

Client Registration Form

OGLALA LAKOTA DIVISION OF BEHAVIORAL HEALTH

Building Systems of Health & Wellness for the Oglala Sioux Tribe

Welcome

Thank you for choosing the Oglala Lakota Division of Behavioral Health as your behavioral provider. We are a comprehensive behavioral health service provider that offers a wide range of mental health and addiction treatment and prevention services. This registration form should be completed at least once every 2 years by every client wishing to participate in any service administered by our agency. If at any time you need assistance completing this registration form please ask our receptionist or client navigators, who will be happy to assist you. More information about our agency and the services we provide can be found at www.oglalahealth.org.



Our Mission

Our mission is to deliver the highest quality behavioral health services that are guided by science and anchored in traditional Lakota culture, philosophy, and worldview to maximize mental health and social well-being and eliminate alcohol, commercial tobacco, and other drug abuse on the Pine Ridge Reservation.

Eligibility

Funding for addiction treatment services are available for individuals who are ≥ 12 years of age and meet the requirements established to be an Indian Health Service beneficiary.* A copy of an official tribal enrollment card will satisfy this eligibility requirement. Please submit a copy your tribal enrollment card with this registration form. Applicants who are not eligible to be covered through this funding mechanism can choose an alternative method of payment. If you are not a beneficiary of Indian Health Services or if you are unable to provide proof of tribal enrollment please ask the receptionist or client navigator for a copy of the *Fee Schedule for Services*. This document is posted in the waiting area of our facility.

⇒ Please select the follow:

- ☐ I am an Indian Health Service beneficiary and I am an enrolled tribal member of a federally recognized tribe.
- ☐ I am an Indian Health Service beneficiary but I am not enrolled with any tribe.
- ☐ I am not an Indian Health Service beneficiary and not enrolled with any tribe.

⇒ Please select the follow:

- ☐ I have a copy of my tribal enrollment or certificate of American Indian Blood.
- ☐ I do not have a copy of my tribal enrollment or certificate of American Indian Blood.
- ☐ N/A

*Definition: **Indian Health Service Beneficiary** - eligible to receive healthcare through Indian Health Service (IHS)

Client Registration Form

Client ID:

Date:

CLIENT INFORMATION

Last Name	First Name	Middle
Address (Mailing Address)	City	State
		Zip
Date of birth (mm/dd/yyyy)	Age	Tribal Affiliation ^β
Tribal Enrollment Number ^β		
Home Phone	Cell Phone	
Work Phone	Email	
Gender		
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other _____		
Social Security Number	Mother's First Name (used for treatment placement) ^β	

DEMOGRAPHICS

District of Residence (Select only one) ^β			
<input type="checkbox"/> Pine Ridge	<input type="checkbox"/> Porcupine	<input type="checkbox"/> Eagles Nest	<input type="checkbox"/> Rapid City
<input type="checkbox"/> Wakpamni	<input type="checkbox"/> Medicine Root	<input type="checkbox"/> Pass Creek	<input type="checkbox"/> Other _____
<input type="checkbox"/> Oglala	<input type="checkbox"/> Wounded Knee	<input type="checkbox"/> LaCreek	
Race/Ethnicity (Choose all that apply)			
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Hispanic		
<input type="checkbox"/> Asian and Pacific Island	<input type="checkbox"/> White		
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Other _____		
Marital Status			
<input type="checkbox"/> Single/Never Married	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated
<input type="checkbox"/> Civil Union	<input type="checkbox"/> Other _____		
Religious Affiliation ^β			
<input type="checkbox"/> No religious affiliation	<input type="checkbox"/> Traditional/Indigenous		
<input type="checkbox"/> Christian (Catholic)	<input type="checkbox"/> Native American Church		
<input type="checkbox"/> Christian (Protestant)	<input type="checkbox"/> Spiritual but non-religious		
<input type="checkbox"/> Christian (Evangelical)	<input type="checkbox"/> Other _____		



INCOME & EMPLOYMENT^β**(For Youth Clients: Parent/Guardian to Complete)***Occupation^β****Employer^β****Please indicate your highest level of education achieved and estimated annual household income (from all sources):^β**

