrated one-stop location connecting adult men and women to critical services to improve their health, income, housing stability and overall well-being.	
Cedar Riverside People's Center	612-332-4973	425 20th Ave South, Minneapolis	https://www.peoples-center.org/	Services include medical, dental, x-rays, mental health with psychology and counseling programs.	Accepts MA and most insurances. Those without insurance will be charged according to monthly income.
Community-University Health Care Center	612-301-3433	2001 Bloomington Ave. S. Minneapolis, MN 55404	www.cuhcc.umn.edu	Services include medical, dental, and counseling	Accepts most insurance. No one is turned away based on ability to pay. Sliding scale fees for people

					without insurance.
East Lake Clinic	612-873-6963	Hennepin County Human Service Center, 2215 East Lake St, Minneapolis 55407	https://www.hennepinhealthcare.org/clinic/east-lake-clinic/	Hours: M-F: 8AM-5PM Primary care and health maintenance.	
Hennepin County Public Health Clinic: Red Door Services	612-543-5555	525 Portland Ave. (4th Floor) Minneapolis, MN 55415	https://www.reddoorclinic.org/	Hours: M, Tu, W & F: 8AM-4PM TH: 10AM-4PM Free testing and treatment for any sexually transmitted infection. Other sexual health care services. Limited Walk-in appts.	Accepts all insurances. Doesn't collect copays. Helps to apply for financial assistance.
Indian Health Board	612-721-9800	1315 24th St. E. Minneapolis, MN 55404	www.indianhealthboard.com	Medical care for all ages and ethnicities. Services available: Primary Care, Psychiatry, Women's health, Men's health, Pediatrics	Most insurances are accepted. Those without insurance may qualify for a sliding scale fee or FREE services.
Minnesota Community Care	651-602-7500	**Eastside Clinic**, 895 East 7th St, St Paul 55106 **La Clinica**, 153 Cesar Chavez St, St Paul 55107	https://www.mncare.org/	Primary care for ages 0–100+, well visits, sports physicals for students, support managing chronic conditions, pre-natal care, family planning services. cancer screenings, substance use services, mental health services, interpreter services, urgent care	

Native American Community Clinic	612-872-8086	1213 E. Franklin Ave. Minneapolis, MN 55404	www.nacc-healthcare.org	Native American Specific services. Integrated approach to healthcare. During each appointment, patients see a variety of care providers based on their need. NACC's dental team, nutritionist, diabetes specialist, and counselors are available to provide services during the medical appointment if necessary. NACC also has a doctor that specializes in FAS.	
Neighborhood Health Source	612-588-9411	**Central Clinic**, 2301 Central Ave NE, Mpls 55418 **Fremont Clinic**, 3300 Fremont Ave N, Mpls 55412 **North Metro Clinic**, 10081 Dogwood St NW #100, Coon Rapids 55448 **Sheridan Clinic**, 342 13th Ave NE, Mpls 55413	https://neighborhoodhealthsource.org/	Hours: M-F: 8-5PM Primary medical care, along with pregnancy testing and counseling.	There is a sliding fee for those with no insurance and low income.

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NorthPoint Health and Wellness Center	612-543-2500	1313 Penn Ave. N. Minneapolis, MN 55411	www.northpointhealth.org	Services include family practice, pediatrics, OB/GYN, geriatrics and pharmacy.	Accepts most insurance plans. Offers discounted rates based on income. Offers no interest payment plans.
Pillsbury United Communities: Integrated Health Clinic	952-873-6048	2115 Cedar Ave S, Minneapolis 55404	https://www.nwhealth.edu/clinics/integrative-clinic-minnesota/	Free health clinic provided by Northwestern Health Sciences University. Services include chiropractic care, acupuncture, massage therapy, and counseling. To make an appointment, stop by during clinic hours: Wednesday 6pm-9pm and Saturday 9am-12pm.	
Planned Parenthood of MN – Brklyn Prk	763-560-3050	7532 Brooklyn Blvd, Brooklyn Park 55443	https://www.plannedparenthood.org	Exams, birth control, pregnancy testing, education, and counseling. Sexually transmitted infection testing. HIV / AIDS testing. Check the website for other locations.	
Planned Parenthood of MN - Mpls	612-823-6300	1200 Lagoon Ave. Minneapolis, MN 55408	https://www.plannedparenthood.org	Exams, birth control, pregnancy testing, education, and counseling. Sexually transmitted infection testing. HIV / AIDS testing. Check the website for other locations.	

