

## **WELCOME TO:**

**COPPER RIVER NATIVE ASSOCIATION  
AHTNA 'T' AENE NENE'**

### **This is your Behavioral Health Services Handbook**

Our address is: PO Box H  
Mile 111.5 Richardson Hwy.  
Copper Center, AK  
99573

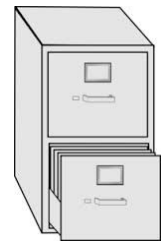
Our phone number is: 907-822-5241  
Our Fax BHS confidential fax: 907-822-8803  
Our website is: [crnative.org](http://crnative.org)



## CLIENT RIGHTS

### You have the right:

- ◆ To receive care from BHS within our capacity and mission and in compliance with the law.
- ◆ To have your cultural, psychological, spiritual and personal values, beliefs, and preferences respected.
- ◆ To personal dignity.
- ◆ To be informed about all forms of treatment are available.
- ◆ For expression of choice regarding services.
- ◆ To be involved in decisions about your care, treatment, and services.
- ◆ To view you own record with clinical staff supervision and obtain a timely response to the request for copies of your record.
- ◆ To the confidentiality of services.
- ◆ To the confidentiality of your records except release of information is mandated by law, or you sign a written release of consent to share your specific information with specific people or organizations to assist with your care.
- ◆ To view your billing records and obtain a timely response to the request of copies of that record.
- ◆ To file a grievance or complaint without reprisal (we listen).
- ◆ To freedom from retaliation and/or humiliation.
- ◆ To refuse care in accordance with law and regulations.
- ◆ To be informed about the outcomes of provided treatment, including unanticipated outcomes.
- ◆ To pain management.
- ◆ To be free of mental, physical, sexual, financial and verbal abuse, neglect and/or exploitation.
- ◆ To protective and advocacy services.
- ◆ To know the name purpose and side effects/contradictions of medications prescribed.



**Know your rights! Exercise your Rights**

## ABOUT US

- ◆ We are a smoke free facility! Smoking is permitted outside in designated areas off campus.
- ◆ We DO NOT use seclusion or restraint at any time.
- ◆ If your behaviors become out of control 911 will be called.
- ◆ No weapons are permitted in or on the grounds of CRNA, should you chose not to follow our rules to ensure the health and safety of all the POLICE will be called.
- ◆ Illegal medications/drugs or prescription medication that are not yours are not permitted on CRNA property, POLICE will be call if you violate this policy
- ◆ Personal medication should only be on your person when required to bring to program for review



While receiving services from CRNA you have many choices available to you along with trained staff that can assist you.

To help you become more familiar with the surroundings, you will be given a personal tour that will help you get to know the building, the evacuation routes, where we keep our first aid kits, as well as our emergency procedures and practices. You may also experience one of our drills to ensure you would know what to do if something did happen (which would be a rare incident) but we would rather everyone we served be safe!

You will also receive yearly information about your rights, our grievance procedures, and health and safety topics that will help you live safely.

At CRNA you are provided with:

- ◆ A safe and supportive environment
- ◆ Trained and qualified staff
- ◆ Transportation to services if applicable

If you believe your rights have been violated, you can file a complaint with us:

Copper River Native Association, Behavioral Health Services  
Telephone: 907-822-5241 Confidential Fax: 907-822-8803  
Address: PO Box H  
Copper Center, AK 99573

Or with the Alaska Department of Health and Social Services:

Toll Free Anchorage (800) 770-3930  
<http://dhss.alaska.gov>

## WHAT WE AT CRNA EXPECT FROM YOU

### You are expected to:

- ◆ Show up on time for your appointments. In cases of sickness, emergency, bereavement, or other circumstances that may prevent you from attending, you are expected to call us before your appointment to inform us so we don't worry about you and we can reschedule. If you are more than 15 minutes late for your appointment, your appointment may be canceled, and you will be asked to reschedule.
- ◆ Provide accurate and complete information.
- ◆ Ask questions when you don't understand something or need clarification.
- ◆ Follow your Personal Service Plan and our regulations.
- ◆ Be respectful and considerate to staff, clients, visitors and property.

You will have regular meetings with your primary counselor or support team. During these meetings you will be able to tell them what your goals and desires for the future are.

Your support team will then be able to help you make a plan to reach your goals and fulfill your desires. Your plan is known as a Personal Service Plan (PSP).

## KEEP YOURSELF SAFE

- ◆ Carry contact information with you when out alone
- ◆ Ask for **HELP** when you need it

### IN YOUR HOME:

- ◆ Practice and know your emergency escape plans
- ◆ Don't touch or eat dangerous things
- ◆ Take your medicine
- ◆ Lock your doors
- ◆ Ask for **HELP** when you need it
- ◆ Remember; **NEVER** give your bank account number, keys, purse or wallet to strangers.



