

MACON CITIZENS HABILITIES, INC.

**ICF-IID
CLIENT HANDBOOK**

Revised March, 2014



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Introduction...



Welcome to the ICF-IID group home. To qualify for Medicaid reimbursement, ICF-IID group homes must comply with Federal standards. There are 8 conditions of participation, and a state survey team visits the group home each year to determine if your group home is following the rules set forth in the Federal standards. You must qualify financially for Medicaid benefits which are determined by the Department of Social Services (DSS) in your home county. North Carolina has implemented managed care, and there are now Managed Care Organizations (MCO) which must determine your final eligibility for the ICF-IID group home. MCH falls under the Smoky MCO. It also means that MCH may be billing a different MCO for your service if your home Medicaid county is not in the Smoky Mountain Center catchment area, however.

You must receive a continuous active treatment program. This means our staff help you learn to be more independent and help you maintain your skills. You and your team set goals so that we can measure your progress, and you must agree to participate in this training.

ICF-IID facilities are monitored in North Carolina by the Division of Health Service Regulation (DHSR). A survey team member from this division might talk to you about your services at MCH or call your legal guardian when they visit your group home.

Open door policy...



We want you to enjoy living in your group home! We encourage you and/or your guardian to share your concerns, ask questions, make suggestions, and help us solve problems. You may talk to your manager, the qualified professional (QP), program or executive directors at any time to discuss any problems if they cannot be resolved with the manager and QP.

If you have any suggestions or ideas to improve your home, we want you to tell us about them. We want MCH to be a good place for the persons we serve. There is also a suggestion box so you can write your ideas down if you do not want to talk to someone. If you can't write, you can ask someone to help you write your suggestion.

The ICF-IID group home:

The ICF-IID group home is a place for persons with developmental disabilities to live, learn new skills, and take part in many community activities. Macon Citizens Habilities, Inc. provides ICF-IID services in 4 group homes:

Smoky Group Home, 115 Storybook Lane, Sylva



Iotla Street Group Home, 406 Iotla Street, Franklin



Webster Group Home, 103 Little Savannah Road, Webster



Macon Group Home, 170 Second Street, Franklin



Persons who live in the far western counties of North Carolina, Macon, Jackson, Swain, Graham, Clay, Cherokee, and Haywood are given first priority if possible when an opening occurs in a group home. We want each resident to have a cozy, home-like setting while we provide the level of treatment and training needed by each person. You must meet certain requirements to live in an ICF-IID group home. You must have an intellectual or developmental disability (I/DD), and you must be able to benefit from active treatment. Because 6 people live together in the home, you must be able to get along with the others, and you cannot limit their services because of your needs or behaviors. Before you are invited to live in the home, a committee of people discuss each of these things to be sure the placement is right for you.

What the group home provides for you:

Our ICF-IID group homes provide many things for you including your own room, meals, transportation, and training. The list below gives you an idea of the many things you get to do and have when you live in an ICF-IID group home:

- a bedroom with furnishings suitable to your needs that you can decorate according to your tastes
- 3 balanced meals each day and snacks and nutritional services
- 24 hour a day supervision and care
- appropriate activities to supplement those included in your habilitation plan
- training to learn to keep your home clean and neat and to do your laundry
- building and grounds maintenance
- assistance with daily activities as needed
- transportation and supervision on outings
- transportation for all daily activities including appointments and day program
- general care and habilitation training
- privacy and protection of your rights
- deodorant, toothpaste, disposable razors, soap, laundry detergent
- group outing expenses
- assistance with sending or opening mail
- medical services, as needed including an annual physical and quarterly nursing exams
- routine dental services as recommended by the dentist
- pharmaceutical services, including monitoring of medication interactions
- nursing services as needed
- speech/language services as needed
- psychological services as needed
- physical therapy services as needed
- day program or appropriate alternative
- social services or case management as needed

You will participate in the planning during your individual program plan (IPP) or sometimes we call it an habilitation plan or simply hab plan. The IPP must be completed within 30 days of your moving into the group home. A team of professional people meets with you and your family to set some reasonable goals for you so that you can learn more skills and be more independent. Some of these people are the QP, the psychologist, the dietitian, the physical therapist, the nurse, the day program manager, and others who care about you. This group of people talks with you and/or your family frequently. They will invite you to meet with them and talk about your goals at least once every year. You must agree to participate in these goals in order to live in an ICF-IID group home. However, you do have a say in your goals, and your feelings are important.

