

MCH

**Macon Citizens Enterprises
MCE**

CLIENT HANDBOOK

REVISED March, 2014



MACON CITIZENS HABILITIES, Inc.

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Introduction...



Welcome to Macon Citizens Enterprises or better known as MCE. We hope you enjoy and learn from your time here. Our goal is to provide a day program with different social activities and training to help you develop your skills and learn to do more things for yourself. At MCE, you may do such things as production work, participate in arts and crafts activities, go to the library or on other field trips of interest, eat out, sing and/or participate in music activities, go on picnics, go to the fitness center, participate in school classes, learn to become more independent in activities of daily living and go on recreational outings such as swimming and bowling.

Open-Door Policy...

We hope you enjoy your time at MCE! We encourage you to share your concerns, ask questions, make suggestions, and help us solve problems at MCE. You may talk to your group leader, manager, or qualified professional at any time to discuss any problems.



If you have any suggestions or ideas to improve MCE, we want you to tell us about them. We want MCE to be a good and happy place for our clients. 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 and put it in the box.

What the day program provides for you ...

MCE is a day program which provides activities and training to persons with intellectual and developmental disabilities. You may come from a group home operated by MCH or from the community in and around Franklin. You may participate in an Adult Developmental Vocational Program (ADVP) designed for either non-retired or retired clients, Medicaid waiver supports, and/or compensatory education sponsored by Southwestern Community College.

These programs are designed to:

- help you develop pre-job skills.
- help you learn to get along with people.
- provide educational and training opportunities.
- let you earn money.
- help you learn to do more for yourself and be more independent.
- help you to expand your leisure skills.
- allow you to work in partnership with the community.
- provide appropriate social opportunities and outlets.
- provide retirement activities and structure.
- give you opportunities to interact with volunteers.
- allow you opportunities to access public transportation.

MCE provides transportation for field trips associated with MCE training and recreation.



What the day program does not provide...

MCE does not provide lunch except on special occasions which you will be told about well in advance of the occasion. MCE does not provide transportation to and from MCE other than to group home and Medicaid waiver clients.

Payday...

You are paid for all work you do at MCE. You are paid on the 15th day of each month. If the 15th falls on a weekend, you will be paid on Friday or Monday. Your paycheck will be given to you at the end of the day just before you go home.

Transportation...

If you live at home in the community and are not a Medicaid waiver client (NC Innovations), you need to arrange a way to and from MCE. If you cannot find a way, we may be able to give you information to ride on a Macon Transit Services van. MCH provides transportation for all clients for special activities and field trips.

If you ride a Macon Transit van, the phone number is **349-2222**. If you have problems with transportation or need to change your schedule, you should call this number and let them know. *Failure to call could result in loss of transportation privileges or cause you to be charged more for transportation services.*



You must wear a safety belt at all times in any vehicle.

Open drinks and food are not allowed in any vehicles, MCH or Macon Transit.

You must be ready for the Macon Transit van when it arrives to pick you up and must get off the van promptly when the van gets to MCE. You should promptly get on the van when it comes to pick you up at MCE. Failure to cooperate with transportation rules and safety rules may result in the loss of riding privileges and could result in your not being able to come to MCE.

Lunch...

You are responsible for bringing your own lunch to MCE. Refrigerators and microwaves are available for you to use, but you must share the microwaves and refrigerator with others. You will need to eat within the lunch period so that you can go back to your group on time. Your manager will let you know in advance when lunch is provided by MCE on special days.



Schedule...

For clients, MCE opens at 9:30 AM and closes at 3:30 PM, Monday – Friday.



You will have a break in the afternoon. Your group leader or manager will announce break time. You should report back to your group immediately when break is over. You may bring a snack for break, or you may make a drink purchase or snack from the MCE snack shack.

Snack shack...

The MCE snack store is open at afternoon break at 2 PM if you wish to purchase a snack or drink. The MCE snack store promotes healthy snacks that are reasonably priced. Clients operate the snack store and learn money management skills.

Leaving your group...

You should not leave your group except at lunch or during break unless you let your group leader know where you are going. Even if you are just leaving your area to go to the bathroom, please let your group leader know.

Holidays...

