

## CONSUMER HANDBOOK

### OFFICE HOURS

#### Burlington Office:

- 8-5, M-F

#### Caswell Office:

8--5 Tues, Thur.

#### Chatham Offices:

Siler City site: 9-6, M-F

Pittsboro site: 9-6, Wed. and Fri. only

### APPOINTMENTS

- Our office phone numbers are Burlington, 336-570-0104; Caswell 336-264-0002; Pittsboro, 919-542-2141; Siler City, 919-663-2955.
- You are expected to consistently attend your scheduled appointments. Understand that time with staff is extremely important. You are expected to make every effort to keep all scheduled appointments.
- We will give you an appointment reminder card for your next visit.
- On the last business day before your scheduled appointment our office will give you a courtesy reminder by telephone. However, you are ultimately responsible for keeping up with all appointments.
- Individuals are expected to arrive and check-in fifteen (15) minutes prior to the scheduled appointment time.
- Individuals who are ten minutes late for an appointment may have to reschedule OR request to be seen later in the same day if there is an opening on the schedule.
- **Missed appointments** are considered excused if you call us 48 hours in advance to reschedule, or because of a legitimate emergency the day of the appointment.

### CRISIS/EMERGENCIES

- If you are experiencing a crisis prior to 4PM when our sites are open for business, you should call our regular office number or you may simply walk-in to be seen.
- If you have a crisis after hours, or cannot reach someone at the office number, you may call our crisis line at 336-212-9891. A clinician will discuss the crisis with you over the phone as well as your options for further care at that time.

### FEES/PAYMENT

- We accept Medicaid and state funds. A sliding scale is used for state funds. To determine eligibility, you must provide verification of your income. You may have a co-pay for state funds depending upon your income level.
- We accept some private pay and some private insurance as payment.
- If you have a co-pay for any service(s) you are receiving, payment is expected at check in
- If you are receiving services because you have been ordered by the court of law, then appropriate reporting will be followed per the requirements of the court. Some fees may also be required by the court.
- You will receive a copy of your treatment plan and any updates at no charge, as well as a copy of your discharge follow-up , if applicable, when you have completed treatment. Copies of any of documents from your record that are for personal use will be charged at 75 cents per page and must be arranged for in advance and picked up from medical records by you or your legal guardian. (Identification will be required) . You must discuss your request with your therapist or primary person treating you first. Copies needed for another agency or for court or other doctors will be sent directly to those indicated once you have signed an authorization to release to them. This may take up to 30 working days.

### MEDICATION

- You will have to meet face to face with your doctor in order to have your medications refilled.

## TRINITY BEHAVIORAL HEALTHCARE PC

- We DO NOT refill medications over the phone or by faxed request from pharmacies.
- We understand that you may have prescriptions, or over the counter medications with you when you visit our office locations. For the safety of others, we ask that you please keep your medications secured.

### **BEHAVIOR:**

- Trinity does not employ restrictive interventions in our services. If your behavior is an immediate threat to yourself or others, law enforcement will be contacted.
- Please be considerate of other visitors by refraining from the use of profanity at all times.
- If you need to take a personal call you are expected to step away from the waiting area.

### **TOBACCO USE**

- Tobacco use, including electronic cigarettes or vapor devices, is prohibited on all Trinity Behavioral Health PC premises. We offer advice on smoking cessation.

### **ILLEGAL DRUGS**

- Agency offices are drug free and you are expected to abide by this.

### **WEAPONS**

- No weapons are allowed in agency offices or while in the community with staff. Weapons are considered anything which may cause physical harm. This includes, but is not limited to guns, knives, pepper spray, stun guns, etc.

### **TRANSPORTATION:**

- We do not provide transportation as a part of any of our treatment services. However, we will assist you with calling for public transportation as needed.

### **ASSESSMENTS:**

- Trinity Behavioral Healthcare PC staff will work with you to arrange your services around your preferences, needs and wants. In order for us to understand your needs, you will be asked to participate in an assessment prior to the start of treatment.

### **TREATMENT PLAN:**

- Once an assessment is completed, you will work with your staff to develop your individualized plan for treatment. We ask that you are honest with yourself and staff about your goals. We encourage you to ask questions about things you do not understand.

### **DISABILITY RIGHTS – NORTH CAROLINA/LME CONSUMER ADVOCATE**

- In accordance to the North Carolina General Statutes, you have the unrestricted right to contact the Disability Rights- North Carolina at: 2626 Glenwood Road, Suite 550, Raleigh, NC 27608. Toll free phone: (877)-235-4210.

