

# Consumer Handbook

Revised 11.7.2017



## Primary Health Choice, Inc.

QUALITY BEHAVIORAL HEALTH CARE

P.O. BOX 159  
219 WEST BROAD STREET  
ST. PAULS, NC 28384  
PHONE: (910) 865-3500  
FAX: (910) 865-4124

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

**Office Hours of Operation:**

8am – 5pm Monday-Thursday, Friday 8am – 12pm

**Mission Statement:**

“Primary Health Choice, Inc. is committed to helping and providing all individuals and families with the best of services to enhance, grow, and maintain a high quality of life. The needs of each and every individual we serve are first and foremost. We strive on the beliefs that all individuals should receive the best services regardless of any factor.”

Our mission is rooted in the following core values, which drive the development of our Code of Ethics:

<b>E</b> quality	Promotes the dignity and respect of the professional relationship with the consideration of individuals.
<b>T</b> rust	Promptly providing accurate and personalized services when medically necessary.
<b>H</b> umanity	Respect for client rights and individual autonomy.
<b>I</b> ntegrity	Provides truthful and accurate data.
<b>C</b> onsistency	Assures that continuity of care is delivered in a professional manner at all times.
<b>S</b> incerity	Commitment and dedication to providing the best practice models as set forth by State and Federal guidelines.

**Services:** We provide the following services:

**Outpatient Services:** Primary Health Choice, Inc. offers the following array of outpatient services:

- **Comprehensive Clinical Assessments, to include Psychiatric Diagnostic Interview and Diagnostic Assessment: This is a clinical face-to-face 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 action in terms of services, supports and treatment.
  - Determine whether you are appropriate for and can benefit from services.
  - Evaluate your readiness and motivation to engage in treatment.

- Recommend a level of placement using the ASAM Criteria if you have substance abuse issues.
- **Diagnostic Assessments:** A Diagnostic Assessment is an intensive clinical and functional face-to-face evaluation of a consumer's mental health, developmental disability or substance use condition. The assessment results in the issuance of the Diagnostic Assessment report with a recommendation regarding whether the consumer meets target population criteria and includes a recommendation for Enhanced Benefit services that provides the basis for the development of the Person-Centered Plan. For substance use-focused Diagnostic Assessment, the designated diagnostic tool specified by DMH (e.g., SUDDS IV, ASI, SASSI) for specific substance use disorder benefit plan populations (i.e., Work First, DWI, etc.) must be used. In addition, any elements included in this service definition that are not covered by the tool must be completed.
- **Outpatient Mental Health and Substance Abuse Services including individual, group & family therapy:** Primary Health Choice, Inc. 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.
- **Psychiatry Services:** Primary Health Choice, Inc. offers and/or assists persons served to access psychiatric services, as an adjunct to other services provided. These services, which are provided consistent with guidelines for professional practice as determined by the American Psychiatric Association (APA), include the following medically necessary services: psychiatric evaluation and diagnosis; medication evaluation and medication management. The services may be provided either face-to-face or, in some Agency offices, by Tele-psychiatry. Regardless of the method, the services will be provided by a Licensed Medical Doctor (MD) with specialized training in Psychiatry, or a Nurse Practitioner (NP) with experience in psychiatric service delivery, or a Physician's Assistant (PA) with experience in psychiatric services delivery. Both the NP and PA must be under supervision of a Licensed MD Psychiatrist, at the time of service provision.
- **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.
- **NC Innovations Waiver Services:** This program was implemented as an alternative to an Intermediate Care Facility. The program allows individuals to be served in the community instead of institutional settings. Services include:
    - Community Living & Supports
    - Community Navigator
    - Community Networking
    - Crisis
    - Day Supports
    - Peer Support Specialist B3
    - Respite
    - Respite B3
    - Supported Employment
    - Supported Living
- **Developmental Therapy Services:** Developmental Therapy is a disability service that includes behavioral interventions and daily living activities based on the individual's strengths and needs. It is a direct service that may take place in the individual's home or community setting on a periodic basis. Eligibility for developmental therapy is when an individual is defined as developmentally disabled and is experiencing behavior, skill building challenges. This service is often utilized during the waiting period for approved NC Innovations Waiver services.
  - **Personal Assistance Services:** Personal Assistance Services are designed to assist an individual with a disability to perform daily living functions that the individual would typically perform without assistance if the individual did not have a disability. The services are designed to increase the individual's control in life and ability to perform everyday activities. This service is often utilized during the waiting period for approved NC Innovations Waiver services.