MCE closes on the following holidays:

Christmas Eve	Thanksgiving Day	Labor Day	Martin Luther King Day
Christmas Day	Friday after Thanksgiving	Memorial Day	
Good Friday	New Year's Day	July 4 th	

If the holiday falls on a weekend, we will announce in advance the day(s) MCE is closed.

Bad weather...

Please listen to the local radio to find out if MCE is closed because of bad weather. Sometimes MCE may be open, but Macon Transit may not transport. You may also call 524-5888 after 9 AM to find out if MCE is going to be open if you do not hear an announcement on the radio; however sometimes the administrative office also closes. Macon Transit information is also given over local radio. Occasionally, MCE may dismiss early if the weather becomes bad. We will let your family or group home know if this happens.



Being absent or late...

It is important that you come to MCE every day. You should call 524-5888 if you are sick or have an important appointment. **Please let your group leader or the manager know you won't be coming.** Please call if you are going to be late. Staff worry when they don't know where you are.

If you ride a Macon Transit van, you should call 349-2222 and cancel your pick up if you are not coming to MCE. Macon Transit may charge you if you do not call and cancel.

Please discuss with the manager if you are going to be absent for several days. Excessive, unexcused absences may result in your being dismissed from MCE. It is courteous to call and let your manager know if you are not coming in.

Telephone calls...



You can take incoming telephone calls for **EMERGENCY** reasons only. You should ask your friends or families **not** to call you at MCE except in an emergency.

You should only make telephone calls for emergency reasons and should ask your group leader or the manager before using the telephone.

Change of address and telephone numbers...

It is important that MCE staff have correct contact information. If your address or telephone numbers change, please tell the manager immediately.

Use of tobacco products...

MCE is a tobacco-free environment. Smoking and use of other tobacco products is only allowed outside

the building in special places. **No smoking is allowed around entrance doors.** Your manager will show you where the special places to smoke are located. You must dispose of butts in a sand-filled container and not throw them on the grounds. Smokeless tobacco must also be disposed of in an appropriate container. You should not spit tobacco juice or snuff on the ground.

The use of tobacco products is not allowed in any MCH or Macon Transit vehicles.

Medication...

It is up to you to take your medication. MCE staff do not administer medication, but if you need help, you may ask your group leader. Please tell the manager if you have had changes in your medication. Clients from the group homes may be given medications by trained group home staff who come with them to MCE from the group homes.

Dress code...

You should wear clean, comfortable clothes to MCE. You should be as clean and neat as possible. If you wear dirty or torn clothes to MCE, you may be asked to return home and change.

You should not wear short shorts, short skirts, or tank tops. Shorts should not be any shorter than your fingertips when you stand straight and press your arm against your side. *You should not wear shirts which bear offensive signs or language.*

You cannot wear open toed sandals to MCE because tools are used which are not safe if dropped. Shoes with closed toes are much safer.

Hygiene...

Your body should be clean and free from odor. If you have body odor, you may be asked to return home and to bathe.

Scent free...

MCE has a scent-free policy. Because many people are allergic to scents and offended by fragrances, please do not wear perfumes, colognes, or scented lotions to MCE. If you do so, you may have to return home.

Participation in the fitness center...

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

Your personal money...



Taking care of your money is very important. You should handle your own money whenever possible. However, with the approval of your legally responsible person, MCH staff may help you handle your money. MCH may also train you to manage your money. You may use your personal money to purchase items or snacks at the MCE snack shack or on MCE outings.

Your personal property...

You are encouraged to leave most personal items at home, but you will have a locker to store personal items and/or valuables. You are responsible for taking care of your personal items. If MCE staff damage your personal belongings, MCH is responsible for replacement or repair. MCE staff may help you take care of your personal belongings if you need assistance. If another client damages one of your personal possessions, MCH will work with that person to replace it.

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. Food preferences, activities, dress all take your culture into consideration.

Rules of conduct...

You **must** follow these rules when you come to MCE:

- Do **NOT** fight with another client or staff, either verbally or physically.
- Do **NOT** bring guns, knives, or other weapons to MCE.
- Do **NOT** threaten other clients or staff.
- Do **NOT** damage property, tools, or equipment on purpose.
- Do **NOT** gamble.
- Do **NOT** drink or possess alcohol while at MCE.
- Do **NOT** take or possess drugs while at MCE unless prescribed by a doctor.
- Do **NOT** smoke unless you are in a designated area.
- Do **NOT** steal.
- Do **NOT** lie or say things that are not true.
- Do **NOT** eat or drink in vehicles.
- Do **NOT** eat or drink anywhere other than in a designated eating area.
- Do **NOT** use curse words, foul language, or other insensitive, inappropriate, or offensive words at MCE or on vehicles.
- Do **NOT** engage in conduct that is inappropriate for a the day program such as holding hands, kissing, hugging, etc. or other public displays of affection.

