



Restoration Family Services, Inc.
Helping Families Provide Missing Pieces!

CLIENT HANDBOOK

Restoration Family Services, Inc.

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Dear Client, Parent, and/or Legal Guardians:

The purpose of this handbook is to welcome you to Restoration Family Services, Inc. and to provide information to you our clients, parents, and legal guardians about programs offered by **RESTORATION FAMILY SERVICES, INC. (RFS)**. We are honored that you have chosen Restoration Family Services, Inc. as your provider of Behavioral Health/Mental Health, and/or Substance Use services.

We thank you for the opportunity of being your partner in the maintenance, recovery, and restoration process by focusing on your strengths, needs, abilities, and preferences. It is our belief that if we share with the persons served and their families what our programs and other services are about each person will be able to make better choices about their treatment and accomplishing their goals.

We ask that you assist us by:

- communicating with Restoration staff about your insurance/Medicaid coverage.
- ensuring that you attend all regular appointments with your Restoration staff.
- informing the staff of any changes of email, home address and/or telephone numbers.
- Be respectful to others and respect their rights at all times.
- Comply with treatment and be an active part of your treatment plan.
- Give as much notice as possible when not available to receive services.
- Keep Restoration informed of all medications you are taking or any changes.

We recognize that our ability to offer positive and successful service for you, the client, depends on continuous communication and support between the RFS staff, the client, and/or guardian. In return, we are committed to keeping our clients and the families up-to-date of progress. If at any time you feel that you need to meet with the staff, please do not hesitate to call the office. We feel that the more we all work together as a team, the more we can better reinforce and help meet the goals necessary for a successful outcome.

This handbook includes useful information that will assist you in answering questions you may have about services and/or your rights as a client. All of this information will be explained to you before services begin. If at any time you have questions, please do not hesitate to ask a member of the Restoration team.

Sincerely,

Renee H. Jones

Renee H. Jones, MA, LCMHC
President/Chief Executive Officer

OUR MISSION STATEMENT:

Restoration Family Services, Inc., mission is to restore families and individuals by empowering, educating, and encouraging each person to embrace their healing with holistic and integrative care.

ETHICAL CODES OF CONDUCT

It is the goal of Restoration Family Services, Inc. (RFS) to establish a high standard of performance, professionalism, and ethical conduct. This organization also sets forth values, ethical principles, and ethical standards by which actions can be judged. Restoration intends to create an environment that fosters ethical conduct, where no employee will ever feel the need to compromise personal integrity to help achieve the mission of Restoration.

Restoration's Code of Conduct is relevant to all staff, consultants, and contractual employees, regardless of their professional functions, the settings in which they work, or the population they serve. While working under the Restoration's Code of Conduct, the staff, consultants and contractual employees must be conscientious, committee, and honest in their work as well as in aspects of their private lives that are related to their respective jobs in the organization.

Ethical Code of Conduct – Service Delivery

1. Treat all clients, their family members and all professionals with dignity and try to create and maintain a climate of loyalty, trust and mutual respect.
2. Participate in activities specific to the client's Person-Centered Plan (PCP)/Individualized Support Plan (ISP), or treatment plan for therapy for effective service delivery.
3. Remain professional by never use profanity, obscene gestures, intimidate, make fun of, strike or physically assault a client.
4. Employees will refrain from doing or speaking anything that might bring discredit to this organization and will not knowingly make false or malicious statements about staff.
5. NEVER leave a client unsupervised or make inappropriate comments about the client or their family, co-workers, or anyone.
6. Never discuss personal issues involving staff's own life with client or family serve.
7. Never take or exchange gifts or money from a client or his/her family. Exceptions may be if the gift has been made by the client and is of little or no monetary value.
8. Listen to your client but remain neutral in matters with the family, co-workers, and any other professionals. Questions or concerns should be discussed with your supervisor to maintain effective service delivery.
9. NEVER use alcohol or drugs while working, nor will staff report to work under the influence of any substance.
10. Do not exceed your assigned hours or change schedule without prior approval from supervisor.
11. Do not eat at client's home, with the client or the family.
12. NEVER bring your family or friends to your assignment with any client.
13. NEVER TAKE CLIENT TO YOUR HOME NOR ALLOW CLIENT TO KNOW WHERE YOU LIVE.

Ethical Code of Conduct – Professional Responsibilities

1. We shall communicate openly and truthfully about the nature and extent of services that we provide.
2. We shall not accept or continue to work in positions for which we are personally unsuited or professionally unqualified. We shall not offer services that we do not have the competence, qualifications, or resources to provide.
3. We shall be objective and accurate in reporting the knowledge upon which we base our program practices.
4. We shall cooperate with other professionals who work with our clients and their families.
5. We shall not hire or recommend for employment any person who is unsuited for a position with respect to competence, qualifications, or character.
6. We shall report the unethical or incompetent behavior of a colleague to a supervisor when informal resolution is not effective.
7. We shall be familiar with laws and regulations that serve to protect the clients in our programs.
8. We shall not participate in practices which are in violation of laws, and regulations that protect the clients in our programs.

PROGRAM DESCRIPTION

Restoration Family Services, Inc. (RFS) program consists of mental health, respite and substance use disorder services which will assist the person in achieving and maintaining rehabilitative, sobriety, and recovery goals. The services are also designed to assist the client by providing clinical support in acquiring goals which are listed in the Person Centered-Plan/Individualized Support Plan. We hope to equip, educate and encourage the client with the skills to improve and develop their behavioral, social, and emotional growth.

Our programs consist of two parts:

First, we work on aspects related to your social, emotional, and behavioral abilities. The idea is to teach the client ways to meet personal goals in a positive way, rather than meeting failure and rejection because one may have approached a problem with lack of sufficient resources. Focus will be placed on meeting goals on the client's Person-Centered Plan (PCP)/ Individualized Support Plan (ISP) and constructive problem-solving skills. An important aspect of this component is the consideration given to the client/staff match.

