



# THE PERSON SERVED HANDBOOK

Updated January 2015

A Guide to Accessing AHR/TRS Services  
For  
Intellectual/Developmental Disability &  
Mental Health Services in North Carolina

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## Welcome to AHR/TRS

Welcome to Advanced Health Resources (AHR) and Touchstone Residential Services (TRS). We are located in central, eastern and southeastern NC. We are partnered with 10 MCO's serving people in more than 25 counties. Our role in the community is to provide support services to those who have intellectual developmental disabilities and mental health needs. We are here to assist you and your family with services in the community.

Please let us provide some insight into this next step in your life. AHR/TRS is committed to providing quality services, while ensuring that your rights are being respected and your privacy is protected.



## AHR/TRS Mission Statement

*"To provide innovative quality service and supports that lead to growth and independence."*

## CQL Accreditation

AHR & TRS have received the Council on Quality and Leadership (CQL) accreditation status. CQL is an international not-for-profit organization dedicated to the definition, promotion, measurement and improvement of personal and community quality of life for people with disabilities, people with mental illness, and older adults. You can also obtain additional information on accreditation at [www.thecouncil.org](http://www.thecouncil.org) or (410) 583-0060.



**The Council on Quality and Leadership**

## AHR/TRS Philosophy

Advanced Health Resources/Touchstone Residential Services strives to reaffirm the worth and dignity of all the individuals we serve. Our services are based on an understanding and acknowledgement of the unique needs of each individual person receiving services. Stability, security, continuity, citizenship, freedom from coercion, and hope are the most important positive real-life outcomes of services to persons served. At Advanced Health Resources/Touchstone Residential Services, we support and affirm the importance of person served and family choice in the delivery of individually tailored supports and services.

## Services Provided

AHR/TRS provides a variety of services in NC. The services are listed below but you will need to check with your specific branch in order to determine which services are provided in your area.

- **Developmental Therapy**
- **Personal Assistance**
- **Supervised Living**
- **Innovation Services:**
  - **Community Networking**
  - **In-Home Intensive Support**
  - **In-Home Skill Building**
  - **Personal Care**
  - **Residential Supports – AFL, Group Homes**
  - **Respite**
  - **Supported Employment**
- **Therapeutic Foster Care level II - Licensed**
- **Child Placement Services - Licensed**
- **Case Management – TRS only**

These services are provided in accordance with the NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services requirements, Medicaid Rules, and the Department of Social Services, when applicable.

If you are interested in adding any of the above-mentioned services, AHR/TRS Qualified Professionals will assist you with linking and arranging the needed services and to determine eligibility.

## Fees for Service

If you receive Medicaid, AHR/TRS accepts the Medicaid payment as full payment unless a co-payment is required. When applicable, fees for any service will be discussed with you at your first visit. You will be asked a series of questions regarding insurance, payments, income etc. These questions will help you and your provider determine the best way to pay for your services.

**Always let AHR/TRS know of any changes to your family, job, income or insurance status.**

If payment is required and you are to make the required payment, please talk with your AHR/TRS staff and arrangements will be made to assist you, whenever possible.

## **Feedback? Complaints? Concerns?**

If at any time you have questions, concerns or complaints about the services you are receiving, you have the right to have your concerns or complaints heard. AHR/TRS has established procedures in which your concerns and complaints can be responded to in a timely manner.

Since you are receiving services from AHR/TRS, we ask that you first address those concerns or complaints with AHR/TRS, whenever possible. This will allow AHR/TRS the opportunity to resolve the issue. An AHR/TRS staff member will assist you with your concern or complaint. You will not be required to provide your name unless you choose to do so. However, if you wish to be contacted for follow-up, your name and contact information will be required. Please refer to the Grievance Complaint Policy attached to this handbook.

Annually, AHR/TRS will ask that you participate in a satisfaction survey. The results of this survey will be used to further improve our services.

**AHR/TRS values your input and  
is always striving to improve the quality of services.**

You are welcome to email comments or suggestions to:

[Comments@ahrnc.com](mailto:Comments@ahrnc.com)

[Comments@trs-nc.com](mailto:Comments@trs-nc.com)

or call 1-855-415-3277 available 24 hours a day



## **Person Centered Planning**

Person Centered Planning: The services we provide are centered on the person served - including the individual's needs and preferences, which are specified in your plan. Your plan is about your hopes and dreams; how we can help you to achieve your goals. The plan is the road map that helps the team stay focused in assisting the person receiving services in attaining his or her goals and learning new skills. This plan is about what's important to you and for you. At admission or within 30 days of admission you will have an individualized written treatment or PCP implemented by AHR/TRS.

- Contact your Qualified Professional or Care Coordinator to make a request for your plan, if you have not already received a copy.

## Appeals Process

It is our goal that everyone we support receives the services that they require in order to meet their treatment goals. If you receive Medicaid (or if you are eligible) and a decision has been made to deny, reduce, suspend or terminate a service you receive, then you have the right to participate in the appeals process.



# Your Rights and Responsibilities

A **right** is something you are entitled to by law. As you are going through your rights and responsibilities, note any questions and we will be happy to help you.

A **responsibility** is something that you are obligated to do to the best of your ability.

- Federal and state laws protect your rights when receiving mental health, developmental disability and substance abuse services. You must be informed of your rights within your first three visits to a provider or within 72-hours if you receive services in a 24-hour facility. When using services from AHR/TRS, you have the following rights:

## Civil Rights

- The right to privacy
- The right to freedom of association
- The right to freedom from cruel and unusual punishment
- The right to marry
- The right to procreate and raise children
- The right to vote
- The right to freedom of speech and expression
- The freedom of religious expression
- The right to own property
- The right to equal employment opportunity
- The right to equal education

## The right to appropriate treatment

- The right to be treated with dignity, respect and humane care
- The right to exercise your rights
- The right to choose your providers
- The right to refuse or accept services/treatment, if voluntary admitted
- The right to informed consent
- The right to confidentiality
- The right to be protected from mental and physical abuse, neglect and exploitation
- The right to live as normal as possible while receiving care and treatment and receive age-appropriate treatment for diagnosis
- The right to have opportunities that enable you to mature physically, emotionally, intellectually, socially and vocationally to include special education and training in accordance with state and federal law



- The right to be free from unnecessary medications and medication not to be used for punishment, discipline or staff convenience

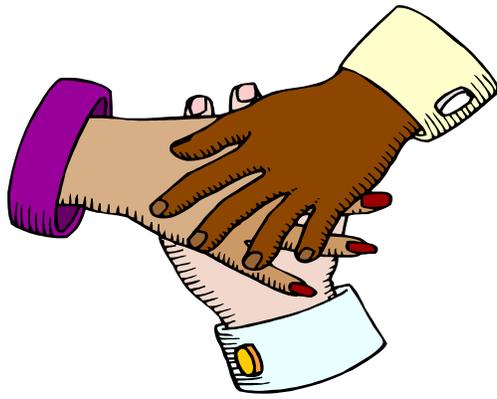
If you are receiving treatment in a 24-hour facility, you are entitled to these additional rights: You will receive training to understand how to exercise your rights.

