
Macon Citizens Enterprises

MCE HANDBOOK

REVISED: February 2020



MACON CITIZENS HABILITIES, Inc.

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Introduction

Welcome to day program services with MCH. Thank you for choosing us as your provider.



Day program services are available to people living on their own, at home with their family, in a group home or in an alternative family living (AFL) home.

These services are paid for through either NC Innovations or state funds. Managed Care Organizations (MCO) such as Vaya Health, determine who gets these services. MCOs authorize the amount and type of community-based services you receive.

Open Door Policy



We want you to benefit from your services. We encourage you and/or your guardian(s) to share your concerns, ask questions, make suggestions, and help us solve problems. You may talk to your qualified professional (QP) or the Executive Director for MCH at any time to discuss any problems.

If you have any suggestions or ideas to improve your services, we want you to tell us about them. We want MCH to be a good choice for the people we serve and provide supports that assist you in achieving your dreams. The MCH administrative office is open Monday-Friday, 8:30am-4:30pm if you would like to come by or schedule a meeting to talk with a QP or director.

Services & Supports

Macon Citizens Enterprises (MCE) is a licensed day program operated by MCH. At MCE, you can participate in a variety of activities as well as work on goals to increase your ability to do things for yourself. Operating hours are from 9:30 until 3:30 each day, Monday through Friday. However, you may choose to come for only part of the time. If you would like to attend part-time, talk with the MCE Manager and your QP to work out your own schedule. If you are over 50, MCE has a special program for you called RAP – a retirement activity program.

While at MCE, you have the opportunity to:

- develop skills and learn to do new things
- take classes offered through Southwestern Community College (compensatory education)
- do jobs to earn money
- take part in fun activities like bowling and music
- meet new friends

- become more active in your community
- exercise at the MCH Fitness Center
- enjoy a structured day with activities geared to your individual needs



Your Responsibilities

MCE does not provide lunch except on special occasions. If you choose to go on a trip with MCE such as out to eat for lunch, bowling or to the movies, you will need to bring your own money to cover expenses. The MCE Manager will also let you know about upcoming events where you may need to bring money or if there is a party where lunch is being provided. MCE does not provide transportation to and from MCE other than to individuals who live in homes operated by MCH or for some people who receive Innovations services.

Work and Payday



At MCE, you will have some opportunities to earn money. Some jobs depend on when a company in the community sends work to be done at MCE. Some jobs are at MCE such as cleaning, covering the visitor's desk or helping run the MCE Snack Shack. Staff will teach you how to do jobs you are interested in doing.

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. Paychecks are passed out at the end of the day, just before you go home.

While you will be paid for any work you do at MCE, you will not be 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.

Transportation

If you live at home in the community and do not receive NC Innovations supports, you need to find a way to and from MCE. If you need transportation options, we will give you information about riding a Macon Transit Services van. MCH provides transportation for everyone for special activities and field trips. If you ride a Macon Transit van, the phone number is **(828) 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.*

MCH provides transportation for everyone for special activities and field trips. When you are riding in an MCH vehicle, you will be required to wear a safety belt at all times. Open drinks and food are not allowed in any vehicles.

Lunch

You are responsible for bringing your own lunch to MCE. Refrigerators and microwaves are available for you to use. In order for you and your friends to have time and space in the canteen, each person has a set time to eat lunch. Please be timely in going to and returning from the canteen.



Schedule

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



There are breaks scheduled each afternoon. Your group leader or the MCE manager will announce break time. Please be mindful of time and return promptly to your desk when breaks ends. 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 Shack is open each afternoon starting at 2:00 pm, if you want to buy a snack or drink. The MCE snack store promotes healthy snacks that are reasonably priced. You may be interested in helping to operate the snack store.

Leaving Your Work Area

Please let your group leader know when you are leaving your work area. We want to make sure everyone stays safe and can be found if needed. Please remember, there are times to socialize with friends and there are times to work on goals. Always be respectful of other people and do not interrupt what they are working on to talk.