**Consent to Treat:** Each consumer who is admitted to and receiving services from the Agency must complete a consent to treat form. The consumer has a right to receive age appropriate treatment for MH/IDD/SA illness or disability, including access to medical care and habilitation, regardless of age or degree of mental illness, developmental disabilities, or substance. Each consumer within 30 days of admission to the facility, has the right to an individualized written

treatment plan setting forth a program to maximize the development of restoration of his/her capabilities. The client and the consumer's legally responsible person shall be informed in advance of the potential risks and alleged benefits of the treatment choices. Consent to treat can be withdrawn at any time by the person who gave consent.

**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. Legacy reserves the right to discharge you from service if you do not show for scheduled appointments.

**Assessments:** Primary Health Choice, Inc. 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.

An assessment shall be completed for you, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:

- your presenting problem;
- your needs and strengths;
- a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, unless you are admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission;
- a pertinent social, family, and medical history; and
- evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs.

When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address your presenting problem shall be documented.

The plan shall be developed based on the assessment and in partnership with you or your legally responsible person or both, within 30 days of your admission if you are expected to receive services beyond 30 days.

The plan shall include:

- the outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;
- strategies;
- staff responsible;
- a schedule for review of the plan at least annually in consultation with you or your legally responsible person or both;
- basis for evaluation or assessment of outcome achievement; and

- written consent or agreement by you or your responsible party, or a written statement by the provider stating why such consent could not be obtained

**Person-Centered Planning:** Person-Centered planning is the process used to design your individual plan of supports; service(s) or treatment is called person-centered planning (PCP) and includes the following important points:

- Your planning meeting occurs at a time and place that is convenient for you.
- You can invite the people you want to your meeting.
- You get the information you need and ask for from the people at your meeting.
- The people at your meeting listen to you and respect your opinions and wishes.
- The people at your meeting work together so you can be more independent and more involved in your community.
- Consider the team's suggestions if you do not agree with the plan.
- You are satisfied with the final plan.
- You sign and receive a copy of the plan.

It is important that you participate in the design of your PCP. Your option matters! You can participate in you PCP by providing goals that you would like to accomplish and how you would like to achieve them. Throughout your course of treatment, documentation will be completed to evaluate your progress. The documentation will be used to help focus on your areas of concern. During the course of treatment, incentive programs may be provided to assist you in reaching your goals such as positive behavioral approach program. Positive Behavioral Approach program can be explained to you by the qualified professional or clinician providing services to you.

**Fees:** We accept Medicaid, 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. Fees for services are only authorized for the length of the requested authorization timeframe. Fees for services are based on the fee schedule based on the cost of providing service(s). Consumers will be notified in writing of any adjustments for fee of service. Consumers will not be denied services due to inability to pay, Agency will assist consumer with applying for IPRS State funds.

**Additional behavioral expectations and responsibilities which you agree to comply with for successful completion of treatment also include:**

1. Be on time
2. Call if you can't make an appointment, as failure to meet scheduled appointments will be defined as non-compliance
3. Let staff know about any changes in medical needs
4. Treat staff with consideration
5. Be involved in your treatment and services
6. Bring your medications to Dr's appointments
7. Make financial arrangements
8. Familiarize yourself with the premises, including emergency exits and/or shelters, fire suppression equipment and first aid kits.
9. Attend sessions with assigned staff member who will set up the treatment schedule.
10. Participation in any illegal or suspicious activity or acting out, or defacing Primary Health Choice, Inc. property, will not be tolerated. Any threat or act of violence directed toward staff, other clients, or visitor to the facility is grounds for immediate dismissal from the program. Any individual dismissed under these circumstances will be barred

from reentry for one (1) year and must have approval from the staff and Executive Director.

