

Client Orientation Handbook



**635 Cox Rd Ste. B
Gastonia, NC 28054
704-691-7561**

If you have questions or do not understand any information contained in this handbook, please contact your individual service provider for assistance.

Agency History

GASTON ADOLESCENT CENTER, INC. was founded in 2009 and is ran by a leadership team of trained mental health professionals with over 20+ combine years of experience and leadership skills in working with children and adolescents who have severe emotional and behavioral issues.

Office Hours of Operation

Monday- Friday 8:30am to 5pm

Mission Statement

It is the mission of GASTON ADOLESCENT CENTER, INC. to provide outstanding behavioral health care in a professional and positive environment that promotes the best outcome of “*Making Today’s Dreams Tomorrows Reality.*”

Continuity of Policies - Right to Change or Discontinue

GASTON ADOLESCENT CENTER, INC. reserves the right to revoke, change, or supplement these guidelines at any time without notice. Such changes shall be effective immediately upon approval by management unless otherwise stated.

No policy is intended as a guarantee of continuity of benefits or rights.

Our Philosophy

Along with the mission statement, we also believe in person-centeredness and positive, creative service approaches to individual challenges. Our focus is to provide evidenced based cost-effective services. We are dedicated to operating in a manner that is respectful, responsible, and resourceful.

Fees for Services and Insurance accepted

*We do not accept fees from clients who have Medicaid or North Carolina Health Choice (NCHC) at the time of service. Co-payments for clients who have private insurance are expected at the time of service. For individuals without insurance, payments for services will be determined based on Gaston Adolescent Center, Inc.’s sliding scale fee. **Sliding available upon request.***

What are the rights & responsibilities & expectations of Gaston Adolescent Center, Inc. consumers?

Your Responsibilities

Transportation: Understand that staff may transport you at times, if it applies to specific goals in your treatment or person-centered plan and is consistent with the guidelines of the service you are receiving. However, it is not part of the general service to take you places that are not part of your treatment or person-centered plan.

Appointments: Understand that time with staff is extremely important, and you agree to make every effort to keep all scheduled appointments. The Agency reserves the right to discharge you from service if you do not show for scheduled appointments.

Assessments: Agency staff will work with you to cater your service(s) around your preferences, needs and wants. In order for us to get to know you better, you will be asked to participate in an assessment. The assessment you receive is dependent upon your specific needs.

Treatment Plan: Once an assessment is completed, you will work with your staff to develop your individualized plan for treatment. We ask that you are honest with yourself and staff about your goals. We encourage you to ask questions about things you do not understand.

Fees: We accept Medicaid, Medicare, State Funding, Private Pay and other Insurance as payment. If you have a co-pay for the service(s) you are receiving, payment is expected at the time of the service.

Court Mandated: If you are receiving services because you have been ordered by a court of law, then appropriate reporting will be followed per the requirements of the court and follow-up services will be provided regardless of the discharge outcome.

Your Rights

- You have the right to have all your family and personal information kept confidential.
- You have the right to a copy of our policies.
- You have the right to have access to your record in a timely manner
- You have the right to privacy. We will respect you and your property.
- You have the right to get the right amount of the right kind of care.