MCH provides training in the areas of self-help skills, independent living, socialization, recreation, education, and prevocational training. In addition, MCH also provides as needed any of the following services: psychological, medical, recreational, case management, speech/language therapy, occupational therapy, physical therapy, pharmaceutical services, and nursing. Your specific services are discussed at your hab plan meeting and documented in your written IPP. Your legal guardian(s) receives a copy of your IPP, and the QP helps you and your guardian to understand your plan and answers any questions if necessary.

If you need help with inappropriate behaviors, behavior modification programs are developed as needed by a licensed psychologist. The psychologist writes plans for you that address specific behaviors discussed by the group at your IPP meeting. These plans might need to be approved by the Human Rights Committee or sometimes called the Human Rights Advisory Committee (HRAC), so that your *rights are always protected*. Your legal guardian(s) must also agree to these plans. Behavior plans are intended to help you learn more socially appropriate behaviors, and positive approaches to helping you achieve socially appropriate behaviors is our goal.

You may live in an ICF-IID group home as long as it is the most appropriate placement for you. If you continue to learn many new skills and make enough progress, the team might recommend that you move to a less-restrictive setting such as a home for adults with developmental disabilities (DDA). If you lose skills, become ill and cannot participate in active treatment, or if your needs limit the services to the other persons served in your home, MCH staff might recommend another level of care for you and will help you and your legal guardian find an appropriate place to live.

The group home does not provide...

- clothing, including shoes and special clothing
- personal care items *except those* for basic needs such as soap, deodorant, toothpaste, disposable razors – we do provide those!
- personal possessions including televisions, radios, watches, clocks, etc.
- tobacco products or goods which the resident chooses to purchase
- *individual* recreational expenses

Going to a day program...

You are expected to participate in a day program or school when you live in an ICF-IID group home unless your habilitation team recommends otherwise. You will go to Macon Citizens Enterprises (MCE) and participate in an adult developmental vocational program (ADVP) there. You will go to MCE on weekdays from 9:30 until 3:30 each day unless you have a modified schedule when your habilitation plan team thinks you need to attend fewer hours or have an alternative activity. You will participate in training at the day program which may be similar to the training you have at the group home. If you are over 50 and prefer not to work, MCE has a special program for you called RAP – a retirement activity program.

Participation in the fitness center...

MCH provides a fitness center to promote good health for its persons served. The fitness center is offered as part of the day program. A licensed physical therapist evaluates each person and develops an individualized fitness program. A medical doctor must agree you can participate in the fitness center activities. Your legal guardian(s) must also agree for you to participate in the fitness center.

Your personal money...

Taking care of your money is very important. You should take care of your own money if possible. However, with the approval of your legal guardian(s), MCH staff may help you handle your money. MCH may also teach you skills to manage your money to the best of your ability.



Your legal guardian may choose to manage your money and pay the group home each month for your care, or he/she may choose to have the group home receive the Social Security or Supplemental Security Income payments. Most choose to let the group home receive your money.

In 2013, these deposits must be done by electronic transfer into your account. You may keep \$30 each month for your personal spending. If your legal guardian chooses to have MCH manage your money, this money will be deposited into an interest-bearing account at a bank, and your legal guardian is provided a

reconciliation and record of your monthly spending each month. You may get money from this account for shopping and activities. Your guardian may inquire about your personal funds at any time or access these funds to spend for your benefit. If you can manage your own money, you may keep up to \$50 in your possession. If you need assistance with your money, the manager of your facility keeps a \$50 petty cash account for you in the group home so you always have personal spending money.