11. Selling, giving away or using drugs on Primary Health Choice, Inc.'s premises will be defined as non-compliance and will result in an immediate discharge.
12. Stealing from Primary Health Choice, Inc., its staff or other clients will result in an immediate discharge. Primary Health Choice, Inc. is not responsible for loss or theft of any personal property.
13. Known or suspected abuse or neglect will be reported immediately.
14. Spouses, family members or significant others will be permitted to participate in your treatment with your expressed permission and consent.
15. You are encouraged to discuss with your assigned counselor sexual and/or physical abuse, with expectation of a referral to the most appropriate service provider for assistance.
16. You will be dress appropriately whenever entering Primary Health Choice, Inc.
17. You will be expected to honor the Federal Confidentiality Law.
18. **SERVE ON OUR COMMITTEES (PLEASE!)**

**Your Rights:** To ensure that you have a clear understanding of your rights, Primary Health Choice, Inc. communicates and shares these rights in a manner that is understandable to you. Your rights are shared with you prior to, or at the beginning of service delivery, and are reviewed annually. For your rights, please refer to your copy of NC G.S. 122-C and APSM 95-2.

**Ways to give us input:**

- Annual Self Governance Meetings
- 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.
- Serve on the Human Rights Committee
- Complete Suggestion Forms, which are available in the lobby

**Discharge from Service:** Unless court ordered, 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 for enhanced services and a 30 day written notice for outpatient services. 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. The Agency completes 30/60/90 day follow-up surveys to ensure continuity of care and assess the future needs of the consumer.

**Appeals Process:** You have the right to appeal access to services. Upon receiving the discharge written notice, you have the right to contact your local MCO Utilization Management Department or Customer Services with your concerns. The MCO will follow their protocol and inform you of the steps to follow.

**Suspension from 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 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; (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 exceed the company's ability or willingness to provide adequate support; (5) failure to pay. 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.

**Termination of Agreement/Transition to Alternative Service Provider:** You, the Client, Parent, Guardian or Case Manager agree to provide Primary Health Choice, Inc. with a 10 day written notice of your intent to terminate the agreement with Primary Health Choice, Inc. This notice is to help provide a positive transition from the care and services you would be receiving from Primary Health Choice, Inc. and your alternative choice for such services.

**Identification of Potential Risk:** When an employee identifies a potential risk to a consumer, the employee will assess the risk. During the assessment the employee will make recommendations and approach risk with the necessary treatment to deescalate and/or stop potential risk. If the recommendations for treatment cannot be achieved the employee will seek referral options and assist consumer with the transition.

**Professional Conduct:** The agency will ensure that all employees conduct themselves in professional manner. Employees must adhere to the guidelines below; but not limited to, for delivering services and interacting with consumers at all times.

- Employees shall not exploit relationships with consumers for personal or business advantages, other than proper, reasonable and agreed upon compensation for his/her services to the consumer
- Employees shall not solicit consumers
- Employees will inform the Agency of any possible or apparent conflicts of interest
- Employees shall not engage in any sexual activity with consumers

**Confidentiality/HIPAA:** All consumers receiving services 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 at the end of this handbook. 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. The confidentiality of alcohol and drug abuse records maintained by this program is protected by Federal Law and regulations and violations of the Federal law and regulation by a program area crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. (42CFR, Part 2); (45CFR, Parts 160 and 164).

When we disclose mental health and developmental disabilities information protected by state law (G.S. 122 C) or substance abuse treatment information protected by federal law (42 C.F.R. Part 2), we must inform the recipient of the information that re-disclosure is prohibited except as permitted or required by the two laws. Information to be disclosed may include HIV infection,



AIDS or AIDS-related conditions, drug abuse, alcohol abuse, psychological or psychiatric conditions, or genetic testing. Confidential information relative to a client with HIV infection, AIDS or AIDS related conditions shall only be released in accordance with G.S. 130A-143. Whenever authorization is required for the release of this information, the consent shall specify that the information to be released includes information relative to HIV infection, AIDS or AIDS related conditions. Our Notice of Privacy Practices describes circumstances where disclosure is permitted or required by the laws.

Your data is maintained in a computerized system for financial, statistical, and program planning purposes. Only authorized staff members have access to this data.

