VAIL PLACE NOTICE OF PRIVACY PRACTICES

This document is adapted from U.S. Department of Health and Human Services Model Notice of Privacy Practices that includes an overlay of Minnesota's additional legal requirements. It is intended to be adapted by health care providers to suit their individual needs. *Minnesota's legal requirements* are in *italic* text.

Your Information. Your Rights. Our Responsibilities.

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.*

Your Rights

Your rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you. If you have questions, please talk to staff or the Privacy & Security Official, Jen Boulton at (952) 945-4231 or jboulton@vailplace.org.

Copy of medical record

Receive an electronic or paper copy of your medical record

- You can ask to see or copy an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information within a reasonable time.
- *If you ask to see or receive a copy of your record for purposes of reviewing current medical care, we may not charge you a fee. [Minn. Stat. § 144.292 subd. 6]*
- *If you request copies of your patient records of past medical care, or for certain appeals, we may charge you specified fees. [Minn. Stat. § 144.292 subd. 6]*

Request to amend medical record

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

Request for us to contact you confidentially

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Request to limit use/ sharing of TPO

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations (TPO). We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information. *Minnesota Law requires consent for disclosure of treatment, payment, or operations information. [Minn. Stat. § 144.293 subd. 2]*

List of those with whom we've shared information

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Copy of this privacy notice

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

File a complaint

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue SW, Washington, D .C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

Request us not to share

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us NOT to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

Will never share without permission

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

Minnesota Law also requires consent *for most other sharing purposes.*

Fundraising

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our uses and disclosures for TPO

How do we typically use or share your health information?

We typically use or share your health information in the following ways. *We need your consent before we disclose protected health information for treatment, payment, and operations purposes, unless the disclosure is to a related entity, or the disclosure is for a medical emergency and we are unable to obtain your consent due to your condition or the nature of the medical emergency. [Minn. Stat. § 144.293, subd. 2 and 5]*

Treat you

In general, we can use your health information and share it with other professionals who are treating you *only if we have your consent.*

Example: Vail Place staff coordinate services with other organizations on your behalf, when you provide consent by signing an Authorization to Release Information form. In some situations we are able to share information without your consent with Hennepin County to coordinate services on your behalf.

In some cases, we may need to release your health information to other professionals or involved parties *without your consent* if it is an emergency and you are unable to provide consent due to the nature of the emergency. *We may also share your health information with other Vail Place staff or affiliates. [Minn. Stat. § 144.293, subd. 2 and 5]*

Example: We don't need your written permission to provide health information to emergency personnel if you are experiencing a medical or psychiatric emergency.

Our Uses and Disclosures

Our uses and disclosures for TPO ... cont'd

Run our organization

We can use and share your health information to run our programs and services, improve your care, and contact you when necessary. *We are required to obtain your consent before we release your health records to other providers for their own health care operations. [Minn. Stat. § 144.293, subd. 2 and 5]*

Example: We will use your health information to manage your care and services at Vail Place.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities only if we obtain your consent. [Minn. Stat. § 144.293, subd. 2 and 5]

Example: We will ask you to sign our Consent to Receive Services form which gives us permission to share billing information with health plans.

Other uses and disclosures

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Public health and safety

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Research

Do research

We can use or share your information for health research *if you do not object. [Minn. Stat. § 144.295 subd. 1]*

Comply with the law

To comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law. *[Minn. Stat. § 144.293 subd. 2]*

Organ and tissue donation

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations *only with your consent. [Minn. Stat. § 525A.14]*

Medical Examiner

Work with a medical examiner or coroner

We can share health information with a coroner and medical examiner when an individual dies. *We need consent to share information with a funeral director. [Minn. Stat. § 390.11 subd. 7 (a)]*

Workers' comp, law enforcement, government

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or *with a law enforcement official with your consent, unless required by law. [Minn. Stat. § 144.293, subd. 2]*
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services *with your consent, unless required by law. [Minn. Stat. § 144.293, subd. 2]*

Respond to legal actions	**Respond to law suits and legal actions** We can share health information about you in response to a court or administrative order, or in response to a subpoena. In some cases a court order may be required. *[Minn. Stat. § 144.293 subd. 2]*
Other state law	**Comply with other state laws** In Minnesota, we need your consent before we disclose protected health information for treatment, payment, and operations purposes, unless the disclosure is to a related entity, or the disclosure is for a medical emergency and we are unable to obtain your consent. We will never share any substance abuse treatment records without your written permission. *[Minn. Stat. §§ 13.386, 254A.09]*

Our Responsibilities

Maintain privacy & security	We are required by law to maintain the privacy and security of your protected health information.
Inform of breach	We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
Follow notice practices	We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of this Notice

Changes to the Terms of this Notice	We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Other Instructions for Notice

Effective Date	August 1, 2018 (replaces January 15, 2016 version)
Name and contact of Privacy Official	Jen Boulton, Director of Operations 952-945-4231 jboulton@vailplace.org. VAIL PLACE 23 - 9th Avenue South Hopkins, MN 55343 www.vailplace.org

Vail Place Consent to Receive Services

Revised 12/01/2019

Welcome to Vail Place Services! This document contains important information about our services and policies. Please read it carefully and ask staff any questions you might have. When you sign that you have received this document, it represents an agreement between you and Vail Place for services.

Program Services: Vail Place offers a variety of services that are designed to help you on your recovery journey including Clubhouse program, case management, vocational, housing, benefits assistance, health and wellness and other services related to your needs. Staff will encourage and support you in developing recovery goals. Services will be provided at Vail Place, in the community or in your home.

Eligibility: For ***some*** Vail Place programs, we are required to obtain a Diagnostic Assessment to verify that you have a mental illness and are eligible to receive services. Service eligibility is regularly reviewed and you will be sent a notice if you are determined to be no longer eligible for services.

Confidentiality: Protecting the privacy and confidentiality of your health information is very important to Vail Place. We will get your permission before sharing your information except in an emergency or when required by law. Our ***Notice of Privacy Practices*** **outlines your privacy rights. You have the right to read Notice before you sign that you agree to the information in this Consent form.**

Communication: The preferred mode of communication with staff is in person or by phone. Texting and email are not secure ways to communicate with staff. Staff will respond to messages during regular business hours, excluding nights, weekends and holidays. If you have an emergency you are advised to contact COPE at 612-596-1223 or 911. Staff will generally reply to messages within 24-48 hours**.** You may receive text notifications for appointments with staff. These texts do not contain private information and you may choose to opt out.