TRINITY BEHAVIORAL HEALTHCARE PC  
**YOUR RIGHTS**

**Trinity Behavioral Healthcare PC will protect the rights of persons served by providing rights education to persons served and to staff. Here is a summary of your rights. You have the right to:**

- Protection of the confidentiality of all information, within required regulations
- Have privacy when receiving treatment
- Be treated with dignity and be free from mental and physical abuse, neglect, retaliation, humiliation, and financial or other exploitation
- Have access to information pertinent to the person served in sufficient time to facilitate his or her decision making
- Have access to his or her records during business hours
- Be fully informed of the services that will or could be provided, the alleged benefits, potential risks, and possible alternatives and to give or withhold informed consent for any research projects, treatment or concurrent services and withdraw consent at any time
- Request a change in agency staff without fear of reprisal or discrimination
- Request a change in service provider without fear of reprisal or discrimination
- Give or withhold consent for releasing personal health information to individuals and agencies, within required regulations
- Have access or referral to legal representation at your cost
- Have access to self-help and advocacy support programs
- Expect us to adhere to research guidelines and ethics
- Investigation and resolution of alleged infringements of rights
- Live as normally as possible and receive age-appropriate supports and services
- Receive treatment, including access to medical care and habilitation, regardless of age or degree of Mental Health, Substance Abuse or Developmental Disability.
- Have a current and individualized service plan setting forth a program to maximize the development or restoration of capabilities and to participate in the design of the plan by expressing preferences and updating the plan as conditions or preferences change
- Be free from unnecessary medications and free from medication to be used for punishment, discipline or staff convenience
- Receive a timely response from the Agency to a request for service, support, or information

**GRIEVANCES**

## TRINITY BEHAVIORAL HEALTHCARE PC

Trinity Behavioral Healthcare PC provides individuals served and their family members and/or guardians with an opportunity to present grievances and to appeal management decisions through a dispute resolution/grievance procedure. The agency attempts to resolve all grievances, including Title VI matters, promptly under provisions of this policy. Filing a grievance under this policy does not alter or endanger the person's continued service by the agency. If you wish to file a grievance, ask the receptionist or any staff member for our grievance form and detailed instructions. Trinity will not allow any retaliation against any person who files a complaint. If you need assistance to complete the form, please ask for this.

A grievance is defined as an allegation of a violation of Trinity Behavioral Healthcare PC policy. A complaint is any disagreement with Trinity Behavioral Healthcare PC practices or decisions that are not related to policy/procedures.

### **DISCHARGE FROM SERVICES**

You have the right to request to be discharged from any program at any time, for any reason. You have the right to appropriate discharge and/or transition planning. In some instances the Agency may decide to discharge you from services for the following reasons: changes in service definition requirements for eligibility; if it is determined that you need service(s) not offered by the Agency; if you are not participating in services as defined in your treatment plan or your Person Centered Plan; if you are not showing up for appointments; if you fail to pay when you are required to pay. If you are discharged and continue to need services then the Agency will ensure linkage to appropriate alternative care with 72 hours of discharge. You will receive a written discharge notice that will include contact information for alternative treatment options, regardless of whether Trinity initiates the discharge or you initiate it.

### **SUSPENSION FROM SERVICES**

You have the right to be free from the threat or fear of unwarranted suspension from services. Suspension of services could occur when the kinds of reasons listed below present a temporary problem, but can be corrected (as determined by the Clinic Director). Suspensions from services could occur at such time when it is in your best interest, or the Agency's best interest, due to one or more of the following reasons: (1) imminent danger of abuse to other individuals exists; (2) extensive property damage poses an imminent risk of danger to you or other persons; (3) funding or treatment/care no longer meets your clinical needs; (4) your individual choices exceed the company's ability or willingness to provide adequate support; (5) your failure to pay for services. If you are suspended from services you will be notified in writing of the reason(s) for the suspension, the length of the suspension, and what conditions must be met for you to resume services.

### **CONFIDENTIALITY**

All participants in our programs will have their confidentiality ensured by the rules contained in the Health Insurance Portability and Accountability Act (HIPAA) and North Carolina state laws (G.S. 122C-52 through G.S. 122C-56). Any consent you give for the release of information will be reviewed with you and explained as much as may be necessary. The information requested for release will only be used for the specified purpose stated on the consent, and protected as directed by state and Federal HIPAA regulations. The provision of services is not contingent upon such consent and of the need for such release. Participants or their legally responsible person shall give consent voluntarily.

In accordance with exceptions noted in HIPAA and North Carolina state laws, some information may be released without consent. Circumstances in which this could happen include emergencies, whenever required by law, for public health activities, disclosures about victims of abuse, neglect or domestic violence, for health oversight activities, for judicial and administrative proceedings, disclosure about deaths or for organ, eye or tissue donation, for research purposes, for worker's compensation, to avert a serious threat to health or safety, to fulfill an allowed request from a funding source, for an audit, and for specialized government functions. However, if there is substance abuse information in your record, that information may only be released without your written consent for internal research, by a court order signed by a judge, or to the Department of Social Services (DSS). Otherwise a written consent is required.