

NORTH
Dakota

Be Legendary.

Vocational Rehabilitation

HEALTH & HUMAN SERVICES



WE ARE GLAD YOU'RE HERE!
Your professional rehabilitation counselor is ready to begin working together with you. Whether you are already working, seeking employment for the first time or are between jobs, VR can assist.

WELCOME

Before we start...

Do you want to work?

Do you have a disability?

Do you have difficulty getting or keeping a job because of your disability?

Are you ready to begin designing your blueprint for employment success?

If you answered **YES** to these questions, let's get started.

BLUEPRINT FOR SUCCESS

STEP
1

APPLICATION

- Attend orientation.
- Complete the application.
- Participate in intake paperwork and interview.

STEP
2

ELIGIBILITY

- Assist your VR counselor with the eligibility process, this may require you to participate in testing or evaluations.
- Keep all appointments with your VR counselor.

STEP
3

COMPREHENSIVE ASSESSMENT

- Complete assessments to identify interests, aptitudes, achievements, and rehabilitation needs.
- Assist with labor market and career searches.
- Work with your VR counselor to identify your employment goal.

STEP
4

INDIVIDUALIZED PLAN FOR EMPLOYMENT (IPE)

- Develop your employment plan using the information from Step 3.
- Include services that are required to help you achieve your employment goal.
- Add timelines and responsibilities.
- When you and your VR counselor agree this is the right plan for you, you will both sign and date your plan.

STEP
5

EMPLOYMENT

Congratulations, you have achieved your employment goal and completed the rehabilitation process!



CLIENT RIGHTS AND RESPONSIBILITIES

As a client of North Dakota Vocational Rehabilitation (VR), you have a number of rights and responsibilities.

You have the right to be treated with courtesy and respect. In return VR asks that you extend the same courtesy and respect to others.

You have the right to services without discrimination on the basis of race, color, religion, national origin, age or disability. You will not be discriminated against in any matter related to receiving services, financial assistance or other assistance under the VR program.

YOU HAVE THE RIGHT FOR YOUR CASE FILE INFORMATION TO REMAIN CONFIDENTIAL.

- Your records will not be shared without your permission. If VR needs medical or other information, we will ask you to sign a release form so we can get that information. If you are 18 years old or older and want someone in your family to be able to talk with your VR counselor, you will need to sign a release for that family member.
- You have a responsibility to inform your VR counselor about other agencies or programs you have worked with who may have information that would be helpful in planning your services and to sign a release of information so that VR can contact them.
- Limitation of confidentiality: if your counselor believes you are going to harm or endanger yourself or others, he/she is required to notify others, if there is an allegation of abuse against you or about you, or if your records are subpoenaed by the authorities.

You have both the right and the responsibility to participate in the planning and development of your employment goal and rehabilitation services. It is important that you make your desires known and that you talk with your counselor anytime you think your program needs changing.

You have the right to make informed choices regarding your employment goals and services. You also have the responsibility to discuss the pros and cons of your choices and to come to an agreement with your VR counselor about the services you will receive.

YOU HAVE THE RIGHT TO TIMELY SERVICES NEEDED TO ACHIEVE YOUR EMPLOYMENT GOAL.

- To help in receiving timely services, you have a responsibility to stay in touch with your VR counselor, keep appointments, and follow through on your IPE. It is also important to report any changes in address, telephone number, medical condition or other major changes affecting you. Should your counselor be unavailable, they will inform you of whom to contact.

YOU HAVE THE RIGHT TO MEDIATE OR APPEAL ANY DECISION MADE BY VR THAT YOU DISAGREE WITH.

YOU HAVE THE RIGHT TO WORK WITH THE CLIENT ASSISTANCE PROGRAM (CAP) IF YOU NEED INFORMATION OR HELP TO RESOLVE ANY ISSUE OR CONCERN YOU MAY HAVE.

- If you think you might want to work with CAP, it will be your responsibility to contact them. Additional CAP information is included in this packet and can be made available in alternative formats upon request.

