Notice of Service Recipient Rights

Required under Minnesota Statutes § 245D.04, subds. 1–3

When to provide: Within 5 working days of service initiation, AND annually thereafter

This notice explains the rights you have as a person receiving home and community-based services (HCBS) from Happy Living Options LLC under Minnesota Statutes, section 245D.04. We are required to give you this notice within five working days after your services begin, and again every year for as long as you receive services from us. We will provide this notice in another format or language if you need it to understand your rights.

Your Service-Related Rights

You have the right to:

(1) Take part in planning and evaluating the services you receive.

(2) Have your services delivered in a way that respects your preferences and follows your coordinated service and support plan.

(3) Refuse or stop services at any time, and be told what that means for your care.

(4) Know, in advance, about any limits on the services available to you, and about this agency's capabilities and qualifications to meet your needs.

(5) Know, in advance, the conditions of service — including how admission decisions are made, and this agency's service suspension and termination policies.

(6) Receive a coordinated transfer to another provider to help protect continuity of care if your services with us end.

(7) Know what we charge for services, and be told in advance of any change in those charges.

(8) Know, in advance, what portion of your service costs may be paid by insurance, government funding, or other sources, and what (if anything) you are responsible for paying.

(9) Be served by staff who are competent and who hold the training, certification, and/or licensure the services require.

Your Protection-Related Rights

You have the right to:

- Privacy of your personal, financial, and health information, and to know how that information may be shared.
- Access your own service records, consistent with state and federal law.
- Be free from maltreatment (abuse, neglect, and financial exploitation).
- Be free from restraint, time-out, seclusion, chemical restraint, mechanical restraint, or an unauthorized restrictive intervention, except a narrow emergency use of manual restraint permitted by law, or a safety intervention specifically approved in your coordinated service and support plan.
- A clean, safe, and orderly environment appropriate to the services you receive.
- Be treated with courtesy and respect, including respect for your property.
- Have your cultural, ethnic, religious, and language preferences respected.
- Be free from discrimination based on race, color, creed, religion, national origin, sex, marital status, disability, public assistance status, sexual orientation, or age.

- Use this agency's grievance procedure (see companion notice, Doc 245D-02) and know how to contact the appropriate ombudsman office to file a complaint.
- Assert any of these rights, personally or through a representative, without retaliation of any kind.
- Give informed consent before participating in any research involving you.
- Associate with people of your choosing.
- Personal privacy, including — where applicable — a lock on your bedroom door.
- Engage in activities of your choosing.
- Access to your personal possessions at any time, including financial resources.

Additional Rights if You Live at a Licensed Residential Site

If you live at a site licensed under this chapter, you also have the right to:

- Daily access to a private telephone for incoming and outgoing calls.
- Send and receive mail and other communications without interference.
- Use common areas of your residence.
- Choose your own visitors and have privacy during visits.
- Receive three balanced meals daily, plus snacks, consistent with any therapeutic diet.
- Reasonable access to food and water between scheduled meals.
- Furnish your bedroom within the limits of the space available.
- A clean, safe, hazard-free living environment.
- A dwelling that meets the requirements of the Minnesota State Fire Code.

NOTE: Some protection-related rights may only be temporarily limited under narrow, documented circumstances (Minn. Stat. § 245D.04, subd. 3(c)) — including a written, individualized plan, objective measures, semiannual review, and your (or your legal representative's) written approval. Ask us if you have questions about any restriction that applies to you.
NOTE: This is a plain-language summary. The full legal text is found at Minnesota Statutes § 245D.04. How to file a complaint and current ombudsman contact information are provided in our companion notice "Grievance and Complaint Procedure" (Doc 245D-02).

Grievance and Complaint Procedure

Required under Minnesota Statutes § 245D.10, subds. 2 and 4(b)(2)(i)

When to provide: Within 5 working days of service initiation, and any time this policy is revised

Happy Living Options LLC wants to know if you are unhappy with your services. This notice explains how to file a complaint (also called a grievance) and who can help you.

How to File a Complaint With Us

(1) Tell any staff member or member of your care team. Staff will help you put your complaint in writing if you would like.

(2) You may also bring your complaint directly to the highest level of authority in our program: Moulid Ahmed, reachable at 763-388-6961 or happylivingoptionsllc1@gmail.com.

(3) We will respond promptly — immediately for anything affecting your health or safety, and within 14 calendar days for other complaints — and work to resolve your complaint within 30 days.

(4) We will give you a written summary of our review and how your complaint was resolved.

You will never be retaliated against, in any way, for filing a complaint.

Outside Agencies That Can Help

If you are not satisfied with how we handle your complaint, or you would prefer to contact someone outside our agency, the following organizations can help:

Contact	Phone	Purpose
Office of Ombudsman for Long-Term Care	**1-800-657-3591**	Complaints about home care, waiver, and long-term care services
Office of Ombudsman for Mental Health & Developmental Disabilities	**1-800-657-3506**	Complaints involving mental health or developmental disability services
MDH Office of Health Facility Complaints	**651-201-4200**	Complaints about a licensed home care provider
Minnesota Adult Abuse Reporting Center (MAARC)	**1-844-880-1574**	Report suspected abuse, neglect, or financial exploitation of a vulnerable adult
Minnesota Disability Law Center	**1-800-292-4150**	Free legal help and protection & advocacy services for people with disabilities
Your County Case Manager	**Ask your care team**	Your assigned case manager or care coordinator

NOTE: Phone numbers above were current as of August 2026. Confirm current numbers at mn.gov before printing large quantities of this notice.