Our belief is that a good clinical match can speed client's progress, but we also believe that the opposite is true as well. A good clinical match can occur through your input in your treatment team meetings and your evaluation of your staff that is working with the family. If at any time you feel that your rights are being violated, or that your progress is being hindered due to the actions of our staff, please speak with your staff's supervisor, or the Director at RFS, Inc.

Secondly, RFS is committed to the family. Our program truly believes that your success as the client will be highly dependent upon our commitment and communication with you and your family. We will be keeping you and your family/legal guardian informed of your progress or lack thereof. We work closely with the family to help with problems at home, in the community and in the schools. It is very important for the family to be a part of this program. By communicating with them on a regular basis, we can help you learn to deal with difficulties in a variety of settings. Our office is staffed administratively with a Director who has numerous years of experience in the Mental Health/Substance Use and Management field. If at any time you have a problem or concern about your treatment, please feel free to contact either your staff member or the Quality Assurance Manager at the number listed on page 21 of this handbook.

PROGRAM COMPONENT

Comprehensive Clinical Assessment – An intensive clinical and functional face-to-face evaluation of a client’s mental health, developmental disability, or substance abuse condition that results in the issuance of a clinical comprehensive assessment with a recommendation regarding services and provide the basis for the development of a Person-Centered Plan (PCP). The assessment will also evaluate the client’s level of readiness and motivation to engage in treatment and to meet clinical needs. The assessment will be conducted by qualified professionals that are knowledgeable to assess the specific needs of the person served. They are trained in the use of the assessment, tools and instruments prior to administration and the professionals can communicate with the persons served.

Outpatient Therapy - The focus of mental health/substances use outpatient therapy (individual/group) treatment is to improve symptoms that may significantly interfere with functioning in at least one life domain (e.g., familial, social, occupational, educational, etc.). The goals, frequency, and duration of outpatient treatment will vary according to individual needs and response to treatment.

Substance Abuse Intensive Outpatient Program (SAIOP) - structured individual and group addiction activities and services that are provided at an outpatient program designed to assist adult clients to begin recovery and learn skills for recovery maintenance. The program is offered at least 3 hours a day, at least 3 days a week, with no more than 2 consecutive days between offered services and distinguishes between those individuals needing no more than 19 hours of structured services per week (ASAM Level II.1). The recipient must be in attendance for a minimum of 3 hours a day in order to receive credit. The classes are offered Monday, Wednesday, and Friday. The day classes times are 10:30am – 1:30pm, and the evening class time is 5:00pm – 8:00pm.

Each of the above services provide **“first responder”** crisis response on a 24/7/365 basis to clients experiencing a crisis. A Licensed Professional will handle all crisis phone calls. The telephone number to the crisis response line is **(919) 333-0671 or contact crisis number 988.**

PERSON-CENTERED PLAN / INDIVIDUALIZED SUPPORT PLAN

Each client that receives services from RFS will have an individual treatment plan, known as the **Person-Centered Plan (PCP) or Individualized Support Plan (ISP)**, to address 1) the client's special strengths, 2) their individual needs and goals, and 3) procedure to facilitate and monitor treatment (if applicable for services received). Restoration Family Services mental health/substance use professionals work closely with the client and his/her family or legal guardian, to help client accomplish the goals listed on the PCP/ISP that the client and his/her family has set to achieve. **These plans will be opened and maintained by the QP/LP of Restoration Family Services at least annual to reflect current issues and maintain relevance.** A copy of the client's Person-Centered Plan/Individualized Support Plan shall be provided to the client, parent(s) or legal guardian and will be a part of his/her medical records.

When an assessment identifies a potential risk for suicide, violence or risky behavior, a crisis plan will be implemented in conjunction with PCP/ISP development. Qualified Professionals and Licensed Professionals work with clients, families, and their other supports to develop a crisis plan as part of individualized support planning. This planning will provide details of the triggers and potential behaviors that could lead to a critical incident and techniques that have worked and/or could work with that individual to prevent the escalation to a critical incident.

STAFF

RFS takes care in providing your family with the most professional and clinically sound professionals in the field. Each employee that is hired by Restoration undergoes a criminal background and reference check, along with other important safeguards. Each employee has been selected with close attention given to experience and strong commitment to work with the clients and their families. Restoration staff members are expected to observe a professional Code of Ethics, which call staff to be professional, respect the rights, dignity, and value of all clients we serve.

Once hired, they are closely supervised on a regular basis. On occasion, emergencies come up with staff assigned to work with you. The Clinical Supervisor will make every attempt to arrange for an alternate staff, however, this is not always possible. Restoration staff will notify you as soon as possible of any changes of schedules or of personnel. The Clinical Coordinator of Restoration is the person in our agency that is responsible for service coordination.

REFERRAL POLICY

Referrals should be provided when a clinician determines that a client has service needs beyond the scope of Restoration's services. Not all referrals, however, require the same level of support to the client.

Referral-making encompasses a spectrum of potential information-giving and supportive behaviors. These range from providing information on specific services to follow-up on service utilization and outcomes and continuous assessment and improvement of referral making quality.

If a referral is needed, Restoration is a part of the NC referral system (NC 360), which can connect clients to referrals and resources in NC and can monitor the process until the client is connected to the referral source. Restoration also has local community resources and contacts when needed. The clinician will follow-up with client and referral source to make sure the connection has been made before closing file.

ADMISSION

The admissions process begins when RFS is contacted by telephone, walk-in from the client, client's family, and/or professional working with the family or Alliance Health. At such time, the client will be carefully screened to assess the agency's ability to meet the client's needs as well as to assess their needs and strengths. After the screening process is completed and the client is accepted into the program, a full assessment and all other necessary documentation for services are completed before services are provided.

Services cannot begin until all consents are signed and authorization obtained, unless there are unmanaged hours. The client will be informed of the process for acceptance and continuance of services and eligibility at that time.

During the intake process, this handbook, along with your rights, will be explained to you and a hard copy will also be available for you if requested and this booklet is also located on our website (restorethefamily.org). However, we do understand that all questions cannot be answered in the limited time given so we encourage all clients or guardian to contact our office if there are any further questions.

We want you to make an informed decision when deciding to receive services from RFS. However, that cannot happen unless your questions and concerns are answered before services begin.