Benefits and Risks: There are many benefits to receiving Vail Place services. You will have help identifying and accomplishing your goals, receive resource information, and help to access other services. A potential risk to receiving services is that there may be times when you share information with others that could bring up difficult issues for you. Staff can assist you in locating a therapist if needed.

Alcohol, Illegal Substance, and Tobacco-free Grounds:

Vail Place grounds are alcohol, illegal substance, and tobacco free. If you are under the influence of alcohol or illegal substances you will be asked to leave. We kindly ask you to respect our tobacco free grounds. Individuals who do not comply may be asked to leave. If staff are meeting you in your home, it is requested that you not smoke 30 minutes prior to and during appointments. If you do not comply with the request your appointment may be rescheduled.

Emergency Procedures: Staff are trained to manage crisis or emergency situations:

- If you are experiencing a psychiatric crisis, staff may contact Community Outreach for Psychiatric Emergencies (COPE) at 612-596-1223 or call 911. COPE provides community crisis intervention. Staff will work with COPE or emergency professionals and provide information needed to help you.
- Vail Place is required by law to make a report if you or other persons are in physical danger.

Qualifications of Staff: Most staff are Mental Health Practitioners or Professionals and have diverse education and training backgrounds. All receive ongoing training in the area of mental health.

Alternatives: There are other providers in Hennepin County. We can assist you in contacting other providers or Hennepin County's Intake and Assessment if you do not want to receive services from Vail Place.

Access to records: You have a right to review your file or request a copy of it. Please talk with staff who will connect you with a supervisor to begin the process.

Tennessen Warning: The Information you provide is generally private. You are not required to answer the questions asked, but we may not be able to help you if you don't provide us with some information. The information you provide may be shared with other staff in the state system whose jobs require access and with staff in this or other agencies as provided by law.

Required Reporting: Vail Place staff are mandated to report suspicion of physical or sexual abuse, financial exploitation or neglect to the proper authorities. If we suspect you (or another vulnerable person or child) are being abused in any of these ways, we are required to report it right away to make sure you (or others) stay safe.

Non-Discrimination: Vail Place does not discriminate against anyone seeking services in accordance with all laws, rules and regulations. **If at any point you feel you have been discriminated against or have not received the services you feel you should, please follow the Grievance Policy that you have received and contact a supervisor.** As an agency, Vail Place is an equal-opportunity employer that values the diversity of its community, both in our staff and in those whom we serve. In our work with people, we strive for respectful relationships that honor the differences in who we are. Just as we do not tolerate discrimination of any kind towards you, we expect the same respect in return. We do not allow sexual harassment, use of racial/homophobic slurs, or any other abusive behavior. Any type of prejudice or harassment experienced by staff will be addressed and may result in changes to your service at Vail Place.

Payment for Services: Vail Place is reimbursed for providing some services, such as Case Management, Vail Care (Behavioral Health Home) or Vail House (Group Residential Housing). By signing acknowledgment of this form, you are giving permission for Vail Place to request reimbursement from Medical Assistance providers, Hennepin County, or the State of Minnesota for services you receive. In order to get reimbursed, we must share some private information, such as your name, address and date of birth.

> ***For Vail Care Enrollees****: if you have Medical Assistance with a spenddown, you will be responsible for paying any part of the cost for Vail Care services not covered by MA.*
>
> ***For Vail House Residents****: based on your countable income, service funding rules may require you to pay part of the costs for your housing.*

Vail Place engages in service partnerships with some health systems and associated clinics. If you are referred to Vail Place by one of our community partners, the staff who work in these programs may have limited access to your health information. This access is used to help coordinate your services and care. This information will be held confidential in the same way as your Vail Place record.

I, the client (or guardian), understand I have the right to not to sign that I received this form, however I may not be able to access services if I don't. My signature indicates that I understand this information. If I have questions about any of the items in this form, I will ask staff.

If acknowledgement is not captured in the electronic record, please sign on a paper Signature Page form.

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Grievance Policy and Procedure

Policy: Vail Place will use a formalized process for handling grievances.
Purpose: To outline the steps for grievances and grievance resolution, and procedures of documentation.
Scope: This policy and procedure applies to individuals served by Vail Place.

Procedures:

1.0 Individuals will be informed of the Grievance Procedure at the time of initial involvement.

2.0 Before filing a formal grievance, the individual with the grievance is encouraged to make every effort to communicate/resolve the issue(s) with their staff advocate or case manager.

3.0 Grievance forms are given to individuals at the time of intake and are available from staff and supervisors or upon request from the Compliance Officer.

3.1 The individual will write his or her grievance on the form, or dictate it to another person if unable to write it out.

3.2 The person filing the grievance will sign and date the form.

3.3 Grievances will be first submitted to the direct supervisor, who will review and contact the individual within two business days to acknowledge receipt of the Grievance form.

3.4 The supervisor will complete the Grievance Response section within seven (7) business days and will share the response with the person filing the grievance.

3.5 The supervisor will then forward the grievance to the Compliance Manager for review.

3.6 The Compliance Officer will review the form; add comments if necessary and sign. If the Compliance Officer is unable to review the grievance, the Executive Director will assume the responsibility.

4.0 If, at this point, the grievance is not resolved to the satisfaction of the person filing it, he or she may request that the grievance be forwarded to the Executive Director.

4.1 If the grievance remains unresolved after the Executive Director provides a response, the individual may request the Executive Director forward the grievance to the Board of Director's Executive Committee.

5.0 Individuals with a grievance are encouraged to seek resolution through the above procedures; however, they may at any time present the grievance directly to the Minnesota Department of Human Services, the Minnesota Department of Human Rights or Hennepin County.

5.1 The phone numbers for resources available to help resolve complaints are as follows:

- Hennepin County 612-879-3350
- Minnesota Human Rights Commission 763-535-1051
- State Mental Health Ombudsman 651-757-1800
- Mental Health Association of Minnesota 612-331-6840

6.0 Grievance paperwork will be scanned and attached to the client's record in an attachment folder accessible only to the Compliance Officer.

6.1 The Compliance Officer will create a note in the EMR documenting that a Grievance was filed and who it was filed against. This note is private and only available to the Compliance Officer.

6.2 If the grievance is regarding a staff member, the paperwork will also be sent confidentially to the Human Resource department, who will attach the paperwork to the staff record with access limited to only the HR Department.

