

MACON CITIZENS HABILITIES, INC.

**Community-Based Services
HANDBOOK**

Revised: February 2024



Table of Contents

Introduction	3
Open Door Policy	3
Community-Based Services	3
Alternative Family Living	3-4
Community Living and Supports	4
Respite	4
Community Networking	4
MCE	4
MCH Fitness Center	4
Cultural Differences	5
Your Rights	5
Resolving Conflicts	5-6
Disability Rights North Carolina	6
Privacy & Confidentiality	6-7
Medications	7
Staff Qualifications	7
Code of Ethics	8
Accessing Your Record	8
Transportation	8
Discharge	9
Provider Choice	9
Consent to Services	9
Other Resources	10
Contact Numbers	10
Non-Discrimination	10
Therap: Electronic Health Record (EHR)	11
HIPAA	11-14
Closing	15
Consents	16-21

Introduction

Welcome to community-based services at MCH. Community-based services are available to persons living either on their own, at home with their family, in a group home or 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 your QP or director.

Community-Based Services

Community-based services consist of Residential Supports within an AFL (alternative family living arrangement), and home-based services including Community Living and Supports and Respite. It may also involve services done at community sites such as Community Networking or Supported Employment. These services are monitored by a staff from the MCO and your MCH QP. You may not receive all these services. Services are based on your individual needs and are intended to help you achieve your goals in life. You may, at any time, decide to other services or opportunities. All you need to do is ask your QP or Care Coordinator for help. Below are services available through the NC Innovations Waiver.

ALTERNATIVE FAMILY LIVING (AFL)

The Alternative Family Living (AFL) was created to help you live away from your family's home in a setting other than a group home or institution. AFLs provide the same type of support found in many group homes but in a private home belonging to staff. If you live in an AFL, staff are there 24 hours a day to help you meet any personal care and

training needs. If you share the home with another person with a developmental disability or if you are younger than 18, the AFL must be licensed by the Department of Health Service Regulation (DHSR). Staff from the MCO and MCH will visit you at the AFL to make sure your health and safety is being cared for by staff. MCH uses money from the NC Innovations waiver to pay for your care at the AFL. The amount of money you receive through NC Innovations is determined by the MCO, not MCH.

COMMUNITY LIVING AND SUPPORTS

Community Living and Supports is a service that offers both teaching and assistance from staff. You may learn new life skills or improve ones you already have as well as have staff help you do things that you may not be able to do completely on your own.

RESPIRE

Respite services provide breaks away from your family. Respite may be done in your home or in your worker's home and includes overnight, weekend care or emergency care. Plans to use respite may be made by you or your family with your staff.

COMMUNITY NETWORKING

Community Networking services help you be involved in community activities and/or organizations which interest you. Some things you may choose to do include taking classes on hobbies or other areas you are interested in, volunteering, joining or going to community groups, learning about your rights and how to speak up for yourself or using public transportation if it's available. For children, staff can help you attend a day care or after school summer program.

MCE

If you have Day Supports, you may choose to go to Macon Citizens Enterprises (MCE), a licensed day program operated by MCH. At MCE, you can participate in a variety of activities such as bowling or music 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.

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.

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.

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.

You have the right to:

- exercise civil rights
- be told why if your services or their location change
- to be treated by medical professionals when you need it
- get legal counsel
- communicate with and meet with people of your choice with proper supervision
- have visitors or refuse to see visitors
- make visits outside of the service site
- get and/or keep a driver's license unless you are adjudicated incompetent
- live in an unlocked environment.
- be outside daily and have access to recreational facilities and equipment for physical exercise several times per week
- be free from seclusion
- be free from mistreatment, abuse, neglect, exploitation including financial, humiliation, retaliation, harassment or intimidation
- be free from exclusion from ongoing programming as a result of inappropriate behavior
- be free from physical and personal restraint and time out unless there is special consent
- be free from treatment given without informed consent involving aversive stimulation, the use of experimental drugs or procedures, or surgery other than emergency surgery
- be free from unnecessary or excessive medication and not receive medication as punishment or discipline.
- send and promptly receive sealed, uncensored mail

- have access to a schedule for collecting and distributing mail and packages.
- have access to writing material, postage, and staff assistance when necessary.
- make and receive confidential telephone calls
- participate in religious worship by choice
- keep and use your own clothing and personal possessions

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.