WAITING LIST

Waiting lists have a negative impact on client satisfaction, staff moral and referrer's opinion of the service. Restoration Family Services (RFS) has implemented a screening and triage system that eliminates the task of prioritizing a client's need for immediate service and increases the capacity and access to expert assessment, appropriate treatment, and onward referral if necessary. Therefore, RFS does not have a waiting list for any service we provide at this time.

DISCHARGE PROCEDURE

All clients receiving services from RFS will be informed of this procedure at the time of the initiation of services. Once the criteria for discharge have been met, the clinical team will convene and make a final decision regarding the discharge of services. If it is mutually agreed upon by all parties that discharge is needed, a written notice of discharge will be developed by Restoration Family Services, Inc. A discharge plan/summary will be developed and given to the client/guardian or legally responsible person and placed in the medical record. The client will be informed of their right. If an appeal is made the client will be placed in a suspended status. If an appeal is made to Medicaid, services will continue as ordered until the appeal is reviewed, and a final decision is made.

Criteria for Discharge/Transition

Discharge occurs under the following circumstances:

1. Client has achieved goals of Person-Centered Plan/Individualized Support Plan and is deemed ready to be discharged,
2. Individual or guardian request discharge,
3. Client is not making progress, is regressing, or behavior is such that it interferes significantly with the well-being or rights of others and all appropriate treatment options have been exhausted.

Should a client be discharged, we will do our best to work with the client, guardian or parent until other services can be arranged.

RESTORATION'S POLICIES, GENERAL RULES AND EXPECTATIONS

Regular Office Hours: Monday – Friday, 8:30am to 5:00pm

Specific programs may set extended hours outside of the normal business schedule.

We will make every effort to make appointments convenient for you. Many of the individuals served by Restoration receive their services out of the office and therefore receive appointments after the regular office hours. For SAIOP, all services are provided at the office in the facility group room at 712 Wilkins Street, Smithfield, NC.

Access to After Hours Services: Restoration maintains a crisis system that includes a designated, after hours, on-call crisis clinician or other responsible professional who is available to persons served, client's families and/or other recognized supports and agencies, for direct telephone contact and possible face-to-face crisis management on a 24/7/365 days a year basis. The after-hours qualified professional will have access to the client's crisis plan to assist with the crisis. During regular business hours, it is expected that persons served, and other community agencies will be able to directly contact Restoration's office for assistance. In the event of a crisis, clients are encouraged to call the **crisis telephone number at (919) 333-0671** or you may call 988.

The crisis telephone number is not to be used to cancel/make appointments or other general business questions. This service is provided to respond to emergencies, after the regular business hours.

Smoking/Tobacco: Restoration Family Services, Inc. prohibits the use of **all tobacco products** to include chewing tobacco, cigarettes, e-cigarettes, etc. in any of its buildings and/or workplace. Smoking of any type of substance is strictly prohibited inside however there will be a designated area outside of the facility for tobacco product smoking.

Safety: When entering a Restoration building, please take a moment to refer to the facility's map, which identifies the location of first-aid kits, fire extinguishers and exits. If an emergency is announced or a warning siren is sound while in our office, please follow the directions of the Restoration's staff you are with at that time.

Violence and threats of violence directed at staff will not be tolerated by Restoration. All acts or threats of violence directed at staff will be documented and reported to Restoration management, referring agencies and/or local law enforcement.

Restoration employees will not deliver routine services to clients who exhibit symptoms or behaviors suggestive of being under the influence of alcohol/other illegal drugs. If however, it appears that clients have potential dangerous issues relative to the current use of drugs or alcohol, clinically appropriate interventions will be initiated, relative to the individual situations. In addition, Restoration employees will not deliver services to clients who are known to be in possession of a weapon.

Restoration tries to ensure that all offices and vehicles are maintained and operated in a safe and clean manner. If you witness anything that requires attention in this area, please notify a staff member. Also, services may be provided to you in the community or in your home so we ask that you be mindful of the safety of our employees. Please keep pets secure and alert staff of any potential risks prior to their visiting your home.

Weapons: The following items are unauthorized articles and are not permitted on Restoration premises or in vehicles being used for or in the anticipation of Restoration business or service delivery:

- Fire arms, spring loaded knives, or other items that can reasonably be considered a weapon.
- Fire works
- Stolen property

Restoration does not permit consumption, possession, or storing of the following:

- Alcohol
- Illegal drugs (street drugs)
- Legal drugs (may include over-the-counter drugs, vitamins, herbs)
- Controlled substances
- Prescription meds- unless prescribed by a physician and the client is approved to be “self-medicating”.

Restoration staff will restrict from the client’s possession and if applicable and client refuse to cooperate with staff, the proper authorities may be contacted.

Transportation: Restoration or any staff members will provide transportation to any services. We have, however, collaborated with J-CAT in Johnston County to assist with transportation for persons with Medicaid.

Emergencies: We understand that accidents may occur. Therefore, you will be asked to provide consent for Restoration to seek medical care for the client in the event of an emergency. In preparation for a potential emergency, all Restoration staff is trained in First Aid and CPR and have access to First Aid kits. Upon admission, you are asked to provide emergency information including any allergies you may have. Please complete this form as accurately as possible and notify Restoration of any changes to this information.

SUSPENSION AND EXPULSION

Clients will be free from unwarranted threats of suspension/expulsion from RFS.

Suspension or Expulsion: Suspension of clients shall not be used as a disciplinary measure. Therefore, clients will only be placed on suspension in the event if program rules are broken, persons served elects not to engage in services, and appeal of expulsion or discharge. Should expulsion of a client be recommended by the treatment team for **therapeutic reasons**, or if all therapeutic measures have been tried and have failed to bring about positive results for the client, every effort shall be made to ensure that a smooth transition occurs and that services are resumed as soon as therapeutically possible. At the time of expulsion or suspension, documentation shall specify time and conditions under which RFS services may resume. Clients may be expelled from services when the agency can no longer guarantee their safety.

If a client is expelled from services, notification of suspension and expulsion will be documented and a copy given to the client and/or legal guardian and documented in the client's record stating the alternatives, which may have been attempted and/or offered, and any time or conditions for resuming services.