Attachments: Grievance Form

Reference: MN State Laws

Revision Date: September 24, 2014; September 22, 2016
Changes: 9/22/16 changed language related to staff titles from manager/director to supervisor
Approved By: Shelly Zuzek, Compliance Officer

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VAIL PLACE GRIEVANCE FORM

Date of Grievance: _____

Name of person filing Grievance: _____

Address of person filing Grievance: _____
Phone number: _____

Write out (clearly) the Grievance in the space below (or attach additional pages):

Signature of person filing Grievance: _____

ADMINISTRATIVE SECTION (Completed by supervisor):

Date Received: _____ Date of Follow-up Action: _____

Response to Grievance (completed by supervisor):

Compliance Officer Response (optional):

Compliance Officer Signature: _____
Date: _____

Behavioral Health Home (BHH) Services Rights, Responsibilities and Consent

Purpose of this form

The purpose of this form is to explain what behavioral health home (BHH) services are, what your responsibilities are if you choose to participate in behavioral health home services and to get your consent to review your eligibility for services. To determine if you are eligible for services, the behavioral health home provider must review your diagnostic assessment. If you choose to participate in the program, your provider will give you a separate form to get your permission to share your protected health information (PHI) with your other medical and service providers. You don't have to give your permission to share your PHI, but if you don't it will affect the services you can get from your behavioral health home provider.

The goals of behavioral health home services are that an individual:

- Has access to and utilizes routine and preventative health care services
- Has consistent treatment of mental health and other co-occurring health conditions
- Gains knowledge of health conditions, effective treatments and practices self-management of health conditions
- Learns and considers healthy lifestyle routines
- Has access to and uses social and community supports to assist the individual with the individual's goals

Individual Responsibilities

I understand that:

- In order to receive behavioral health home services, a certified BHH provider must conduct a diagnostic assessment, or review my current diagnostic assessment to determine if I am eligible for services.
- I must maintain regular communication with my behavioral health home team, this means:
  - I will tell a member of my BHH team if I go to the emergency room or if I am admitted to the hospital.
  - I will return phone calls, email or other communications from my BHH team.
- I must work with my behavioral health home team to identify my health and wellness goals and to complete my health wellness assessment and health action plan.
- I understand that I will not be able to get the following case management or care coordination services at the same time I am getting BHH services:
  - Assertive Community Treatment (ACT)
  - Mental Health Targeted Case Management (MH-TCM)
  - Health Care Home care coordination services

Individual Rights

I understand that I have the following rights:

- Behavioral health home services are voluntary. I can stop receiving services at any time.
- If I decide to stop receiving behavioral health home services, I will continue to receive my other health care services covered under Medical Assistance.
- If I am a minor child, my parents or legal guardian might have access to some of my PHI even if I do not give them permission.
- If I have concerns about the behavioral health home services that I am receiving, I can contact DHS at Behavioral.Health.Home.Services@state.mn.us.
- The behavioral health home provider must tell me in writing if the provider determines that I am ineligible for BHH services. The provider must also tell me the reasons why I am not eligible for BHH services in writing.

Provider Responsibilities

To provide behavioral health home services, a provider must:

- Be enrolled as a Minnesota health care programs provider.
- Meet the certification standards for behavioral health home service providers.
- Assist participants to find answers to questions about the participant's health and wellness.
- Assist participants to obtain available services and supports to meet the participant's health and wellness goals.
- Ensure that the participant's primary care provider and behavioral health provider understands and is working to achieve the participant's health and wellness goals.
- Follow all state and federal laws regarding private health information.

I have discussed this information with the certified behavioral health home provider listed below. I understand that by signing this form, I am giving the provider permission to determine if I am eligible for BHH services. If the provider determines that I am eligible for BHH services, I want to participate in the program, and I understand my rights and responsibilities.

INDIVIDUAL'S FIRST NAME	MI	LAST NAME		DATE OF BIRTH
SIGNATURE				DATE
NAME (Print)		RELATIONSHIP TO PARTICIPANT		PHONE NUMBER
ADDRESS		CITY	STATE	ZIP CODE

BHH PROVIDER			PHONE NUMBER
Vail Place - Vail Care			952-945-4225
ADDRESS	CITY	STATE	ZIP CODE
23 9th Avenue S.	Hopkins	MN	55343

800-657-3739

Attention. If you need free help interpreting this document, call the above number.

ያስተውሉ፡ ካለምንም ክፍያ ይህንን ዶኩመንት የሚተረጉምሎ አስተርጓሚ ከፈለጉ ከላይ ወደተጻፈው የስልክ ቁጥር ይደውሉ።

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ ប៉ើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d’une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သူဉ်ဟ်သးဘဉ်တက့ၢ်. ဖဲနမ့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလီလၢတၢ်ကကျိုးထံဝဒဉ်လံာ် တီလံာ်မီတခါအံၤန့ဉ်,ကိးဘဉ်လီတဲစိနီၢ်ဂံၢ်လၢထးအံၤန့ဉ်တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງໂທຣໄປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bibili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la’aan ah ee tarjumaadda qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

LB2 (8-16)

ADA1 (9-15)

ADA Advisory

For accessible formats of this publication or assistance with additional equal access to human services, write to DHS.info@state.mn.us, call 800-657-3739, or use your preferred relay service.

DEPARTMENT OF HUMAN SERVICES

DHS-4797-ENG 5-20

Notification of Eligibility for Behavioral Health Home (BHH) Services

The enrollee listed below is receiving behavioral health home (BHH) services.

INDIVIDUAL'S NAME (Last, First, MI)			MHCP MEMBER ID	
DATE OF BIRTH	SOCIAL SECURITY NUMBER	PHONE NUMBER	IS IT OKAY TO LEAVE A MESSAGE? ◯ Yes ◯ No	
STREET ADDRESS		CITY	STATE	ZIP CODE

Contact information for the enrollee's BHH services team

BHH SERVICES PROVIDER				
Vail Place - Vail Care BHH				
PRIMARY BHH SERVICES TEAM MEMBER(S) CONTACT INFORMATION				
Kristina Swanberg, Lead System Navigator				
STREET ADDRESS		CITY	STATE	ZIP CODE
23 9th Ave. So.		Hopkins	MN	55343
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS		
952-945-4225	952-945-4257	kswanberg@vailplace.org		
WEBSITE ADDRESS				
www.vailplace.org				

NAME OF YOUR MANAGED CARE ORGANIZATION (MCO)
For internal use only - Comments to MCO

800-657-3739

Attention. If you need free help interpreting this document, call the above number.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