**Process for filing a grievance/complaint:**

Notify the agency of any dissatisfaction with services. We will not take any action against you or change our treatment of you in any way if you file a complaint. To file a written complaint, you may bring your complaint to your QP, his/her supervisor, the Corporate Compliance Officer or you may mail it to the following address:

**Corporate Compliance Officer-Alice Hunt  
Primary Health Choice, Inc.  
219 West Broad Street  
St. Pauls, NC 28384  
Telephone #: (910) 865-3500**

All grievances regarding incidents, which occur within the Agency, shall be submitted to the Agency's Human Rights Committee for review and, if needed, corrective action will be implemented for Incidents of actual or alleged Human Rights violations.

As a consumer of Primary Health Choice, Inc. your rights are protected by program policy as well as by State and Federal laws. If you have concerns, complaints, or grievances which you wish to express, or if you feel your rights have been infringed upon, you are encouraged to discuss them with your case manager, or if you prefer, you may go directly to the supervisor and or Program director. You also have the right to contact your local Managed Care Organization (MCO). For their contact information, please contact the Agency's Corporate Compliance Officer.

**Disability Rights North Carolina**

2626 Glenwood Avenue Suite 550

Raleigh, NC 27608

Telephone: Voice (919) 856-2195

Toll Free Voice (877) 235-4210, TTY 888-268-5535 Fax: (877) 235-4210

Email: info@disabilityrightsn.org

Governor's Advocacy Council for Persons with Disabilities at 1-800-821-6922.

***Please Note: Please refer to your Notice of Privacy Practices for additional information on the Consumer Grievance/Complaint Process.***

**Education about advanced directives:** Primary Health Choice, Inc. has provided forms and instruction about advanced medical and mental health directives. Please refer to Article 3: Client's Rights, Advance Instruction and Statement of Confidentiality.

**Use of Crisis Prevention Intervention:** CPI is an approved preventive intervention program. This program equips employees with proven strategies for safely defusing anxious, hostile, or violent behavior at the earliest possible stage. This program prepares employees to safely remove themselves and others from a dangerous situation by learning:

- How to identify behaviors that could lead to a crisis.
- How to most effectively respond to each behavior to prevent the situation from escalating.
- How to use verbal and nonverbal techniques to defuse hostile behavior and resolve a crisis before it can become violent.
- How to cope with your own fear and anxiety.
- How to assess risk levels and consider the issues that impact decision making.
- How to use CPI's disengagement skills to avoid injury if behavior becomes physical.

CPI's disengagement skills are also demonstrated and practiced for employees to safely remove themselves and others from a dangerous situation by learning:

- How to identify behaviors that could lead to a crisis.
- How to most effectively respond to each behavior to prevent the situation from escalating.
- How to use verbal and nonverbal techniques to defuse hostile behavior and resolve a crisis before it can become violent.
- How to cope with your own fear and anxiety.
- How to assess risk levels and consider the issues that impact decision making.
- How to use CPI's disengagement skills to avoid injury if behavior becomes physical.

\*No physical holds are utilized at any given time.\*

**Use of seclusion and restraint:** The use of seclusion and restraint is not prohibited.

**Agency Rules:**

**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.

**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.

**Prescription/Over-the-Counter 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 an Agency office, please keep your medications on you at all times.

**Illegal Drugs/Illicit Drugs:** Agency offices are drug free.

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

guns, explosive or flammable liquids, aerosol products, drugs and drug-related items or paraphernalia, e-cigarettes, etc...

**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 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 Eve & Day
- Martin Luther King Day
- Good Friday
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day & the day after
- Christmas Eve and Christmas Day and Day After

**Search and Seizure:** Employees may search you and your possessions when it is reasonable to believe that you may have items in your possession that are dangerous, illegal, stolen or otherwise prohibited by agency.

**Emergencies:**

**Crisis Services:** This service has 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.

**After Hours Crisis Response:** Primary Health Choice, Inc. provides a 24 hour a day, 7 day a week, 365 day a year emergency telephone number for the use of you or your family members in crisis situations. The individual answering this phone number will be qualified to provide crisis intervention up to and including face-to-face services. The crisis number is: **1-888-739-1445**

**During working hours,** every call that is determined by the screening components to meet the criteria of emergent or urgent levels of care, shall be evaluated by clinical staff or by a qualified staff member immediately for appropriate stabilization.