Holidays

MCE is closed for the following holidays:

- New Year's Day
- Martin Luther King, Jr. Day
- Good Friday
- Memorial Day
- July 4th
- Labor Day
- Thanksgiving (Thursday and Friday)
- Christmas Eve
- Christmas Day

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

Bad Weather



MCE follows the Macon County School system for closings. This means that if the schools are closed, so is MCE. Please listen to the local radio or watch a local television station to find out if MCE is closed because of bad weather.

Sometimes, MCE may dismiss early if the weather becomes bad. We will let your family or group home know if this happens to make sure you have a way home. If there is ever a time when MCE is open but you do not feel safe to travel, please stay home.

Being Absent or Late

We understand there are times when you may be running late or need to miss coming to MCE. When this happens, please call (828) 524-5888 and let your group leader or the MCE manager know you will not be coming or 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 (828) 349-2222 and cancel your ride if you are not coming to MCE. Macon Transit may charge you if you do not call and cancel.

Telephone Calls

You can make or take incoming telephone calls for **EMERGENCY** reasons only. Please ask your friends or families **not** to call you at MCE except in an emergency. If you need to use the phone, please let your group leader or manager know.



Keeping Information Updated

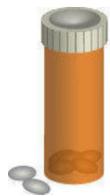
It is important that MCE staff have correct contact information. If your address or telephone numbers change or if there is a change in your emergency medical information, please tell the manager immediately.

Tobacco Use

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 tobacco use areas are located. Please dispose of cigarette butts in a sand-filled container and not throw them on the grounds. Smokeless tobacco should be disposed of in an appropriate container. Please 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. People living in a home managed by MCH may be given medications by trained staff who come with them to MCE from their homes.

Appearance

We want you to feel comfortable coming to MCE. We ask that you wear clean, relaxed clothes to MCE. Please dress modestly. Shorts or skirts should not be any shorter than your fingertips when you stand straight and press your arm against your side. You will be asked to change clothing or sent home if you choose to wear clothing that contains offensive signs or language. Due to safety regulations, you **must** wear shoes that cover your toes. Flip flops or sandals are not allowed. The MCE manager may address personal hygiene with you if there are concerns.

Scent-Free

All of MCH has a scent-free policy. Because many people are allergic to scents and offended by fragrances, we ask MCH staff and persons receiving services from MCH to not wear perfumes, colognes or strongly scented lotions.

MCH Fitness Center

MCH provides a fitness center to promote good health. The fitness center is offered as part of your day at MCE. A licensed physical therapist evaluates you and develops fitness program based on your needs. Your doctor must agree that you can participate in the fitness center activities. If you have one, your legal guardian(s) must also agree that it is okay for you to participate in the fitness center.



Your Money



Taking care of your money is very important. You should handle your own money whenever possible. However, with your approval or the approval of your guardian, our staff may help you keep up with the money you bring to make purchases at the Snack Shack or to go on trips with MCE. We may also work on teaching you how to manage your money better, if you choose

Your Property

While we encouraged people to leave most personal items at home, you can have a locker at MCE 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 a person who attends MCE damages your property, 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. We want everyone to feel valued and respected for their individuality.

Rules of Conduct

We want MCE to be a place where people feel safe and respected. For these reasons, the following rules are in place for everyone who attends MCE:

1. Do **NOT** fight with other people, either verbally or physically
2. Do **NOT** bring guns, knives, or other weapons to MCE
3. Do **NOT** threaten other people
4. Do **NOT** damage property, tools, or equipment on purpose
5. Do **NOT** gamble
6. Do **NOT** drink or possess alcohol while at MCE
7. Do **NOT** take or possess drugs while at MCE unless prescribed by a doctor
8. Do **NOT** use tobacco products unless you are in a designated area
9. Do **NOT** steal
10. Do **NOT** lie or say things that are not true
11. Do **NOT** eat or drink in vehicles
12. Do **NOT** eat or drink anywhere other than in a designated eating area
13. Do **NOT** use curse words, foul language, or other insensitive, inappropriate, or offensive words at MCE or in vehicles
14. Do **NOT** engage in conduct that is inappropriate for a day program such as kissing or other public displays of affection. Offering a handshake is always a good idea.