ចំណាត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သူဉ်ဟ်သးဘဉ်တက့်. ဖဲနမ့်လိဉ်ဘဉ်တ်မၤစၢၤကလီလၢတ်ကကျိးထံဝဲဒဉ်လံာ် တီလံာ်မီတခါအံၤန္ဉ်,ကိးဘဉ်လီတဲစိနီၢ်ဂ်ၢ်လၢထးအံၤန္ဉ်တက့်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງໂທຣໄປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

LB2 (8-16)

ADA Advisory

For accessible formats of this information or assistance with additional equal access to human services, write to DHS.info@state.mn.us, call 800-657-3739, or use your preferred relay service. ADA1 (2-18)

Vail Care: Summary of Rights and Responsibilities

As a member of the Vail Care BHH program, you can expect the following from us:

1. Courteous, respectful treatment by Vail Care team members.
2. If a team member will not be able to keep a scheduled appt. for any reason, you will be notified as soon as possible.
3. Because drive times can be unpredictable, you can expect that staff will arrive within 15 minutes on either side of the agreed upon appt time. Occasionally, inclement weather or other circumstances beyond our control may cause staff to be more than 15 minutes late for an appointment. In these instances, staff will attempt to reach you by phone to notify you of the impending late arrival.
4. If you leave a message on the Vail Care triage line, you can expect a call back within 1 business day.
5. Vail Care staff will work to connect you with other resources and support services as we are able, including transferring you to work with a different BHH provider if you request this from us.
6. You can request a change to the goals/strategies outlined in your Health Action Plan at any time.

Since participation in the Vail Care program is strictly on a voluntary basis, Vail Care will expect the following of you during your time with our program:

1. Courteous, respectful treatment of Vail Care team members.
2. If you will not be able to keep a scheduled appt. for any reason, you will call Vail Care team member or the triage line and notify us at least one hour before the scheduled start of the appt.
3. You will maintain the minimum required monthly contact: at least once by phone and/or in person. You will be responsible for keeping track of your upcoming appointments with the Vail Care team.
4. You will notify Vail Care team in a timely manner of any changes to your contact phone number, address, or to your Medical Assistance coverage, including if you switch from one insurance company to another. (for example: switching from Hennepin Health to UCare)
5. You will identify one or more goal areas which the Vail Care team can help support you in, and you will be willing to take action steps towards achieving these goals.
6. If you have a spenddown as part of your Medical Assistance plan, you will pay your spenddown monthly to ensure that Vail Care will be reimbursed for services provided. You will notify Vail Care immediately if you need help with completion of routine benefit-related paperwork in order to prevent a lapse in coverage.

Vail Care Housing Addendum: How Can Vail Care Help With Housing?

The **primary goal** for the Vail Care program is to work with you to improve your mental and physical health and help connect you to support services & programs, but it is not specifically a housing assistance program.

Vail Care does **NOT** have special access to: Section 8 or Bridging Transitional Housing Vouchers

What we CAN do:	What we CANNOT do:
Help you apply for subsidized housing waiting lists	Provide funding for application fees, moving expenses, or Bridging appointments
Refer you to available supportive housing options	Provide moving services on the day of a move.
Help you search online housing listings	**Guarantee** access to any kind of subsidy, such as a Section 8 or Bridges Voucher
Help you plan for a move or transition	Find an apartment for you.
Help you apply for benefits, such as Social Security or Waivered Services, which could help you access additional housing options later	

If you are in need of housing, the opportunities available to you will be determined by any or all of the following factors: income amount and source of income, housing history, criminal background, sobriety status, whether or not you have a certified disability, your preferences for where you want to live, your willingness to live with others in a group setting, and your personal commitment to the process of applying and waiting for openings to becoming available.

If the only reason you are enrolling into the Vail Care program is to access new housing, this program may not be a good fit for you.

We will help re-direct you to the front door for services in your county if you wish to seek out other support for your housing needs.

FOR INDIVIDUALS CONNECTED TO NORTH MEMORIAL HEALTH ONLY: You are eligible to attend a weekly Housing Group for additional housing support. Ask your Navigator for times and location of group.

VailPlace
Community-based mental health recovery and healthy independent living

EMERGENCY RESOURCES

Emergency Phone Numbers:

United Way (first call for help): 2-1-1 or (651) 291-0211 – Call for resources for food shelves, clothing, child care, housing, transportation, treatment, and other community resources.

COPE (Community Outreach for Psychiatric Emergencies):

Adults: 612-596-1223

Child: 612-348-2233

National Suicide Prevention Lifeline: (800) 273-8255

National Domestic Violence Hotline: (800) 799-7233

National Help Line for Substance Abuse: (800) 262-2463

Veterans Crisis Line: (800) 273-8255

Shelters:

- **Adult individuals** - need to visit the Adult Shelter Connect (ASC) for an assessment and placement at one of the five Minneapolis shelters and referrals to other services.
  ASC direct line: 612-248-2350
  St. Olaf Church, 215 South 8th Street, Minneapolis
  Hours: M-F 9am to 5:30pm; Sat/Sun 1-5:30pm; after hours call 2-1-1 (651-291-0211)
- **Families seeking shelter -** must contact the Hennepin County Shelter Team at:
  612-348-9410 (daytime); 612-673-9138 (evenings and weekends),
- **Tubman Family Crisis and Support Services**
  612-825-3333

Crisis Housing:

Residential mental health crisis stabilization services to adults with mental illness, who may also have other behavioral problems and/or chemical abuse/dependency issues. Can stay up to 10 days at a time.

- **Nancy Page** 612-870-3787, 245 Clifton Ave, Minneapolis, MN 55403
- **Diane Ahrens** 651-645-9424, 1593 Hewitt Ave, St Paul, MN 55104
- **Riverwind** 763-862-7944, 2708 119th Ave NW, Coon Rapids, MN 55433

Vail Care Message Line:

If you are unable to reach your primary Vail Care Navigator, you may leave a message on the **Vail Care Message Line.**

Messages left on this number will be checked twice a day. Calls returned within 24 hours.

Direct: (952) 945-4225

Updated 6/9/2020

Vail Care
Closing Guidelines

02/07/2020

AN INDIVIDUAL MAY BE DISCHARGED IF ONE OR MORE OF THE FOLLOWING CRITERIA ARE MET:

- The team and individual agree that the individual has successfully achieved all goals which required assistance from Vail Care.
- The individual requests closing.
- The individual no longer meets eligibility criteria.
- The team is unable to locate or communicate with the individual for more than 3 months in a row.
- The individual is transferred to a Relocation or ACT Team, Targeted Case Management, or to another BHH service provider.
- The individual has Medical Assistance with a spenddown and is unwilling or unable to pay the spenddown each month.
- The individual demonstrates an inability to participate in the BHH program by failing to maintain the minimum amount of face to face and telephone contact, being unable or unwilling to identify and/or work towards goal areas.
- The individual has engaged in behavior which has created a serious safety concern for Vail Care staff.