- The right to have a written discharged plan at time of discharge, including recommendations for future services.
- Minor service recipients have access to adult supervision and guidance.
- The right to send and receive mail, access to writing materials, postage and staff assistance when necessary.
- The right to contact your parents and/or legal guardian (if applicable).
- The right to contact at your own expense, a client advocate, legal counsel, private physician and private MH/DD/SAS professionals of choice
- The right to have efforts made to provide a quiet atmosphere for uninterrupted sleep during scheduled sleeping hours
- The right to have efforts made to provide areas accessible to the individual for personal privacy, including bathtubs, showers and toilets
- The right to suitable decorate his/her room, or portion of a multi-residence room, with respect to person served choice, normalization principles and with respect for the physical structure. Any restrictions of this freedom shall be reviewed by the Clinical Director
- The right to dignity and humane care for personal health, hygiene and grooming care. Such rights should include the opportunity for a shower/tub bath daily or more as needed. The opportunity to shave at least daily
- The opportunity to obtain the services of a barber/beautician; provisions of linens and towels, toilet paper and soap for each person served and other individual hygiene articles for each indigent individual. Other articles include but are not limited to toothpaste, toothbrush, sanitary napkins, tampons, shaving cream and shaving utensils
- The right to adequate toilets, lavatory and bath facilities equipped for use by a person served with a mobility impairment shall be available
- The right to make and receive confidential phone calls (long distance phone calls are made at your expense) At the request of an adult person served he/she will have access to telephones in private areas
- The right to have visitors during visiting hours and for a period of at least six hours daily
- The right to communicate and consult under appropriate supervision with his or her parents/guardian LRP or the agency, an individual advocate, and with individuals of your own choice upon the consent of the individuals

- The right to make visits outside the custody of the facility, unless prohibited by commitment proceedings, or admitted from a correctional facility, or if being held to determine capacity to proceed to trial
- The right to have daily time outside and access to physical exercise, several times/week. Children be of doors daily and participate in play, recreation and physical exercise on a regular basis in accordance with his or her needs.
- The right to keep and spend reasonable amounts of your own money
- The right to keep and use your personal clothing/ possessions with individual storage for private use
- The right to participate in religious worship
- The right to have a driver's license, unless prohibited by law
- The right to educational/vocational services in accordance with Federal and State Law
- The right to be treated with respect and privacy from visitors in your home
- AHR/TRS shall notify the appropriate individuals upon the unauthorized departure and subsequent return of individuals to its 24-hr facility.
- All persons served 16 and above are encourage to invest money in a personal fund account. Direction and support is given as needed to include information from local banks and/or credit unions to assist persons served in making a decision

A **responsibility** is something that you are obligated to do to the best of your ability.

- It is your responsibility to ensure that AHR/TRS has the most up-to-date information concerning your medical condition, financial status, medication regimen, guardianship/legal involvement and issues related to your treatment.
- You are responsible for cooperating with staff by providing information about you, your symptoms, your needs, and other providers that are working with you.
- If you do have a co-payment, it is your legal responsibility to make arrangements for the payment to be made in a timely manner.
- You are responsible for participating in all treatment team meetings and following your Person Centered Plan.
- You are responsible for keeping all appointments and giving a 24-hour notice when you are unable to attend a scheduled appointment.
- You are responsible for bringing your Medicaid, Medicare, or Insurance card with you to each appointment.
- You are responsible for letting AHR/TRS know about any changes with your name, address, phone number, insurance coverage, and finances.
- You are responsible for treating AHR/TRS staff and other consumers with dignity and respect.
- You are responsible for paying for your services at the time they are rendered, or speaking with your AHR/TRS staff about payment issues and options that you may have.



## When Can You Reach Us?



### **First Responder:**

Your plan indicates your "first responder" support in the event of a crisis. Advanced Health Resources/Touchstone Residential Services staff also has an on-call supervisor in case of an emergency.

Staff will provide crisis response during normal office hours of: 8:30 to 5:00 M-F. After hours calls will be routed through a telephone answering system, and will provide you instructions for contacting the Qualified Professional.

Qualified Professional (QP) staff will be responsible for the response within one hour and face to face within two hours as deemed clinically necessary. The QP will notify law enforcement, EMS, legal guardian, care coordinator and other entities, as needed or required. Treatment and care will be consistent with best practice, least-restrictive, and most normalized practices to ensure the safety of the person receiving services. The Qualified Professional will have access to the crisis plan for each individual in which AHR/TRS is responsible for First Responder duties.

If you are in a life threatening situation or having a medical emergency, immediately call 911. Please refer to the Crisis Response Policy attached to this handbook.

## **Advance Directives**

### **Who decides about my medical care or treatment?**

You and /or your guardian have the right to make decision about your medical /mental health treatment. You have the right to treatment, including access to medical care and habilitation, regardless of age or degree of mh/dd/sa disability. You have the right to receive necessary treatment for prevention of physical ailments. You should talk to your doctor or other healthcare professional about any treatment or procedure so that you understand what will be done and why. You have the right to say yes or no to treatments recommended by your doctor or mental health provider.

If you want to control decisions about your health/mental health care even if you become unable to make or to express them yourself; you will need an "advance directive." See glossary for additional information.

# Basic Safety Tips

While receiving services from AHR/TRS, it is essential that you stay as safe as possible while in the community or on site. The following are safety basics that you need to remember:

## EMERGENCIES

911

In an emergency:

- Call 9-1-1.
- Stay calm.
- Make sure everyone is safe until help arrives.

## IF SOMEONE IS INJURED



If someone is injured:

- Do not move the victim unless there is immediate danger.
- Call 9-1-1.
- If the victim is bleeding or unconscious, tell the operator.
- Remain calm.
- Stay with the victim.
- Apply direct pressure to the wound.
- Raise the injured area. Do not let the victim's blood touch your skin.