When you need new clothing or shoes, you may go shopping with a group home staff member or a member of your own family, but you will be responsible for paying for your purchases. Group home staff will help you with your money if you need assistance.

All cash funds belonging to the resident and managed by the group home will be refunded within 30 days of discharge.

If you earn money at the day program and earn more than \$600, you will receive a tax form called a 1099 or a W-2. You may be responsible for paying income tax on this money. Your legal guardian should help you complete your tax forms. You should pay your tax from your earnings in your own account.

Cultural differences...

MCH recognizes and respects that not all people are the same and that your culture includes your behaviors, ideas, attitudes, values, beliefs, customs, religion, where you were born, gender, sexual orientation, age, and your native language and makes every effort to help you participate in a system which allows you and your family to feel comfortable in the community and to be treated in a respectful manner. Menus, activities, dress all take your culture into consideration. For example, you may eat your favorite foods and you may attend the church of your choice or not at all if that is your choice. You may choose to watch certain television shows or participate in activities that are appropriate for your cultural background. You should also respect others' cultural differences.

Your personal property...



You are encouraged to have personal items such as radios, televisions, books, posters, games, etc. You have a locked box to store personal items and/or valuables. You are responsible for taking care of your personal items. If MCH staff damage your personal belongings, MCH is responsible for replacement or repair. MCH staff may help you take care of your personal belongings if you need assistance. If another resident damages one of your personal possessions, MCH will work with that person to replace it.

Therapeutic leave...

Because you may want to spend time with your family or friends, ICF-IID persons served may be away from the group home up to 60 nights per year and not lose their placement or funding. Your doctor must agree that this leave is good for you, and it must be included in your IPP.

While you may use up to 60 days each year, *you are limited to 14 days at one time*. If you plan a time away from the group home for longer than 14 days, you must have prior approval. MCH staff will assist you to get that approval.

Group home staff appreciate at least 48-hours notice for overnight visits away from the group home, *if possible*. We need to know when you will leave and approximately when you will be back to be sure we have enough staff. When you leave the group home, the person who takes you out will need to sign an *authorized leave form* and accept responsibility for your well being while you are away. If your legal guardian(s) is not the person who checks you out, the legal guardian must tell the group home who may take you out of the group home.

You will need to check back in to the group home when you return. Staff will complete the authorized leave form at that time. This allows MCH to track your therapeutic leave and report it as required.

Visitation...



You are encouraged to have family and friends visit you at the group home. A 24-hour advance notice is appreciated for all visits to be sure that you are home and not on an outing or otherwise away from the home, but notice is *not* required.

Visits should not be too early or too late and of reasonable length. You may visit in the living room, activity room, kitchen, dining room, or any other public part of the group home. You may also visit in your room. You should not disturb other residents with your visitors.

Visitation may be temporarily suspended if your habilitation team, your guardian(s), or the Human Rights Committee recommend this for your personal protection. This would rarely ever happen and would be only for your protection if necessary.

Your rights...

MCH is committed to protecting the rights of those served, and you are assured of the rights to dignity, privacy, and humane care. MCH staff are trained so they can help you exercise your rights. *Your Rights as a Person Served* pamphlet is included with this handbook.