PRIOR TO DISCHARGE:

- Vail Care will offer to meet face to face with the individual and his or her identified supports (if applicable) to discuss options available to the person, including maintaining BHH services.
- Whenever possible, Vail Care will contact a member of the individual's treatment and/or support team to inform them of closing.
- If closing for lack of contact, the EHR will have documentation which verifies the team's efforts to establish or maintain connection with the individual, and will reflect the team's attempts to notify the individual by phone of the decision to close to services prior to actually doing so.
    - A closing letter will be sent to the individual's last known address and if the individual has not contacted a Vail Care team member within ten days, the case will be closed.
    - The System Navigator will complete the necessary paperwork using the Closing Guideline Checklist.
    - If the individual is being transferred to another service provider a Vail Care team member will be a part of the transition meeting and planning with the individual and new provider whenever possible.

APPEAL PROCESS: An individual may appeal the decision to close to services. The closing letter will include the relevant instructions and contact information.

Vail Place
transforming the lives of people with mental illness through community

Vail Place has given me courage and a place where I am accepted unconditionally. I don't think I'd be where I am today without Vail Place. – Ralph

The staff at Vail Place helped me see potentials in myself I didn't know existed. People saw me as a person and not as a "mental illness." – Christine

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www.vailplace.org

Charities Review Council
MEETS STANDARDS
smartgivers.org

MEMORANDUM

To: All Vail Place program participants
From: Vail Place
Date: 1/9/19

Vail Place has joined a growing movement among organizations across the State of Minnesota to focus on the whole health of program participants and staff by adopting tobacco-free policies.

This decision is because tobacco use is the leading cause of disease, disability and death in the United States. Addressing tobacco use can greatly improve the length and quality of life and is in line with Vail Place's mission to foster hope, health and recovery for people living with mental illness.

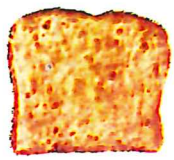
In keeping with this policy, **Vail Place Administrative Offices, Hopkins and Uptown Clubhouse locations will be tobacco-free as of April 1st, 2019**. As of this date, all staff, program participants and visitors are expected to be tobacco and smoke free during open (work) hours on our grounds.

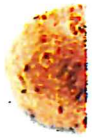
Additionally, the policy recognizes that second-hand smoke is a hazard to people's health. Therefore, Vail Place staff are not permitted to smoke at an individual's home or in their presence. **It is requested that individuals not smoke in Vail Place staff's presence, during and 30 minutes prior to appointments.**

Finally, if you are interested in resources to stop smoking or using tobacco products, please ask Vail Place staff for more information.

Thank you for your support of Vail Place and our mission!

GRAINS OR CEREALS: 4-6 serves a day. *Each of these is one serve ...*


1 slice bread

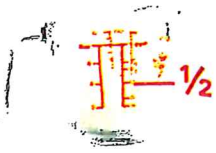

½ bread roll

¼ cup muesli

½ cup cooked porridge

⅔ cup flaky cereal

½ cup cooked pasta



½ cup cooked rice

VEGETABLES: 5+ serves a day. *Each of these is one serve ...*

1 large carrot

1 cup broccoli

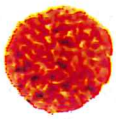
1 small potato

1 small tomato

½ corn cob

1 cup leafy greens

½ cup cooked vegetables


½ cup baked beans

½ cup cooked or canned legumes

FRUIT: 2 serves a day. *Each of these is one serve ...*

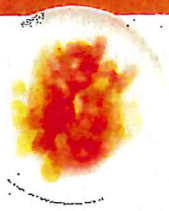
1 apple

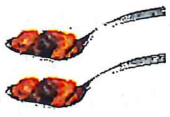
1 banana

2 kiwi fruit

4 dried apricots

1 cup berries


1 cup canned fruit


2 tablespoons sultanas

Half a small glass of no-added-sugar fruit juice

PROTEIN: 2-3 serves a day. *Each of these is one serve ...*

A palm-size piece of raw meat or chicken (90–100g)

2 large eggs

A hand-size piece of raw fish (115g)

A small can of fish (95g)

A small handful of nuts or seeds (30g)

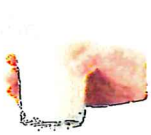
170g tofu (the size of a deck of cards)

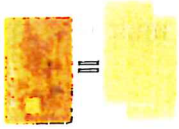
1 cup cooked or canned legumes

DAIRY OR ALTERNATIVES: 3-4 a day

Each of these is one serve ...

A 200g tub of yoghurt


1 cup cow's milk or calcium-fortified alternative

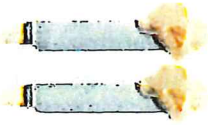

2 slices reduced-fat cheese (40g)

A small milky coffee (such as a flat white)

UNSATURATED FATS: 2-4 a day

Each of these is one serve ...

A quarter of an avocado


2 teaspoons table spread

2 teaspoons oil

TREAT FOODS: not every day. *Each of these is one serve ...*

A 1.5cm-thick slice of iced

5-6 lollies

A row (4 squares)

2-3 plain sweet biscuits

2 small scoops of ice cream

12 hot chips

Half a 50g packet of potato chips

npiled by dietitians and based on Australian Dietary Guidelines.

Tips to Maintain a Healthy Weight.

- To help with portion control, use smaller plates.
- Don't drink your calories.
- Always carry a healthy snack with you for "just in case."
- Swap low-calorie treats for higher calorie indulgences. Example: a fudgecicle instead of a bowl of ice cream.
- Eat the bulk of your calories EARLIER in the day.
- Avoid eating late at night.
- Enjoy broth-based soups, which have been shown to reduce food intake in many studies.
- Drink a full glass of water about 15 minutes before you eat a meal.
- Don't skip breakfast, you can't get your engine started without it.
- Don't go to parties or grocery stores when you are hungry.
- If you still feel hungry after your meal, wait at least 20 minutes before eating anything else, you might find you are no longer hungry.
- Increase your overall percentage of daily food intake of fruits and vegetables, but avoid canned fruit and juices.
- Increase your fiber intake, this will make you feel "fuller" and curbs appetite overall.
- Eat small snacks during the day that offer a balance of carbs, protein, and fat. Many typical snack foods are simple carbs, but they "burn out" fast and leave you still hungry.
- Avoid fad "diets"
- Daily exercise: very few people can maintain a healthy weight without regular exercise.
- Look for ways to increase the amount of effort you must expend to complete various tasks: walk up stairs instead of taking the elevator, park further away at the store, rake the yard rather than use a "leaf blower."
- **Don't deprive yourself or severely restrict your calories unless it is part of a medically ordered dietary plan. IF you have an existing medical condition, such as Diabetes or Chronic Kidney Disease, you MUST follow special dietary guidelines as dictated by your care provider. If you are unsure if you need to have specific dietary guidelines, ask your primary care provider BEFORE making changes to your daily routine.**

- Remember this mantra: DO MORE, CONSUME LESS! You must take in fewer calories than you use/burn in order to lose weight. ☺

How to Eat a Healthy Diet!