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. They will explain what will happen if you continue to break rules. If you are given a written warning, we will make it explained in such a way 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.

- **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, depending on the reason, MCH may have to inform other agencies such as the MCO, DSS or law enforcement, if needed.

Right to Appeal

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 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

MCH is committed to protecting the rights of the people we serve. You are assured of the right 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. While at MCE, we want you to know:

- **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.

If you see anyone not respecting the rights of another person, or if you feel your rights have been not respected, please let the MCE manager or MCH director know immediately.

Disability Rights North Carolina

Disability Rights North Carolina provides free advocacy services to individuals with disabilities. They may be able to offer legal advice and/or help advocate for you if your rights have been violated. The toll free number for the Disability Rights North Carolina is **1-877-235-4210**. The website is www.disabilityrightsncc.org.

Safety

We want MCE to be a safe environment for everyone. In order to make sure you and the people around you are safe, please follow the rules below:

1. Report accidents to staff immediately
2. Listen to your group leader
3. Do not run or play in the buildings or parking lot.
4. Let a group leader know before starting a job or operating machinery.
5. Keep the floor around your work area, the hallways and exits of MCE clear of items
6. Use the proper exits during fire drills and follow your group leader's directions
7. Use proper safety equipment when needed to complete work
8. Notify staff when leaving your group
9. Do not wear open toed shoes to MCE

Safety is important to us. Please tell your group leader or manager immediately if you have an accident or see someone have an accident, no matter how small. Report any unsafe conditions or practices you see to your group leader or manager immediately.

Do not come to MCE if you are sick or have a fever. We want you to rest and recover as well as not cause the people around you at MCE to become sick. If you come to MCE sick, you may be asked to return home.

You are responsible for following safety rules. If you do not understand the instructions, ask a group leader to explain again until you do understand.

Fire & Emergency Drills



Fire and emergency drills are conducted at least monthly and when a new person starts at 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.

Follow the instructions your group leader or MCE manager give during drills. **If you smell smoke or suspect a fire, tell staff immediately.**

Privacy & 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. We ask you to be respectful of your friends and not talk about them to people who they do not know.

MCH works hard to keep your information private. Staff are trained to not share how they know you to anyone, even your family and friends, without your permission. If you have a legal guardian, we must have their permission to share any information.

You should know that staff may discuss information about you with other staff who work for or contract with MCH so that you receive the best possible support. Confidentiality of your information is protected by both state and Federal laws. Staff cannot disclose information about you without your expressed and informed consent unless:

- abuse is suspected. MCH 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.

You have the right to privacy. MCH are trained to ensure you have privacy during times such as when you use the rest room. You should always be treated with dignity and respect.

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

Accessing Your Record

If you or your legal guardian(s) want to see your record, you should contact the QP or the director and arrangements will be made for you 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.

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 set requirements for a qualified professional (QP), nurse, etc., 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. Staff are trained on your individual goals and needs by the QP.

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, you may report them to the manager, QP, director or to the MCH Board. If you need help to understand these rules, please ask staff or someone in your life to help explain them.

1. MCH staff will represent your interests. MCH staff are trained to always protect your rights
2. MCH staff will keep information about you confidential.
3. MCH staff will do nothing to violate your trust.
4. MCH staff will do nothing to violate the trust of the community.
5. MCH staff will honor the MCH mission statement.
6. MCH staff cannot do business with the people they serve.
7. MCH staff must follow special rules when spending MCH's money.
8. MCH staff cannot do business with you 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.

Resolving Conflicts

You are encouraged to let staff know if you have any concerns or complaints about how MCH and/or your staff provide the services you receive.



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

If your grievance or complaint cannot be resolved with the director, 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 your MCO.