<input type="checkbox"/> Never attended high school	<input type="checkbox"/> \$0 to 10,000
<input type="checkbox"/> Some high school	<input type="checkbox"/> \$10,001 TO \$15,000
<input type="checkbox"/> High school graduate / GED	<input type="checkbox"/> \$15,001 TO \$20,000
<input type="checkbox"/> Some college, no degree	<input type="checkbox"/> \$20,001 TO \$25,000
<input type="checkbox"/> Certificate program or two year degree	<input type="checkbox"/> \$25,001 TO \$30,000
<input type="checkbox"/> Four year college degree	<input type="checkbox"/> \$30,001 TO \$35,000
<input type="checkbox"/> Graduate or professional degree	<input type="checkbox"/> \$35,001 TO \$40,000
	<input type="checkbox"/> \$40,001 TO \$45,000
	<input type="checkbox"/> \$45,001 TO \$50,000
	<input type="checkbox"/> \$50,001 TO \$55,000
	<input type="checkbox"/> \$55,001 TO \$60,000
	<input type="checkbox"/> \$60,001 TO \$65,000
	<input type="checkbox"/> Greater than \$65,000

Employment Status^β

<input type="checkbox"/> Fulltime (≥35hrs/wk.)	<input type="checkbox"/> Fulltime student
<input type="checkbox"/> Part-time (regular hours)	<input type="checkbox"/> Retired/Disability
<input type="checkbox"/> Part-time (irregular/seasonal)	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Unemployed	

LEGAL STATUS^β**Are you currently incarcerated? ^β**

Yes _____ No _____	If yes, what is the name of the facility? _____
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Are you currently involved with Child Protective Services?^β

Yes _____ No _____	If yes, what tribe or county jurisdiction? _____
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Are you currently on probation or parole?^β

Yes _____ No _____	If yes, what type of program?	
	<input type="checkbox"/> Tribal	<input type="checkbox"/> Drug Court
	<input type="checkbox"/> Federal	<input type="checkbox"/> Youth Diversion Program
	<input type="checkbox"/> State/County court services	<input type="checkbox"/> Other _____

Are you currently court ordered to complete and alcohol and drug evaluation? ^β

Yes _____ No _____

Are you currently court ordered to complete a mental health assessment? ^β

Yes _____ No _____



INSURANCE (PRIMARY)		
Policy Holder (If not self)		Policy Holder DOB
Policy Holder Address	City	Zip
Policy Holder Relationship to Client		
<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other <input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Child/Dependent <input type="checkbox"/> Domestic Partner		
Insurance Plan and Group Name		Insurance Number

INSURANCE (SECONDARY)		
Policy Holder (If not self)		Policy Holder DOB
Policy Holder Address	City	Zip
Policy Holder Relationship to Client		
<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other <input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Child/Dependent <input type="checkbox"/> Domestic Partner		
Insurance Plan and Group Name		Insurance Number

GUARDIAN CONTACT (PRIMARY)		
Last Name	First Name	Relationship to Client
Address (Mailing Address)	City	Zip
Phone	Email	

GUARDIAN CONTACT (SECONDARY)		
Last Name	First Name	Relationship to Client
Address (Mailing Address)	City	Zip
Phone	Email	



EMERGENCY CONTACT

Last Name	First Name	Relationship to Client
Home Phone	Cell Phone	

REFERRAL^βHow did you hear about our Agency?^β

- | | |
|---|---|
| <input type="checkbox"/> A friend/relative | <input type="checkbox"/> You were referred by court services |
| <input type="checkbox"/> You were contacted by our staff | <input type="checkbox"/> You were referred by a jail or diversion program |
| <input type="checkbox"/> Radio | <input type="checkbox"/> You were referred by a health professional |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> You were referred by another treatment program |
| <input type="checkbox"/> You saw a flyer or brochure | <input type="checkbox"/> You were referred by a church |
| <input type="checkbox"/> You saw us on social media | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> You found our Facebook page or website | |

REQUESTED SERVICES

Which program are you interested in today:

- | | |
|---|---|
| <input type="checkbox"/> Substance Abuse Evaluation | <input type="checkbox"/> Youth Diversion Services ^β |
| <input type="checkbox"/> DUI Education | <input type="checkbox"/> Aftercare or Recovery Support ^β |
| <input type="checkbox"/> Parenting Education ^β | <input type="checkbox"/> Detoxification Services ^β |
| <input type="checkbox"/> Prevention Education ^β | <input type="checkbox"/> Pre-Treatment (Inpatient) ^β |
| <input type="checkbox"/> Early Intervention ^β | <input type="checkbox"/> Intensive Residential Treatment (Inpatient) ^β |
| <input type="checkbox"/> Outpatient Treatment/Intensive Outpatient | <input type="checkbox"/> Transitional Living Program 3/4 Way |
| <input type="checkbox"/> Medication Assisted Treatment ^β | <input type="checkbox"/> Anger Management ^β |
| <input type="checkbox"/> Mental Health Counseling ^β | <input type="checkbox"/> Other _____ ^β |



MEDICAL HISTORY

Are you now, or have you ever been treated for any of the following:

Condition	Yes	No	Explanation
Cardiovascular disease	_____	_____	_____
Congestive heart failure	_____	_____	_____
Angina/heart attack	_____	_____	_____
High blood pressure	_____	_____	_____
Anemia	_____	_____	_____
AIDS/HIV	_____	_____	_____
Arthritis	_____	_____	_____
Asthma emphysema/ COPD	_____	_____	_____
Tuberculosis	_____	_____	_____
Stroke	_____	_____	_____
Hepatitis	_____	_____	_____
Epilepsy/seizures	_____	_____	_____
Thyroid problems	_____	_____	_____
Diabetes type I	_____	_____	_____
Diabetes type II	_____	_____	_____
Eating disorder	_____	_____	_____
Sleep disorder	_____	_____	_____
Liver problems	_____	_____	_____
Kidney problems	_____	_____	_____
Severe headaches/migraines	_____	_____	_____
Mental health disorders	_____	_____	_____
Sexually transmitted disease	_____	_____	_____
Cancer	_____	_____	_____
Other chronic health condition	_____	_____	_____

Please list the medications you are currently taking.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



ALLERGIES

Allergies to Medications

___ N/A

Allergies to Foods

___ N/A

Allergies Other

___ N/A

MEDICAL SCREENING

Are you currently pregnant?

___ No ___ Yes

Are you in treatment now or in the recent past for mental health conditions?

___ No ___ Yes

If yes, what was your diagnosis? _____

Are you taking any of the following types of medications for mental health conditions?

___ Antidepressants	___ Anti-psychotics
___ Mood Stabilizers	___ Anti-anxiety
___ Anti-manic	___ Sleep Disorder
___ ADHD	___ Stimulants

Have you ever been treated with the following medications?

- Suboxone or Subutex?**

If Yes: Prescriber: _____ date last taken _____ Currently taking ___ Yes ___ No

- Naltrexone / Vivitrol?**

If Yes: Prescriber: _____ date last taken _____ Currently taking ___ Yes ___ No

- Methadone?**

If Yes: Prescriber: _____ date last taken _____ Currently taking ___ Yes ___ No



NOTICE OF PRIVACY PRACTICES β

Confidentiality is a fundamental aspect of the counselor-client relationship, and it is especially important for individuals seeking help for an issue related to addiction or mental health. The Oglala Lakota Division of Behavioral Health, its facilities and subsidiaries, and all associates are committed to delivering the highest quality services guided by science and anchored in traditional Lakota culture, philosophy, and worldview to promote behavioral health on the Pine Ridge Reservation. An important part of our commitment to promoting quality care is our protection of client health information. This Notice of Privacy Practices describes client rights and agency responsibilities under Federal Law.

Client records and personal information are protected health information in accordance with federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, as well as the Health Information Portability and Accountability Act (HIPPA). Client information/data may not be shared with a third party without written consent with the exception of specific requirements required by law. Protected Health Information (PHI) refers to individually identifiable information relating to the past, present, or future physical or mental health condition of an individual; the provision of health care to an individual, or the past, present or future payment for health care provided to an individual. PHI does not include individually identifiable health information in any of the following:

- ⇒ Education records subject to the Family Educational Rights and Privacy Act (FERPA).
- ⇒ Employment records held by a covered entity in its role as employer.
- ⇒ Regarding a person who has been deceased for more than 50 years.