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.

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 staff are trained to ensure you have privacy during times such as when you use the rest room, want to be alone in your bedroom or when taking care of personal needs. 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.

Medications (when monitored or administered by MCH staff)

If you do not need help from anyone to take medication, MCH will need a note from your doctor saying you can take your medication on your own. If you need help to take medications, MCH will provide assistance as needed while teaching you how to do this on your own. All medications must be ordered by a doctor. Staff cannot even give you an aspirin unless a doctor says it is okay. You may participate in taking your medications but trained staff must monitor and document each time you take a medication. MCH staff undergo very complete training before they can give you medication and are supervised by the MCH nurses.



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

Staff Qualifications

MCH employs qualified staff who meet state requirements to work with you. All MCH staff undergo background checks and drug screenings. References are also checked. MCH employs persons who meet the 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 your QP, the 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.

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.

Transportation

Some services include providing transportation for you. While MCH will make every effort to drive you, the travel from your home to the service site must be reasonable, both in time and distance. If the time/distance impacts MCH's ability to deliver your service, your QP will talk with you, your guardian/family and other parties as needed to help work out a solution if possible.

Discharge

While MCH strives to help support you as long as possible, there may be times when you need services that MCH does not or cannot provide. You or your legal guardian may also decide you want to try another provider. If you decide to end services with MCH, you should give at least a 30-day notification. MCH will give you 60-days notification if for some reason we cannot continue to provide your services. If your health or behaviors changed suddenly and we could no longer keep you safe or healthy, MCH may discharge with a shorter notice or no notice. Other rules regarding discharge include:

- You cannot be discharged without a recommendation from your team of professionals
- You may be discharged if you or your 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
- You may be discharged if you or your legal guardian demonstrate behaviors or actions that impede MCH staff from providing services safely and in accordance with service standards. This includes maintaining respectful communications and interactions between MCH staff and you/your guardian

Provider Choice



We want you to know there are other service providers who may be able to provide the same services as MCH. 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>.

Contact Numbers

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 individual's care
- legal document describing the care received
- means by which the individual 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 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 16-20 in the envelope provided. Persons in an AFL need to complete and return page 21 as well. 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.
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 receiving services or 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 individuals who receive or have received services through 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; 2/21; 2/22

ACKNOWLEDGEMENT OF RECEIPT OF HANDBOOK

I understand I may access the Community-Based Services Handbook any time on the MCH website at www.maconcitizens.org or request a printed copy at any time. I understand that I may contact an MCH employee such as one of the directors or QP if I have questions or concerns. 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 residential services: MCH Other provider _____
(agency name)

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 understand I may access the *Knowing Your Rights* handbook on the MCH website at www.maconcitizens.org or request a printed copy at any time. I understand this is a summary of an individual's rights, based on the NC General Statutes. 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

HIPPA

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 CONSENT TO USE IMAGE

I hereby give permission for Macon Citizens Abilities, Inc. to capture an image or images of

_____ and/or myself. It is understood these images may
(Name of Individual)

include photographs, videos, slides and/or movies and may be used for marketing and communication tools on behalf of Macon Citizens Abilities. Various uses include brochures, articles for professional journals, public education presentations, scrapbooks kept by MCH, local newspapers, the Macon Citizens Abilities website and the Macon Citizens Abilities social media websites. At no time 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

-----OR-----

_____ I do **NOT** want any image or images of the individual to be used in the media platforms listed above.

Signature of individual, legal guardian or parent

Date

MCH CONSENT FOR EMERGENCY MEDICAL TREATMENT

NAME: _____

RECORD NUMBER: _____

FACILITY NAME: _____

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

This page is only for persons living in an AFL

MCH CONSENT TO HANDLE PERSONAL FUNDS

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

This consent will be valid for one year.

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

Signature of individual, legal guardian, or parent

Date

Signature of Witness

Date

MCH CONSENT TO ATTEND WORSHIP SERVICE

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

Denominational Preference

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