## **CONFLICT RESOLUTION**

- ◆ If you feel your rights were violated or you want to exercise your right to voice your opinion.
- ◆ If you have a problem with one of the staff, talk to another staff or a manager and he or she will assist you in working through the problem.
- ◆ You will be given the name and number to a person in the community (community advocate) who can also help you.
- ◆ If you have a problem or a complaint, the following pages will provide you with CRNA's grievance procedure, and the grievance form.
- ◆ You will not be treated any differently for making a complaint.

## **GRIEVANCE PROCEDURE**

It is the policy of CRNA BHS to offer dissatisfied individuals the ability to file grievances and to appeal decisions made by BHS staff members.

- ◆ Grievances made against BHS staff must be submitted in writing to the BHS Director.
- ◆ At intake, individuals entering services are provided with the BHS grievance policy and the grievance procedure form.
- ◆ All grievances must be signed and dated.
- ◆ The BHS Director will assess the documented grievance, assemble involved staff members, investigate the aggrieved situation, and make a decision regarding the outcome.
- ◆ A decision is submitted in writing to the aggrieved individual soon after the situation is evaluated, and no longer than 5 business days following receipt of the documented grievance.
- ◆ Should the aggrieved individual disagree with the BHS Director's decision, he or she has the right to appeal.

In the case of an appeal:

- ◆ The individual is encouraged to submit a written, signed, and dated appeal to the CRNA CEO within 10 working days from the date of the BHS Director's documented decision. The appeal should state why the individual disagrees with the decision.
- ◆ The CRNA CEO or a designee will determine if the decision was made in compliance with CRNA BHS policies and procedures.
- ◆ The CRNA CEO or a designee will investigate the aggrieved situation to the highest degree possible and will make the final decision in writing after all information has been evaluated.
- ◆ The final decision is submitted in writing to the individual soon after the situation is evaluated, and no longer than 5 business days following receipt of the documented appeal.

**COPPER RIVER NATIVE ASSOCIATION  
BEHAVIORAL HEALTH SERVICES**

**NOTICE OF PRIVACY PRACTICES (HIPAA and CFR 42)**

This notice describes how medical information about you may be disclosed and how you can get access to this information. Please review carefully.

The terms of this Notice of Privacy Practices applies to Copper River Native Association (CRNA), Behavioral Health Services (BHS). CRNA BHS is required by law to maintain the privacy of our clients' personal health information and to provide clients with notice of our legal duties and privacy practices with respect to your personal health information. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all personal health information maintained by us.

**Uses and Disclosures of Your Personal Health Information**

**Your Authorization:** Except as outlined below, we will not use or disclose your personal health information for any purpose unless you have signed a form authorizing the use or disclosure. You have the right to revoke that authorization verbally or in writing at any time.

**Uses and Disclosures for Treatment:** We may make uses and disclosures of your personal health information as necessary to provide, coordinate or manage your treatment. For instance, therapists, doctors, nurses and other professionals involved in your care will use information in your medical record and information that you provide about your symptoms and reactions to plan a course of treatment for you that may include procedures, medications, tests, etc.

**Use and Disclosures for Payment:** We may make uses and disclosures of your personal health information as necessary for payment purposes to those health professionals and facilities that have treated you or provided services to you. For instance, we may forward information regarding your diagnosis and treatment to your insurance company to arrange payment for the services provided to you or we may use your information to prepare a bill to send to you or to the person responsible for your payment.

**Uses and Disclosures for Health Care Operations:** We may use and disclose your personal health information as necessary, and as permitted by law, for our health care operations which include clinical improvement, professional peer review, business management, accreditation and licensing, etc. For instance, we may use and disclose your personal health information for purposes of improving the clinical treatment and care of our clients. We may also disclose your personal health information to another health care facility, health care professional, or health plan for such things as quality improvement and case management, but only if that facility, professional or plan also has or had a client relationship with you.

**Family Involved in Your Care:** If you are facing an emergency situation and we determine that a limited disclosure may be in your best interest, we may share limited personal health information with such individuals without your approval. We may also disclose limited personal health information to a public or private entity that is authorized to assist in disaster relief efforts in order for the entity to locate a family member or other persons that may be involved in some aspect of caring for you.

**Business Associates:** Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, legal services, etc. At times it may be necessary for us to provide certain parts of your personal health information to our health care operations. In all cases, we require these business associates to appropriately safeguard the privacy of your information.

**Appointments and Services:** We may contact you to provide appointment reminders. You have the right to request and we will accommodate reasonable requests by you to receive communications regarding your personal health information from us by alternative means or alternative locations. For instance, if you wish appointment reminders to not be left on voice mail or sent to a particular address, we will accommodate reasonable requests submitted in writing.