You may contact CAP at:

(701) 328-3950 (Bismarck/Mandan)

(800) 472-2670 (Statewide) 711 (TDD Relay)

panda_intake@nd.gov (E-mail)

www.ndpanda.org

YOU HAVE THE RIGHT TO REVIEW INFORMATION IN YOUR CASE FILE.

- If you wish to review your case file, it is your responsibility to give VR advance notice so we can have the information ready for you.

YOU HAVE THE RIGHT TO REQUEST A DIFFERENT COUNSELOR.

Before requesting a change in VR counselor, you have a responsibility to attempt to work out any differences between you and your counselor. However, if that fails, please talk to the counselor's supervisor about the difficulty you are having and your desire to change counselors. You have the right to contact the Commission on Rehabilitation Counselor Certifications if you feel the counselor has acted in an unethical manner. For details, contact the Regional Administrator in your respective VR office.

YOU HAVE THE RIGHT TO BE CONSULTED BEFORE YOUR VR FILE IS CLOSED.



RESOLVING ISSUES AND CONCERNS

You are applying for services under the Rehabilitation Act, as amended. As part of the application process you are being informed about help available to you through the North Dakota Client Assistance Program.

The Client Assistance Program is available to assist and advocate for you whenever you are dissatisfied with any action or inaction on the part of DVR or other programs you are working with. You may request help from the Client Assistance Program at any time. Call if you have questions, concerns, or problems with your eligibility or with services you would like or are receiving.

If you call, the Client Assistance Program will work with you to resolve your problem. Client Assistance will offer advice and provide you with help. Should it be necessary, the Client Assistance Program can also assist you with mediation or a Fair Hearing.

ELECTRONIC/COMPUTER DISCLOSURE CHECKLIST

The Electronic/Computer Disclosure Checklist is a tool to assist rehabilitation counselors in the disclosure of technology-specific standards within the Code of Professional Ethics for Rehabilitation Counselors, should this be applicable or necessary in their involvement with a client.

Type

- Facsimile
- Cellular phone
- Computer
- E-mail
- Audio
- Video-conferencing
- Text Messaging
- Other(s)

Confidentiality

- Information transmitted is is not secured/encrypted
- Communication with other parties rehabilitation team, other(s)]: _____
- Information transferred [referral source, legal representative, employer, rehabilitation team, other(s)]: _____
- Minimal disclosure of identifying information [e.g., codes, numbers, etc.]
- Verifying identity
- Identity of parent(s)/guardian(s) with minors or adults with guardians
- Other(s): _____

Limitations and/or Hazards

- Accessibility
- Documentation
- Reliability
- Security/Encryption
- Transferability
- Other(s)

Records Maintenance and Retention

- Safety/confidentiality of taped, computerized, digital, or electronic counseling records created, maintained, transferred, or destroyed over time
- How, how long, and in what format electronic records are maintained
- Other(s): _____

(Un)authorized Monitoring of Transmissions

- Synchronous communication
- Supervisors and/or Employers
- Technical assistance specialists
- Other(s):

Counselor Availability

- When and frequency of when e-mail is checked
- Alternative and/or emergency contact(s) when unavailable electronically
- Electronic failure
- Lapses in ability to access the Internet
- Other(s): _____

Other

- Problems inappropriate for distance counseling
- Misunderstandings resulting from the lack of visual cues and/or voice intonations
- Self-description when there is no face-to-face interaction
- Level of expected behavior regardless of the form of communication
- Websites for certification bodies and/or licensing boards
- Other(s): _____

NOTICE OF PRIVACY PRACTICES

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

Meaning of “you,” “we,” and “department.” In this notice, when we say “we” or “us,” we mean the staff of the Department of Human Services. When we say “department” we mean the Department of Human Services. When we say “you,” “your,” or “yours,” we mean you as an individual and members of your family or household who live with you.

Understanding Your Personal Health Information. Personal health information is any information created and used by the Department, or received from a healthcare provider, about your healthcare. Information may include your name, address, birth date, phone number, social security number, Medicare number, health insurance policies, health information, your diagnoses, and the medical treatments you received.