Proteins to choose

- Low-fat dairy products such as skim or low-fat (1%) milk, yogurt and cheese
- Egg whites or egg substitutes
- Fish, especially fatty, cold-water fish, such as salmon
- Skinless poultry
- Legumes
- Soybeans and soy products, for example, soy burgers and tofu
- Lean ground meats

Proteins to limit or avoid

- Full-fat milk and other dairy products
- Organ meats, such as liver
- Egg yolks
- Fatty and marbled meats
- Spareribs
- Cold cuts
- Hot dogs and sausages
- Bacon
- Fried or breaded meats

Fruits and vegetables to choose

- Fresh or frozen vegetables and fruits
- Low-sodium canned vegetables
- Canned fruit packed in juice or water

Fruits and vegetables to avoid

- Coconut
- Vegetables with creamy sauces
- Fried or breaded vegetables
- Canned fruit packed in heavy syrup
- Frozen fruit with sugar added

Grain products to choose

- Whole-wheat flour
- Whole-grain bread, preferably 100% whole-wheat bread or 100% whole-grain bread
- High-fiber cereal with 5 g or more of fiber in a serving
- Whole grains such as brown rice, barley and buckwheat (kasha)
- Whole-grain pasta
- Oatmeal (steel-cut or regular)
- Ground flaxseed

Grain products to limit or avoid

- White, refined flour
- White bread
- Muffins
- Frozen waffles
- Corn bread
- Doughnuts
- Biscuits
- Quick breads
- Granola bars
- Cakes
- Pies
- Egg noodles
- Buttered popcorn
- High-fat snack crackers

Fats to choose

- Olive oil
- Canola oil
- Margarine that's free of trans fats
- Cholesterol-lowering margarine, such as Benecol, Promise Activ or Smart Balance

Fats to limit

- Butter
- Lard
- Bacon fat
- Gravy
- Cream sauce
- Nondairy creamers
- Hydrogenated margarine and shortening
- Cocoa butter, found in chocolate
- Coconut, palm, cottonseed and palm-kernel oils

Low-salt items to choose

- Herbs and spices
- Salt substitutes
- Reduced-salt canned soups or prepared meals
- Reduced-salt versions of condiments, such as reduced-salt soy sauce and reduced-salt ketchup

High-salt items to avoid

- Table salt
- Canned soups and prepared foods, such as frozen dinners
- Tomato juice
- Soy sauce

Tips for a good night's sleep:

1. Try to develop a regular bedtime: going to bed and getting up at the same time each day.
2. Avoid naps during the day.
3. Make your physical space comfortable: keep your bedroom dark, quiet, and not too warm. If noise or light are interfering, use a mask or white noise machine to offset these issues.
4. Avoid using your bed for anything other than sleep or sex.
5. Get daily exercise, but not within 3 hours of bedtime.
6. Get outside/exposure to natural light during the day, as this helps your body to recognize day versus night, which helps promote the natural circadian rhythm.
7. Develop/practice a nightly "wind down" prior to your bedtime: some ideas include a shower, meditation, light stretching, reading (but not on an electronic device)
8. Bedtime snack? Best bet is about a 30 gram carbohydrate choice, such as a serving of whole grain bread, cereal, or crackers. Pair this carb with a food high in tryptophans such as milk/dairy, nuts, honey, bananas, eggs. Ex: cheese and crackers, cereal and milk, yogurt cup with granola, nuts, or bananas.
9. Do not eat any heavy meals within four hours of bedtime.
10. Cut fluid intake to a minimum by about 8 pm (or at least a couple of hours before your normally go to bed) to avoid frequent urination at night
11. If you are a smoker, do not smoke before bedtime to help you "relax" or if you wake up in the night, as nicotine is a stimulant, and will actually keep you awake longer, despite your perception of "relaxation."
12. Avoid caffeine within 6 hours of bedtime, including "hidden" sources of caffeine such as found in chocolate or OTC meds like Excedrin.
13. Avoid alcohol late in the day, as alcohol can cause waking in the night and interferes with sleep quality overall.
14. Don't stare at the clock. Looking at the clock frequently increases anxiety about sleeplessness and will prevent your falling to sleep.
15. Don't toss and turn for more than 20-30 minutes. Get up and go to another room where you can engage in an activity that is not overly stimulating until you feel sleepy. Do not stay in bed to engage in this activity.
16. Get it out on paper: if you tend to have a lot on your mind, take time to write a to-do list for the next day or write in a journal about what is going on. Getting the thoughts out of your head can help you let go and allow yourself to get the rest you need.
17. Talk to your doctor: gather information about your sleeping routines in a sleep diary and bring this with you to your next appt. There are medical conditions which can be interfering with your sleep that may need treatment. Also there are certain medications for chronic medical conditions can interfere with sleep. Your doctor can help you look for other possible causes of your sleep difficulties.

My Physical Activity Diary Month: _____

Day of week	Time of Day	Description of Activity (Type and Intensity Level)	Duration

Stress-Management Techniques

▶ Part 1 Techniques to Relieve Stress

Deep Breathing

When you're under stress, muscles tense and breathing becomes shallow and rapid. When you breathe slowly and deeply, it sends a message to your brain to calm down. The brain then sends this message to your body. Deep breathing increases the oxygen available to your body and produces a relaxed feeling. Practice this technique a few times each day, and deep breathing will become a tool you can use to help you relax whenever you feel stressed.

Here's how to do it:

- Sit in a comfortable position and take a few breaths. Notice how your belly pushes out as your lungs fill with air, and how it naturally goes back in as the air leaves your lungs.
- Then take some deep breaths. Breathe in for a count of 6. Pause for a count of 3. Then breathe out for another count of 6.
- Do this 20–30 times.