Discharge

While MCE strives to serve people as long as possible, sometimes it becomes necessary to discharge to more appropriate services or because a family needs to make a change. If you or your legal guardian decide to leave MCE, we ask you provide us a 30-day notice if possible. If MCH initiates the discharge, we will give you 30-days notification, unless it is an emergency discharge. An emergency would only occur if your health or behaviors required a very sudden discharge. Other rules involving discharge include:

- 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 your source of funding changes such that MCH cannot afford to continue services.

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. Your care coordinator and/or the QP may also assist with helping you find another provider.

Consent to Services

MCH strives to ensure we are doing all we can to help you achieve the goals you have while providing the supports you need. While we try to make every accommodation to make our services as specific for each individual as possible, we also must adhere to the definitions that outline what your services can and cannot be or do. These service definitions are determined by state and/or federal regulating agencies. In giving your consent to receive these services, you are acknowledging that you and your family agree to have your services provided by MCH and in accordance with set regulations.

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. Please let your QP if you would like a printed copy. You can also access the *Consumer Handbook* at the MCH Administration Office or on the internet at this web address:

<http://www.ncdhhs.gov/document/consumer-handbook>. There is also a link on the MCH website.

Contact Numbers

| | |
|----------------------------------|----------------------------|
| Sarah Andrews, MCE Manager | (828) 524-5888 or 347-3563 |
| Beverly Gaddis, QP | (828) 524-5888 or 371-7530 |
| Christi Huff, Executive Director | (828) 524-5888 or 371-2164 |

Non-Discrimination

All MCE rules apply to everyone regardless of race, color, religion, age over 40, sex, national origin, or degree of MH/DD/SAS disability. MCH does not discriminate on the basis of race, color, religion, national origin, gender (including gender presentation), age, degree of MH/DD/SAS disability, citizenship, genetic information, family status, pregnancy status or veteran status. MCH respects all cultures and all people. All individuals, regardless of these factors, have the right to access medical care and habilitation services. For specific information about how these areas are protected by federal law, please reference the following:

- Civil Rights Act of 1964
- Age Discrimination Act of 1967
- Equal Pay Act of 1963

- Immigration Reform and Control Act
- Civil Rights Act of 1968
- Rehabilitation Act of 1973
- Pregnancy Discrimination Act
- Americans with Disabilities Act of 1990
- Uniformed Services Employment and Reemployment Rights Act
- Genetic Information Nondiscrimination Act

Therap: Electronic Health Record (EHR)

In order to keep a thorough record of the care we provide to you, MCH uses an electronic health record call Therap. MCH staff are provided access to Therap to assist them in the performance of their jobs. You will see them using a tablet or computer to make notes about how you are feeling, when you take medication or how well you did something. Some items, such as consents, will continue to be done on paper. You are able to access your electronic health record at any time. When you would like to review your record, please contact the MCE manager or your QP. Therap meets all state and federal requirements to ensure the privacy of your health information is protected.

HIPAA

This notice describes how medical information about the people we serve may be used and disclosed and how the person or legally responsible person can access to this information. This information is provided through by the Health Information Portability and Accountability Act. 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 your 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 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 QP 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 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 MCH.

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 QP or executive director at (828) 524-5888.

If you believe your privacy rights have been violated, you can file a complaint with the executive director, MCH Board of Directors, MCO 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.

Closing

This is your handbook. If you have any questions or need to have certain things explained to you, please ask the QP or Executive Director. This handbook is designed to help you understand your role and the role of MCH, but it does not replace official MCH Policies and Procedures. If you wish to see the official policies, please ask your QP or contact the director.

The next several pages include consents and acknowledgments we must have you or your legal guardian(s) review and sign every year. Included is the Non-Disclosure and Confidentiality Agreement, acknowledgement of receipt of this handbook and provider choice. **Please return pages 21 - 27 in the envelope provided. Please contact us if you have any questions. These consents are required for you to continue services with MCH.**

Thank you for choosing services with MCH. We appreciate your trust in us!