Criteria for Expulsion

Expulsion from services may, at the client's discretion, be subject to appeal via the Client Grievance Procedure. In the event of an appeal, the client will be considered in suspended status until the appeal process is completed unless otherwise determined by the CEO.

The following acts are grounds for immediate expulsion from services:

- Physical aggression to another person that causes injury that results in medical attention being needed,
- Destruction of property that places the client or others' health and safety in jeopardy; or the cost of damages to property exceeding \$2,500.00,
- Possession of a firearm or other weapon,
- Possession of illegal drugs or drug paraphernalia; and
- Sexual assault on another client or minor.

RESTRICTIVE INTERVENTIONS

Restrictive interventions will not be used as a means of coercion, punishment, or retaliation by staff or for the convenience of staff or due to inadequacy of staffing. Restrictive interventions will not be used in a manner that causes harm or abuse. Restoration will, however, use physical hold (restraints) as the only restrictive intervention authorized in the program. The restrictive intervention is only allowed when it is the very least restrictive intervention that will provide a positive outcome and after all other positive treatment modalities have been tried and have failed. It is a measure used only to protect the client. In order to ensure safety, appropriate consideration is given to the client's health status before, during and after utilization of a restrictive intervention.

Staff at RFS will be privileged to employ restraints **only** when they have successfully completed an acceptable course in restraint, have passed the required exam and the personnel record contains a copy of the training certificate. The use of a restrictive intervention will be discontinued immediately at any indication of risk to the client's health or safety or immediately after the client gains behavioral control.

You, the client or guardian, will be given an opportunity during the intake process to consent or to refuse the use of restrictive intervention. You will also have the opportunity to have a designated person notified after the use of each restraint.

Prohibited interventions in treatment include:

1. Any intervention which would be considered corporal punishment,
2. The contingent use of painful body contact,
3. Any potentially physically painful procedure, excluding prescribed injections, or stimulus, which is administered to the clients for the purpose of reducing the frequency or intensity of a behavior,
4. Seclusion: the isolation of a client in a separate, locked room,
5. Planned non-attention to specific undesirable behaviors when they are health threatening,
6. Contingent deprivation of any basic necessity.

Seclusion and mechanical restraint are not accepted interventions within any Restoration Family Services programs.

SEARCH AND SEIZURE

Each client will be free from unwarranted invasion of privacy. **If Restoration Family Services, Inc. has reason to believe that a client has in his/her possession weapons, illegal drugs or medications that are not prescribed to them, staff will ask the client to voluntarily relinquish the items(s). If the client refuses, the legal guardian will be contacted. If the client or their legal representative refuses, the proper authorities will be contacted immediately.** If the legal representative cannot be reached, the Quality Assurance Manager or Clinical Supervisor may authorize the staff member to contact authorities if deemed necessary.

The legal representative must be notified as soon as possible. Illegal items will be turned over to the proper law enforcement organization and other items seized will be given to the legal representative or to the CEO.

Every search or seizure will be documented and a Level I Incident report completed. Documentation will include the following:

- Scope of search
- Reason for search
- Procedure followed in the search
- A description of any property seized
- An account of the disposition of seized property

When a search of a client is necessary, Restoration Family Services, Inc. staff shall:

- **Not touch the client on any part of his/her body; This agency operates under a “Hands Off” approach,**
- Ask client to empty all pockets and show staff the empty pocket lining,
- Ask client to remove socks and shoes,
- Ask client to remove all outer-layer clothing. Staff **will not** ask client to remove clothing so that bare skin or underwear will be exposed,
- Any search which would require touching the client must be done by law enforcement personnel or the person’s legal representative,
- Any search must be authorized by the CEO, supervisor, or Quality Assurance Manager unless there is imminent danger to the client or others,
- Two (2) or more staff should be present for any search, unless otherwise authorized by the CEO or Clinical Director or legal representative or there is imminent danger to client

The use of the search procedure shall be subject to internal and external client rights review by the Client Rights Committee and other authorities as applicable.

PERSONAL VALUABLES

Please be aware that Restoration Family Services, Inc. **assumes no responsibility for any personal items you may bring with you during your service.** This includes jewelry, money, or any other items which may get lost, stolen, or broken.

FEES

It is the policy of Restoration Family Services, Inc. to charge an individualized fee per client to the contract company of Medicare, Medicaid, IPRS or an independent insurer.

Payment for services is through Health Choice (NC Tracks), IPRS, Medicaid (Alliance MCO), self-pay or Health Insurance sources. Restoration Family Services, Inc. does not collect fees from clients excluding any required co-payments. All clients shall receive a written statement of services provided by the agency and the charges the client is liable for paying, when applicable.

Funding such as Social Security Income, 4-E and trust funds may be accessed by the referring agency and used in coordination with other funding sources. Restoration Family Services, Inc. may become the payee for such funds only when authorized.

Clients are not encouraged or permitted to work for Restoration Family Services, Inc. in a voluntary capacity except as a member of a committee to improve quality of service. The client or Legally Responsible Party may voluntarily accept any committee position.

NOTIFICATION OF NON-DISCRIMINATION

All services administrated by RFS are administered by the law without regard for race, creed, color, religion, national origin, sex, handicap, or marital status.

CLIENT ACCESS TO RECORDS:

Each client and/or legal guardian, in the case of a minor legally appointed representative or of mentally incompetent clients, shall have the right to review his/her client record, insert statements, request corrections of any inaccurate information, and/or request a copy of any information in the record. Please note your service record is the property of Restoration and is maintained for the benefit of the client, clinical staff, and the agency. If you request to access your records, you will be provided with the **Client Request to Access Record Form**, which a Restoration staff member will assist you with the process.

Restoration Family Services generates information, if the sharing of information is not deemed to be potentially injurious to the physical or emotional well-being of the client. If a request for access is denied because the information may be detrimental to the client's physical/mental well-being, then you as a client or guardian can request that the information be sent to your physician or psychologist. A former client may seek access to his or her record consistent with this policy.