Progressive Muscle Relaxation

This is a good technique to use any time you're tense. *Progressive* means something that happens a little bit at a time. In this technique, you tense different muscle groups one at a time and then let them relax. The tension helps the muscles relax more deeply when you let go.

Here's how to do it:

- Start with your toes. Curl them under a far as you can. Hold for 5 seconds, then relax.
- Then move to your ankles. Bend your feet toward your body as far as you can. Hold for 5 seconds then relax.
- Continue to move up your body, tensing different muscle groups, holding for 5 seconds and then relaxing. Do this with your thighs, hips, abdomen, back, shoulders, elbows, hands, neck and face. Notice how your body feels as you tighten and relax the different muscles.
- End by tightening all the muscles in your body for 10 seconds and then relaxing. All your muscles should now be more relaxed.

Guided Imagery

Deep breathing and progressive muscle relaxation reduce stress by helping your body relax and calm down. Guided imagery is a way to help your mind do the same thing. In guided imagery, you picture a calm place and imagine a restful experience.

Here's how to do it:

- Choose a place you're familiar with and one that you find beautiful or that feels safe. You might picture a deserted beach, a green meadow or a quiet place in your home.
- Close your eyes and imagine yourself leaving wherever you are at the moment and going to the calm, safe place you've chosen.
- See yourself in that place, with all your senses experiencing the sights, sounds, smells and other details. Really imagine what you'd see, hear, smell and feel on your skin in that place.
- Picture yourself relaxing in the place—you might lie down on the beach or the grass, sit on a bench or in a tree, wrap a warm blanket around you—whatever helps you feel calm and safe.
- Stay in this imaginary place until you feel fully relaxed. Then slowly picture yourself leaving it and coming back to where you actually are, knowing that you can return any time you want to relax.

(continued)

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Stress-Management Techniques *(continued)*

▶ Part 2 Ways to Reduce or Prevent Stress

Physical Activity

Being physically active is a good way to help manage the stress in your life. Here's why:

- Doing some form of aerobic activity that makes your heart rate and breathing increase and works your heart and lungs for about 30 minutes causes your brain to release endorphins. *Endorphins* are natural chemicals that help people feel good and balance the effects of stress.
- Endorphin levels have been found to stay higher even after physical activity has ended. So a person continues to feel good after working out and moving the body.
- People who are physically active every day cope better with stress and sleep more soundly at night.

Time Management

A lot of daily stress can be reduced or even prevented if you learn how to make the best use of your time and be organized. Here are some things you can try:

- Plan ahead.
- Make a list of things you need to do. Circle what you need to do first, or put things in order from most to least important.
- Make sure you have all the materials you need before starting a project.
- Don't wait until the last minute to start something.
- Do a little at a time. Break big tasks into smaller steps.
- Work with a friend to help a task go faster or be more fun.
- Focus on what you need to do. Don't let yourself get distracted. For example, you might turn off your phone or the TV.
- Allow extra time to get to appointments or places you need to be.

Talking About It

Talking to someone about what's causing you stress is another technique you can use. Sometimes just describing or sharing your feelings about a stressful situation to a friend or trusted adult can help you feel better. Let the person know if you need him or her to just listen and understand your feelings, or if you'd like help thinking of things you could do to relieve the stress. Talking to others can also help you get more information or come up with ways to help prevent stress in the future.

Some ways you could start:

- "I'm really stressed about this situation. Could I tell you about it?"
- "I don't know what to do for this assignment. Could I run some ideas by you?"
- "What do you do when you're feeling stressed? Could you give me some ideas?"
- "Could you give me more information about...?"

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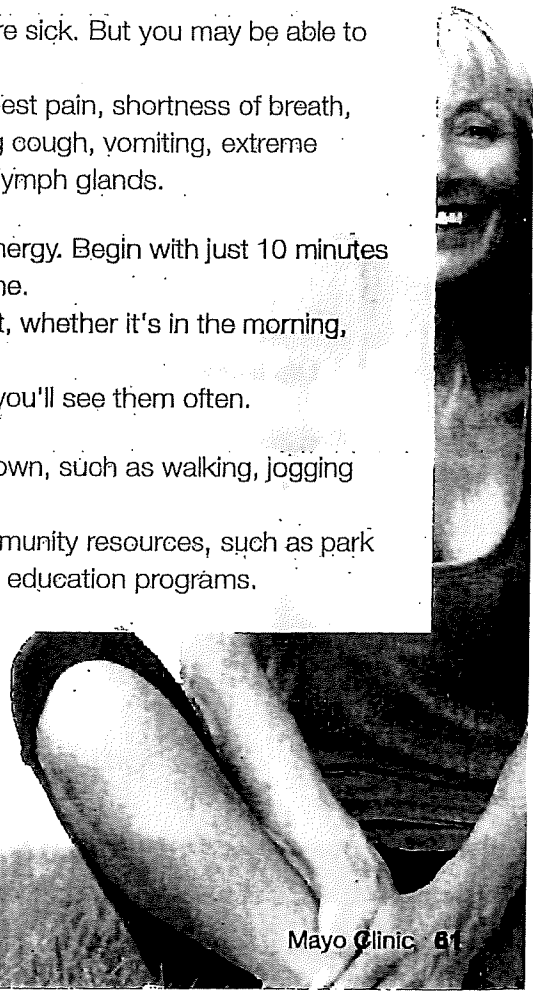
Tackle exercise barriers

Again, check the barriers that present your biggest challenges. Then consider which solutions would work for you. And don't hesitate to add your own solutions.

Potential barriers	Possible solutions
☐ **Lack of time**	• Break activity into shorter periods of time, such as 10-minute walks. • Identify current time wasters, such as TV watching or Internet use. • Plan exercise into your daily schedule. • Reframe your concept of exercise to include many everyday activities.
☐ **Boredom**	• Change your routines occasionally. • Do a variety of activities rather than just one or two. • Work out with a friend or in a group. • Join a health club or take a fitness class. • Listen to music, watch TV or read while you work out. • Challenge yourself with new goals. • Experiment with interval training. • Learn more about technique. • Get a new gadget or piece of equipment.
☐ **Inconvenience**	• Work out at home rather than at a club. • Choose activities that require minimal facilities and equipment. • Incorporate physical activity into your daily routine. • Make use of cues or prompts to remind yourself to work out. • Choose activities that don't depend on good weather or daylight.
☐ **Weather**	• Choose activities that you can do regardless of the weather, such as indoor cycling, aerobics, indoor swimming, stair climbing, dancing or mall walking.
☐ **Life transitions**	• Consider a moderate program of physical activity during stressful times.
☐ **Self-consciousness**	• Find an exercise class with others trying to lose weight. Or find a friend willing to walk, bike or jog with you. • Ask an expert to demonstrate how to use equipment — or how to stretch and train — to increase your confidence. • Be confident that your discomfort will disappear as exercise becomes more routine.