You have the right to:

- exercise civil rights.
- be told why if you are transferred to another facility for treatment.
- to be treated by medical professionals when you need it
- get legal counsel
- communicate with and meet with people of your choice with proper supervision
- have visitors or refuse to see visitors
- make visits outside the facility
- get and/or keep a driver's license unless you are adjudicated incompetent
- live in an unlocked environment.
- be outside daily and have access to recreational facilities and equipment for physical exercise several times per week
- be free from seclusion
- be free from mistreatment, abuse, neglect, exploitation including financial, humiliation, retaliation, harassment or intimidation
- be free from exclusion from ongoing programming as a result of inappropriate behavior
- be free from physical and personal restraint and time out unless there is special consent
- be free from treatment given without informed consent involving aversive stimulation, the use of experimental drugs or procedures, or surgery other than emergency surgery
- be free from unnecessary or excessive medication and not receive medication as punishment or discipline.
- send and promptly receive sealed, uncensored mail
- have access to a schedule for collecting and distributing mail and packages.
- have access to writing material, postage, and staff assistance when necessary.
- make and receive confidential telephone calls
- participate in religious worship by choice
- keep and use your own clothing and personal possessions, *i.e.*, individual toothbrush, comb, deodorant, etc.

Right to resolve a conflict or express a grievance...

You are encouraged to let staff know if you have any concerns, complaints or grievance and find an acceptable way to resolve the grievance.



If you or your legal guardian(s) have a complaint or grievance, and it cannot be resolved with the manager and/or QP, please ask to speak to the executive director or program director about the matter.

If your grievance or complaints cannot be resolved with the directors, you can appeal to the MCH Board of Directors. The board must respond within 10 working days of hearing the grievance. You may also file a grievance with the MCO if you are not satisfied.

Disability Rights North Carolina...

The toll free number for the Disabilities Rights NC is 1- 877-235-4210. You may call this number and speak with an advocate if you believe your rights are being violated. The website is www.disabilityrightsncc.org The email is info@disabilityrightsncc.org

Right to privacy and confidentiality...



Staff cannot talk to anyone about you unless you or your legal guardian(s) give them permission except in the event of an emergency. Your right to confidentiality and privacy is respected at all times. You also should not talk about your housemates or co-workers in the day program.

MCH is committed to holding confidential any information you give to us. MCH staff cannot acknowledge their professional relationship with you to any individual including your family and friends without your written permission. If you have a legal guardian, the legal guardian must give written permission.

You should know that staff may discuss information about you with other staff and professionals who work for MCH so that you receive the best possible training. Confidentiality of person served information is protected by both state and Federal laws, and staff cannot disclose information about you without your express and informed consent unless:

- you or your legal guardian(s), if appropriate, give informed consent. That means you must understand what you are consenting to.
- abuse is suspected. MCH staff **MUST** report suspected abuse or neglect.
- a court of law orders staff to disclose information.
- there is imminent danger to you or another person.
- it is to prevent a serious or violent crime.
- there is a medical emergency and a health care provider needs information.
- it is for release of information to insurance companies to receive payment for services rendered.

You also have the right to privacy during personal care, in your room, rest rooms, and any area which would be humiliating or embarrassing. You should be treated with dignity and respect.

If you have any questions about the right to privacy and confidentiality, please ask your manager, QP, or one of the directors.

Fire and emergency evacuation drills...



Fire and emergency drills are conducted at least monthly and anytime new persons served or staff come to the group home. You should always evacuate when you hear the alarm, even if you know it is just a drill. Practicing is important so that you know what to do if there is a real emergency.

Do what staff say during drills. If you smell smoke or suspect a fire, tell staff immediately.

Safety...

MCH is committed to keeping you safe and wants your group home to be a safe place.

- If you see an accident or if a housemate has a seizure, get a staff immediately.
- Do not run in the house or in the parking lot.
- Use the proper exits during fire drills and follow your leader's directions.
- Never go outside the group home without telling staff.
- Don't open the door to strangers.

Medications...

You cannot take your medication without staff help unless a doctor says you can. All medications given to persons served in an ICF-IID group home must be ordered by a doctor, and staff must document medications very carefully. Staff cannot even give you an aspirin unless a doctor has said it is okay. You may participate in taking your medications and be involved, but trained staff must monitor and document each time you take a medication. MCH staff undergo very complete training before they can give you medication, and they are supervised by the MCH nurses. You may, however, participate in taking your medications with staff help. You can only take your medication yourself if the doctor says it's safe.