## FIRE



In the event of a fire:

- Get out of the building if you can.
- Call 9-1-1.
- To use a fire extinguisher, think PASS:

**P**ull pin.

**A**im the nozzle at the base of the fire.

**S**queeze the handle.

**S**weep foam from side to side.

## DISASTERS



In a major disaster that affects the entire community, help may not come right away.

- Remain calm.
- Listen to radio stations for emergency information.
- Follow instructions from safety workers.

## POWER OUTAGE



In a power outage:

- Leave one light on; to show when the power has been restored.
- Do not use candles.
- Use flashlights.
- If you are cold, bring everyone into one room and close the door to keep heat in.

## TERRORISM



In the event of a terrorist attack:

- Stay calm.
- Follow instructions from safety workers.
- Be ready for another attack.
- Do not spread rumors.
- Be alert.
- When you go to a new building, always look for ways to leave quickly.
- If you find a strange package, do not touch it. Leave the area and immediately call 9-1-1.

## POISONING



If you suspect poisoning:

- Call 9-1-1 immediately.
- If you know what poison was taken, tell the 9-1-1 operator.
- Keep the victim safe and warm until help arrives.

# Community Safety

It is essential that you are aware of safety issues while you are receiving services with AHR/TRS. The following are necessary for you to abide by and be aware of while receiving AHR/TRS services:

No smoking while on AHR/CHS property or in locations in which smoking is prohibited.



It is necessary that you wear your seat belt in vehicles during transportation. This will keep you safe in case of an accident.



Do not bring any illegal substances onto AHR/CHS property or in the presence of AHR/TRS staff.



Do not bring any weapon onto AHR/CHS property or have one in your possession while AHR/TRS is working with you.



If there is an accident and the AHR/TRS staff is not able to assist you, please ensure your safety first and foremost. Yell for help or call 911 immediately.



When you are sick, be sure to wash your hands and exposed skin carefully with soap and water.



Make yourself aware of exits when you enter buildings so you can exit quickly if needed.



**If you need additional information on OSHA, Blood Borne Pathogens or Emergency Procedures, please see someone in your AHR/TRS branch or contact them via phone and request information.**

## **Consents**

Informed Consent is: to give permission, consent or agree

### **Understanding Consent**

The ability to give informed consent involves:

- Understanding in simple language what the person is being asked to consent to, what is involved and why it's being proposed
- Understanding the benefits, risks and alternatives
- Understanding the broad consequences of not consenting
- Remembering the information long enough to be able to make a decision
- Making a decision using all the information, without coercion.

### **Override Consent**

AHR/TRS can only override your consent in the following circumstances:

- To preserve life, health or well-being of the person
- Under the terms of the mental health act
- If it is agreed by all people involved that it is in the person's "Best Interests", because a particular intervention was in accordance with best practice accepted by relevant professional opinion (Qualified Professional).

### **A person can change, withdraw a consent at any time.**

Each person served or legally responsible person has the right to consent to refuse treatment/habilitation in accordance with G.S. 122C-57(d) including access to medical care and habilitation, regardless of age or degree of mental illness, developmental disabilities, or substance abuse. A person's refusal to consent is not used as the sole grounds for termination or threat of termination of services unless the procedure is the only viable treatment/habilitation option available at the facility.

Each year we will review with you what you agree to for services from AHR/TRS.



# Notice of Privacy

## Notice to Person Served or Guardian Regarding Protected Health Information

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review carefully.**

What is “Protected Health Information” (PHI)? PHI is demographic and individually identifiable health information that will or may identify the person served and relate to their past, present or future physical or mental health or condition and related health care services.

All information that is provided during screening, admission, and treatment/habilitation process is considered confidential by the employees and volunteers of Advanced Health Resources (AHR) and Touchstone Residential Services (TRS). We are required to protect the privacy of health information about you, and the disclosure of PHI will be governed by North Carolina General Statute 122C, federal law regarding substance abuse records 42 CFR Part 2, and the Health Insurance Portability and Accountability Act of 1996, as well as any other applicable federal or state laws.

Exchange and use of PHI between AHR/TRS staff and/or AHR/TRS programs for the purpose of treatment, payment, or healthcare operations will be permitted and based on "need to know" guidelines, and positional authority.



Disclosure of PHI outside of AHR/TRS is permitted when you or your legal representative sign a written authorization, or gives verbal authorization in an emergency situation. Any authorization for disclosure may be revoked at any time.

You have the right to request restriction of the disclosure of your health information, to include the right to only release minimum information necessary for coordination of care and services. Under the following specific conditions, disclosure of confidential information outside of AHR/TRS is permitted and/or required by law and professional ethics without your specific authorization:

(a) Except as provided in G.S. 132-5 and G.S. 122C-31(h), confidential information acquired in attending or treating a client is not a public record under Chapter 132 of the General Statutes.

(b) Except as authorized by G.S. 122C-53 through G.S. 122C-56, no individual having access to confidential information may disclose this information, provided, however, a HIPAA covered entity or business associate receiving confidential information that has been disclosed pursuant to G.S. 122C-53 through G.S. 122C-56 may use and disclose such information as permitted or required under 45 Code of Federal Regulations Part 164, Subpart E.

(c) Except as provided by G.S. 122C-53 through G.S. 122C-56, each client has the right that no confidential information acquired be disclosed by the facility.

(d) No provision of G.S. 122C-205 and G.S. 122C-53 through G.S. 122C-56 permitting disclosure of confidential information may apply to the records of a client when federal statutes or regulations applicable to that client prohibit the disclosure of this information.

(e) Except as required or permitted by law, disclosure of confidential information to someone not authorized to receive the information is a Class 3 misdemeanor and is punishable only by a fine, not to exceed five hundred dollars (\$500.00).

#### § 122C-53. Exceptions; client.

(a) A facility may disclose confidential information if the client or his legally responsible person consents in writing to the release of the information to a specified person. This release is valid for a specified length of time and is subject to revocation by the consenting individual.

(b) A facility may disclose the fact of admission or discharge of a client to the client's next of kin whenever the responsible professional determines that the disclosure is in the best interest of the client.

(c) Upon request a client shall have access to confidential information in his client record except information that would be injurious to the client's physical or mental well-being as determined by the attending physician or, if there is none, by the facility director or his designee. If the attending physician or, if there is none, the facility director or his designee has refused to provide confidential information to a client, the client may request that the information be sent to a physician or psychologist of the client's choice, and in this event the information shall be so provided.