In cases where persons other than the client provided confidential information, which is referenced in a clients' record, the consent of the referenced individual(s) must be obtained prior to granting the client access to that portion of the file.

Clients may request to add anything to their records, which they feel to be appropriate. All reviews of records shall be conducted in the office where the file is maintained, and in the presence of an authorized Restoration Qualified Professional who is able to protect and explain the chart to the client or legally responsible person. Any review of records will be documented by the attending clinical staff.

Alteration in the record -Whenever a client or a client's legally responsible person contest the accuracy, completeness, or relevancy of information in the client record and request alteration of such information, the following procedure should be followed:

- Whenever a staff member concurs that such alteration is justified, Restoration shall identify the contested portion of the record and allow the insertion of the alteration as an addendum to the contested portion of the client record; however, the original portion of the written record may not be deleted; or
- Whenever a staff member does not concur that such alteration is justified, RFS shall identify the contested portion of the record and allow a statement relative to the contested portion to be added to the client record, which shall be recorded on a separate form and not on the original portion of the record, which is being contested. Such statement shall be made a permanent part of the client's record and shall be released or disclosed along with the contested portion of the record.

RFS does not charge a fee for the reproduction of client's records that have been approved by the Quality Assurance Manager, Clinical Supervisor, or CEO to copy.

It should be noted that if a client would like to view his/her medical record, you must indicate specifically what portion of the record you desire to view. At that time, that portion of the record will then be removed from the file and given to the client to review. Due to HIPPA, some documents cannot be copied and given to the client. Please note that you as the client are free to take notes from the documentation. At no time will a client be permitted to view his/her medical record without the guidance and presence of a Restoration staff member.

ASSURANCE OF CONFIDENTIALITY/HIPAA

Among the basic human rights assured to all persons, who may be or are seeking to be clients of Restoration, is the right to privacy, which includes the assurance that information which may be collected by the program about the client, will be handled according to strict standard of confidentiality. ***All information in the client's record is considered confidential and shall be available only to authorized recipients.*** Consent for release of information signed by the legal custodian of the client or client is required prior to the release or disclosure of any confidential information, or for review of client records for any individual who is not employed by RFS.

Those individuals include personnel performing auditing, licensing, accrediting, or clinical care review for local or state authorities.

Restoration is bound by law to report any suspected abuse, neglect, exploitation of a child or any information shared with a staff member that may cause serious injury to yourself or others. Included in this handbook is a copy of the Restoration Notice of Privacy Practices and it is also located on our **website**, (restorethefamily.org). This Notice of Privacy Practices is also posted in the waiting area of our organization, and you may request a copy at any time from the Restoration office and print a copy from the website.

OUTCOME MEASURES

Restoration uses a variety of tools to measure the outcomes of the services we provide. Restoration welcomes and values your feedback. We would like to know how we are doing and will routinely distribute a Client's Survey to all persons served. Please take the time to complete and return this survey. This survey will assist us in identifying areas we need to improve and can be anonymous if you so choose. Restoration also uses information gathered by the NCTOPPS (North Carolina Treatment and Program Performance System). The NCTOPPS is completed with the client at admission, three and six months into services, annually and then at discharge. It is expected that the client will cooperate with this process, as it is a requirement of the Division of Mental Health/Substance Abuse for all persons served.

MANDATING REPORTING POLICY

All Restoration Family Service staff has the duty to report abuse, neglect, dependency, or death due to maltreatment. (a) Any person or institution who has cause to suspect that any individual is abused, neglected, or dependent, as defined by G.S. 7B-101, or has died as the result of maltreatment, shall report the case of that individual to the director of the department of social services in the county where the individual resides or is found. The report may be made orally, by telephone, or in writing. The report shall include information as is known to the person making it including the name and address of the person; the name and address of the person's parent, guardian, or caretaker; the age of the individual; the names and ages of other persons in the home; the present whereabouts of the individual if not at the home address; the nature and extent of any injury or condition resulting from abuse, neglect, or dependency; and any other information which the person making the report believes might be helpful in establishing the need for protective services or court intervention. If the report is made orally or by telephone, the person making the report shall give the person's name, address, and telephone number. Refusal of the person making the report to give a name shall not preclude the department's assessment of the alleged abuse, neglect, dependency, or death as a result of maltreatment. (b) Any person or institution who knowingly or wantonly fails to report the case of an individual as required by subsection (a) of this section, or who knowingly or wantonly prevents another person from making a report as required by subsection (a) of this section, is guilty of a Class 1 misdemeanor. (c)

CLIENT GRIEVANCE PROCEDURE

Grievance and Appeal Procedures for Clients:

While it is the intent of Restoration Family Services, Inc. to provide quality services, there may be times when an individual or family member is dissatisfied with services, or they have a disagreement or concerns with a staff member. Clients and family members are encouraged by staff to express concerns, complaints, and grievances without fear of retaliation or unwarranted reduction, suspension, or expulsion of services. Clients have the right to request a client advocate or other assistance as needed. Grievances will be address in timeframes that are adequate for prompt consideration and results in timely decisions. Grievance procedures are readily available and understandable to all clients/legal guardians. To communicate a grievance, the following steps should be taken:

1. The client or legal guardian is encouraged to resolve the concern directly with the staff member. Any concern communicated by the client or the legal guardian to a staff member delivering services will be addressed in a prompt and professional manner. All complaints shall be investigated **within 72-hours** of the complaint being made to the agency. The agency will document the existence of the complaint as well as the resolution of the complaint.
2. The client or the legal guardian may choose to communicate the complaint directly to the staff member's direct supervisor, the Quality Assurance (QA) Manager or the Clinical Supervisor.