Medications to help you with inappropriate behaviors cannot be given to you unless your legal guardian(s), the Human Rights Committee, and the rest of your team members agree that it is best for you. These medications must be reviewed by members of your team at least every 3 months to verify that they are effective in helping you with inappropriate behaviors. Your guardian and the Human Rights Committee must review medications to help you with your behaviors at least every 6 months and agree that it's best for you to take them.

Staff qualifications...

MCH employs qualified staff who meet state requirements to work with you. All MCH staff undergo background checks and drug screenings. References are also checked. MCH employs persons who meet the qualifications of a qualified professional, a registered nurse, and arranges services with other professionals such as a physical therapist, psychologist, and dietitian. Copies of licenses and other qualifications are kept in the administrative office.

Code of ethics...

MCH staff must obey all legal standards and regulations, and are expected to exercise moral standards of conduct as well. If you see staff not obeying these rules of conduct, you may report them to the manager, director, or to the MCH Board. The words in these rules have been changed to make them easier to understand, but you may want to have a staff member explain them to you.

1. MCH staff represent your interests. As a person served, you can trust MCH staff.
2. MCH staff keep information about you confidential.
3. MCH staff do nothing to violate your trust.
4. MCH staff do nothing to violate the trust of the community.

5. MCH staff honor the MCH mission statement.
6. MCH staff cannot do business with their persons served.
7. MCH staff must follow special rules when spending MCH's money.
8. MCH staff cannot do business with someone if it appears to benefit the staff member.
9. MCH brochures and website must contain true information about MCH.
10. MCH uses donated money appropriately and gives all donors true tax information.
11. MCH follows all laws when it hires employees.
12. MCH consults with experts for advice when necessary.
13. MCH does not violate the law in the way it treats employees or persons served.
14. MCH proves that employees are competent to do their jobs.
15. MCH gives out accurate information about the organization.
16. MCH lets employees and associates know about its ethical standards and welcomes feedback.

House rules...

The following rules are posted in your group home and you will talk about them at house meetings. You are expected to obey these simple rules. If you do not obey these rules, you might lose group home privileges such as outings, participation in special events, shopping, eating out, etc. Continued violation could result in loss of placement.

1. Respect the rights of your housemates.
2. Participate in activities and training unless I am ill or have a very good reason.
3. Help take care of my home and keep it neat and clean.
4. Do not smoke or use other tobacco products inside the group home. Smoking areas are designated.
5. Get ready for bed at a reasonable hour so I do not disturb others.
6. Be considerate of others at night if you stay up late.
7. Respect the property of my housemates. Do not take nor destroy their things.
8. Do not go into the rooms of my housemates unless they invite you in.
9. Do not go into the administrative area unless the manager invites you in.
10. Do not go outside the group home after dark unless you ask for permission first.
11. Do not drink alcoholic beverages in the group home

Access to your record...

If you or your legal guardian(s) want to see your record, you should contact the QP or one of the directors, and arrangements will be made for you or your legal guardian to review your record. While you cannot make changes, you can provide a written statement if you do not agree with something in the record.

Discharge...

While MCH strives to serve persons served as long as possible, sometimes it becomes necessary to discharge to more appropriate services or because a family needs to make a change. The discharge committee is made up of the same representatives as the admissions committee and must be consulted before a resident is discharged from the group home. If your legal guardian decides to move you from the group home, you should give at least 30 days notification. MCH will give you 60-days notification if for some reason you are discharged from services unless it is an emergency discharge. An emergency would only occur if your health or behaviors required a very sudden discharge.

- You cannot be discharged without a recommendation from your team of professionals.
- You may be discharged if you or legal guardian ask for a discharge.
- You may be discharged if your medical needs change including a need for a change in level of care.
- You may be discharged if your behavior endangers you and/or others, including staff.
- You may be discharged if you no longer qualify for Medicaid.
- You may be discharged if the group home can no longer meet your needs.