(d) Except as provided by G.S. 90-21.4(b), upon request the legally responsible person of a client shall have access to confidential information in the client's record; except information that would be injurious to the client's physical or mental well-being as determined by the attending physician or, if there is none, by the

facility director or his designee. If the attending physician or, if there is none, the facility director or his designee has refused to provide confidential information to the legally responsible person, the legally responsible person may request that the information be sent to a physician or psychologist of the legally responsible person's choice, and in this event the information shall be so provided.

(e) A client advocate's access to confidential information and his responsibility for safeguarding this information are as provided by subsection (g) of this section.

(f) As used in subsection (g) of this section, the following terms have the meanings specified:

- (1) "Internal client advocate" means a client advocate who is employed by the facility or has a written contractual agreement with the Department or with the facility to provide monitoring and advocacy services to clients in the facility in which the client is receiving services; and
- (2) "External client advocate" means a client advocate acting on behalf of a particular client with the written consent and authorization;
  - a. In the case of a client who is an adult and who has not been adjudicated incompetent under Chapter 35A or former Chapters 33 or 35 of the General Statutes, of the client; or
  - b. In the case of any other client, of the client and his legally responsible person.

(g) An internal client advocate shall be granted, without the consent of the client or his legally responsible person, access to routine reports and other confidential information necessary to fulfill his monitoring and advocacy functions. In this role, the internal client advocate may disclose confidential information received to the client involved, to his legally responsible person, to the director of the facility or his designee, to other individuals within the facility who are involved in the treatment or habilitation of the client, or to the Secretary in accordance with the rules of the Commission. Any further disclosure shall require the written consent of the client and his legally responsible person. An external client advocate shall have access to confidential information only upon the written consent of the client and his legally responsible person. In this role, the external client advocate may use the information only as authorized by the client and his legally responsible person.

(h) In accordance with G.S. 122C-205, the facility shall notify the appropriate individuals upon the escape from and subsequent return of clients to a 24-hour facility.

(i) Upon the request of (i) a client who is an adult and who has not been adjudicated incompetent under Chapter 35A or former Chapters 33 or 35 of the General Statutes, or (ii) the legally responsible person for any other client, a facility shall disclose to an attorney confidential information relating to that client.

§ 122C-54. Exceptions; abuse reports and court proceedings.

(a) A facility shall disclose confidential information if a court of competent jurisdiction issues an order compelling disclosure.

(a1) Upon a determination by the facility director or his designee that disclosure is in the best interests of the client, a facility may disclose confidential information for purposes of filing a petition for involuntary commitment of a client pursuant to Article 5

of this Chapter or for purposes of filing a petition for the adjudication of incompetency of the client and the appointment of a guardian or an interim guardian under Chapter 35A of the General Statutes.

(b) If an individual is a defendant in a criminal case and a mental examination of the defendant has been ordered by the court as provided in G.S. 15A-1002, the facility shall send the results or the report of the mental examination to the clerk of court, to the district attorney or prosecuting officer, and to the attorney of record for the defendant as provided in G.S. 15A-1002(d).

(c) Certified copies of written results of examinations by physicians and records in the cases of clients voluntarily admitted or involuntarily committed and facing district court hearings and rehearings pursuant to Article 5 of this Chapter shall be furnished by the facility to the client's counsel, the attorney representing the State's interest, and the court. The confidentiality of client information shall be preserved in all matters except those pertaining to the necessity for admission or continued stay in the facility or commitment under review. The relevance of confidential information for which disclosure is sought in a particular case shall be determined by the court with jurisdiction over the matter.

(d) Any individual seeking confidential information contained in the court files or the court records of a proceeding made pursuant to Article 5 of this Chapter may file a written motion in the cause setting out why the information is needed. A district court judge may issue an order to disclose the confidential information sought if he finds the order is appropriate under the circumstances and if he finds that it is in the best interest of the individual admitted or committed or of the public to have the information disclosed.

(d1) After a judicial determination that an individual shall be involuntarily committed for either inpatient or outpatient mental health treatment pursuant to Article 5 of this Chapter, the clerk of superior court in the county where the judicial determination was made shall, as soon as practicable, cause a report of the commitment to be transmitted to the National Instant Criminal Background Check System (NICS). Reporting of an individual involuntarily committed to outpatient mental health treatment under this subsection shall only be reported if the individual is found to be a danger to self or others. The clerk shall also cause to be transmitted to NICS a record where an individual is found not guilty by reason of insanity or found mentally incompetent to proceed to criminal trial. The clerk, upon receipt of documentation that an affected individual has received a relief from disabilities pursuant to G.S. 122C-54.1 or any applicable federal law, shall cause the individual's record in NICS to be updated. The record of involuntary commitment shall be accessible only by an entity having proper access to NICS and shall remain otherwise confidential as provided by this Article. The clerk shall effect the transmissions to NICS required by the subsection according to protocols which shall be established by the Administrative Office of the Courts.

(e) Upon the request of the legally responsible person or the minor admitted or committed, and after that minor has both been released and reached adulthood, the court records of that minor made in proceedings pursuant to Article 5 of this Chapter may be expunged from the files of the court. The minor and his legally responsible

person shall be informed in writing by the court of the right provided by this subsection at the time that the application for admission is filed with the court.

(f) A State facility and the psychiatric service of the University of North Carolina Hospitals at Chapel Hill may disclose confidential information to staff attorneys of the Attorney General's office whenever the information is necessary to the performance of the statutory responsibilities of the Attorney General's office or to its performance when acting as attorney for a State facility or the psychiatric service of the University of North Carolina Hospitals at Chapel Hill.

(g) A facility may disclose confidential information to an attorney who represents either the facility or an employee of the facility, if such information is relevant to litigation, to the operations of the facility, or to the provision of services by the facility. An employee may discuss confidential information with his attorney or with an attorney representing the facility in which he is employed.

(h) A facility shall disclose confidential information for purposes of complying with Article 3 of Chapter 7B of the General Statutes and Article 6 of Chapter 108A of the General Statutes, or as required by other State or federal law.

(i) G.S. 132-1.4 shall apply to the records of criminal investigations conducted by any law enforcement unit of a State facility, and information described in G.S. 132-1.4(c) that is collected by the State facility law enforcement unit shall be public records within the meaning of G.S. 132-1.