If you break MCE rules, one of the following could happen:

- **Warning:**

You will be told what you have done wrong and why it is wrong. Staff will remind you that such conduct is not appropriate and ask you not to do it again.

- **Private meeting:**

Your manager or group leader may have a private meeting with you and tell you what rules you have broken. You will be told what will happen if you continue to break rules. A note of this meeting will be put in your record either in a progress note or as a written warning. If you are given a written warning, we will be sure that you and/or your legal guardian(s) understand why you got the warning. The written warning will go in your record, and you will receive a copy.

- **Suspension:**

If you continue to break rules, become violent, or make threats, you may be suspended. Being suspended means you will not be allowed to come to MCE for 1 or more days. Your manager will tell you if you are suspended, for how long, and what you must do to be able to come back to MCE. You and/or

your legal guardian(s) will receive a written notice telling you if you have been suspended. A copy of the written notice will be placed in your record. If you are suspended, MCH must report it to the state of NC.

- **Immediate dismissal:**

You may be asked to leave if you are a threat or danger to yourself or others or if you refuse to cooperate with your group leader or manager. If you are dismissed, you and/or your legal guardian(s) will receive written notice. A copy of the written notice will be placed in your record. If you are dismissed, MCH must tell the state of NC.

Right to appeal or resolve a conflict...

If any of the things described above happen to you and you and/or your legal guardian(s) do not agree with the decisions or the action taken, you may appeal. An appeal is a plea or request to have the decision changed. You may also use this process to resolve conflict with MCE staff.

You can:

- Tell the staff who corrects you that you do not agree. Staff may try to explain again. Tell the manager or director that you do not understand or agree. The manager or director must explain to you and/or your legal guardian(s) in writing within 2 working days if you appeal.
- If you still do not agree, you can appeal to the MCH Board of Directors. Your manager will tell you how to contact the MCH Board.
- You have the right to have a responsible person of your choice speak for you and receive an explanation of the action taken. You and/or your legal guardian(s) must tell us that you give this person permission to receive information about you.

Your rights...

- **You have the right** to know your rights.
- **You have the right** to be paid for any work you do.
- **You have the right** to know that we will not tell other people about you without your permission.
- **You have the right** to be involved in planning your goals at MCE.
- **You have the right** to be free from physical abuse, humiliation or punishment.
- **You have the right** to become more independent and increase your skills.
- **You have the right** to be involved in MCE programs from which benefit you most.
- **You have the right** to a safe environment and staff who protect your safety.
- **You have the right** to an appeal process.

Disability Rights North Carolina...

The toll free number for the Disability Rights North Carolina is **1- 800 - 821- 6922**. You may call this number and speak with an advocate if you believe your rights are being violated. The website is www.disabilityrightsncc.org

Grievance...

You should tell someone about any concerns or complaints and look for a satisfactory means to settle the complaint. There will be no retaliation if you make a complaint or express a grievance. This means no one will be mean to you or try to get even if you make a complaint.



- If you have a complaint, you should first try to resolve it with your manager.
- If you and the manager settle the complaint, the action agreed upon will be documented in your record. The manager must clear up your complaint within 5 working days.
- Grievances or complaints which cannot be resolved between you and your manager can be referred to the director. The executive director should answer your complaint within 10 working days from the time the complaint is heard.

- If you and the executive director cannot settle the complaint, you may submit a complaint to the MCH Board of Directors. The board of directors should answer your complaint with 10 working days of receiving the complaint.
- The decision of the board of directors is final.
- Every effort will be made to settle your complaint in a satisfactory way.

Health and safety...

You should tell your group leader or manager immediately if you have an accident or see someone have an accident, no matter how small. **Safety is important to us.**

Report any unsafe conditions or practices you see to your group leader or manager immediately. Please observe all safety rules at all times. Failure to observe safe practices could result in your having to leave MCE.