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St. Mary's Health Clinics	651-287-7777 Call for eligibility and hours.	Administrative Office: 1884 Randolph Avenue St. Paul, MN 55105	www.stmaryshealthclinics.org	There are 8 locations that provide general healthcare.	They accept most medical insurances. Free for people without health insurance
Salvation Army Harbor Lights Center	612-767-3100	1010 Currie Ave. Minneapolis, MN 55403	https://centralusa.salvationarmy.org/northern/HarborLightCenter/	Basic healthcare services including chiropractic care and acupuncture.	
Whittier Clinic	612-873-6963	2810 Nicollet Ave, Minneapolis MN 55408	https://www.hennepinhealthcare.org/clinic/whittier-clinic-and-pharmacy/	Basic health care, x-ray, pharmacy.	Accepts most insurance plans.

PEOPLE MENTAL HEALTH INCORPORATED SERVICES

Limit of BMI Measurements

BMI is a screening tool to determine whether a child has excess fat. Parents are encouraged to share BMI information with the child's doctor who can interpret the results and make recommendations.

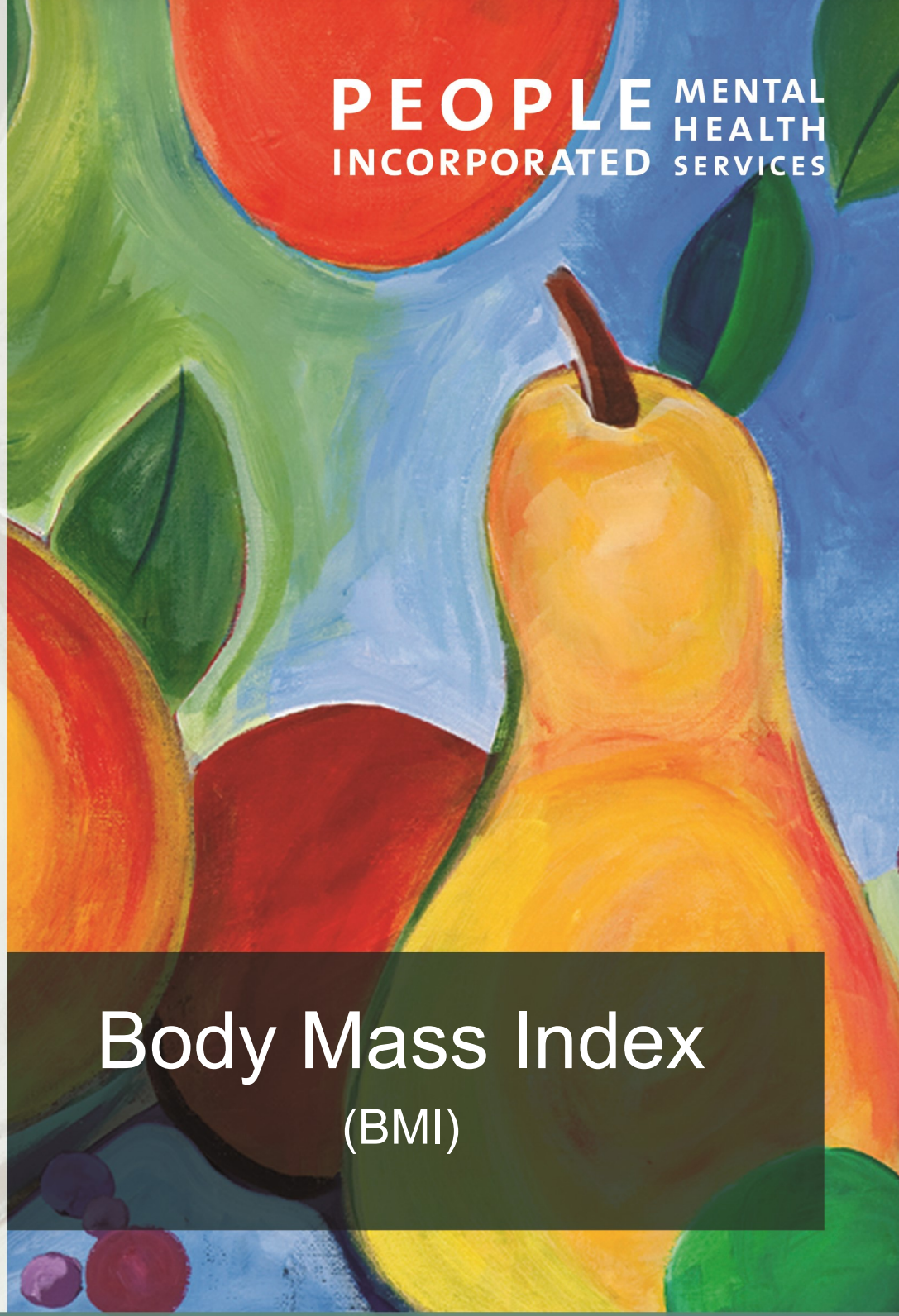
Note: Please keep in mind that a BMI calculator is not meant to serve as a source of clinical guidance and is not intended to be a substitute for professional medical advice. Individuals with the same BMI may have different amounts of body fat.