**After hours**, the on call professional for immediate crisis intervention will evaluate every caller determined to meet emergent care status. Face-to-face evaluation will be completed within 2 hours. Follow up by assigned therapist will be completed within 48 hours of call. All consumers who meet urgent care status shall be seen within 48 hours and those meeting routine care status will be seen within 14 calendar days.

**\*\*Each office has Emergency Evacuation Exits posted and First Aid Kits are available at each location. You will receive specific information during Orientation that is specific to the office at which you are receiving services\*\*.**

**Privacy Statement:**

We understand that information about you and your health is personal. Primary Health Choice, Inc. (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, 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 the Notice of Privacy Practices, 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 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 the Notice of Privacy Practices**

The Agency reserves the right to change the 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. (See Notice of Privacy Practices)

I have been given a copy of Primary Health Choice, Inc.'s Consumer Handbook, which was revised effective November 7, 2017.

## Health and Safety Information

The most important thing to remember in a crisis... Take care of yourself and your own family before you start helping others!

### Emergency/Important Phone Numbers

Poison Control: _____	First Aid: _____
Fire Department: _____	Ambulance: _____
Police: _____	Medical Clinic: _____
Clinic Address: _____	Gas Company: _____
Water Company: _____	Insurance Company: _____
Power Company: _____	Bank: _____

### Build an Emergency Kit

Some disasters strike without any warning. Have you thought about those supplies you'll need the most? They will usually be the hardest to come by. Enlist your children to help gather supplies for your family's emergency kit. It'll bring you a sense of relief, and your kids a feeling of empowerment.

Make sure you have enough supplies to last for at least three days. Think about where you live and your needs. Consider having a large kit at home, and smaller portable kit in the car or your workplace.

- 3-day supply of non-perishable food (dried fruit, canned tuna fish, peanut butter, etc.)
- Can opener
- Paper plates, plastic cups and utensils, paper towels
- Moist towelettes, garbage bags and plastic ties for personal sanitation
- Water – at least a gallon per person, per day for drinking and hygiene
- First aid kit Prescription medication and glasses
- Sleeping bag or warm blanket for everyone in your family
- Change of clothes to last for at least 3 days, including sturdy shoes; consider the weather where you live
- Matches in a waterproof container
- Toothbrush, toothpaste, soap and other personal items
- Feminine hygiene supplies
- Fire extinguisher
- Wrench or pliers to turn off utilities
- Dust mask, and plastic sheeting and duct tape, to help filter contaminated air
- Battery-powered or hand-cranked radio and extra batteries
- Flashlights and extra batteries Cell phone with charger, extra battery and solar charger
- Whistle to signal for help
- Household chlorine bleach and medicine dropper (when diluted nine parts water to one part bleach, bleach can be used as a disinfectant. Or in an emergency, you can use it to treat water by using 16 drops of regular household liquid bleach per gallon of water. Do not use scented, color safe or bleaches with added cleaners.)
- Local maps
- Cash or traveler's checks
- Emergency reference material such as first aid book or information from [www.ready.gov](http://www.ready.gov)

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- Important family documents such as copies of insurance policies, ID, and bank records in a waterproof, portable container
- Pet supplies
- Infant formula and diapers
- Paper and pencil
- Books, games or puzzles (let your kids pick these out themselves!)
- Your child's favorite stuffed animal or security blanket
- Pet food and extra water for your pet
- Don't forget to think about infants, elderly, pets, or any family members with special needs!

### **Plan to Evacuate**

A wide variety of emergencies may cause an evacuation. In some instances you may have a day or two to prepare, while other situations might call for an immediate evacuation. Planning ahead is vital to ensuring that you can evacuate quickly and safely, no matter what the circumstances.