3. If a client or the legally responsible person is not satisfied with the initial efforts to resolve the complaint, RFS staff will provide the client or the legal guardian with an additional explanation of the formal grievance process and a RFS grievance form. In addition, a grievance form is provided to each client in the client's handbook.
4. Restoration Family Services, Inc. staff and/or the supervisor will notify the QA Manager of the presenting complaint. This process will be carefully documented by the staff.
5. The QA Manager will contact the client or the legal guardian by responding in writing within **5 working days**, in an effort to resolve the situation.
6. If the QA Manager is not successful in resolving the complaint, he/she will provide the CEO or CEO's designee with written notification of the grievance within 2 working days at which time the CEO or CEO's designee will contact the client or legal guardian to attempt to achieve a mutual resolution within 2 working days, which will be documented. The CEO or CEO's designee also receives and reviews all written complaints mailed to the agency.
7. Similarly, if this effort is unsatisfactory to the client, the same process will be initiated to involve Restoration Family Services, Inc.'s QA Manager, Chief Executive Officer (CEO), or the CEO's designee, who will contact the client or legal guardian, to schedule a meeting **within 5 working days**. The final appeal for the client or family member is to the Client Rights Committee.
8. Decisions rendered by the CEO, or his/her designee, which will be provided in a written notification, represent final authority within the Restoration Family Services Inc.'s organization. Therefore, if resolution cannot be achieved, the CEO or CEO's designee will re-inform the client of their right to involve a third-party mediator, such as the monitoring MCO and/or the Disability Rights of North Carolina (formerly GACPD) at (919) 856-2195.

All complaints and grievances are reviewed by the Client Rights Committee (CRC) quarterly. The issues raised and remedies sought through this and all subsequent appeals are limited to those items stated in the original grievance. All client grievances shall be considered confidential and maintained separate from the client's medical record.

CLIENT RIGHTS

Because your rights as a client are so very important to us, the remainder of this handbook will be dedicated to this topic.

All staff receives training in Client Rights before providing services to each recipient. Each client receiving services from Restoration shall be treated with respect to the basic human rights of dignity, consideration, privacy, and human care. It is contrary to Restoration policy for staff to restrict rights or privileges of clients. Before receiving services, your rights will be explained to you.

One of the most significant rights you have as a client is in making an **informed consent** for treatment. Informed consent means that you have been given the necessary information in a manner that you can understand in order to make a decision upon entering treatment. The following are some points to remember as you make a decision about your treatment:

1. All clients shall be informed of the alleged benefits, potential risks, and possible alternative methods of treatment/habilitation during the parent/client meeting at which time services are being coordinated. The Qualified Professional or Intake Staff of RFS will take the time to explain “consent” to you.
2. An adult client or the guardian of a minor client can withdraw consent without risk of disciplinary action, at any time by contacting their Qualified Professional, Clinical Director, or a member of the treatment team. Reasons for the request should be gathered, and if possible, a treatment team meeting should be called as soon as possible after the request has been made.
3. Consents shall be obtained prior to treatment and release/disclosure of information may only occur with an authorization or consent unless it is an emergency or for other exceptions listed below.

Disclosure of Information without Consent

Restoration Family Services, Inc. staff reviews at orientation the Notice of Privacy Practices with each client/LPR, the organization maintains that if confidential information be released, the Clinical Supervisor or his/her designee shall give written notice to the client or the legally responsible person at the time of admission that disclosure may be made of pertinent information without his/her expressed consent. This notice shall be explained to the client or legally responsible person at orientation. The giving of notice to the client or legally responsible person shall be documented in the client record. The following are conditions under which confidential information may be released without consent:

- Under court order,
- Any suspected abuse/neglect or communicable disease,
- For purposes of filing petition for involuntary commitment or adjudication of incompetence; to the agency’s attorney,
- To health care provider who is providing emergency services,
- To another NC MH facility,
- Provider of support services,
- Secretary, physician or other individuals when necessary, to coordinate appropriate and effective care; and
- For approved research and planning, audits and statistical purposes.

Also, the Clinical Supervisor or QA Manager may disclose confidential information if in the best interest of the individual, in order to file a petition for competency/guardianship purposes as well as:

1. A facility/physician/other individuals responsible for evaluation, management, supervision, or treatment of individuals examined or committed for outpatient treatment may request, receive, and disclose confidential information to the extent necessary to enable them to fulfill their responsibilities.
2. Professionals may disclose confidential information when there is an imminent danger to the health or safety of the individual or another individual or there is a likelihood of the commission of a felony or violent misdemeanor.
3. Professionals may exchange confidential information with a physician or other health care provider who is providing emergency medical services to an individual.

Disclosure of the information is limited to that necessary to meet the emergency as determined by the professional.

4. Restoration Family Services, Inc. may provide confidential information to the Department of Correction (DOC) when requested regarding any individual of RFS when the inmate has been determined by the DOC to be in need of treatment for mh/dd/sa concerns. The consent of the individual or inmate shall not be required in order for this information to be provided and the information shall be provided despite objection by the individual or inmate. Confidential information disclosed is restricted from further disclosure.
5. Professionals may disclose advance instruction for mental health treatment or confidential information from an advance instruction to a physician, psychologist, or other QP when it is determined that disclosure is necessary to give effect to or provide treatment in accordance with the advance instruction.
6. Restoration Family Services, Inc. may disclose confidential information to a provider of support services under written agreement in which the provider acknowledges that he/she will safeguard and not further disclose the information.
7. Disclosure of confidential information is permitted when there is reason to believe that the individual is eligible for financial benefits through a facility in order to establish financial benefits. After receiving benefits, the consent of the individual or LRP is required for further release of confidential information.
8. When employees, students, consultants, or volunteers involved in the care of an individual, may exchange confidential information as needed for the purpose of carrying out their responsibility in serving the individual.
9. Professionals may release confidential information to the referring physician or psychologist.
10. Professionals shall 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 legally responsible person has consented in writing or orally in the presence of a witness selected by the individual, prior to the release of this information. Both the individual's and/or the legally responsible party's consent and the release of this information shall be documented in the individual's service record. This consent shall be time limited and is subject to revocation by the consenting individual.
11. May disclose admission/discharge of an individual to the individual's next of kin when determined that the disclosure is in the best interest of the individual. The professional shall notify next of kin/family member/designee after the request of the individual, notification of admission to a facility, transfer to another facility, decision to leave the facility against medical advice, discharge, and referrals/appointments.
12. In response to a written request of the next of kin/family member/designee who has a legitimate role in the therapeutic services offered, the provider shall: (1) Provide the information requested based upon determination that providing this information will be to the individual's therapeutic benefit, and provided that the individual or his or her legally responsible party 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.
13. 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 individual in any report of the research or audit or otherwise disclose an individual's identity in any way.
 14. Contact and consult with a client advocate.
 15. The right to be free from unnecessary medication and free from medications being used for punishment, discipline, or staff convenience.
 16. Shall disclose confidential information of an individual to an attorney upon the request of the competent adult or the legally responsible person.
 17. An LME/MCO may share confidential information regarding any individual with network providers regarding treatment, payment, and healthcare operations.
 18. For the purposes or activities for which confidential information may be disclosed include, but are not limited to, quality assessment and improvement activities, provider accreditation & staff credentialing, developing contracts and negotiating rates, investigating and responding to grievances and complaints lodged by individuals receiving services, evaluating practitioner and provider performance, auditing functions, on-site monitoring, conducting satisfaction studies, and collecting and analyzing performance data.
 19. The right to receive needed treatment for preventing illness.