I. Protect Clients and Staff from Potential Risks

The Oglala Lakota Division of Behavioral Health is required by law to: 1. Maintain the privacy of client PHI; 2. Provide clients with notice of agency legal duties and privacy practices with respect to PHI; and 3. Notify the client following a breach of unsecured PHI. The Oglala Lakota Division of Behavioral Health is required to abide by the terms of this Notice of Privacy Practices. This Notice of Privacy Practices will remain in effect until it is revised. The Oglala Lakota Division of Behavioral Health is required to modify this Notice of Privacy Practices when there are material changes to client rights, agency responsibilities, or other practices contained herein.

The Oglala Lakota Division of Behavioral Health reserves the right to change agency privacy policy and practices and the terms of this Notice of Privacy Practices, consistent with applicable law and our current business processes, at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. Notification of revisions of this Notice of Privacy Practices will be provided as follows:

- ⇒ Upon request.
- ⇒ Electronically via our website or other electronic means.
- ⇒ As posted in our place of business.

In addition to the above, the Oglala Lakota Division of Behavioral Health has a duty to respond to client requests (e.g. those corresponding to client rights) in a timely and appropriate manner. The Oglala Lakota Division of Behavioral Health supports and values the rights of clients to privacy and is committed to maintaining reasonable and appropriate safeguards for PHI.



NOTICE OF PRIVACY PRACTICES CONT.

Confidentiality of Client Records

The confidentiality of client records and other PHI maintained by the Oglala Lakota Division of Behavioral Health is protected by Federal law and regulations. Generally, the Oglala Lakota Division of Behavioral Health may not disclose to a person outside of our agency system that an individual is a client of the treatment centers, or disclose any information identifying the individual unless:

- ⇒ Client consents to information sharing in writing (Limited Information Disclosure Form - Part 2).
- ⇒ Client records and other PHI disclosure is ordered by a court.
- ⇒ The Oglala Lakota Division of Behavioral Health is required by law to report all previously unreported or unresolved disclosures of child abuse and neglect.
- ⇒ Disclosure is made to medical personnel in a medical emergency or to qualified personnel for audit or program evaluation.

The Limited Information Disclosure Form - Part 2 is included in the client registration packet and shall be used by all agency employees, contractors, and volunteers to confirm a client's consent to disclose specific health-related or other personal information. Employees, contractors, and volunteers with access to client PHI are expected to update the Limited Information Disclosure Form - Part 2 as requested by the client. Clients are encouraged to update who may access PHI using the Limited Information Disclosure Form - Part 2 at any time during normal office hours.

Uses and Disclosures of PHI for Treatment, Payment, and Social Support Coordination

Below are examples of how the Oglala Lakota Division of Behavioral Health makes use of Protected Health Information (PHI) after obtaining a client's written consent. These examples are not exhaustive but describe the common uses and disclosures that may be made.

- ⇒ Treatment – With client authorization, PHI may be used and disclosed by an agency physician, counselor, and/or program staff involved in client care for to provide, coordinate, or manage client healthcare treatment and any related services.

Example: Client care may require coordination or management from a third party, consultation with other health care providers, or referral to another provider for health care treatment. Additionally, we may disclose PHI to another physician, counselor, or program staff who becomes involved in client care.

- ⇒ Payment – With client authorization, the Oglala Lakota Division of Behavioral Health may use and disclose PHI to receive payment for the treatment and services provided to the client from insurance or other payor sources.

Example: The Oglala Lakota Division of Behavioral Health may give information about the client to a health insurance agency, so it will pay for client services.

- ⇒ Social Support Coordination – With client authorization, the Oglala Lakota Division of Behavioral Health may use and share PHI to improve care and allow approved family members to be a part of treatment care coordination.

Example: The Oglala Lakota Division of Behavioral Health may reach out to the individual the client listed as “the contact person” to contact or reinitiate connect with the client. Upon the client's request, the Oglala Division of Behavioral Health will discuss treatment arrangements with any friend or family member listed



NOTICE OF PRIVACY PRACTICES CONT.

on the Limited Information Disclosure Form - Part 2.

Physical, Medical, Psychological, Social and Legal Risks to the Client

Unfortunately, because of the legal and social ramifications associated with addiction, clients may be reluctant to share information related to alcohol and substance abuse or consent to disclosure of information for fear of prosecution. This is an unfortunate aspect of the stigma that surrounds this disease, and it exacerbates the addiction treatment gap that exists within health systems. Mental health issues also carry stigma that can potentially discourage individuals from seeking help.