Scent free...

All of MCH has a scent-free policy. Because many people are allergic to scents and offended by fragrances, you cannot wear perfumes, colognes, or scented lotions.



Provider choice...

We remind you that there are other service providers. While we hope that you choose to continue services with MCH, if you want to make a change, we will provide you with a list of other providers and help you find suitable services.

Other Resources...

The NC Department of Health and Human Services, Division of Mental Health, Developmental Disabilities and Substance Abuse Services, and Advocacy and Customer Service Section has developed a *Consumer Handbook* to help guide and assist individuals seeking services and supports from the public mental health, developmental disabilities, and substance abuse service system. It includes information about how to access services, person-centered planning, crisis services, rights and responsibilities of consumers, and helpful contacts and resources. You have been given a copy of this handbook in the past or you can access the *Consumer Handbook* in any MCH facility or on the internet at this web address:

<http://www.ncdhs.gov/mhddsas/services/consumerhandbook/consumerhandbookv2.pdf>. There is also a link on the MCH website.

Contact numbers...

Jeannie Garrett, Executive Director	524 - 5888 or 371- 2166
Christi Huff, Program Director	524 - 5888 or 371- 2160
Ashley Hopkins, AP	524 - 5888 or 371- 5403
Christi Huff, QP	524 - 5888 or 371- 2164
Graham Norris, QP	524 - 5888 or 371- 2170
Peggy Koppers, RN	524 - 5888 or 371- 2162
Glenda Cochran, LPN	524 - 5888 or 371- 2168
Beverly Gaddis, QP	524- 5888 or 371- 7530

Closing...

This is your handbook. If you have any questions or need to have certain things explained to you, please ask the manager of your home or call the QP, director, program director. This handbook is designed to help you understand your role and the role of the group home, but it does not replace official MCH Policies and Procedures. If you wish to see the official policies, please ask your manager, the QP, or contact one of the directors. You may also refer to the Agreement Between Resident/Guardian and Group Home which you signed when you moved into the group home.

On the next few pages you will find other information that we must present to you annually. This information includes HIPAA Notice of Privacy Practices. You will also find the Non-Disclosure and Confidentiality Agreement, acknowledgement of receipt of this handbook, and provider choice. **Please return pages 15 - 19 in the envelope provided. Please contact us if you have any questions. These consents are required for you to continue services with MCH. When there is more than 1 guardian, all must sign the consents.**

Non-discrimination...

All rules apply to everyone regardless of race, color, religion, age over 40, sex, national origin, or disability. MCH does not discriminate on the basis of race, color, religion, age over 40, sex or national origin. MCH respects all cultures and all people.

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

This notice describes how medical information about our persons served may be used and disclosed and how the person served or legally responsible person can access to this information. Please review it carefully.

Understanding Health Record/Information

Each time a visit is made to a hospital, physician, or other healthcare provider, a record of the visit is made. Typically, this record contains the person's symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as a health or medical record, may serve as a:

- basis for planning care and treatment
- means of communication among the many health professionals who contribute to the person served's care
- legal document describing the care received
- means by which the person served or a third-party payer can verify that services billed were actually provided
- a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in the person served record and how health information is used helps to:

- ensure its accuracy
- better understand who, what, when, where, and why others may access health information
- make more informed decisions when authorizing disclosure to others

Health Information Rights

Although the health record is the physical property of MCH, the information belongs to you. You have the right to:

- request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522
- obtain a paper copy of the notice of information practices upon request
- inspect and obtain a copy of your health record as provided for in 45 CFR 164.524
- amend your health record as provided in 45 CFR 164.528
- obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528
- request communications of your health information by alternative means or at alternative locations
- revoke your authorization to use or disclose health information except to the extent that action has already been taken

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information.