- You have the right to be protected from abuse, neglect, retaliation, humiliation, exploitation.
- You have the right to ask questions and make your ideas known.
- You have the right to receive medications as ordered by the doctor.
- You have the right to access an accurate record of your treatment here, including any medications, treatment plans, and notes about your goals.
- You have the right to take part in talking about, developing, and reviewing all the important information needed to develop your treatment plan.
- You have the right to participate in services decisions.
- You have the right to decide whether to receive services.
- You have the right to refuse services.
- You have the right to know the possible consequences if you choose to refuse services.
- You have the right to hear and talk about your family strengths, risks, and safety issues.
- You have the right to know when your information is requested and where it's sent.
- You have the right to know who can help you speak out for yourself. When you need advocacy support services, you have the right to contact the Disability Rights Council of North Carolina at 1-877-235-4210, the Agency under federal and state law that protects and advocates for the rights of person with disabilities. The TTY (for deaf and hard of hearing) is 1-888-235-4673.
- You have the right to have your concerns looked into and to get an answer.
- You have the right to receive services where you need them.
- You have the right to know about treatment methods and ways to measure treatment progress.
- You have the right to know in advance the cost of services.
- You have the right to know the understand benefits and risks of treatments and interventions.
- You have the right to know who your workers are.
- To know the names and responsibilities of service delivery team
- You have the right to protection from others' behavioral disruptions.
- You have the right to 24 hour crisis intervention
- You have the right to equal access to treatment no matter your race, ethnic background, gender, age, sexual orientation, or sources of payment.
- You have the right to be treated with courtesy & respect.
- You have the right to voice your opinions and concerns and even file a formal complaint or grievance.
- If you have a complaint or grievance, if you need our help we will give you the forms and help you fill them out.
- You have the right to receive an answer to your complaint and/or grievance in writing.
- You always have the right to appeal any decision about your treatment and services.

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- You have the right to ask your case manager any questions you have.
- You have the right to request a different worker or a different provider at any time.
- You have the right to call Partners Behavioral Health Management at 1-888-235-4673 for information about different service providers.
- To request a change in service provider without fear of reprisal or discrimination
- To communicating with service provider at all reasonable times
- To be informed within a reasonable time of any anticipated ending of service and be involved in discharge planning.
- To participate in appropriate and generally acceptable social interactions and activities with other individuals and members of the community
- To experience no retaliation for grievances or complaints
- To have access or referral to legal representation at your cost
- To have access to self-help and advocacy support programs
- To the Agency adhering to research guidelines and ethics
- Investigation and resolution of alleged infringement of rights.
- Your treatment is about you, for you, and with you.
- You have the right to have these rights read and explained to you.

Coordination of Services:



The Clinician that completes your Assessment is responsible for service coordination this individual will be the person that is responsible for identifying clinical issues and designing a treatment plan that will meet the clinical needs of each individual recipient

Waiting List: Gaston Adolescent Center does not utilize a waiting list as it is prohibited by the MCO.

When requested or needed an onsite pre-admission visit can be arranged.

Services Provided:

- **Intensive In-Home Services(IIH)**
- **Child and Adolescent Day Treatment Services**
- **Outpatient Therapy Services(OPT)**
- **School Based Therapy Services(SBT)**

Intensive In Home Services: This is a time-limited intensive family preservation intervention intended to stabilize the living arrangement, promote

reunification or prevent the utilization of out-of-home therapeutic resources (i.e., psychiatric hospital, therapeutic foster care, residential treatment facility) for the identified youth through the age of 20 (17 for State funded services).

This service is available 24 hours a day, 7 days a week, and 365 days a year. A typical recipient receives 2-8 hours per week of service through structured, face-to-face, scheduled appointments. These services are delivered primarily to children in their family's home with a family focus to:

- Defuse the current crisis, evaluate its nature, and intervene to reduce the likelihood of a recurrence;
- Ensure linkage to needed community services and resources;
- Provide self help and living skills training for youth;
- Provide parenting skills training to help the family build skills for coping with the youth's disorder;
- Monitor and manage the presenting psychiatric and/or addiction symptoms; and
- Work with caregivers in the implementation of home-based behavioral supports. Services may include crisis management, intensive case management, individual and/or family therapy, substance abuse intervention, skills training, and other rehabilitative supports to prevent the need for an out-of home, more restrictive services.

Outcomes: The expected outcomes for this service include but are not limited to the following:

- The individual's living arrangement has been stabilized, crisis needs have been resolved, linkage has been made with needed community service/resources; youth has gained living skills; parenting skills have been increased; need for out of home placements has been reduced/eliminated

Continued Service Requirements: You may continue to receive this service if your desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in your Person Centered Plan; or you continue to be at risk for relapse based on current clinical assessment, and history, or the tenuous nature of your functional gains.