**Research:** In limited circumstances, we may use and disclose your personal health information for research purposes. For example, a researcher may wish to compare outcomes of all clients that received a particular drug and will need to review a series of medical records. In all cases where your specific authorization is not obtained, your privacy will be protected by strict confidentiality requirements applied by an Institutional Review Board or board which oversees the research or by representations of the researchers that limit their use and disclosure of patient information.

**Other Uses and Disclosures:** We are permitted or required by law to make certain other uses and disclosures of your personal health information without your consent or authorization.

- ◆ We may release your personal health information for any purpose required by law;
- ◆ We may release your personal health information as required by law if we suspect child or vulnerable adult abuse or neglect; we may also release your personal health information as required by law if we believe you to be a victim of abuse, neglect, or domestic violence;
- ◆ We may release your personal health information if we suspect you may cause harm to yourself or another person;
- ◆ We may release your personal health information if required by law to a government oversight agency conducting audits, investigations, or civil or criminal proceedings;
- ◆ We may release your personal health information if required to do so by a court or administratively ordered subpoena or discovery request; in most cases you will have notice of such release;
- ◆ We may release your personal health information if you are a member of the military as required by armed forces services; we may also release your personal health information if necessary for national security or intelligence activities;
- ◆ We may release your personal health information to workers' compensation agencies if necessary for your workers' compensation benefit determination.

### **Your Rights**

**Access to Your Personal Health Information:** You have the right to copy and/or inspect much of the personal health information that we retain on your behalf. All requests for access must be in writing and signed by you or your representative. We may charge you per page if you request a copy of the information. We may also charge for postage if you request a mailed copy and will charge for preparing a summary of the requested information if you request such summary.

**Amendments to Your Personal Health Information:** You have the right to request in writing that personal health information that we maintain about you be amended or corrected. We are not obligated to make all requested amendments, but will give each request careful consideration. All amendment requests, in order to be considered by us, must be in writing, signed by you or your representative, and must state the reasons for the amendment/correction request. After any amendment or correction that you request to your personal health information is made, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary. You may obtain an amendment request form from the program where you have received services.

**Accounting for Disclosures of Your Personal Health Information:** You have the right to receive an accounting of certain disclosures made by us of your personal health information in the prior six years. Requests must be made in writing and signed by you or your representative.

**Restrictions on Use and Disclosure of Your Personal Health Information:** You have the right to request restrictions on certain of our uses and disclosures of your personal health information for treatment, payment, or health care operations. We are not required to agree to your restriction request but will attempt to accommodate reasonable requests when appropriate and we retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of termination by us, we will notify you of such termination. You also have the right to terminate, in writing or orally, any agreed-to restriction.

**Acknowledgement of Receipt of Notice:** You will be asked to sign an acknowledgement form that you received the Notice of Privacy Practices.

**Complaints:** If you believe your rights have been violated, you can file a complaint, in writing, with us:

Copper River Native Association, Behavioral Health Services  
Telephone: 907-822-5241 Confidential Fax: 907-822-8803  
Address: PO Box H  
Copper Center, AK 99573

Or with the Alaska Department of Health and Social Services:

Toll Free Anchorage (800) 770-3930  
<http://dhss.alaska.gov>

**COPPER RIVER NATIVE ASSOCIATION  
BEHAVIORAL HEALTH SERVICES**

**BILLING PRACTICES**

Copper River Native Association (CRNA) Behavioral Health Services (BHS) provides services to everyone in the Copper River Basin. As part of a Native Organization, beneficiaries are usually not required to pay out of pocket costs for services. Beneficiaries are required to present insurance information for billing purposes. Non-beneficiaries are required to pay for services which may include out of pocket expenses. CRNA BHS does bill insurances including Medicaid, and we offer a sliding fee scale to mitigate costs for those who qualify.

Treatment will not be withheld for nonpayment. Payments can be made in partial or full at any time throughout treatment. Court ordered individuals are considered compliant as long as they are engaged in their treatment program, regardless of payment status. Court ordered individuals who fail to pay the agreed upon amount 90 days following program completion are then considered non-compliant with treatment for nonpayment.





**COPPER RIVER NATIVE ASSOCIATION  
BEHAVIORAL HEALTH SERVICES**

**ADDICTIONS OUTPATIENT PROGRAM POLICIES**

(These policies apply for individuals entering an outpatient or intensive outpatient addictions program.)