(j) Notwithstanding any other provision of this Chapter, the Secretary may inform any person of any incident or event involving the welfare of a client or former client when the Secretary determines that the release of the information is essential to maintaining the integrity of the Department. However, the release shall not include information that identifies the client directly, or information for which disclosure is prohibited by State or federal law or requirements, or information for which, in the Secretary's judgment, by reference to publicly known or available information, there is a reasonable basis to believe the client will be identified.

#### § 122C-55. Exceptions; care and treatment.

(a) Any facility may share confidential information regarding any client of that facility with any other facility when necessary to coordinate appropriate and effective care, treatment or habilitation of the client. For the purposes of this section, coordinate means the provision, coordination, or management of mental health, developmental disabilities, and substance abuse services and other health or related services by one or more facilities and includes the referral of a client from one facility to another.

(a1) Any facility may share confidential information regarding any client of that facility with the Secretary, and the Secretary may share confidential information regarding any client with a facility when necessary to conduct quality assessment and improvement activities or to coordinate appropriate and effective care, treatment or habilitation of the client. For purposes of this subsection, subsection (a6), and subsection (a7) of this section, the purposes or activities for which confidential information may be disclosed include, but are not limited to, case management and care coordination, disease management, outcomes evaluation, the development of clinical guidelines and protocols, the development of care management plans and systems, population-based activities relating to improving or reducing health care

costs, and the provision, coordination, or management of mental health, developmental disabilities, and substance abuse services and other health or related services. As used in this section, "facility" includes an LME and "Secretary" includes the Community Care of North Carolina Program, or other primary care case management programs that contract with the Department to provide a primary care case management program for recipients of publicly funded health and related services.

(a2) Any area or State facility or the psychiatric service of the University of North Carolina Hospitals at Chapel Hill may share confidential information regarding any client of that facility with any other area facility or State facility or the psychiatric service of the University of North Carolina Hospitals at Chapel Hill when necessary to conduct payment activities relating to an individual served by the facility. Payment activities are activities undertaken by a facility to obtain or provide reimbursement for the provision of services and may include, but are not limited to, determinations of eligibility or coverage, coordination of benefits, determinations of cost-sharing amounts, claims management, claims processing, claims adjudication, claims appeals, billing and collection activities, medical necessity reviews, utilization management and review, precertification and preauthorization of services, concurrent and retrospective review of services, and appeals related to utilization management and review.

(a3) Whenever there is reason to believe that a client is eligible for benefits through a Department program, any State or area facility or the psychiatric service of the University of North Carolina Hospitals at Chapel Hill may share confidential information regarding any client of that facility with the Secretary, and the Secretary may share confidential information regarding any client with an area facility or State facility or the psychiatric services of the University of North Carolina Hospitals at Chapel Hill. Disclosure is limited to that information necessary to establish initial eligibility for benefits, determine continued eligibility over time, and obtain reimbursement for the costs of services provided to the client.

(a4) An area authority or county program may share confidential information regarding any client with any area facility, and any area facility may share confidential information regarding any client of that facility with the area authority or county program, when the area authority or county program determines the disclosure is necessary to develop, manage, monitor, or evaluate the area authority's or county program's network of qualified providers as provided in G.S. 122C-115.2(b)(1)b., G.S. 122C-141(a), the State Plan, and rules of the Secretary. For the purposes of this subsection, the purposes or activities for which confidential information may be disclosed include, but are not limited to, quality assessment and improvement activities, provider accreditation and staff credentialing, developing contracts and negotiating rates, investigating and responding to client grievances and complaints, evaluating practitioner and provider performance, auditing functions, on-site monitoring, conducting consumer satisfaction studies, and collecting and analyzing performance data.

(a5) Any area facility may share confidential information with any other area facility regarding an applicant when necessary to determine whether the applicant is

eligible for area facility services. For the purpose of this subsection, the term "applicant" means an individual who contacts an area facility for services.

(a6) When necessary to conduct quality assessment and improvement activities or to coordinate appropriate and effective care, treatment, or habilitation of the client, the Department's Community Care of North Carolina Program, or other primary care case management program, may disclose confidential information acquired pursuant to subsection (a1) of this section to a health care provider or other entity that has entered into a written agreement with the Community Care of North Carolina Program, or other primary care case management program, to participate in the care management support network and systems developed and maintained by the primary care case manager for the purpose of coordinating and improving the quality of care for recipients of publicly funded health and related services. Health care providers and other entities receiving confidential information that has been disclosed pursuant to this subsection may use and disclose the information as permitted or required under 45 Code of Federal Regulations Part 164, Subpart E.

(a7) A facility may share confidential information with one or more HIPAA covered entities or business associates for the same purposes set forth in subsection (a1) of this section. Before making disclosures under this subsection, the facility shall inform the client or his legally responsible person that the facility may make such disclosures unless the client or his legally responsible person objects in writing or signs a non-disclosure form that shall be supplied by the facility. If the client or his legally responsible person objects in writing or signs a non-disclosure form, the disclosures otherwise permitted by this subsection are prohibited. A covered entity or business associate receiving confidential information that has been disclosed by a facility pursuant to this subsection may use and disclose the information as permitted or required under 45 Code of Federal Regulations Part 164, Subpart E; provided however, that such confidential information shall not be used or disclosed for discriminatory purposes including, without limitation, employment discrimination, medical insurance coverage or rate discrimination, or discrimination by law enforcement officers.

(b) A facility, physician, or other individual responsible for evaluation, management, supervision, or treatment of respondents examined or committed for outpatient treatment under the provisions of Article 5 of this Chapter may request, receive, and disclose confidential information to the extent necessary to enable them to fulfill their responsibilities.

(c) A facility may furnish confidential information in its possession to the Division of Adult Correction of the Department of Public Safety when requested by that department regarding any client of that facility when the inmate has been determined by the Division of Adult Correction of the Department of Public Safety to be in need of treatment for mental illness, developmental disabilities, or substance abuse. The Division of Adult Correction of the Department of Public Safety may furnish to a facility confidential information in its possession about treatment for mental illness, developmental disabilities, or substance abuse that the Division of Adult Correction of the Department of Public Safety has provided to any present or former inmate if the inmate is presently seeking treatment from the requesting facility or if the inmate has been involuntarily committed to the requesting facility for inpatient or

outpatient treatment. Under the circumstances described in this subsection, the consent of the client or inmate shall not be required in order for this information to be furnished and the information shall be furnished despite objection by the client or inmate. Confidential information disclosed pursuant to this subsection is restricted from further disclosure.