To address this issue, the federal government has implemented 42 CFR Part 2, regulations that protect the confidentiality of addiction treatment records of any person who has sought treatment for or been diagnosed with addiction at a federally assisted program. 42 CFR Part 2 aims to encourage people to seek treatment without fear of legal or social consequences. Improper sharing of a patient's addiction treatment information can lead to: negative perceptions and discrimination; criminal legal consequences, such as probation or jail time; and civil legal consequences, such as loss of child custody, employment or housing.

The Oglala Lakota Division of Behavioral Health appreciates the need for rigorous confidentiality protections of a client's addiction treatment records as well as the need for complete and accurate medical information to be shared among a client's treatment team.

II. Fair Selection of Participants

The Oglala Lakota Division of Behavioral Health provides comprehensive services throughout the continuum of behavioral health and is charged with mediating addiction and mental health conditions within the boundaries of the Pine Ridge Reservation. Pine Ridge covers a vast geographical area in southwestern South Dakota. Pine Ridge is the fourth largest reservation in the United States, consisting of 3.5 thousand square miles, more than twice the size of Rhode Island. Individuals of both American Indian and non-Indian ancestry reside within reservation land boundaries and estimates of the total reservation population are believed to be > 30,000.

All individuals ≥ 12 years old presenting to one of the Oglala Lakota Division of Behavioral Health's counseling centers requesting assistance for a mental health or addiction related issue will receive appropriate screening. When required, the Oglala Lakota Division of Behavioral Health will provide a crisis intervention triage to increase the likelihood that an individual in need of emergency assistance is connected to an appropriate level of care.

The Oglala Lakota Division of Behavioral Health Offers early intervention services for both youth and adults ≥ 12 years old. Early intervention services aim to curb at risk behavior (i.e. binge drinking) that has not yet become a disorder (i.e. alcohol use disorder). Early Intervention services are delivered in groups or one-on-one with clients. Early Intervention services for youth (12 to 17) most frequently occur as an after-school program or in-school alternative to disciplinary action as a result of breaking the school's alcohol and drug policy. Early intention for adults (>18) is primarily DUI/DWI education for individuals charged and/or convicted with a DUI I.

The Oglala Lakota Division of Behavioral Health offers outpatient treatment services to youth and adults. Outpatient treatment aims to provide intervention for individuals and families burdened with mental health or alcohol and



NOTICE OF PRIVACY PRACTICES CONT.

substance abuse disorders. Outpatient Treatment services provide diagnostic services, group and individual counseling, and education. Medication assisted treatment (MAT) services are coordinated through the Outpatient department and are available to youth and adults as deemed appropriate by the agency's medical providers. When implemented in a group setting, Outpatient Treatment works toward creating an environment of positive peer culture where clients learn from each other's experiences and work together to develop solutions to common problems. Outpatient Treatment is tied to each client's individual treatment/success plan, which facilitates the development of new life skills necessary to eliminate alcoholism, substance abuse, and other destructive behavior.

The Oglala Lakota Division of Behavioral Health offers recovery support services to men and women (>18). Recovery support services aim to assist clients in recovery maintenance. The Oglala Lakota Division of Behavioral Health's recovery support services includes formal aftercare programs, wellbriety and traditional pathways, and talking circles. Clients may have had their primary treatment experience within the Division, or they may arrive at the program in to solely take advantage of formal and informal recovery support services. Recovery support services build on the progress achieved in primary treatment assisting the client to maintain a commitment to sobriety by encouraging a continuous self and environmental reflection. Recovery support services help the client continue to develop their problem-solving skills and individual and family healing.

Service Inclusion Criteria

The Oglala Lakota Division of Behavioral Health will provide prevention, treatment, and recovery support services to youth and adults ≥12 years of age. The Division does not discriminate based on race, class, sexual orientation, political affiliation, religion, or creed. As a result of the Division's funding mechanisms, clients who are beneficiaries of the Indian Health Service are not charged for services. This means that Indian Health Service beneficiaries will not pay out-of-pocket expenses for the great majority of services provided by the Oglala Lakota Division of Behavioral Health.