Transition Criteria: You will begin transition from the program when you have:

- Achieved skills and resources needed to step down to a less intensive service.
- Have entered a Substance Abuse Intensive Out-Patient Program.
- A significant reduction in problem behavior and/or increase in pro-social behaviors.
- You or your parent/guardian requests discharge (and is not imminently dangerous to self or others).
- An adequate continuing care plan.
- Require a higher level of care

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- Are denied authorization for services

This program offers after hours crisis services.



Child and Adolescent Day Treatment Program: Day Treatment is a structured treatment service in a licensed facility for children or adolescents and their families for are unable to benefit from participation in academic or vocational services at a developmentally appropriate level in a traditional school or work setting.

This service is available 5 days a week Monday- Friday. A typical recipient receives 20 hours per week of service in structured class room setting. Services are designed to reduce symptoms and improve level of social, emotional, or behavioral functioning including but not limited to:

- Development of skills and replacement behaviors which can be practiced, applied, and continually addressed with treatment staff in a therapeutic and educational environment;
- Monitoring of psychiatric symptoms in coordination with the appropriate medical care provider;
- Identification and self-management of symptoms/behaviors;
- Development/improvement of social and relational skills;
- Enhancement of communication and problem-solving skills;
- Relapse prevention and disease management strategies;
- Individual, group and family counseling;
- Provision of strengths-based positive behavior supports; and
- Psychoeducation, and training of family, unpaid caregivers, and/or others who have a legitimate role in addressing the needs identified in the Person Centered Plan.

Outcomes: The expected outcomes for this service include but are not limited to the following:

- Improved social, emotional, or behavioral functioning in an appropriate educational setting;
- Integration or reintegration into an appropriate educational or vocational setting;
- Reduced MH/SA symptomatology;
- Improvement of behavior, anger management, and/or developmentally appropriate coping skills;

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- Development/improvement of social and relational skills;
- Enhancement of communication and problem-solving skills;
- Increased identification and self-management of triggers, cues, and symptoms and decreased frequency or intensity of crisis episodes;
- Engagement in the recovery process, for children with substance related disorders,

Continued Service Requirements: You may continue to receive this service if your desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the your Person Centered Plan; or you continue to be unable to function in an appropriate educational setting, based on ongoing assessments, history, and the tenuous nature of the functional gains.

Transition Criteria: You will begin transition from the program when you have:

- Achieved goals and are no longer in need of Day Treatment services.
- Your level of functioning has improved with respect to the goals outlined in the Person-Centered Plan, inclusive of a plan to transition to a lower level of care and/or appropriate educational setting.
- Are not making progress or is regressing, and all reasonable strategies and interventions have been exhausted, indicating a need for more intensive services.
- You or your legally responsible person no longer wishes to receive Day Treatment services.
- Fail to show improvement despite modifications in the Person Centered Plan and require a different level of care.
- Are denied authorization for services
- Have a lack of payment or funding for the service

This program offers after hours crisis services.

Outpatient Services: The Agency offers the following array of outpatient services:

- **Comprehensive Clinical Assessments: This is a clinical evaluation performed by a licensed professional to:**
 - Assess your presenting mental, developmental disability, and/or substance abuse conditions and symptoms.
 - Assist the clinician in gathering the information essential to arriving at a clinical diagnosis and formulating a clinical opinion about a recommended course of actions in terms of services, supports and treatment.
 - Determine whether you are is appropriate for and can benefit from services.
 - Evaluates your readiness and motivation to engage in treatment.
 - Recommend a level of placement using the ASAM Criteria if you have substance abuse issues.

- **Outpatient Mental Health and including individual, group & family therapy:**
 - The Agency uses a holistic approach to treatment, taking into consideration the emotional, mental, physical, social and spiritual aspects of individuals, as well as their surrounding environment and support systems. Through counseling, educational sessions, individual, group or family therapy, wellness education and self-management skills building and more, our clinical services are aimed at partnering with the individuals and families we serve to assist them in strengthening coping and self-management skills, realize internal or untapped internal and external strengths, and lead the full, meaningful lives they envision.