MORE CLIENT RIGHTS!

What Are My Rights?

The State of North Carolina, Management Care Organization (MCO) and, in some cases, the Federal Government has developed rules and laws regarding your rights as a client of Restoration Family Services. You will find listed these rights, which will be explained to you when beginning services and annually thereafter. Restoration staff will give you the opportunity to ask questions about your rights and will provide any additional information to help with your understanding of the rights. Any other time you have any questions regarding your rights, feel free to ask a Restoration staff member. Please read these rights carefully, as you will be asked to sign a form stating that you have received and understand them. If at any time you feel your rights have been violated, you may use the grievance procedure described in this handbook.

Your rights are guaranteed by law: You have the same basic civil rights and remedies as other citizen of North Carolina to exercise all civil rights, including the right to dispose of property, execute instruments, make purchases, enter into contractual relationships, register and vote, bring civil actions, and marry and get a divorce, unless the exercise of a civil right has been precluded by an unrevoked adjudication of incompetency. Also, you have the right to dignity, humane care, and freedom from mental and physical abuse, neglect, and exploitation.

You have the right to confidentiality and access your medical record: The confidentiality of your treatment is protected by law. Except as required by law and agency regulations, your records and other information about you will not be released without your written permission. You give permission to share information about your care with your next of kin, a family member with a legitimate role in your service, or another person whom you name. Disclosure of information without consent is listed above.

Special rules may apply if you have a legal guardian appointed, are a minor, or are receiving treatment for substance abuse. Refer to the “Notice of Privacy Practices” for instances in which permission is and is not needed. You have the right to see your own records except under certain circumstances specified by law. You have the right to have those circumstances explained to you.

You have the right to contact Disability Rights North Carolina, formerly Governor’s Advocacy Council (919) 856-2195.

You have the right to be informed of the rules: You have the right to be informed of the rules that you are expected to follow in a particular program, service or facility and possible penalties for violation of the rules. This information will be provided when you begin services. You have the right to be free from unwarranted suspension or expulsion from programs and services. If you are discharged from a facility, you are entitled to a copy of your discharge plan.

You have the right of privacy: You have the right to be free from any unwarranted search of your property or self. Should search and seizure apply to a program from which you are receiving treatment, the specific procedures will be explained when you enter the program.

Therapeutic interventions and devices may never be used as retaliation, for the convenience of staff, or in a manner that causes harm or undue discomfort.

You have the right to treatment: Including access to medical care and habilitation, regardless of age or degree of MH/SA. To also receive necessary treatment for prevention of physical ailments.

You have the right to a treatment plan: A written treatment plan, based on your individual needs, must be implemented upon admission. You have the right to treatment in the most normal, age-appropriate, and least restrictive environment possible. You have the right to take part in the development and periodic review of this plan and other plans that affect you. You have the right to have access to information in a manner that allows you sufficient time to make an informed decision regarding your preferred treatment needs. You are entitled to review your treatment plan and obtain a copy of it from your therapist or medical records by contacting the office at (919) 938-9502.

- Have the right to, within 30 days of admission to RFS, have an individualized written treatment or habilitation plan implemented by RFS.

You have the right to live as normally as possible while receiving care and treatment; Also, the right to receive age-appropriate treatment for diagnosis. To have opportunities that enable the individual to mature physically, emotionally, intellectually, socially, and vocationally to include special education and training in accordance with state and federal law.

You have the right to investigation and resolution of alleged infringement of rights: If in the event you feel that your rights have not been respected, you have the right to file a formal grievance to Restoration, the managing MCO or you may choose to contact other advocates to initiate the process of investigation. You have the right to receive a timely resolution to this alleged infringement. In addition, all alleged infringement of rights will be reviewed by Restoration's CEO or his/her designated person.

Clients also have the following additional rights some of which can be restricted:

- The right to educational/vocational programming suited to individual needs;
- To have privacy not to have identity or knowledge of services known, or to be filmed or taped without clients written informed consent.
- Right to obtain accounting of release/disclosure of health information
- **Right to release only the minimum information necessary for coordination of care and services.**
- Right to accept or refuse treatment and not be threatened with termination because of the refusal.
- Freedom of Association
- Freedom from cruel and unusual punishment
- Freedom of speech and expression
- Freedom of religious expression
- Equal Employment Opportunity
- Right to receive care and services that are adequate, appropriate, and in compliance with relevant Federal and State laws rules and regulations
- Right to receive a reasonable response to his or her requests of the agency
- Right to be notified within 10 days when the agency's license has been revoked, suspended, canceled, annulled, withdrawn, recalled, or amended
- Right to be advised of the agency's policies regarding patient responsibilities as it relates to safety and care plan compliance.

Additional Rights for Minors

Minors have the right to have access to proper adult supervision and guidance. They also have the right to opportunities that enable him/her to mature physically, emotionally, intellectually, socially, and vocationally.

We look forward to providing the services that will meet you and your family needs!

If you have been discharged from services at Restoration Family Services, Inc. and you are no longer receiving services from another provider but desire to receive services again, please contact our agency at (919) 938-9502 or you may contact the Alliance Behavioral Healthcare at (800) 510-9132 for further assistance.