### **Before an Evacuation**

- Learn the types of disasters that are likely in your community and the local emergency, evacuation, and shelter plans for each specific disaster.
- Plan how you will leave and where you will go if you are advised to evacuate.
  - Identify several places you could go in an emergency such as a friend's home in another town or a motel. Choose destinations in different directions so that you have options during an emergency.
  - If needed, identify a place to stay that will accept pets. Most public shelters allow only service animals.
  - Be familiar with alternate routes and other means of transportation out of your area.
  - Always follow the instructions of local officials and remember that your evacuation route may be on foot depending on the type of disaster.
- Develop a family/household communication and re-unification plan so that you can maintain contact and take the best actions for each of you and re-unite if you are separated.
- Assemble supplies that are ready for evacuation, both a "go-bag" you can carry when you evacuate on foot or public transportation and supplies for traveling by longer distances if you have a personal vehicle.
- If you have a car:
  - Keep a full tank of gas in it if an evacuation seems likely. Keep a half tank of gas in it at all times in case of an unexpected need to evacuate. Gas stations may be closed during emergencies and unable to pump gas during power outages. Plan to take one car per family to reduce congestion and delay.
  - Make sure you have a portable emergency kit in the car.
- If you do not have a car, plan how you will leave if needed. Make arrangements with family, friends or your local government.



## During an Evacuation

- A list of open shelters can be found on
- Listen to a battery-powered radio and follow local evacuation instructions.
- Take your emergency supply kit.
- Leave early enough to avoid being trapped by severe weather.
- Take your pets with you, but understand that only service animals may be permitted in public shelters. Plan how you will care for your pets in an emergency now.
- If time allows:
  - Call or email the out-of-state contact in your family communications plan. Tell them where you are going.
  - Secure your home by closing and locking doors and windows.
  - Unplug electrical equipment such as radios, televisions and small appliances. Leave freezers and refrigerators plugged in unless there is a risk of flooding. If there is damage to your home and you are instructed to do so, shut off water, gas and electricity before leaving.
  - Leave a note telling others when you left and where you are going.
  - Wear sturdy shoes and clothing that provides some protection such as long pants, long-sleeved shirts and a hat.
  - Check with neighbors who may need a ride.
- Follow recommended evacuation routes. Do not take shortcuts; they may be blocked.
- Be alert for road hazards such as washed-out roads or bridges and downed power lines. Do not drive into flooded areas.

## After an Evacuation

If you evacuated for the storm, check with local officials both where you're staying and back home before you travel.

- Residents returning to disaster-affected areas after significant events should expect and prepare for disruptions to daily activities, and remember that returning home before storm debris is cleared is dangerous.
- Let friends and family know before you leave and when you arrive.
- Charge devices and consider getting back-up batteries in case power-outages continue.
- Fill up your gas tank and consider downloading a fuel app to check for outages along your route.
- Bring supplies such as water and non-perishable food for the car ride.
- Avoid downed power or utility lines; they may be live with deadly voltage.
- Stay away and report them immediately to your power or utility company.
- Only use generators away from your home and NEVER run a generator inside a home or garage, or connect it to your home's electrical system.

Should you need assistance with developing an emergency/preparedness plan, please contact your case manager.

## Other Helpful Resources:

Other Helpful Resources Organization	Phone Number	Web Address
Alcohol/Drug Council of North Carolina	1-800-6884232 919-4930003	<a href="http://www.alcoholdrughelp.org">www.alcoholdrughelp.org</a>
The Arc of North Carolina	1-800-6628706	<a href="http://www.arcnc.org">www.arcnc.org</a>
Disability Rights North Carolina	1-877-2354210	<a href="http://www.disabilityrightsncc.org">www.disabilityrightsncc.org</a>
Exceptional Children's Assistance Center (ECAC)	1-800-9626817	<a href="http://www.ecac-parentcenter.org">www.ecac-parentcenter.org</a>
Mental Health Association North Carolina, Inc.	1-888-8810740	<a href="http://www.mha-nc.org/english">www.mha-nc.org/english</a>
National Council on Alcoholism and Drug Dependence, Inc	1-800-NCA CALL (Hope Line)	<a href="http://www.ncadd.org">www.ncadd.org</a>
NC Assistive Technology Program	1-919-855-3500	<a href="https://www.ncdhhs.gov/divisions/vocational-rehabilitation-services/north-carolina-assistive-technology-program">https://www.ncdhhs.gov/divisions/vocational-rehabilitation-services/north-carolina-assistive-technology-program</a>
NC CARELINE	1-800-6627030	<a href="http://www.ncdhhs.gov/ocs/careline.htm">www.ncdhhs.gov/ocs/careline.htm</a>
NC Care LINK		<a href="http://www.nccarelink.gov">www.nccarelink.gov</a>
NC Division of Health Service Regulation	1-800-6243004	<a href="http://www.ncdhhs.gov/dhsr">www.ncdhhs.gov/dhsr</a>
NC Mental Health Consumers Organization, Inc.	1-800-3263842	<a href="http://www.ncmhcosupport.org">www.ncmhcosupport.org</a>
Substance Abuse and Mental Health Services Administration (SAMHSA)	1-800-6624357	<a href="http://www.samhsa.gov">www.samhsa.gov</a>
Veterans Services	919-7337011 ext. 216 or 1-800-662-7030	<a href="http://www.nccarelink.gov">www.nccarelink.gov</a>
NC Poison Control Center	1-800-848-6946	<a href="http://ncpoisoncenter.org">ncpoisoncenter.org</a>