 - The company also uses a team approach to treatment, pulling together the person served, psychiatrist, clinician, community support worker (if recipient is eligible) and community partners (per recipient's consent) in an effort to provide integrated services that best meet the individual's treatment needs. Our skilled and experienced clinicians then develop a comprehensive person-centered treatment plan addressing individual and family needs, the social environment, medical needs, and vocational and legal issues. Throughout the course of treatment a multi-disciplinary approach is used involving all team members.

Outcomes: The outpatient therapy outcomes the agency desires to achieve are that the individuals and families served:

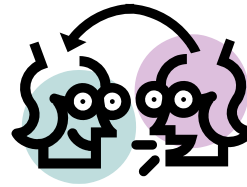
- Have treatment needs that are effectively assessed and addressed.
- Attain the outcomes and lead the full, meaningful lives they envision.
- Develop effective coping and self-management strategies to better manage the symptoms and behaviors associated with their mental health and/or substance abuse issues.
- Are better able to draw on their previously untapped or under-used personal and familial strengths.
- Gain more independence and have less dependence on helping systems.

Continued Service Requirements: You may continue to receive this service if your desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in your Treatment Plan; or you continue to be at risk for relapse based on current clinical assessment, and history, or the tenuous nature of your functional gains.

Transition Criteria: You will begin transition from the program:

- On the recommendation of your therapist when treatment goals are reached
- Upon mutual agreement between you and therapist
- Upon your request
- When discharge guidelines specified below are met. If you:
 - Do not meet medical necessity criteria.

- Require voluntary or involuntary hospitalization services or who must be treated in a more restrictive environment because, at that point in time, they represent an immediate danger to themselves or others. These persons are eligible for services when the immediate need for treatment in a more restrictive environment is no longer present.
- Refuse to comply with the intake/assessment process so that accurate diagnosis and treatment planning can be provided.
- Refuse to set treatment goals, repeatedly refuse to work toward previously established goals or persons who, after a reasonable period of time, make no progress and take no initiative toward achieving treatment goals.
- Require specific behavioral programs or other specialized services which are not available within Outpatient Mental Health Services, but are available elsewhere in the community (e.g. behavioral treatment of sex offenders).
- Do not comply with the Attendance Requirements.
- Mental health or substance abuse needs exceed the capacity of the program's ability to serve them.
- Are denied authorization for services



This program offers after hours crisis services.

ASSESSMENT PURPOSE AND PROCEDURE

The Purpose of the assessment is to gather all needed clinical data through interviews with the client, family members, and essential others, and other stakeholders. The clinical staff will design a treatment plan that will address the identified clinical issues and develop therapeutic strategies to resolve each issue. This assessment is the original information that guides treatment. There is a constant effort to assess the needs and desires of the person served throughout the individual's time in treatment.

DEVELOPMENT OF INDIVIDUAL PERSON CENTERED PLANS

Gaston Adolescent Center, Inc develops an individualized Person-Centered Plan for each person served. Client and family input into the planning process is vital. Clinical staff uses the historical data collected at the time of evaluation, current information gathered during assessment, and input from clients and their family members to identify therapeutic issues. Clients, Parents, legal guardian or other care givers help determine treatment goals and develop strategies to address needs that are identified within the plan; goals are implemented with approval from parents, legal

guardian/caregiver or client. Clients and/or Parents will receive a copy of the Person-Centered Plan when it is initially developed and each time the plan is revised

Surveys: We will be asking you to take an online survey at intake, after 90 days, and at discharge to help us to improve our program.



Code of Ethics

The agency is committed to the pursuit of excellence in the provision of services to persons with developmental disabilities, mental health challenges, and other disabilities that may limit full participation in daily life. The agency encourages and expects high standards of performance throughout the organization. Those serving at all levels of the organization including the CEO, managers, and supporting staff are expected to perform their duties competently, honestly, compassionately and with commitment to the highest standards of ethical conduct.