Pregnant women, individuals transferred from the Oglala Sioux Tribe's Adult Offender's facility, and individuals with HIV/AIDS are eligible to receive mental health and addiction treatment services.

Eligibility for Free Services

Funding for prevention, treatment, and recovery support services is available for applicants who are ≥12 years of age and meet the requirements established to be an Indian Health Service beneficiary. A copy of an official tribal enrollment certificate or card will satisfy this eligibility requirement. Clients are requested to submit a copy of their tribal enrollment card or certificate at the time of registration. Applicants ≥12 years old who are not eligible to be covered by the Indian Health Service can choose an alternative method of payment. These individuals are encouraged to contact the Oglala Lakota Division of Behavioral Health administrative staff to discuss payment options. Costs for all services are posted in all Oglala Lakota Division of Behavioral Health counseling centers.

Client Selection Process

In most cases clients are placed into an appropriate level of care using DSM-5 and ASAM placement criteria. After the level of care is determined, clients are admitted into an appropriate level of care on a first come-first serve basis by a treatment coordinator, case manager, or program facilitator.



NOTICE OF PRIVACY PRACTICES CONT.

Service Promotion

The Oglala Lakota Division of Behavioral Health promotes its services on its website, social media, and public schedule of services. The Agency's public schedule of services is updated once per quarter.

III. Absence of Coercion

The Oglala Lakota Division of Behavioral Health is a voluntary program. Clients voluntarily participate in all services in which they enroll. Clients are never held against their will. Client's rights and responsibilities are explained at the time of registration. Client's rights and responsibilities are reviewed again as they enroll in specific services such as mental health counseling, outpatient group, etc. Clients are never compensated for any service provided by the Oglala Lakota Division of Behavioral Health.

An estimated 85% of clients presenting to the Oglala Lakota Division of Behavioral Health have been referred by a court system. The majority of these individuals receive an assessment which provides a recommendation based on clinical diagnostics and feedback from the client. Individuals who do not comply with clinical recommendations maybe at risk for defaulting on their court ordered stipulations. In addition, clients who consent to information disclosure with a parole and/or probation officers who do not comply with clinical recommendations or fail to show for scheduled services may be at risk for legal sanction. This risk is explained at the time of registration when the client provides his/her consent to disclose information to a court or court service employee.

Voluntary Participation in Evaluation

Clients must complete the registration process in full to receive services from the Oglala Lakota Division of Behavioral Health. However, a client's receipt of service is not contingent upon the completion of a programmatic or agency evaluation.

IV. Data Collection

The Oglala Lakota Division of Behavioral Health is committed to the implementation of a rigorous evaluation plan to: 1. Describe the program's unique approach to delivering behavioral health services; 2. Utilize data to inform the continuous quality improvement; and 3. Quantify the specific benefits that high quality services can yield within the target population over time. The Division's evaluation plan takes advantage of process and outcome evaluation models to assess both the reach and effectiveness of the outcomes and outputs.

The Oglala Lakota Division of Behavioral Health utilizes data collected at client intake and follow-up to measure progress toward its outcome objectives. Clients are provided follow-up contact 90 days and 1 year post initial registration. The Participant Level Instrument (PLI) is currently used to guide the client interview during follow-up. The PLI captures data related to alcohol and substance abuse and self-reported quality of life. The PLI is an adaptation of an assessment instrument used to evaluate client-level success within SAMHSA funded programs and can: 1. Identify clients that continue to struggle with addiction; 2. Motivate clients to return to the agency for additional treatment or support services; and 3. Assess agency impact on the client population or client sub-populations.



NOTICE OF PRIVACY PRACTICES CONT.

V. Privacy and Confidentiality

PLI data collected at client intake is directly entered by the client into a secure cloud-based database. Only members of the evaluation/epidemiology team have access to this system. Follow up PLI data are collected by client navigators who enter client data directly into a cloud-based database or onto a paper and pencil survey which is later entered by the navigator, the data manager, and/or file clerks.

VI. Adequate Consent Procedures

When a new client presents to the Oglala Lakota Division of Behavioral Health for any type of service they are assigned a unique identification number for the purposes of confidential record labeling. A single hardcopy hanging file folder and electronic health record (EHR) are used to contain all the records for that particular client. The hanging folder is labeled with the client's identification number. All information in the client's hard copy folder is entered or uploaded in the EHR, which is indexed using the numerical client identification code. The EHR is a HIPAA-complaint cloud-based system that allows the Division to control the staff member's access to client information.