Service Suspension & Termination Policy

Required under Minnesota Statutes § 245D.10, subds. 3, 3a, and 4(b)(2)(ii)

When to provide: Within 5 working days of service initiation, and any time this policy is revised

This notice explains when Happy Living Options LLC may temporarily suspend or permanently end (terminate) your services, and your right to appeal.

Temporary Service Suspension

We may temporarily suspend your services only when:

(1) Your conduct poses an imminent risk of physical harm to yourself or others, and positive support strategies and less restrictive measures have not resolved the safety concern.

(2) An emergent medical issue exceeds our capability to safely support you.

(3) Payment for services has not been made.

Before suspending services, we must document our efforts to avoid the suspension, including consulting with your support team and, where applicable, requesting case manager intervention. You will receive written notice explaining the reason for the suspension and the steps we took to try to avoid it.

Service Termination

We may permanently end your services only when:

(1) Termination is necessary for your welfare and we cannot meet your needs.

(2) Your safety, or the safety of others, is endangered and positive support strategies have failed.

(3) Your health would otherwise be endangered.

(4) Payment for services has not been made.

(5) Our program or license ceases operation.

(6) You are no longer eligible for waiver services.

Except where the law provides an exception, we must first document our efforts to avoid termination, including consulting with your support team. You will receive written notice that explains the reason, a summary of the steps taken to avoid termination, and your appeal rights under Minnesota Statutes § 256.045, subd. 3(a).

Notice Periods

- 60 days' advance notice — termination of intensive support services.
- 30 days' advance notice — termination of other 245D services.

In all cases, we will work with you and your support team on a coordinated transfer to another provider to help ensure continuity of care.

Emergency Use of Manual Restraint Policy

Required under Minnesota Statutes §§ 245D.061, subd. 9 and 245D.10, subd. 4(b)

When to provide: Within 5 working days of service initiation, and any time this policy is revised

NOTE: Happy Living Options LLC authorizes a manual restraint only as a narrow, last-resort emergency measure, under the conditions described below. It is never used for punishment, staff convenience, or as part of a behavior program. Confirm applicability with your DHS licensor if your services change.

Minnesota law allows a manual restraint to be used on an emergency basis only as a last resort, and only according to a written policy. This notice summarizes our approach.

De-Escalation Comes First

Staff must first attempt the positive support strategies and de-escalation techniques identified in your coordinated service and support plan. A manual restraint may only be used if de-escalation is unsuccessful and there is an imminent risk of harm.

What This Agency Allows

Happy Living Options LLC may use a manual restraint only when immediate action is needed to protect you or someone else from an imminent risk of physical harm, only using the least restrictive method available, and only until the risk of harm has passed. Staff are never permitted to use a prone (face-down) restraint, any restraint that places pressure on the chest, back, or neck, or any technique that violates a documented medical or physical limitation of yours. Chemical restraint, mechanical restraint, time-out, seclusion, and medication used for behavioral control are never permitted, under any circumstance.

If a licensed health or mental health professional has determined that manual restraint is medically or psychologically contraindicated for you, Happy Living Options LLC will not use manual restraint on you under any circumstance — this is documented in your service plan.

Staff Training

Before any staff person may use a manual restraint, they complete training covering: alternatives to restraint and de-escalation techniques; supervised, hands-on practice of the specific technique(s) we authorize; recognizing physical distress and the risk of positional asphyxia; the psychological impact of restraint on you and on staff; and recognizing the communicative intent of behavior so restraint is needed as rarely as possible.

Monitoring & Reporting

- Every use of restraint is documented on a monitoring form, with a staff person other than the one implementing the restraint responsible for watching over you whenever staffing allows.
- A written incident report is completed within 3 calendar days, describing what happened, the de-escalation attempted first, your condition throughout, any injuries, and follow-up support.
- We complete an internal review within 5 working days, consult with your support team within 5 working days after that, and report to the Department of Human Services within 5 working days after the support team review.
- We regularly review our restraint and de-escalation practices with staff to keep restraint use as rare as possible.

Data Privacy Notice

Required under Minnesota Statutes § 245D.11, subd. 3

When to provide: Within 5 working days of service initiation (required for intensive support services license holders), and any time this policy is revised

NOTE: Minnesota Statutes § 245D.11 applies to license holders providing intensive support services (Minn. Stat. § 245D.03, subd. 1(c)). Confirm with your DHS licensor whether this notice is required for your specific license type.

Happy Living Options LLC protects the privacy of the information we collect about you in two ways:

Minnesota Government Data Practices Act

We handle data related to your services according to the Minnesota Government Data Practices Act (Minn. Stat. § 13.46) and all other applicable Minnesota data privacy laws and rules.