This Code of Ethics is designed to provide guidance to all employees in the company in achieving the expected level of ethical conduct. In maintaining the ethical standards required by the agency, each employee will:

- Provide all services in a manner that demonstrates the utmost respect for the humanity and dignity of each person served;
- Provide competent, caring service/support to each individual consistent with the goals in the person-centered plan;
- Comply with all local, state, and federal rules/regulations/laws governing the service provided;
- Protect all persons served from abuse, neglect or exploitation;
- Provide the individuals served with the information they need to make informed decisions about their services;
- Communicate with persons served in a manner that is respectful and best helps them understand the information being presented;
- Market services in an ethical manner;
- Protect the confidentiality of all information related to persons served;
- Recommend only those services/treatments considered to be beneficial to the individual;
- Document honestly and accurately all services provided and bill responsible payers only for services provided;
- Maintain and continuously improve levels of professional competence in order to provide the highest quality of services;
- Avoid any personal, business relationship or financial transactions that could reasonably impair objective judgment or effectiveness in service delivery or expose individuals served, families, staff or the company to harm.

- Observe professional boundaries that are conducive to therapeutic or collegial relationships
- Avoid conflicts of interest such as
 1. Exchanging gifts, money, or gratuities
 2. Personal fund-raising while at work
 3. Misuse of personal or real property of individuals served or property owned by the agency
 4. Witnessing non-Agency legal documents
 5. Buying or selling goods to individuals served unless approved by the CEO.



What if I am not happy with my services?

What is a grievance? Grievances (also called concerns or complaints) express your dissatisfaction with matters involving Gaston Adolescent Center, Inc.. You may file a grievance about any matters other than the official action to deny, reduce, suspend, or terminate services. You, or anyone else on your behalf can make a complaint. Some examples of grievances are

- Concerns about staff not keeping an appointment
 - Staff not being respectful to you
- Dissatisfaction with quality of care, or access to services
- Attitude of providers
- Billing and financial issues

How do I file a grievance?

PROCEDURES FOR GRIEVANCES

- Step One Consumer completes Grievance form and submits to the Corporate Compliance Officer (CCO) for determination of complaint or grievance. The CCO has 10 business days to make determination of complaint versus grievance and respond in writing. If determination is made that it is a complaint, refer to the complaint policy.
- Step Two The CCO will attempt to resolve the issue. If the CCO's resolution does not satisfactorily resolve the issue, the decision can be appealed in writing to the Chief Executive Officer (CEO). The consumer is responsible for insuring that the appeal is received by the CEO within 10 business days of the CCO's response. The CEO is to receive a copy of the original grievance form completed and signed by the consumer. The CEO has 10 business days to respond in writing. The CEO's decision is final.
- Consumers filing a grievance against the CEO may appeal to CCO. The time-frames in Step One will apply.

- The grievant has the right to contact Disability Rights NC (877-235-4210) or the MCO if receiving MH/DD/SA services or appropriate authorizing agency. The grievant has the right to have an independent advocate.
- Final decisions on grievances are not precedent setting or binding on future grievances unless they are officially stated as Company policy.

The agency will not allow any retaliation against any person who files a grievance.

PROCEDURE FOR COMPLAINTS

- **Step One:** The consumer will submit his/her concern or suggestion to the immediate supervisor in writing.
- **Step Two:** The immediate supervisor discusses the concern or suggestion with the Clinical Director. The Clinical Director determines if the concern is a grievance (defined as violation-see above grievance policy). If a grievance, the consumer is referred to the grievance policy. If the issue is defined as a complaint, refer to Step Three. If the consumer disagrees with the determination of complaint or grievance, he or she may appeal in writing to the CEO within 10 days. The CEO has 10 days to make final determination as to whether the issue is a complaint or grievance.
- **Step Three:** If the immediate supervisor and Clinical Director can resolve the issue or implement the suggestion, they may do so.
- **Step Four:** If the local office cannot resolve the issue, the Clinical Director forwards the complaint to the CEO for final decision. The CEO will respond in writing to the consumer within 10 days.