**MACON CITIZENS HABILITIES, INC.
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 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, specific to persons served, 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/Relationship to MCH

Date

Revised 6/04; 2/05; 2/16; 2/17

ACKNOWLEDGEMENT OF RECEIPT OF HANDBOOK

I have received and understand the contents of this MCE Handbook. I understand that I may contact an MCH employee such as one of the directors or QP 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 individual, legal guardian or parent

Date

Signature of Witness

Date

CONSENT FOR USE OF ELECTRONIC HEALTH RECORD

I, _____ understand that use of an electronic health
(individual, legal guardian or parent)

Record (EHR) is a requirement for all Medicaid providers, including MCH. I am aware that MCH uses Therap to maintain my electronic health record and transmit required information to the North Carolina Health Information Exchange Authority as mandated in NCGS 90-414.7.

Signature of individual, legal guardian, or parent

Date

Signature of Witness

Date

ACKNOWLEDGEMENT OF PROVIDER CHOICE/CONSENT FOR SERVICES

I, _____ understand that I have
(individual, legal guardian or parent)
the right to choose my service provider and can, at any time, change to another provider. I am aware of my right to choose, change, or refuse the type of services provided. By choosing MCH as my provider, I am also giving consent for _____ to receive services from MCH.
(name of person receiving services)

My choice of provider for day services: MCE Other provider Not applicable

Signature of individual, legal guardian, or parent

Date

Signature of Witness

Date

ACKNOWLEDGEMENT OF RECEIPT OF RIGHTS HANDBOOK

I acknowledge receipt of the MCH *Knowing Your Rights* handbook which is a summary of individual'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 rights protection for any person served by MCH.

Signature of individual, legal guardian, or parent

Date

Signature of 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. I understand that the release/disclosure of my information may only occur with consent unless it is an emergency or for other reasons detailed in the General Statutes or in 45 CFR 164.512 of HIPAA.

Signature of individual, legal guardian, or parent

Date

Signature of Witness

Date

THE NORTH CAROLINA DHHS 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 the MCH Administrative Office.

<http://www.ncdhhs.gov/document/consumer-handbook>

<http://www.maconcitizens.org>

Signature of individual, legal guardian, or parent

Date

Signature of Witness

Date

MCH CONSENT FOR TRANSPORTATION

I, _____ give permission for _____ to be
 (Individual, legal guardian or parent) (Individual)

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 individual, legal guardian, or parent

 Date

 Signature of Witness

 Date

MCH PHOTOGRAPH AND VIDEO RELEASE

I, _____ hereby authorize MCH, the news media, or any other
 (Individual, legal guardian or parent)

agency to make photographs, videos, slides, or movies of _____ and/or their family.
 (Individual)

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 individual, legal guardian, or parent

 Date

 Signature of Witness

 Date

MCH CONSENT FOR EMERGENCY MEDICAL TREATMENT

NAME: _____

RECORD NUMBER: _____

FACILITY NAME: MCE

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

emergency medical, dental, or psychiatric care and attention for the above named person. 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 individual, legal guardian, or parent

Date

Signature of Witness

Date

MCE CONSENT FOR OUTINGS

I give permission for _____ to participate in outings/field trips in western North Carolina. I
Name of Individual
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 individual, legal guardian, or parent

Date

Signature of Witness

Date

CONSENT FOR ENVIRONMENTAL ACCOMMODATIONS

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 persons served.

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 individual, legal guardian or parent

Date

Signature of Witness

Date

CONSENT FOR USE OF MCH FITNESS CENTER

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

acknowledge and give my approval for the above person to participate in health and fitness activities at the MCH fitness center. I understand that this person is evaluated by a physical therapist who recommends activities that are specific to the individual's needs. I understand the activities/exercises may be revised as recommended by the physical therapist. Activities are carefully monitored and the individual is 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 individual, legal guardian, or parent

Date

Signature of Witness

Date

Signature of Physician

Date