This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record for as long as we maintain the protected health information. A "designated record" contains medical that MCH uses for making decisions about you. You may request access to your record by completing the Client Access to Record form.

You have the right to request a restriction of your protected health information.

You may request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

You may request a restriction by instructing the MCH assistant director or executive director and such notices will be recorded in your IPP and on the face sheet of your medical record. Your request must be in writing and your signature witnessed.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location.

We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our assistant director or executive director.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.

This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

Our Responsibilities

MCH is required to:

- maintain the privacy of your health information
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- abide by the terms of this notice
- notify you if we are unable to agree to a requested restriction
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you've supplied us.

We will not use or disclose your health information without your authorization, except as described in this notice.

For More Information or to Report a Problem

If have questions and would like additional information, you may contact the program director or executive director at 828 524 – 5888.

If you believe your privacy rights have been violated, you can file a complaint with the assistant director or executive director or with the secretary of Health and Human Services. There will be no retaliation for filing a complaint.

Examples of Disclosures for Treatment, Payment, and Health Operations

We will use your health information for treatment.

For example: Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you.

We will use some of your health information for payment.

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, and days served.

We will use your health information for regular health operations.

For example: Members of the staff, the QP, or members of the safety committee may use information in your record to assess the care and outcomes of your care and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the service we provide.

Business associates: There are some services provided in our organization through contacts with business associates. Examples include speech language, psychological, pharmacy, physical therapy, dietary, accounting, and banking. When these services are contracted, we may disclose your information to our business associate so that they can perform the job we've asked them to do and bill your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Notification: We may use or disclose information to notify or assist in notifying a family member,

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

**MCH
NON-DISCLOSURE AND CONFIDENTIALITY AGREEMENT**

I understand and agree to comply with Confidentiality Regulations developed by the North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services, and MCH to insure the privileged and confidential nature of consumer information. The terms of this agreement apply to any exchange of information written or oral, involving individually identifiable health information, financial information, personal or corporate names, contract initiated by or involving MCH. I understand that neither persons served nor staff may be videoed or audio recorded without express consent.

In accordance with all state and federal regulations, I agree to hold CONFIDENTIAL all such information about persons served and former persons served of MCH and agree not to divulge such confidential information to unauthorized persons. For the purpose of this Agreement, *Confidential Information* shall include, but is not limited to financial, client identifiable, intellectual property, financially non-public, contractual, of a competitive advantage nature, and from any source or in any form (i.e. paper, magnetic or optical media, conversations, film, etc.), may be considered confidential. The confidentiality and integrity of information are to be preserved and availability maintained. The value and sensitivity of information is protected by law and by the strict policies of MCH. The intent of these laws and policies is to assure that confidential information will remain confidential through its use, only as a necessity to accomplish MCH's mission.

This Agreement begins retroactively to the beginning of Undersigned Party's relationship with MCH and remains in effect at all times during any consulting, partnering, or other business relationship between the parties and for the periods of time specified thereafter as set forth below. This Agreement does not create any form of continued business relationship other than as set forth in a separate written agreement signed and dated by all parties.

I (undersigned party) shall comply with all reasonable rules established from time to time by MCH for the protection of any Confidential Information. In witness whereof, the "Undersigned Party" hereby understands that a violation any of the above terms may result in disciplinary action, including possible discharge, loss of privileges, termination of contract, legal action for monetary damages or injunction, or both, or any other remedy available to MCH.

Print Name

Signature

Title

Date

Revised 6/04; 2/05

Written Acknowledgement of Notice of Privacy Practices for Protected Health Information

I acknowledge that I have reviewed the Notice of Privacy Practices contained herein which provides a description of information uses and disclosures. I understand that I have the right to request restrictions as to how my health information may be used or disclosed and that MCH is not required to agree to the restrictions I request.

Signature of Legal Guardian

Signature of Legal Guardian

Witness

Date

Witness

Date

**MCH
Environmental Accommodations Consent**

I have been informed about environmental accommodations that are in place at the group home in order to provide for the health and safety needs of all residents.