The agency will not allow any retaliation against any person who files a complaint.

Disability Rights-North Carolina/LME Consumer Advocate

In accordance to the North Carolina General Statutes, you have the unrestricted right to contact the Disability Rights-North Carolina at:

2626 Glenwood Rd.
Suite 550
Raleigh, NC 27608
(877) 235-4210

Ways to give us input:

- Satisfaction Surveys
- Talk to local Administrator for additional ways you can have input into services, quality of care and outcomes related to your services or service delivery in general.

Discharge from Service

You have the right to request to be discharged from any program at any time, for any reason. You have the right to appropriate discharge and/or transition planning and you will receive a 10 day written notice (this notice will include your appeal rights). In some

instances the Agency may decide to administratively discharge you from services for the following reasons: changes in service definition requirements for eligibility, it is determined that you need service(s) not offered by the Agency, you are not participating in services as it is defined in your Person Centered Plan, not showing for appointments or failure to pay. If you are discharged and continue to need services then the Agency will ensure linkage to appropriate care with 72 hours of discharge.

RESTRICTION OF SERVICES

You have the right to be free from the threat or fear of unwarranted suspension from services. Suspension of services would occur when the reasons listed below present a temporary problem but can be corrected (as determined by the Clinical Director. Suspension from services would occur at such time when it is in your best interest or the company's due to one or more of the following reasons:

- (1) Imminent danger of abuse to other individuals exists or staff;
- (2) Extensive property damage poses an imminent risk of danger to self or other persons;
- (3) Funding for treatment/care does not meet your clinical needs;
- (4) Individual's choices or excessive defiant behaviors exceed the company's ability to provide adequate support;
- (5) Failure to pay/refusal to update insurance requirements

Any of these behaviors will result in the removal of the person served from some or all of the services available.

Gaston Adolescent Center, Inc. will attempt to continue delivering services to the person served in an environment that is more restrictive. When the Clinical Director determines that the behaviors or attitudes that cause restrictions have been resolved, the person served will be allowed to return to the previous level of services.

If the behaviors or attitudes continue or worsen, the Clinical Director will determine if the person served is in need of higher level of care, discharge or transition.

If you are suspended from services you will be notified in writing of the reason(s) for the suspension and what conditions must be met for you to resume services.

Confidentiality/HIPAA

All participants in our programs will have their confidentiality ensured by the Health Insurance Portability and Accountability Act (HIPAA). Any consent for the release of information will be read and explained as much as may be necessary. The information being requested will only be used for the specified purpose and protected as directed by State and Federal HIPAA regulations. A complete privacy statement is enclosed.

Education about advanced directives

The Agency will provide forms and instruction about advanced medical and mental health directives are your request/.

Philosophy on Behavioral Interventions(Adaptive De-escalation Alternatives-ADA)

Gaston Adolescent Center, Inc. Only use ADA (**Adaptive De-escalation Alternatives**) when a consumer is in imminent danger to self or others (i.e., acts of property destruction, physical aggression towards others, and self-harm in the presence of staff). Restraint will only take place in an environment that can safely and humanely accommodate the practice of restraint. Staff is to examine contributing environmental factors that may promote maladaptive behaviors and take actions to minimize these factors. Legal representatives/caregivers/guardians will be verbally informed of the restraint as soon as possible.



Emergencies or After Hours Services 704-691-7561

Certain services have after hours crisis staff available, as required by the authorizing agencies. If you are eligible for this service, you will receive this information during the orientation process.

Dress

This is a comfortable and casual environment. Please be respectful when choosing your attire, by avoiding suggestive clothing, t-shirts with inappropriate or offensive messages. We have learned that individuals feel better when they dress in a clean and neat manner, but we also understand that it can be a struggle. Even if you don't feel like "cleaning up", you are still encouraged to join us.