(d) A responsible professional may disclose confidential information when in his opinion there is an imminent danger to the health or safety of the client or another individual or there is a likelihood of the commission of a felony or violent misdemeanor.

(e) A responsible professional may exchange confidential information with a physician or other health care provider who is providing emergency medical services to a client. Disclosure of the information is limited to that necessary to meet the emergency as determined by the responsible professional.

(e1) A State facility may furnish client identifying information to the Department for the purpose of maintaining an index of clients served in State facilities which may be used by State facilities only if that information is necessary for the appropriate and effective evaluation, care and treatment of the client.

(e2) A responsible professional may disclose an advance instruction for mental health treatment or confidential information from an advance instruction to a physician, psychologist, or other qualified professional when the responsible professional determines that disclosure is necessary to give effect to or provide treatment in accordance with the advance instruction.

(f) A facility may disclose confidential information to a provider of support services whenever the facility has entered into a written agreement with a person to provide support services and the agreement includes a provision in which the provider of support services acknowledges that in receiving, storing, processing, or otherwise dealing with any confidential information, he will safeguard and not further disclose the information.

(g) Whenever there is reason to believe that the client is eligible for financial benefits through a governmental agency, a facility may disclose confidential information to State, local, or federal government agencies. Except as provided in subsections (a3) and (g1) of this section, disclosure is limited to that confidential information necessary to establish financial benefits for a client. Except as provided in subsection (g1) of this section, after establishment of these benefits, the consent of the client or his legally responsible person is required for further release of confidential information under this subsection.

(g1) A State facility operated under the authority of G.S. 122C-181 may disclose confidential information for the purpose of collecting payment due the facility for the cost of care, treatment, or habilitation.

(g2) Whenever there is reason to believe that the client is eligible for educational services through a governmental agency, a facility shall disclose client identifying information to the Department of Public Instruction. Disclosure is limited to that information necessary to establish, coordinate, or maintain educational services. The Department of Public Instruction may further disclose client identifying information to a local school administrative unit as necessary.

(h) Within a facility, employees, students, consultants or volunteers involved in the care, treatment, or habilitation of a client may exchange confidential information as needed for the purpose of carrying out their responsibility in serving the client.

(i) Upon specific request, a responsible professional may release confidential information to a physician or psychologist who referred the client to the facility.

(j) Upon request of the next of kin or other family member who has a legitimate role in the therapeutic services offered, or other person designated by the client or his legally responsible person, the responsible professional shall provide the next of kin or other family member or the designee with notification of the client's diagnosis, the prognosis, the medications prescribed, the dosage of the medications prescribed, the side effects of the medications prescribed, if any, and the progress of the client, provided that the client or his legally responsible person has consented in writing, or the client has consented orally in the presence of a witness selected by the client, prior to the release of this information. Both the client's or the legally responsible person's consent and the release of this information shall be documented in the client's medical record. This consent shall be valid for a specified length of time only and is subject to revocation by the consenting individual.

(k) Notwithstanding the provisions of G.S. 122C-53(b) or G.S. 122C-206, upon request of the next of kin or other family member who has a legitimate role in the therapeutic services offered, or other person designated by the client or his legally responsible person, the responsible professional shall provide the next of kin, or family member, or the designee, notification of the client's admission to the facility, transfer to another facility, decision to leave the facility against medical advice, discharge from the facility, and referrals and appointment information for treatment after discharge, after notification to the client that this information has been requested.

(l) In response to a written request of the next of kin or other family member who has a legitimate role in the therapeutic services offered, or other person designated by the client, for additional information not provided for in subsections (j) and (k) of this section, and when such written request identifies the intended use for this information, the responsible professional shall, in a timely manner:

- (1) Provide the information requested based upon the responsible professional's determination that providing this information will be to the client's therapeutic benefit, and provided that the client or his legally responsible person has consented in writing to the release of the information requested; or
- (2) Refuse to provide the information requested based upon the responsible professional's determination that providing this information will be detrimental to the therapeutic relationship between client and professional; or
- (3) Refuse to provide the information requested based upon the responsible professional's determination that the next of kin or family member or designee does not have a legitimate need for the information requested.

(m) The Commission for Mental Health, Developmental Disabilities, and Substance Abuse Services shall adopt rules specifically to define the legitimate role referred to in subsections (j), (k), and (l) of this section.

§ 122C-56. Exceptions; research and planning.

(a) The Secretary may require information that does not identify clients from State and area facilities for purposes of preparing statistical reports of activities and services and for planning and study. The Secretary may also receive confidential information from State and area facilities when specifically required by other State or federal law.

(b) The Secretary may have access to confidential information from private or public agencies or agents for purposes of research and evaluation in the areas of mental health, developmental disabilities, and substance abuse. No confidential information shall be further disclosed.

(c) A facility may disclose confidential information to persons responsible for conducting general research or clinical, financial, or administrative audits if there is a justifiable documented need for this information. A person receiving the information may not directly or indirectly identify any client in any report of the research or audit or otherwise disclose client identity in any way.

You also have other rights related to the use and disclosure of health information in your medical record. These rights include:

**Right to a copy of this Notice.** AHR/TRS reserves the right to change this notice and make the new notice effective for all PHI that is maintained in hard copy or electronic format. Revisions to the NOTICE OF PRIVACY PRACTICES will be made available at each facility for distribution to all person receiving services. In the case of a policy change you will be notified of any/all changes.

**Right to protect privacy.** A responsible professional shall only provide the next of kin/family member/designee with notification of the individual's diagnosis, the prognosis, the medications prescribed (dosage and side effects) and the progress of the individual, provided that the individual or his or her LRP has consented in writing or orally in the presence of a witness selected by the person served, prior to the release of this information. Both the person served and/or LRP consent and the release of this information shall be documented in the person served service record. This consent shall be time limited and is subject to revocation by the consenting individual.

In response to a written request of the next of kin/family member/designee who has a legitimate role in the therapeutic services offered, AHR/TRS shall: (1) Provide the information requested based upon determination that providing this information will be to the person served therapeutic benefit, and provided that the individual or his or her LRP has consented in writing to the release of the information requested; or(2) Refuse to provide the information requested based upon the responsible professional's determination that providing this information will be detrimental to the therapeutic relationship between the individual and professional; or(3) refuse to provide the information requested based upon the responsible professional's determination that

the next of kin/family member/designee does not have a legitimate need for the information requested.