Do not come to MCE if you are sick or have a fever. If you have a fever or are sneezing or coughing, you may make other clients and staff sick. If you come to MCE sick, you may be asked to return home.

Fire and emergency evacuation drills...



Fire and emergency drills are conducted at least monthly and when new clients or staff come to MCE. You should always evacuate when you hear the warning bell, 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 your group leader or manager says during drills. **If you smell smoke or suspect a fire, tell staff immediately.**

YOU MUST FOLLOW ALL SAFETY RULES AT ALL TIMES!

General safety rules...

These rules are designed to keep you safe. Follow these rules and listen to your group leader. Our first concern is your safety. You may get hurt if you do not follow these rules. Failure to follow these rules could result in dismissal from MCE.

- **Report** accidents to staff immediately.
- **Do not** run or play in the buildings or parking lot.
- **Do not** use equipment without a group leader's permission or knowledge.
- **Do not** start or operate machinery without permission from staff.
- **Do not** block aisles, passageways, or doors with anything.
- **Follow** the proper exits during fire drills and follow your group leader's directions.
- **Use** proper safety equipment for each job such as ear plugs or safety goggles.
- **Notify** staff when leaving your group.
- **Do not** wear open toed shoes to MCE.

There may be specific rules about each piece of equipment you work with or operate. Please listen to your group leader's instructions. You are responsible for following safety rules about operating equipment. If you do not understand the instructions, ask a group leader to explain again until you do understand.

SAFETY FIRST is the most important rule!



Right to privacy and confidentiality...

Unless MCE staff have your or your legal guardian(s)'s written permission to do so, they will not give anyone information about you. Your right to confidentiality and privacy is respected at all times. You are also expected not to talk about your peers.

MCE is committed to holding confidential any information you give to us. MCE 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(s), the legal guardian(s) must give written permission.

You should know that MCE staff may discuss information about you with other staff within the organization so that you receive the best possible training.

Confidentiality of client 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. **MCE staff MUST report suspected abuse.**
- 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.

If you have any questions about the right to privacy and confidentiality, please ask your manager or director.

Simulated work...

While you will be paid for any work you do at MCE, you should know that you are not paid for simulated (practice work). Simulated work is any work which represents a job and is used for the sole purpose of teaching you the skills to do that job. MCE does not get paid from a contractor for simulated work. Simulated work may be disassembled or taken apart and used for future training events. Simulated work is used to provide training so that the client can learn to do a particular job.

Classification as a regular employee...

If at any time you think you should be a regular employee of MCH rather than as a client, you may get an application and apply for any job which is available. You will be given the same consideration as any other applicant. If staff think you are ready for outside employment, you may be encouraged to apply for regular employment with MCE or elsewhere. MCE staff may help you look for suitable employment.

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, social worker, 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 client, 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 clients.
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 clients.
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.

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(s) 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 MCE strives to serve clients as long as possible, sometimes it becomes necessary to discharge to more appropriate services or because a family needs to make a change. If your legal guardian(s) decides to move you from MCE you should give at least 30 days notification. MCH will give you 30-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 a team of professionals.
- You may be discharged if you or legal guardian(s) 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 MCE can no longer meet your needs.

Provider choice...

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

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.ncdhhs.gov/mhddsas/services/consumerhandbook/consumerhandbookv2.pdf>. There is also a link on the MCH website.

Contact numbers...

Kathy Duvall, MCE Manager	524 - 5888 or 371 - 2165
Jeannie Garrett, Executive Director	524 - 5888 or 371 - 2166
Beverly Gaddis, Qualified Professional	524 - 5888 or 371 - 7530
Christi Huff, Program Director	524 - 5888 or 371 - 2164

Closing...

This is your handbook. If you have any questions or need to have certain things explained to you, please ask the MCE Manager, QP, or call the director, program director, or Care Coordinator. This handbook is designed to help you understand your role and the role of MCE, 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.

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 and the Fitness Center Waiver. You will also find the Non-Disclosure and Confidentiality Agreement, acknowledgement of receipt of this handbook, consent to use the fitness center, and provider choice. **Please return pages 16 – 22 in the envelope provided. Please contact us if you have any questions. Returning these consents is essential to your remaining a client in good standing.**

Non-discrimination...