Tobacco Use

Tobacco use is prohibited in all Agency offices. Smoking areas are available outside of the building for adult smokers. Please only smoke in designated areas.

Medications

We understand that you may have prescription or over the counter medications with you when you visit our office locations. We ask that you do not bring medications onto the premises unless absolutely necessary. If you must have medications with you when you are visiting our Agency office, then please keep your medications on your person at all times.

Illegal Drugs

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Agency offices are drug free.

Weapons

No weapons are allowed in Agency offices or while in the community with staff. Weapons are considered anything which may cause physical harm. This includes, but is not limited to: guns, knives, pepper spray, stun guns, etc...

FIRE AND SAFETY NOTIFICATION

Gaston Adolescent Center, Inc is committed to the safety of all consumers and individuals we support have the right to a hazard free environment when receiving services within our facilities. Exit routes maps, and emergency phone numbers are posted throughout the facility. Fire extinguishers and suppression equipment is located in plain site in all locations and is in working condition. First Aid kits and spill kits are located in designated areas. All consumers will be notified of location and how to access emergency routes and equipment at the beginning of services.



Referring a Friend

We would love for you to tell your friends about our programs and would be happy to arrange a meeting with them.

Personal Items

Please do not leave any personal items unattended at the Agency office or staff's vehicle. We cannot be held responsible for any lost, stolen or damaged items.

Religion and Spirituality

We provide care to individuals from families with varied religious backgrounds and beliefs. We do not promote or teach religious doctrine at our centers; however, we have designed our learning programs to teach caring and respect for others, regardless of religious affiliation.

The following list includes Holidays when the office is closed. Check with your staff regarding service availability for these days.

- New Years Day
- Martin Luther King Day
- Memorial Day
- Independence Day

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- Labor Day
- Thanksgiving Day & the day after
- Christmas Eve and Christmas Day

Privacy Statement

We understand that information about you and your health is personal. The Agency is required by law to maintain the privacy of your health information, to follow the terms of this notice, and to provide you with this notice of our legal duties and privacy practices with respect to your health information. We are required to follow the terms of the notice that is currently in effect. A paper copy of this Notice may be obtained from the Agency upon request.

How the Agency May Use or Disclose Your Health Information- The Agency protects the privacy of your health information. For some activities/emergencies or other exceptions detailed in General Statutes or in 45 CFR 164.512 of HIPPA , we must have your written authorization to use or disclose your health information. However, the law permits the agency to use or disclose your health information for the following purposes without your authorization:

For Payment: We may use and disclose your health information so that your services may be billed to, and payment may be collected from an insurance company or a third party.

For Health Care Operations: We may use and disclose health information about you for quality assurance operations. Unless you provide us with alternative instructions, we may send reminders and other materials related to your health care to your home. These uses and disclosures are necessary to run the Agency and make sure that you receive quality customer service.

As Required by Law. We will disclose health information about you when required to do so by federal, state or local law.

To Avoid a Serious Threat to Health or Safety. We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Public Health Risks. We may disclose health information about you for public health activities. These activities generally include the following: (1) to prevent or control disease, injury or disability; (2) to report reactions to medications or problems with products; (3) to notify people of recalls of products they may be using; (4) to notify a

person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and (5) to notify the appropriate government authority if we believe a person has been the victim of abuse, neglect or domestic violence when required or authorized by law,

For Health Oversight Activities. We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities, which are necessary for the government to monitor the health care system, include audits, investigations, inspections and licensure.

Lawsuits and Disputes. If you are involved in a lawsuit or dispute, we may disclose health information about you in response to a court order or administrative order. We may also disclose health information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested.

For Specific Government Functions. The Agency may disclose health information for the following specific government functions: (1) health information of military personnel, as required by military command authorities; (2) health information of inmates, to a correctional institution or law enforcement official; (3) in response to a request from law enforcement, if certain conditions are satisfied; and (4) for national security reasons.