AHR/TRS shall disclose confidential information of an individual to an attorney upon the request of the competent adult or the legally responsible person.

**Right to inspect and request a copy of your medical record.** If you would like to inspect or receive a copy of your health information, please contact your AHR/TRS Qualified Professional (QP) for instructions on how to submit a written request. We may deny your request in very limited circumstances. If we deny your request, we will respond to you in writing, stating why we will not grant your request and describing any rights you may have to request a review of our denial. If your request is approved, we may charge a reasonable fee for the costs of copying, mailing or other supplies associated with any request for copies.

**Right to request amendment of any section of your medical record.** If you feel that we have information that is inaccurate or incomplete, you have the right to request that your record be amended. If we deny your request we will notify you in writing of our reason and will describe your rights to provide a written statement disagreeing with our denial.

**Right to request restriction of your PHI.** You may ask us to restrict or limit your medial information we use or disclose for the purpose of treatment, payment or healthcare operations. AHR/TRS is not required to agree to a restriction that you may request. We will notify you if we deny your request. If we do agree to the request restriction, we may not use or disclose your PHI in violation of that restriction unless it is need to provide emergency treatment. You may request a restriction by contacting your AHR/TRS QP.

**Right to receive an accounting disclosure that has occurred.** You have the right to request an accounting of certain disclosures of your PHI made by AHR/TRS for the previous six years beginning April 14, 2003. This right applies to disclosures for purposes other than treatment, payment or healthcare operations. Your request should specify the time period sought for the accounting. Each disclosure of PHI will be documented on the Accounting of Disclosure Log in the medical record.

**Right to request an alternative method of contact.** AHR/TRS may call you or mail information to you regarding appointment reminders, billing information, or other information about treatment alternatives or services that might be of interest to you. If you would like to request an alternative method of contact please notify your AHR/TRS QP. We will accommodate reasonable requests, but may condition our accommodation on your providing us with information regarding how payment, if any, will be handled. We will not request an explanation from you as to the basis for the request. AHR/TRS recognizes the importance of confidentiality, and your rights to be fully informed of all regulations regarding PHI.





**If you feel that your privacy rights have been violated you may contact:**

Advanced Health Resources  
[comments@ahrnc.com](mailto:comments@ahrnc.com)

Touchstone Residential Services  
[comments@trs-nc.com](mailto:comments@trs-nc.com)

Or

1-855-415-3277

Your Local MCO Representative

**Secretary of the NC Department of Health and Human Services  
2001 Mail Service Center  
Raleigh NC 27699-2001  
919-733-4534**

**U.S. Secretary of Health & Human Services  
200 Independence Ave. SW  
Washington, DC 20201  
1-877-696-6775**

**Provision of services will NOT be affected  
by the filing of any complaint.**

## Other Information on Services...

### Search and Seizure

Person receiving services will be free from invasion of privacy. Under certain conditions a search may be conducted of a client's personal property, and these searches will be documented--including the reason for the search and outcomes. The legal guardian will be notified immediately. Documentation shall be completed by the employee responsible for completing the search.

### **Conditions under which a search is warranted:**

- **Person served is at danger of self-injury**
- **Person served is at imminent risk of harming others**
- **Person served is suspected of having illegal materials or weapons**

AHR/TRS strives to work closely with each person receiving services to provide the least restrictive, most normalized setting possible.

### Suspension and Expulsion

- A. Suspension:
  1. At the request of the individual.
  2. Lack of payment or authorization.
  3. Threats to the health and safety of the person served and/or staff person.
  4. Inability to be physically present for services, i.e. Hospitalization for medical treatment.
  5. Lack of follow through with identified person served responsibilities, which are described in the TRS Consumer Handbook.
  6. Any situation that puts the agency at financial risk or civil and/or criminal liability.
  7. Once suspended, a person served may remain on inactive status until they have either met the terms resulting in supervision or have met expulsion criteria per this policy.
- B. Expulsion:
  1. All of the reasons listed under Suspension criteria, following assessment of the severity of the situation.
  2. After 2 consecutive suspensions for an infraction that is not resolved within the timeframe given.



### Corporate Office

Jeff Jenkins, Chief Executive Officer  
1224 Copeland Oaks Drive  
Morrisville, NC 27560  
919-465-3277 (Office)  
919-465-3222 (Fax)



## **Advanced Health Resources Contact Information**

### **Dominion Home**

9425 Cartersville Court  
Raleigh NC 27617  
Cortney Savage, Group Home Manager  
(919) 345-2905

### **Fanny Brown Home**

10909 Fanny Brown Road  
Raleigh NC 27603  
Cortney Savage, Group Home Manager  
(919) 345-2905

### **Overlook Group Home**

1342 NC Highway 42S  
Asheboro NC 27205  
Chris Stewart, Group Home Manager  
(336) 653-7146

### **Clinical Director Jannie Scott, QP**

1501 Roberts Avenue  
Lumberton, NC 28358  
910-345-0180 (Office)  
910-303-4316 – (Cell)  
[jscott@trs-nc.com](mailto:jscott@trs-nc.com)

# Touchstone Residential Services Contact Information

## Clinical Director

Jannie Scott, Clinical Director  
1501 Roberts Avenue  
Lumberton, NC 28358  
910-345-0180 (Office)  
910-303-4316 – (Cell)  
[jscott@trs-nc.com](mailto:jscott@trs-nc.com)

## Licensing Supervisor

Katrina Midgette  
100 W. Elizabeth Street  
Clinton, NC 28328-4022  
910-470-7209 (Cell)  
910-299-0884 – (Fax)  
[kmidgette@trs-nc.com](mailto:kmidgette@trs-nc.com)

## Raleigh Branch

Itisha Morgan, Placement Coordinator Lead  
(919) 539-4977 (Cell) - [imorgan@trs-nc.com](mailto:imorgan@trs-nc.com)

Nichol Lewis, QP, IDD Services  
(919)522-4241 (Cell) – [nlewis@trs-nc.com](mailto:nlewis@trs-nc.com)

11030 Raven Ridge Rd, Suite 017  
Raleigh, NC 27614  
919-847-4617 (Office)  
919-847-8457 (Fax)

## Clinton Branch

Connie Farris, Foster Care Placement Coordinator Supervisor  
(910) 289-0652 (Cell) - [cfarris@trs-nc.com](mailto:cfarris@trs-nc.com)