All MCE 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 clients may be used and disclosed and how the client 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 client's care
- legal document describing the care received
- means by which the client 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 client 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 IHP 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 assistant 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.

Effective Date: 4/14/03

**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 clients 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 clients and former clients 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

ACKNOWLEDGEMENT OF RECEIPT OF CLIENT HANDBOOK

I have received and understand the contents of this *MCE Client Handbook*. I understand that I may contact an MCH employee such as one of the directors, the QP, the MCH case manager, or the MCE Manager if I have questions or concerns at any time. I understand that I can review the official Policies and Procedures if I wish.

Signature of client, legal guardian, or parent _____ Date

Witness _____ Date

Signature of client, legal guardian, or parent _____ Date

Witness _____ Date

ACKNOWLEDGEMENT OF PROVIDER CHOICE

I, _____, legally responsible person for _____ understand that I have the right to choose a provider to deliver services to my family member/client. I am aware of my right to choose, change, or refuse services.

My choice of provider for day program services: MCE Other provider _____
Provider name

Signature of client, legal guardian, or parent _____ Date

Witness _____ Date

Signature of client, legal guardian, or parent _____ Date

Witness _____ Date

ACKNOWLEDGEMENT OF RECEIPT OF RIGHTS BROCHURE

I acknowledge receipt of the MCH *Your Rights as a Client* brochure which is a summary of client's rights based on the NC General Statutes. Rights are also explained in this handbook.

I understand that I may contact an MCH employee at any time if I have concerns about my client's rights.

Signature of client, legal guardian, or parent _____ Date

Witness _____ Date

Signature of client, legal guardian, or parent _____ Date

Witness _____ Date

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 client, legal guardian, or parent

Witness

Date

Date

Signature of client, legal guardian, or parent

Witness

Date

Date

MCE CONSENT FOR OUTINGS

I give permission for _____ to participate in outings/field trips in Macon County. I
Name of Client

understand trained staff will be present and that all safety rules will be observed at all times. This consent is valid for one year from the date below.

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

Signature of client, legal guardian, or parent

Date

Witness

Date

Signature of client, legal guardian, or parent

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>

Signature of client, legal guardian, or parent

Date

Witness

Date

Signature of client, legal guardian, or parent

Date

Witness

Date

**MCH
Environmental Accommodations Consent**

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

I support and give my consent for the alarms on exterior doors and for the cameras which help staff monitor the building.

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

Signature of client, legal guardian, or parent Date Signature of client, legal guardian, or parent Date

Witness Date Witness Date

MCH PHOTOGRAPH AND VIDEO RELEASE

I, _____ hereby authorize the above-named agency, the news
(Client, legal guardian(s), or parent)
media, or any other agency to make photographs, videos, slides, or movies of the above-named client and/or their family. 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 client without express consent except when it is to be used solely for the client 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 client, legal guardian, or parent Date

Signature of Witness Date

Signature of client, legal guardian, or parent Date

Signature of Witness Date

MCH CONSENT FOR TRANSPORTATION

I, _____ give permission for _____ to be
(Client, legal guardian(s), or parent) *(Name of 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 client, legal guardian, or parent

Date

Signature of Witness

Date

Signature of client, legal guardian, or parent

Date

Signature of Witness

Date

MCH CONSENT FOR EMERGENCY MEDICAL TREATMENT

CLIENT NAME: _____ **RECORD NUMBER:** _____

FACILITY NAME: MCE

I, _____ authorize and grant consent to MCH to obtain
(Client, legal guardian(s), or parent)

emergency medical, dental, or psychiatric care and attention for the above named client.

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 client, legal guardian, or parent

Date

Signature of Witness

Date

Signature of client, legal guardian, or parent

Date

Signature of Witness

Date

Consent to Use of Fitness Center

I, _____, legal guardian(s)/responsible person for _____

acknowledge and give my approval for the above person to participate in health and fitness activities at the MCH fitness center. I understand that my client is evaluated by a physical therapist and these activities are recommended by the physical therapist and are specific to my client's needs and may be revised as recommended by the physical therapist. Activities are carefully monitored and clients are assisted by trained staff. Use of fitness center must be approved by a physician. I understand this consent is valid for one year from date below.

Signature of client, legal guardian, or parent

Date

Witness

Date

Signature of client, legal guardian, or parent

Date

Witness

Date

Signature of Physician

Date