HIPAA

When we perform functions involving your protected health information (PHI) — such as providing care, processing claims, billing, quality assurance, or utilization review — we comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its implementing regulations (45 CFR parts 160–164).

For a complete explanation of how your health information may be used and disclosed, and your rights regarding that information, see our companion document, "Notice of Privacy Practices" (Doc ALL-01).

Notice of Privacy Practices

Required under 45 CFR § 164.520 (HIPAA Privacy Rule)

When to provide: At or before the date of first service; redistribute only if materially revised

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.

How We May Use and Share Your Health Information

- Treatment — to provide, coordinate, or manage your care and related services.
- Payment — to bill and collect payment for the services we provide to you.
- Health Care Operations — for activities such as quality assessment, training, and business management.
- As required by law — for example, to public health authorities, in response to a court order, or to report suspected abuse, neglect, or domestic violence.
- To family members, friends, or others involved in your care, if you do not object.
- To our business associates who perform functions on our behalf and agree to protect your information.

Any other use or disclosure of your health information will only be made with your written authorization, which you may revoke at any time.

Your Rights

- The right to inspect and receive a copy of your health record.
- The right to request that we amend your health record.
- The right to receive an accounting of certain disclosures we have made of your information.
- The right to request restrictions on certain uses and disclosures.
- The right to request confidential communications by an alternative means or at an alternative location.
- The right to receive a paper copy of this notice upon request, even if you agreed to receive it electronically.
- The right to be notified if a breach occurs that may have compromised the privacy or security of your information.

Our Responsibilities

We are required by law to maintain the privacy of your health information, provide you with this notice of our legal duties and privacy practices, and follow the terms of the notice currently in effect. We will not use or share your information other than as described here unless you tell us we can in writing, and you may revoke that permission at any time.

Changes to This Notice

We reserve the right to change this notice. If we make a material change, the revised notice will be made available at Happy Living Options LLC's office and, upon request, provided to you.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer at Happy Living Options LLC, 763-388-6961 / happylivingoptionsllc1@gmail.com, or with the U.S. Department of Health and Human Services, Office for Civil Rights (www.hhs.gov/ocr/privacy/hipaa/complaints). You will not be retaliated against for filing a complaint.

NOTE: Effective Date: [Date]. This is a general-purpose HIPAA Notice of Privacy Practices template. Have your privacy officer or legal counsel confirm it reflects your agency's actual data-sharing practices before use.

Your Right to Make Health Care Decisions

Required under 42 CFR §§ 489.100–489.102 (Patient Self-Determination Act); Minnesota Statutes ch. 145C

When to provide: Before or at the start of care

Under federal law, Happy Living Options LLC is required to give you written information about your right to make your own health care decisions, including the right to accept or refuse medical treatment and the right to create an advance directive (also called a health care directive).

What Is a Health Care Directive?

A health care directive is a legal document, recognized under Minnesota Statutes chapter 145C, that lets you name someone to make health care decisions for you if you become unable to make them yourself, and/or state your wishes about future health care.

Creating a Health Care Directive in Minnesota

- You must be 18 years of age or older and of sound mind.
- The directive must be dated and either signed in the presence of two witnesses, or signed and acknowledged before a notary public.
- You may change or revoke your directive at any time.

Our Commitment to You

- You are not required to have a health care directive to receive services from us.
- We will not discriminate against you based on whether or not you have a health care directive.
- If you have a health care directive, please give us a copy so we can honor it and include it in your file.
- We will comply with Minnesota law regarding health care directives to the extent we are permitted to do so.

Where to Get Help

Contact	Phone	Purpose
Senior LinkAge Line	**1-800-333-2433**	Free help understanding and completing a health care directive
Office of Ombudsman for Long-Term Care	**1-800-657-3591**	Independent help and information
Happy Living Options LLC	**763-388-6961**	Questions about how we handle your directive

Quick Reference: Who to Call

Required under Recommended best practice — not independently required by a single statute

When to provide: Provide alongside your intake packet; a convenient companion to the notices above

NOTE: This card is a consolidated convenience reference, not a separate DHS- or MDH-mandated notice. The individual contacts listed here are already required to be disclosed within the rights/grievance notices above; this card simply gathers them in one place for the client's refrigerator or wallet.

Contact	Phone	Purpose
Happy Living Options LLC — Main Contact	**763-388-6961**	Questions about your care
Happy Living Options LLC — Complaints	**763-388-6961 / happylivingoptionsllc1@gmail.com**	File a complaint about your services
Office of Ombudsman for Long-Term Care	**1-800-657-3591**	Independent help — home care & long-term services
Office of Ombudsman for Mental Health & Developmental Disabilities	**1-800-657-3506**	Independent help — mental health/DD services
MDH Office of Health Facility Complaints	**651-201-4200**	Complaints about a licensed provider
Minnesota Adult Abuse Reporting Center (MAARC)	**1-844-880-1574**	Report suspected abuse/neglect/exploitation
Minnesota Disability Law Center	**1-800-292-4150**	Free legal help / protection & advocacy
Your County Case Manager	**Ask your care team**	Your assigned case manager