Resources

- National Heart, Lung and Blood Institute
  https://www.nhlbi.nih.gov/

- National Institute of Diabetes and Digestive Kidney Diseases
  https://www.niddk.nih.gov/

PEOPLE MENTAL HEALTH INCORPORATED SERVICES



Body Mass Index

(BMI)

What is BMI?

BMI refers to Body Mass Index, which is a health screen to tell if a person is underweight, a normal weight, overweight, or has obesity. In general, BMI is an inexpensive and easy-to-perform method of screening for weight categories that may lead to health problems. A child who has a high amount of body fat or is underweight, can put a child at an increased risk of developing health related problems in the future. For children, BMI is gender and age specific.

Childhood obesity can have harmful effects on the body

- High blood pressure and high cholesterol are risk factors for cardiovascular disease (CVD). In one study, 70% of obese children had at least one CVD risk factor, and 39% had two or more.
- Increased risk of impaired glucose tolerance, insulin resistance and type two diabetes.
- Breathing problems, such as sleep apnea, and asthma.
- Joint problems and muscle and bone discomfort.
- Fatty liver disease, gallstones, and gastro-esophageal reflux disease (GERD).
- Psychological stress such as depression, anxiety behavioral problems, and school issues.
- Low self-esteem and low self-reported quality of life.
- Impaired social, physical, and emotional functioning.

Obese children are more likely to become obese adults. Adult obesity is associated with a number of serious health conditions including heart disease, diabetes, and some cancers. If children are overweight, obesity in adulthood is likely to be more severe.

Some tips to help kids maintain a healthy weight:

- Encourage kids to be active, at least 60 minutes or more daily.
- Keep fruits and vegetables available as snacks, offer them at meals, and encourage kids to eat five or more servings per day.
- Serve appropriate portions.
- Limit sugar filled drinks and offer low-fat milk or water
- Limit time spent watching TV, playing video games, using smartphones, computers, laptops and iPads to less than two hours a day.
- Set a good example.

PEOPLE
INCORPORATED
MENTAL HEALTH SERVICES

Re: Billing of School Linked Mental Health Services

Please note that any services provided to your child via People Incorporated Mental Health Services will be billed to your medical insurance. The services your child is receiving will be identified to you by your child's provider and will be identified in your child's treatment plan. Please be aware of your coverage and benefit set (deductible, coinsurance, copay) specific to your insurance plan. You will be responsible for any costs that fall under patient responsibility after your insurance company has responded to your claims. If your child's insurance provider/information changes at any point in time, please let us know as soon as possible. If your insurance is requesting coordination of benefit information from you, please provide that promptly. If you do not provide that information, your claims could be denied.

If you are uninsured, you are eligible for our sliding fee program and will need to complete a self-attestation form including your total household size and gross household income. These forms are only valid for one year from the signature date and must be updated annually or if your household situation changes (get on insurance, wages at job changes, etc.).

If you have any questions about this information or concerns about ability to pay and would like to discuss recurring payments or payment solutions, please contact:

Ashley-612-405-4088
or
Michelle-612-405-2872

Professional Fees (estimated)

Initial/Comprehensive Evaluation (60 min)	$190.00
Individual Therapy (60 Minutes)	$219.00
Individual Therapy (50 minutes)	$150.00
Individual Therapy (30 minutes)	$114.00
Family Therapy	$179.00
Group	$70.00
Psychiatric Medication Management	$133.00-259.00
Psychiatric Medication Management with brief therapy	$80.00-$134.00 brief therapy fee in addition to $133.00-259.00 Psychiatric Medication Management fee
Treatment Planning	$105.00
Clinical Care Consultation (5-10 minutes)	$19.00
Clinical Care Consultation (11-20 minutes)	$40.00
Clinical Care Consultation (21-30 minutes	$65.00
Clinical Care Consultation (31+ minutes)	$104.00

PEOPLE INCORPORATED
MENTAL HEALTH SERVICES

Program Handbook Acknowledgment

By signing below, I agree that I have received a copy of the program handbook:

- ☐ 144.651 Health Care Client Bill of Rights
- ☐ Therapist Client Expectations
- ☐ Youth Informed Consent
- ☐ Crisis Resources
- ☐ Dental Resources
- ☐ Free & Low Cost Healthcare Resources
- ☐ BMI Information
- ☐ Memo Re: Billing of Services

If parent/guardian is signing on behalf of a client, please complete the following information:

Print Client Name	DOB	Print Name of Parent (custodial and non-custodial) or Guardian	
Client Signature	**Date**	**Signature of Parent (custodial and non-custodial) or Guardian**	**Date**