Social Media Policy and Media Relations

Social media is defined as forms of electronic communication through which users create online communities to share information, ideas, personal message and other content such as the use of Facebook, Twitter, tiktok, LinkedIn, blogs, message boards, acceptable uses of social media. The President/CEO or her designed individual will have access and authority to post or modify information; privacy settings; parameters for communicating with persons served and prospective persons served; protection of health information; and how violations of the procedures will be managed. **A consent will be obtained by client for any use of this organization of the client information on social media.**

The President/CEO is the individual to contact regarding requests for interviews, to contact after hours, use of press releases, or media relations information.

Restoration Family Services, Inc.
714 Wilkins Street
Smithfield, North Carolina 27577

(919) 938-9502 Office:
(919) 938-9702 Fax:
(919) 333-0671 or 988 Crisis Line

Email: RFS@restorethefamily.org
Website: www.restorethefamily.org

**Your Rights may NOT be restricted except under very strict rules.
Restrictions will only be made by the Director**

Please feel free to contact your Restoration Family Services representative for further clarifications of your rights.

You can also gain further information regarding your rights from:

- 1) Alliance Health:**
(800) 510-9132
- 2) Disability Rights of North Carolina (formerly GACPD)**
(919) 856-2195
- 3) National Alliance on Mental Illness (NAMI):**
Client Helpline: (800) 451-9682
Monday – Friday 8:30 AM to 5:00 PM
- 4) The North Carolina Careline:**
1-800-662-7030
- 5) Division of MH/DD/SA Services Advocacy and Customer Service Section:**
(919) 715-3197
- 6) Division of Health Service Regulation
Complaint Intake Unit**
Complaint Hotline: 1-800-624-3004 Toll Free or (919) 855-4500
Complaint Hotline Hours: 8:30 AM to 4:00 PM
2711 Mail Service Center
Raleigh, NC 27699
- 7) The Acute Care, Home Care and CLIA Branch, Licensure and Certification
Section: Division of Health Service Regulation**
2712 Mail Service Center
Raleigh, NC 27699
(919) 855-4620

**A Summary of the Provisions of Article 3 of Chapter 122C of the General
Statutes Prepared December 17, 1996**

Please note the following attachments:

**Notice of Privacy/HIPAA, Restoration Grievance Form, (Medicaid Appeal Rights
and DHHS Advance Directive Brochure-on RFS website-restorethefamily.org).**

Restoration Family Services, Inc.

Client Grievance Form

If for any reason you do not agree with Restoration Family Services, Inc. (RFS, Inc.) policies procedures and any staff member, you have the right to make a grievance/appeal to Restoration's clinical staff regarding your concerns. Please note that under no circumstances should there be any reprisal or negative consequences toward the person filing this grievance/appeal. RFS, Inc. does request that you complete this form in its entirety.

Name: _____

Address: _____

City, State, Zip Code: _____

Program/Employee Complaining About: _____

Please state your complaint, to include names, dates, times, and locations:

What would you like us to do to address this issue?

Signature: _____

Date: _____

Mail Form To: Restoration Family Services, Inc
Attn: Quality Assurance (QA) Manager
714 Wilkins Street
Smithfield, NC 27577
(919) 938-9502 (office)

Date grievance received by QA Manager: _____ Initial: _____

Restoration Family Services, Inc

Notice of Privacy Practices

This notice is effective July 11, 2007

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

WE ARE REQUIRED BY LAW TO PROTECT MEDICAL INFORMATION ABOUT YOU

We are required by law to protect the privacy of medical information about you and that identifies you. We are also required to give you this Notice about our Privacy Practices, explaining our legal duties and your rights concerning your health information. We must follow the privacy practices described in the Notice while it is in effect. We reserve the right to make changes to our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make changes in our privacy practices and the terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the new Notice available upon request.

You may request a copy of our Notice at any time. If you have questions about information in this Notice or about our privacy policies, procedures or practices, you can contact our Quality Assurance Manager at (919) 938-9502.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU IN CERTAIN CIRCUMSTANCES

We use and disclose health information about you for treatment, payment, and health care operations.

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Your Authorization: Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice. In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.

Disclosures to You, To Your Family, or to Your Friends: We must disclose your health information to you in accordance with the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you authorize us to do so.

Person Involved In Your Care: We may use or disclose health information to notify, or assist others in notifying a family member, your personal representative or other person responsible for your care of your location, your general condition, or death. If you are present, we will provide you with an opportunity to object to such disclosures of your health information prior to use or disclosure of that information. In the event you become incapacitated or have a medical emergency, we will disclose your health information based on our professional judgment that such disclosure is directly relevant to that person's involvement in your healthcare. We will also use our professional judgment and experience to make decisions about your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

Marketing Health-Related Services: We will not use your health information for marketing communications without your written authorization.

Required by Law: We may use or disclose your health information when we are required to do so by law.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you may be the victim of abuse, neglect, domestic violence or other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal official's health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institutions or law enforcement officials having lawful custody of protected health information of inmate or patient under certain circumstances.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

PATIENT RIGHTS

Access: You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make this request in writing to obtain access to your health information. You may obtain a form to request access from **your care provider**. We may charge you a reasonable cost-based fee for expenses such as copies and staff time. For details about when this request may be denied, please speak with your care provider.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment, healthcare operations and certain other activities for the last 6 years, but not before April 2005. If you request this accounting more than once in a 12 month period, we may charge you a reasonable, cost based fee for responding to the additional requests.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. **(You must make your request in writing)**. Your request must specify the alternative means or location and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended). We may deny your request under certain circumstances.

Electronic Notice: If you receive this Notice on our website or by electronic mail (email), you are entitled to receive this Notice in written form upon request.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact your health care provider or our **Quality Assurance Manager at (919) 938-9502**.

If you are concerned that we may have violated your privacy rights, or if you disagree with a decision, we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complain to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with U.S. Department of Health and Human Services upon your request. We support your right to privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

**MEDICAL CARE DECISIONS AND
ADVANCE DIRECTIVES**

**Located on RFS's Website
restorethefamily.org**