I support and give my consent for the door alarms on exterior doors and for the fenced and gated areas in the back yard.

I understand that these monitoring and safety features in no way replace routine monitoring or specific supervision needs per individual or ICF regulations and standards. I have read and understand this consent and it is valid for no more than a year.

I understand that we will review this issue at each annual habilitation plan.

Signature of Legal Guardian

Date

Signature of Legal Guardian

Date

Witness

Date

Witness

Date

THE NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE ABUSE SERVICES CONSUMER HANDBOOK

I understand that I can access the North Carolina Department of Health and Human Services Division of Mental Health, Developmental Disabilities and Substance Abuse Services *Consumer Handbook* from the Division website, the MCH website, or from any MCH facility.

<http://www.ncdhhs.gov/mhddsas/services/consumerhandbook/consumerhandbookv2.pdf>
<http://www.maconcitizens.org>

Signature of Legally Guardian

Date

Signature of Legally Guardian

Date

Witness

Date

Witness

Date

MCH PHOTOGRAPH AND VIDEO RELEASE

I, _____ hereby authorize MCH, the news media, or any other
 (Person served, legal guardian, or parent)
 agency to make photographs, videos, slides, or movies of _____ and/or their family.
 (Person Served)

It is understood that this media such as photographs, videos, slides and/or movies will be used for various purposes including brochures, articles for professional journals, public education presentations, scrap books kept by the facility, etc.

In no event shall such media (photograph, video, etc.) described above disclose the name of said person served without express consent except when it is to be used solely for the person served record or for medical and educational purposes unless such consent is rendered.

This consent will be valid for one year.

I understand that I may revoke this consent at any time except to the extent that action based on this consent has been taken.

_____ Signature of legal guardian	_____ Date	_____ Signature of legal guardian	_____ Date
_____ Signature of Witness	_____ Date	_____ Signature of Witness	_____ Date

MCH CONSENT FOR TRANSPORTATION

I, _____ give permission for _____ to be
 (Person served, legal guardian, or parent) (Person Served)
 transported by MCH staff for appointments, work, facility and individual outings, etc. I understand that MCH will provide transportation only by licensed, trained drivers and only in MCH vehicles unless the driver has provided proof of insurance to MCH.

This consent is valid for one year.

I understand that I may revoke this consent at any time except to the extent that action based on this consent has been taken.

_____ Signature of legal guardian	_____ Date	_____ Signature of legal guardian	_____ Date
_____ Signature of Witness	_____ Date	_____ Signature of Witness	_____ Date

MCH CONSENT TO HANDLE PERSONAL FUNDS

I, _____ give MCH permission to handle the personal funds
 of _____
(Person served, legal guardian, or parent)
(Person Served)
 I understand that detailed records are kept of how the funds are spent,
 and I can discuss any of the expenditures with the director or manager at any time.

This consent will be valid for one year.

I understand that I may revoke this consent at any time except to the extent that action based on this consent has been taken.

 Signature of legal guardian Date Signature of legal guardian Date

 Witness Date Witness Date

MCH CONSENT TO ATTEND WORSHIP SERVICE

I, _____ give permission for _____ to attend
(Person served, legal guardian, or parent) (Person Served)
 services at the church of his/her choice. I understand that MCH will provide transportation *if possible* and will not force the religious views of staff upon the person served. The person served may choose to attend or not to attend at will. If you have a denominational preference, please indicate in the space provided below.

Denominational Preference

First Baptist Church, Franklin and Cullowhee Baptist Church offer Sunday School classes for persons with developmental disabilities.

I agree to _____ attending one of these. Yes No
(Person Served)

This consent will be valid for one year.

I understand that I may revoke this consent at any time except to the extent that action based on this consent has been taken.

 Signature of legal guardian Date Signature of legal guardian Date

 Witness Date Witness Date