Each client file contains four sub-file folders:

- ⇒ Registration Information: client registration forms, information releases, attestation forms, and other general information regarding the client.
- ⇒ Funding Eligibility/Payment: verification of IHS funding eligibility, proof of payment.
- ⇒ Progress Notes: progress notes to be completed at each client encounter.
- ⇒ Assessments: Any assessment/clinical evaluation performed in collaboration with the client (this would include assessments conducted by external agencies disclosed to the Oglala Lakota Division of Behavioral Health.)

At the time of registration, the client provides their consent to treatment by signing the Client Consent to Treatment/Attestation form and is provided with a copy of the Oglala Lakota Division of Behavioral Health's Notice of Privacy Practices and Travel Assistance Policy. Minors between the ages of 12 to 17 are required to have written parental/guardian permission at the point of client registration. Minors are also requested to assent to receiving services from the Oglala Lakota Division of Behavioral Health. When enrolling in a behavioral health service, clients are provided with the client manual outlining their rights and responsibilities. Participation in all services supported by the Division is voluntary and no client shall ever be forced to receive or participate in a service against their will. Clients are not asked to waive legal rights or release the Oglala Division of Behavioral Health from liability for negligence.

The Lakota language is a predominant language spoken by older adults on the Pine Ridge Reservation. In the rare instances where the client is more comfortable speaking Lakota than English bilingual staff members will explain agency processes in Lakota and will do their best to acclimate the client to the agency environment. However, treatment and recovery support services are primarily facilitated in English.



NOTICE OF PRIVACY PRACTICES CONT.

VII. Risk/Benefit Discussion

Unmitigated mental health conditions are a serious concern to public health. The Oglala Lakota Division of Behavioral Health has documented increases in suicide ideation and suicide attempts among several age cohorts residing on the Pine Ridge Reservation. As a result, the OST President has declared a state of emergency requesting external resources to effectively address the issue. Comprehensive mental health services integrated across multiple agencies are critically needed and far outweigh the risk of this category of services.

Alcohol and substance abuse remains one of the most costly health problems in the United States. The National Institute on Drug Abuse (NIDA) reports the abuse of commercial tobacco, alcohol, and illicit drugs exacts more than 740 billion annually in costs related to crime, lost work productivity, and health care. Data from national and regional health surveillance reveal that alcohol and substance abuse are among the most significant public health concerns facing American Indian communities, which are frequently experienced very differently when compared to other populations within the shared and surrounding geographic regions. OST's epidemiological data has demonstrated that alcohol, commercial tobacco, and other drug (ATOD) abuse is epidemic on the Pine Ridge Reservation, constituting a very real public health crisis. The Oglala Lakota Division of Behavioral Health strives to do its best to mitigate ATOD abuse by providing a wide variety of prevention, treatment, and recovery support services. The Oglala Lakota Division of Behavioral Health will affect the population of individuals struggling to maintain long-term sobriety and to that end the potential benefit of participating in prevention, treatment, and recovery support services far outweighs the risk.

Signing below indicates that you have read and understand the Division's Notice of Privacy Practices

Applicant Signature

Date:

DOB:

Parent/Guardian Signature

Date:



LIMITED INFORMATION DISCLOSURE (PART 1)

I, _____ understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. This form gives the Oglala Lakota Division of Behavioral Health consent to provide limited information for participation in the organization's programs related to behavioral health and social services.

The Oglala Lakota Division of Behavioral Health (OL-DBH) is committed to ensuring the confidentiality of all of its client's personal information. As a result, OL-DBH maintains policies and procedures that prevent the sharing of any client information/data without written consent. This Information Disclosure Consent form describes five situations in which you agree to have your information shared.

I. Mandatory reporting of child abuse and neglect _____

Due to OL-DBH's accreditation status it is required by South Dakota law to report all previously unreported or unresolved disclosures of child abuse and neglect. By signing this consent form you are acknowledging that OL-DBH may be required to report any child abuse and neglect issues that you share with a OL-DBH employee.