Jamille Aycock, IDD Information QP  
(919) 344-3009 (Cell) - [jaycock@trs-nc.com](mailto:jaycock@trs-nc.com)

100 W. Elizabeth Street  
Clinton, NC 28328-4022  
910-682-1201(Office)  
910-299-0884 – (Fax)

## **Lumberton Branch**

Jannie Scott, QP, Clinical Director  
1501 Roberts Avenue  
Lumberton, NC 28358  
910-345-0180 (Office)  
910-303-4316 – (Cell)  
[jscott@ahrnc.com](mailto:jscott@ahrnc.com)

## **New Bern Branch**

Marianne Bruno, Placement Coordinator  
2807 Neuse Blvd., Suite 1  
New Bern, NC 28562  
252-672-4020 (Office)  
252-670-6356 (Cell)  
252-672-4021 (Fax)  
[mbruno@trs-nc.com](mailto:mbruno@trs-nc.com)

## **Wilmington Branch**

Danielle Gardner, Placement Coordinator Supervisor  
5710 Oleander Dr Suite 108  
Wilmington NC, 28403  
910-791-4595 – (Office)  
252-292-2150 – (Cell)  
910-791-4976 – (Fax)  
[dgardner@trs-nc.com](mailto:dgardner@trs-nc.com)

# Advocacy and Support Organizations

Advocates can help to protect your rights and resolve problems that you may be having with your service provider or services. Listed below are some organizations you can call to contact an advocate for assistance.

Disability Rights of North Carolina 1-800-821-6922

NC Division of MH/DD/SA - Advocacy and Customer Service Section: 919-715-3197

DHHS CARE-LINE: 1-800-662-7030 (Voice/Spanish)

Autism Society of NC 1-800-442-2762

NAMI of North Carolina 1-800-451-9682

Alcoholic's Anonymous (AA) 1-866-640-0180

Narcotics Anonymous (NA) 1-800-721-8225

Comments/Notes:

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# Glossary

**Qualified Professional (QP):** The QP trains and supervises all of the services and assists as needed in a crisis. The person receiving services will receive important contact information from the QP, or you may contact them by calling the office. The QP will help all persons receiving services and their families assess needs, work with your Case Manager in writing and revising the PCP, educate and inform you, help link to and arrange for other services, coordinate and monitor the services being provided. The person receiving services may have an intake QP who begins the services and an assigned QP who will follow up and monitor services on a monthly basis. As required by NC General Statutes, each Qualified Professional has a 4-year college degree at minimum and additional full-time experience with the population served.

## **What is an "advance directive"?**

An advance directive is a set of directions you give about the health/mental health care you want if you ever lose the ability to make decisions for yourself. North Carolina has three ways for you to make a formal advance directive:

"living will"

"health care power of attorney"

"advance instruction for mental health treatment"

## **Do I have to have an advance directive and what happens if I don't?**

Making a living will, a health care power of attorney or an advance instruction for mental health treatment is your choice. If you become unable to make your own decisions; and you have no living will, advance instruction for mental health treatment, or a person named to make medical/mental health decisions for you ("health care agent"), your doctor or health/mental health care provider will consult with someone close to you about your care.

## **Whom should I talk to about an advance directive?**

You should talk to those closest to you about an advance directive and your feelings about the health care you would like to receive. Your doctor or other health care provider can answer your medical questions. A lawyer can answer questions about the law. Some people also choose to discuss the decision with clergy or other trusted advisors.

## **What if I have an advance directive from another state?**

An advance directive from another state may not meet all of North Carolina's rules. To be sure about this, you may want to make an advance directive in North Carolina, too. Or, you could have your lawyer review the advance directive from the other state.

## **Living Will**

What is a living will? In North Carolina, a living will is a document that tells others that you want to die a natural death if you are terminally and incurably sick or in a persistent vegetative state from which you will not recover. In a living will, you can direct your doctor not to use heroic treatments that would delay your dying, for example by using a breathing machine ("respirator" or "ventilator"), or to stop such treatments if they have been started. You can also direct your doctor not to begin or stop giving you food and water through a tube ("artificial nutrition or hydration").

You can cancel your living will anytime by informing your doctor that you want to cancel it and then destroying all the copies of it. You can change your health care power of attorney while you are able to make and make known your decisions, by signing another one and telling your Doctor and each health care agent you named of the change. You can cancel your advance instruction for mental health treatment while you are able to make and make known your decisions, by telling your doctor or other provider that you want to cancel it.

## **Health Care Power of Attorney**

What is power of attorney? In North Carolina, you can name a person to make medical/mental health care decisions for you if you later become unable to decide yourself. This person is called your "health care agent". In the legal document you name who you want your agent to be. You can say what medical treatment/mental health treatments you would want and what you would not want. Your health care agent then **knows what choices you would make.**

## **How should you choose a health care agent?**

You should choose an adult you trust and discuss your wishes with the person before you put them in writing.

## **What is an advance instruction (or directive) for mental health treatment?**

In North Carolina, an advance instruction for mental health treatment is a legal document that tells doctor and health care providers what mental health treatments you would want and what treatments you would not want, if you later become unable to decide yourself. The designation of a person to make your mental health care decisions, should you be unable to make them yourself, must be established as a part of a valid HealthCare Power of Attorney.

### **How do I make an advance directive?**

You must follow several rules when you make a formal living will, health care power of attorney or an advance instruction for mental health treatment. These rules are to protect you and ensure that your wishes are clear to the doctor or other provider who may be asked to carry them out. A living will, a health care power of attorney and an advance instruction for mental health treatment must be written and signed by you while you are still able to understand your condition and treatment choices and to make those choices known. Two qualified people must witness all three types of advance directives. The living will and the health care power of attorney also must be notarized.

### **Are there forms I can use to make an advance directive?**

Yes. There is a living will form, a health care power of attorney form and an advance instruction for mental health treatment form that you can use. These forms meet all of the rules for a formal advance directive. Using the special form is the best way to make sure that your wishes are carried out.

### **When does an advance directive go into effect?**

A living will goes into effect when you are going to die soon and cannot be cured, or when you are in a persistent vegetative state. The powers granted by your health care power of attorney go into effect when your doctor states in writing that you are not able to make or to make known your health care choices. When you make a health care power of attorney, you can name the doctor or mental health provider you would want to make this decision. An advance instruction for mental health treatment goes into effect when it is given to your doctor or mental health provider. The doctor will follow the instructions you have put in the document, except in certain situations, after the doctor determines that you are not able to make and to make known your choices.