Advance Instruction: Professionals may disclose advance instruction for mental health treatment or confidential information from an advance instruction to a physician, psychologist, or other professional when it is determined that disclosure is necessary to give effect to or provide treatment in accordance with the advance instruction.

Next of Kin/Family Member/Designee/Advocate: In response to a written request of the next of kin/family member/designee/advocate who has a legitimate role in the therapeutic services offered, the Agency shall: (1) Provide the information requested based upon determination that providing this information will be to the consumer's therapeutic benefit, and provided that the client or his legally responsible person has consented in writing to the release of the information requested; or (2) Refuse to provide the information requested based upon the responsible professional's determination that providing this information will be detrimental to the therapeutic relationship between client and professional; or (3) Refuse to provide the information requested based upon the responsible professional's determination that the next of kin/family member/designee/advocate does not have a legitimate need for the information requested. The CEO or Clinical Supervisor will make this determination.

When the Agency May Not Use or Disclose Your Health Information-Except as described in this Notice, the Agency will not use or disclose your health information without your written authorization. If you do authorize the Agency to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

You Have the Following Rights With Respect to Your Health Information:

You have the right to request restrictions on certain uses and disclosures of your health information. The Agency is not required to agree to a restriction that you request. If we do agree to any restriction, we will put the agreement in writing and follow it, except in emergency situations. We cannot agree to limit the uses or disclosures of information that are required by law.

You have the right to inspect and copy your health information as long as the Agency maintains the health information. Your health information usually will include treatment and billing records. To inspect or copy your health information, you must submit a written request to the local office Administrator. We may charge a fee for the costs of copying, mailing or other supplies that are necessary to grant your request. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to your health information, you may request that the denial be reviewed.

You have the right to request that the Agency amend your health information that is incorrect or incomplete. To request an amendment, you must submit a written request to the Clinical Director, along with the reason for the request. The Agency is not required to amend health information that is accurate and complete. The Agency will provide you with information about the procedure for addressing any disagreement with a denial.

You have a right to receive an accounting of disclosures of your health information we have made after April 14, 2003 for purposes other than disclosures (1) for Agency treatment, payment or health care operation, (2) to you or based upon your authorization and (3) for certain government functions. To request an accounting, you must submit a written request to the local office providing services. You must specify the time period, which may not be longer than three years.

You may request communications of your health information by alternative means or at alternative locations. For example, you may request that we contact you about health matters only in writing or at a different residence or post office box. To request confidential communication of your health information, you must submit a written request to the local office providing services. Your request must state how or when you would like to be contacted. We will accommodate all reasonable requests.

If you would like to exercise one or more of these rights, contact the local office that provided you services or submit a written request to your local office Administrator.

Changes to this Notice of Privacy Practices

The Agency reserves the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you as

well as any information we receive in the future. Any revised Notice will be posted. Upon request, we will provide a revised Notice to you.

**A crisis is typically a temporary situation.
Getting support from others
will help to resolve it.**

**If you are in a crisis, having suicidal thoughts
or having thoughts or feelings of harming
someone else, please call for help.**

I promise myself: When, and if, I am in crisis or feel suicidal or homicidal, I will:

Call my friends/family:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Call my doctor or therapist:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Call the Agency Crisis Line -704-691-7561

Poison Control Number 1-800-819-8566

- Remember that when I feel suicidal, my brain is lying to me and making things seem worse than they are. Remember to take my prescribed medicines and stick with my treatment and crisis plans.
- Have someone take away my car keys and anything I could use to hurt myself or someone else.
- Stay away from alcohol and illicit drugs.
- Go to a hospital if necessary.
- **Remember that my life is valuable and worthwhile, even if it doesn't feel that way right now.**

You may call the Corporate Compliance Officer 704-691-7561 ext. 8018 any time you feel you are being treated unfairly or to report waste, fraud or abuse.

Please tear off and post in your home