II. Communication with contact person _____

OL-DBH tries its best to assist all individuals to complete the educational program that they initiated. When you registered for a OL-DBH program or service you listed a friend or relative that OL-DBH may contact in order to connect or reconnect with you. By signing this consent form you are granting permission for OL-DBH to communicate with the contact person you listed on your registration for the sole purpose of sharing information about programs and services and to inquire about your up-to-date contact information.

III. Reporting to Parole or Probation Officer _____

Clients who are on probation or parole may receive benefits or credit for participating and completing OL-DBH alcohol and substance abuse programming. Some clients may even be directed to participate in OL-DBH programming by a judge, court service employee, or DOC official. By signing this consent form you are granting permission for OL-DBH to provide demographic data, including your name, as well as attendance data with a Pennington County Court or SD Department of Corrections personnel. If you do not have a Parole or Probation officer and if you are not involved with court services this disclosure does not pertain to you.

IV. Aggregate data for program evaluation _____

OL-DBH reports aggregate demographic and outcome data to the OST Health and Human Service Committee, OST Executive Director's Office, program funders, and evaluation consultants. This data does not contain any client/individual names or identifiable information.

V. Court Order _____

Client records may be released to a state or federal court if an official court order demanding a client record is signed by a state or federal judge.

Signing & Initialing means that you have read this consent form and agree to the five disclosures listed.

Applicant Signature

Date:

DOB:

Parent/Guardian Signature

Date:



LIMITED INFORMATION DISCLOSURE (PART 2)

The Limited Information Disclosure (Part 2) identifies specific entities with whom a client may want to share pertinent information. This form can be completed upon client registration or at any time throughout the client's relationship with the Oglala Lakota Division of Behavioral Health.

Some clients may want to authorize the Oglala Lakota Division of Behavioral Health to release specific records including clinical assessments to state or federal courts, an attorney, or family member. **The Limited Information Disclosure (Part II) authorizes the Oglala Lakota Division of Behavioral Health to release client protected health information (PHI) to specified third parties.** Please list any individual, organization, or institution that may receive clinical assessments or access other patient records.

You may revoke this consent in writing at anytime, except to the extent that action has been taken in reliance on it.

Information to be released to:	Type of information to be released		
	Any requested PHI	Client assessments, discharge summary, & other reports	Information related to treatment arrangement and placement only. (reports & assessments will not be shared)

Signing below means that you have read this consent form and agree to the disclosures listed above.

Applicant Signature

Date:

DOB:

Parent/Guardian Signature

Date:



TRANSPORTATION POLICY

Ultimately it is the responsibility of the client and his/her family to transport a client to and from all treatment programs, which includes weekly outpatient programs as well as off-reservation residential programs. However, the Oglala Lakota Division of Behavioral Health will do its best to increase access to residential addiction treatment and mental health services by providing transportation support as long as funds are available. If you or your family member are in need of transportation assistance please ask your case manager/counselor to complete a transportation request form at least a week prior to travel date. The Oglala Lakota Division of Behavioral Health will not process last minute transportation requests. The Oglala Lakota Division of Behavioral Health will not provide transportation assistance to clients that are discharged from a residential treatment program prior to graduation/successful completion under any circumstances. If an adult and/or adolescent client voluntarily leaves a treatment program or is expelled by a residential program it is the client and/or the client's family responsibility to transport the client back home.

Signing acknowledges that you are aware of the transportation policy:

Applicant Signature

Date:

DOB:

Parent/Guardian Signature

Date:

CONSENT TO TREAT

I understand that my signature below affirms that the information provided on this form is correct and that I consent to receiving behavioral health services from the Oglala Lakota Division of Behavioral Health. I understand that I must comply with the program's policy and procedures. I understand that it is my responsibility to complete any program in which I am enrolled, and my responsibility cannot be transferred to a relative, friend, the Oglala Lakota Division of Behavioral Health, or any other individual or institution. I understand that I must complete my program in its entirety before I receive a certificate of completion.

Signing acknowledges that you are giving the Oglala Lakota Division of Behavioral Health consent to treat:

Applicant Signature

Date:

DOB:

All minors 17 year of age and under must have a parent or guardian consent to the minor being served:

Parent/Guardian Signature

Clearly Print Name Below

Date