**Office Locations/Contact Numbers**

Clinton Office  
910.590.3177

Dunn Office  
910.230.3760

Elizabethtown Office  
910.862.3040

Fayetteville Office  
910.339.0963

Goldboro Office  
919.705.5955

Kenansville Office  
910.296.1200

Kinston Office  
252.522.1301

Laurinburg Office  
910. 277.0001

Lumberton Counseling Center Office  
910.738.3939

Lumberton Home Care & CAP Office  
910.738.7339

Lumberton Day Supports Office  
910.739.7000

Raeford Office  
910.875.1485

Red Springs Office  
910.359.0021

Rockingham Office  
252.443.2748

Rocky Mount Office  
252.443.2748

Sanford Office  
919.774.7044

St. Pauls Corporate Office  
910.865.3500

Whiteville Office  
910.642.9900

## **Client Orientation Form**

**As a client of Primary Health Choice Inc., upon admission I have been oriented to services in a matter that is understandable and documented in regards to the following:**

- Consent to treat.
- Rights and responsibilities of the person served.
- Grievance/complaint
- Appeal procedures.
- Ways in which input is given regarding:
  - (a) The quality of care.
  - (b) Achievement of outcomes.
  - (c) Satisfaction of the person served.
- An explanation of the organization's:
  - (1) Services and activities.
  - (2) Behavioral expectations and responsibilities.
  - (3) Hours of operation.
  - (4) Access to after-hour services.
  - (5) Code of ethics.
  - (6) Identification of potential risk.
  - (7) Confidentiality policy.
  - (8) Professional conduct.
  - (9) HIPAA
  - (10) Requirements for follow-up for the mandated person served, regardless of his or her discharge outcome.
- An explanation of any and all financial obligations, fees, and financial arrangements for services provided by the organization.
- Familiarization with the premises, including emergency exits and/or shelters, fire suppression equipment, and first aid kits.
- The program's policies regarding:
  - (1) The use of seclusion or restraint.
  - (2) Smoking.
  - (3) Illegal, illicit or prescription drugs brought into the program.
  - (4) Weapons/contraband brought into the program.
  - (5) Abuse, Neglect and Exploitation
- Identification of the person responsible for service coordination.

- A copy of the program rules to the person served that identifies the following:
  - (1) Any restrictions the program may place on the person served.
  - (2) Events, behaviors, or attitudes that may lead to the loss of rights or privileges for the person served.
  - (3) Means by which the person served may regain rights or privileges that have been restricted.
  - (4) Suspension from services would occur at such time when it is in your best interest or the company's due to the risk of harm to the client or others.
- Education regarding advance directives, if appropriate.
- Identification of the purpose and process of the assessment.
- A description of
  - How the individual plan will be developed
  - The person's participation in goal development and achievement.
  - The potential course of treatment/services.
  - How motivational incentives may be used.
- Information regarding transition/discharge criteria and procedures.
- When applicable, an explanation of the organization's services and activities include:
  - (1) Expectations for legally required appointments, sanctions or court notifications..
  - (2) Identification of therapeutic interventions, including:
    - (a) Sanctions.
    - (b) Interventions.
    - (c) Incentives.
    - (d) Administrative discharge criteria.
- Advanced Directives
- The right to serve on committee's within the agency including, but not limited to Client's Right Committee.
- Health and Safety
- Helpful Resources
- Office locations/contact telephone numbers