Department’s Confidentiality Commitment. The Department is committed to protecting your privacy. Any personal health information about you that is generated by this Department or received from healthcare providers will be kept confidential to the full extent required by the law. The law requires us to maintain the privacy of protected health information, to provide you with this notice, and to abide by what this notice says. We may change what this notice says, but will provide you with information about any changes made if you are then receiving services from the Department or upon your request.

How Information is Used by the Department. Except as explained in this notice, we will disclose and use your personal health information only with your written authorization. We may use your personal health information for treatment, payment and healthcare operations without your written authorization (except if you are being treated for alcohol or drug abuse). “Treatment information” is information you give to us or a healthcare provider gives to us that will be used to determine the course of treatment and to document treatment you have received or will receive. “Payment information” includes a bill for services sent to you or to a health insurance company or Medicare and a bill for services from a healthcare provider, and may include information that identifies you, your diagnosis or other necessary information for accurate payment.

“Healthcare operations information” includes information used to assess the care and outcomes in your case and other cases and to assure the quality and effectiveness of healthcare services. We may also use or disclose your personal health information to:

- Keep you informed about appointments, program information, and benefits and services that may be of interest to you;
- Notify another person responsible for your care if necessary;
- Communicate with any person you identify about that person’s involvement in your care or payment for your care;
- Business associates that perform functions on behalf of the Department;
- Other agencies as required for oversight activities such as licensure, inspections, investigations, audits, or Facility Accreditation;
- Law enforcement personnel for specific purposes, including reporting any suspected child abuse or neglect;
- Staff or research projects that ensure the continued privacy and protection of protected health information;

- Public health agencies to prevent or control disease and for statistical reporting to the Food and Drug Administration for reporting reactions to medications, to Workforce Safety and Insurance (formerly known as Workers Compensation) for benefit coordination, to government agencies in cases of national security or for military purposes, or to correctional institutions;
- Respond to a court order, or subpoena if efforts have been made to tell you about the request or to obtain an order protecting the information requested;
- Share with our business partners who perform case management, coordination of care, other assessment activities, or payment activities, and who must abide by the same confidentiality requirements.

Your Health Information Rights. You have the following rights regarding your personal health information maintained by Department:

1. You may request restriction on certain uses and disclosure of your information. We may not be able to agree to the requested restriction, but if approved, we will abide by it except in an emergency treatment situation or as required by law;
2. If you feel that some information the Department has created about you is wrong, you may ask to change that information. In certain situations, we may deny your request. We will notify you if we deny your request and tell you how to request a review of the denial;
3. You may inspect and obtain a copy of your personal health information in our possession. We may limit or deny you access in very limited circumstances. You have the right to request a review of most denials. We will notify you if we deny your request and tell you how to request a review of the denial. We may charge a fee for copies you request for personal use;
4. You may obtain a paper copy of this notice upon request;
5. You may revoke a signed authorization for the use or disclosure of your protected health information except to the extent we have already acted based on your authorization;
6. If you request, we will account for disclosures we have made of your protected health information made by us beginning in April 2003, except for disclosures to you, under an authorization, for treatment, payment, or health operations purposes, and a few other situations. We will not charge for the first accounting given to you in a twelve-month period. We will charge a fee for an additional accounting requested in that twelve-month period;
7. You may request that we contact you about personal healthcare matters only in a certain way (phone, e-mail, in writing) and at a certain location (home, office, at an address you have given).

For More Information or to Report a Problem. If you have questions and would like additional information, you may contact the Administrative Assistant, toll-free at 1-800-472-2622, Department of Human Services, Dept. 325, 600 East Boulevard, Bismarck, North Dakota 58505-0250. If you believe that your privacy rights have been violated, you may file a complaint with the division or unit of the Department where you received services. You may also file a complaint with the Secretary of Health and Human Services, 1961 Stout Street, Suite 1426, Denver, CO 80294. Phone (800) 368-1018. FAX (303) 844-2025. TDD (303) 844-3439.

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