Potential barriers	Possible solutions
☐ **Travel**	• Find out what fitness facilities, parks or walking paths are available where you're going. • Walk around the airport terminal. • Stretch and walk during your flight, or take short walking breaks during a road trip. • Work out in your hotel room, and walk the halls and climb the stairs in your hotel.
☐ **Injury or sore joints**	• Warm up and cool down when you exercise. • Talk to your doctor about how to exercise appropriately for your age, fitness level, skill level and health status. • Choose low-risk or low-impact activities such as water aerobics. • Use the proper equipment and dress for the weather conditions. • If you've been injured, ask your doctor what you can still do. Choose physical activities involving uninjured parts of your body.
☐ **Illness**	• Avoid strenuous exercise when you're sick. But you may be able to work out at a reduced intensity. • Don't exercise if you have a fever, chest pain, shortness of breath, generalized muscle aches, a hacking cough, vomiting, extreme tiredness, diarrhea, chills or swollen lymph glands.
☐ **Fatigue**	• Regular physical activity increases energy. Begin with just 10 minutes of activity — a little is better than none. • Exercise when your energy is highest, whether it's in the morning, afternoon or early evening. • Keep motivational messages where you'll see them often.
☐ **Lack of facilities or resources**	• Select activities you can do on your own, such as walking, jogging or rope jumping. • Identify inexpensive, convenient community resources, such as park and recreation centers or community education programs.



Setting Fitness Goals: Make them S.M.A.R.T.

S. SPECIFIC: a goal is specific when there are clear parameters which identify the expectations.

Example (non-specific): Run a marathon

Example (specific): Run a 5k this October

M. MEASURABLE: a goal is measurable when you can easily determine if it was accomplished or not.

Example (non-measurable): Reduce my risk of heart attack

Example (measurable): Reduce my LDL/bad cholesterol by 20 points at year's end.

A. ACHIEVABLE: a goal should be challenging but still realistic. For example, if you are new to running...

Example (non-achievable): Complete a marathon in two months

Example (achievable): Be able to run a 5K within a year.

R. RELEVANT: a goal should be something you have a vested interest in, not just something you decide to do because someone else thinks you should, or has set that goal for him/herself. You will be more motivated to follow through if you are doing something that is important to you.

T. TIMELY: a goal should have a specific time-frame for completion, to help keep you on task and measure your achievement.

Example (non-timely) Run in a 5k.

Example (timely) Run in a 5k at the end of 5 months

Find Your Starting Point

ACTIVITY LOG

For a couple of weekdays and a weekend, write down how much time you are physically active (for example, walking, gardening, playing a sport, dancing, lifting weights). The goal is to find ways to increase your activity.

	ACTIVITY	NUMBER OF MINUTES	WAYS TO INCREASE ACTIVITY
WEEKDAY 1			

Total Minutes _____

	ACTIVITY	NUMBER OF MINUTES	WAYS TO INCREASE ACTIVITY
WEEKDAY 2			

Total Minutes _____

	ACTIVITY	NUMBER OF MINUTES	WAYS TO INCREASE ACTIVITY
WEEKEND			

Total Minutes _____

National Institute on Aging

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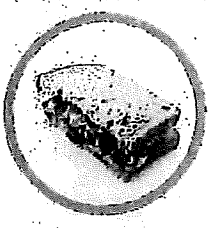
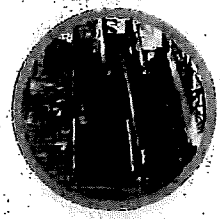
My Self-Management Goal for a Healthy Weight

Walk briskly every day

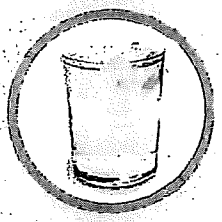
Get off the subway or bus one stop early



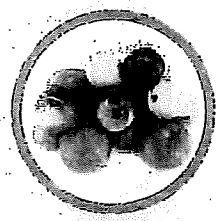
Eat smaller portions



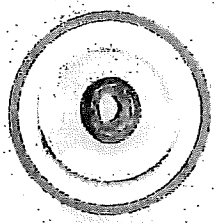
Take the stairs instead of the elevator/escalator



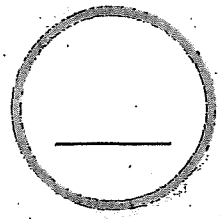
Choose water



Eat fruit as your snack



Order the smaller size



Other

One way I want to improve my health is (For example, eat smaller portions):

_____

My goal for this week is (For example, eat one slice of pizza instead of two slices twice this week):

_____

When I will do it (For example, lunch time):

_____

Where I will do it (For example, at a restaurant):

_____

How often I will do it (For example, Monday and Thursday):

_____

What might get in the way of my plan (For example, one slice of pizza is not filling):

_____

What I can do about it (For example, have salad with it):

_____

How confident am I that I can reach this goal? *Circle one (Note: Continue working on confidence in reaching goal until at least an 8.)*

0	1	2	3	4	5	6	7	8	9	10
Not at all		A little			50/50			Very sure		Totally confident

Follow-up plan (how and when): _____

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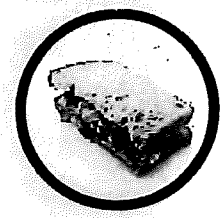
From the New York City Department of Health and Mental Hygiene

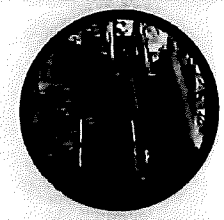
My Self-Management Goal for a Healthy Weight

Walk briskly every day

Get off the subway or bus one stop early



Eat smaller portions



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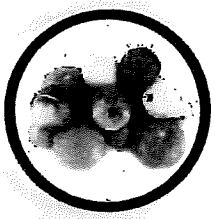

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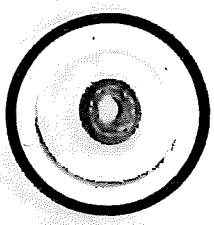

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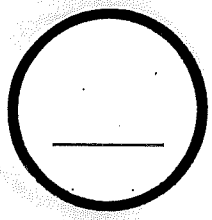

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From the New York City Department of Health and Mental Hygiene

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