



Notice of Rights | Rule 25

Notice of Right to Second Assessment and Right to Appeal

A client who has been assessed under part 9530.6615, and who disagrees with the treatment planning decision proposed by the assessor, shall have the right to request a second chemical use assessment. The client’s request must be in writing, or on a form approved by the commissioner, and must be received by the placing authority within five working days of completion or the original assessment or before the client enters treatment, whichever occurs first.

The placing authority must authorize a second chemical use assessment by a different qualified assessor within five working days of receipt of a request for reassessment. If the client agrees with the outcome of the second assessment, the placing authority shall place the client in accordance with part 9530.6622 and the second assessment. If the client disagrees with the outcome of the second assessment, the placing authority must place the client according to the assessment that is most consistent with the client’s collateral information.

Client’s right to appeal

A client has the right to a fair hearing under Minnesota Statutes, section 256.045, if the client:

- Is denied an initial assessment or denied an initial assessment within the timelines in part 9530.6615, subpart 1;
- Is denied a second assessment under subpart 1 or denied a second assessment within the timelines in part 9530.6655, subpart 1;
- Is denied placement or a placement within timelines in part 9530.6615, subpart 1;
- Disagrees before services begin with the services or the length of services that the placing authority proposes to authorize;
- Is receiving authorized services and is denied additional services that would extend the length of the current services beyond the end date specified in the service authorization;
- Is denied a placement that is appropriate to the client’s race, color, creed, disability, national origin, religious preference, marital status, sexual orientation, or sex; or
- Objects under part 9530.6620, subpart 11 (religious choice), and is not given alternate referral.

Clients who are enrolled in a prepaid health plan and clients who are not enrolled in a prepaid health plan have the same appeal rights.

I understand my rights to a fair hearing and my right to a second assessment. * Yes

**Indicates required field*

Client Name: _____ **Date of Birth:** _____

Please indicate your relationship:

- Self Legal Guardian
- Parent Conservator Health Care Agent/Health Care Power of Attorney

Signature: _____

My signature indicates that I am legally authorized to sign.

Date: _____