**Group Rules:**

- ◆ *Be on time.* If you arrive 15 minutes or more after the start, this is considered an unexcused absence. Exceptions are made if you are late due to CRNA transportation delays.
- ◆ *Be present.* Leaving the session repeatedly or missing 15 minutes or more of the session is considered an unexcused absence.
- ◆ *Be respectful of yourself and others.* Being disrespectful of staff or other group members may result in your dismissal, which will be considered an unexcused absence.
- ◆ *Do not interrupt or talk while others are talking.*
- ◆ *No “put-downs” or name calling towards yourself or others.*
- ◆ *Be willing to give positive or critical feedback to others in a respectful manner.*
- ◆ *Be willing to accept feedback, both positive and critical, without becoming verbally or physically aggressive or defensive.*
- ◆ *Turn off and put away all cell phones, mp3 players, and other electronic devices.* Refusal to put away such devices may result in dismissal from the group, which will be considered an unexcused absence.
- ◆ *Be sober.* If there is reasonable suspicion that you are under the influence while attending group, you may be pulled aside for brief evaluation by a staff member. If the suspicion is warranted, you may be asked to leave. You will not receive credit for attending sessions while under the influence.
- ◆ *Be alone.* Groups are closed to protect the privacy of group members. Significant others, family members, children, friends, and others are not to attend.

**Being disruptive, making threatening or sexual comments towards staff or group members, or behaving in an otherwise inappropriate or hostile manner will result in your immediate dismissal from the session and possibly the program.** This is up to the discretion of the session facilitator and your primary counselor to ensure the safety of both group members and staff. If the facilitator deems it necessary, the VPSOs or State Troopers may be contacted to assist with your removal.

**Absences:**

- ◆ **3** or more unexcused absences or **30** consecutive days without participating in treatment will result in non-compliance.
- ◆ Absences are automatically unexcused if the primary counselor is not notified **prior** to the beginning of the session.
- ◆ Excused absences may be permitted on a case by case basis due to emergency, illness, bereavement, etc. Whether or not an absence is considered excused is up to the discretion of the primary counselor.
- ◆ If you are legally obligated to attend treatment, the proper authority (i.e. Alaska Court System, Alcohol Safety Action Program [ASAP], probation office) will be notified of non-compliant status.

**Work/ Distance Provisions:**

- ◆ If you are unable to regularly attend sessions due to your work schedule, you must provide your primary counselor with a letter from your employer stating your regular hours and duration of employment.
- ◆ If you are unable to attend sessions due to extreme traveling distance from the office, an alternative treatment schedule may be employed per the discretion of the primary counselor.
- ◆ Even if you are unable to regularly attend group sessions, you are still required to meet individually with your primary counselor for the recommended number of sessions. If this is not feasible in person, telephonic sessions can be arranged.

**Drug and Alcohol Screening:**

- ◆ Baseline, random, and exit screenings (urinalysis [UA] or saliva swab) are used to ensure abstinence from substances during program enrollment.
- ◆ Administration of screening is up to the discretion of your primary counselor.
- ◆ UAs are primarily unobserved. If there is reasonable suspicion of UA tampering as detected by dilution, temperature, or color you may be asked to provide a UA under observation.
- ◆ In the event that illicit substances or alcohol are detected (after baseline), your primary counselor may revise your treatment recommendations to include more sessions or education about the substance detected.

**Legal Compliance:**

- ◆ If you are legally obligated to attend treatment by the Alaska Court System, ASAP, or probation office, CRNA routinely provides these agencies with your treatment status.

***In general:***

- ◆ You are considered treatment compliant if you are regularly attending sessions as agreed upon in your Personal Service Plan.
- ◆ You are considered non-compliant if you have 3 or more unexcused absences or have not participated in treatment in 30 or more consecutive days.
- ◆ Refusal to follow agency and group rules may also result in non-compliant status.
- ◆ Appropriate agencies will be notified upon your discharge from this agency, successful or otherwise.

**Transportation:**

- ◆ It is your responsibility to contact patient transport before 11:00am to request transportation to group sessions.
- ◆ It is your responsibility to be available and receive the phone call required for individual session transports. If you do not receive a call from transport in the morning prior to your individual session, it is your responsibility to call transport and ensure you will be picked up.
- ◆ Depending on your location, you may be picked up early to accommodate other group members and driver schedules. Be ready.
- ◆ Be respectful of your driver. Understand that transportation is a privilege, and ultimately it is your responsibility to attend sessions.
- ◆ Three transport same day cancellations or no-shows will result in a one-month ban from transport services. Inability to use transport services for this reason is **not** a valid reason for an excused absence. It is your responsibility to find alternative transportation.

**Weather:**

Group sessions may be cancelled due to severe cold (-35° F) or dangerous driving conditions. Should you suspect either of these conditions, it is your responsibility to call the office for official notification. Your suspicion that group may be canceled is not a valid reason for an excused absence, and will result in an unexcused absence.