



Thank you for choosing A Caring Alternative as your service provider. The following packet of information will help you become more acquainted with the services you will receive from our agency. It will explain your rights and responsibilities as a participant in these services as well as the agency's privacy practices and contact information. This information will also provide you with steps to take if you have any questions or concerns.

You may contact our office regarding the services we are providing at any time. Our business hours are from 8:00 am to 5:00 pm, Monday through Friday. Please call or visit us at:

301 E. Meeting Street
Morganton, NC 28655
(828) 437-3000

OR

617 South Green Street, Suite 102
Morganton, NC 28655
(828) 430-4388

5623 US 221 S
Marion, NC 28752
(828) 652-5444

1550 Hendersonville Road
Asheville, NC 28803
(828) 475-0822

785 Hwy 70 SW Suite 300
Hickory, NC 28602
(828) 475-0142

925 Thomas St. Unit B & Unit C
Statesville, NC 28677
(828) 608-3389

Once again, we are pleased that you have chosen our agency to provide services to you. We are committed to providing you with dependable, well-trained staff that treat you with respect and are responsive to your needs.

Sincerely,

A Caring Alternative Representative

A Caring Alternative Program Descriptions



Comprehensive Clinical Assessment (CCA)

A Comprehensive Clinical Assessment is an intensive clinical and functional face-to-face evaluation of a person's behavioral health, developmental disability, or substance use condition. The results of the CCA will provide recommendations for services which will guide the person-centered planning process.

A person is eligible for this service when:

- There is a known or suspected behavioral health, substance abuse, or developmental disability diagnosis
- Initial screening/triage information indicates a need for additional behavioral health/substance use/developmental disabilities treatment/supports.

A CCA determines whether a person can benefit from behavioral health, developmental disabilities, and/or substance use services based on a person's diagnosis, presenting problems, and treatment/recovery goals. It also evaluates a person's level of readiness and motivation to engage in treatment.

Outpatient Therapy

At A Caring Alternative, therapy is provided in an outpatient (non-hospital based) setting by a licensed clinician. The primary goal is to alleviate or eliminate symptoms of behavioral health diagnosis through an interactive counseling process. This person-centered process promotes and teaches the individual coping skills and strategies that empowers them to reach their goals.

Outpatient Therapy is a service designed to address and support an individual's behavioral health symptoms. The service may be provided to individuals and/or families or in a group setting. There should be a supportive and therapeutic relationship between the clinician and the individual receiving services which addresses and/or implements the interventions outlined in the service plan in any one of the following:

- Behavioral counseling
- Counseling for substance use
- Education about behavioral health and/or substance use

Medication Management

Medication Management is a basic service that is available to individuals who are receiving another service with A Caring Alternative. This service involves the practice of evaluating, prescribing, dispensing, and/or administering medications in response to specific symptoms, behaviors, and conditions for which the use of medications is indicated and effective. It is our policy to ensure that medication management is provided in a structured manner that is safe, therapeutic, and promotes individual recovery.

Peer Support Services

This is a community and provider-based service offering structured, scheduled interventions which promote recovery, self-determination, self-advocacy and enhancement of daily independent living skills. Peer Support Services consists of behavioral health services and supports necessary to assist adults (age 18 and older) in achieving rehabilitative and recovery goals.

This is a time limited, recovery focused service that allows individuals the opportunity to learn to manage their own recovery and advocacy process. The service is delivered by a North Carolina Certified Peer Support Specialist who is self-identified as being in recovery from behavioral health or substance use and is committed to his or her own recovery. The length of stay in the service is up to nine months, depending on an individual's continued eligibility for the service.

The service may include, but is not limited to:

- Developing community resources and natural supports
- Encouragement for engagement in recovery
- Linkage to behavioral and physical health providers
- Strengthening communication for self and system advocacy and supports
- Development of a Wellness Recovery Action Plan (WRAP)
- Assistance with basic needs such as housing, food, education, and employment

Service Delivery

The service is delivered by the Certified Peer Support Specialist (CPSS) to the individual in their home or local community. The CPSS will ensure linkage to needed community services & resources, provide self-help and living skills training, and help the individual develop skills for coping with their behavioral health needs.

Intensive In-Home (IIH) Services

Intensive In-Home Services are aimed at addressing all the rehabilitation needs of youth (children and adolescents through age 20) who have substance and/or behavioral health issues. This service is a time-limited, intensive, family intervention. The length of stay in the service is generally three to six months.

IIH Service Objectives:

- Stabilize living arrangements
- Promote reunification of the family unit
- Prevent the utilization of out of home therapeutic resources (such as psychiatric hospitals, therapeutic foster care, and residential treatment)

The service is delivered by a three or four member team of qualified professionals – one of whom is a licensed clinician.

The service may include, but is not limited to...

- Crisis Management
- Intensive Case Management
- Individual and/or Family Therapy
- Skills Training

Service Delivery

This particular service is delivered to the child in their family’s home. The team will focus on defusing the current crisis and evaluating its nature, while intervening to reduce the likelihood of a recurrence. They will ensure linkage to needed community services and resources, provide self-help and living skills training for the youth, and provide training that help the family build skills for coping with their youth’s behavioral health symptoms. The team will also monitor and manage the presenting psychiatric and/or addiction symptoms and work with caregivers in the implementation of home-based behavioral supports.

During the first month of service, the team must provide the service to the youth at least 12 times for a minimum of two hours each time. During the second and third month, the service will be provided at least six times for a minimum of two hours each. The service frequency will then slowly decrease during the last two months. Families must be prepared to adhere to this schedule in order to maximize the services potential and overall success of the youth.

Therapeutic/Family Foster Care

Therapeutic/Family Foster Care services provide a structured and supervised environment, and acquisition of skills necessary to enable the consumer to achieve or to maintain the most realistic level of independent functioning.

Therapeutic/Family Foster Care is a 24-hour service provided to children and adolescents. Homes are licensed under the Division of Social Services. Therapeutic/Family Foster Parents are supervised by professional level staff employed by A Caring Alternative. The level of service provided – family foster care or therapeutic foster care – is determined by the needs of the individual.

Service Delivery

This service is provided in a family setting and includes the following activities:

1. Individualized and intensive supervision and structure of daily living designed to minimize the occurrence of behaviors related to functional deficits to ensure safety during the presentation of out-of-control behaviors or to maintain an optimum level of functioning.
2. Specific and individualized psychoeducational and therapeutic interventions including;
 - a. development or maintenance of daily living skills,
 - b. anger management,
 - c. social skills,
 - d. family living skills,
 - e. communication skills,
 - f. stress management,
 - g. relationship support, or

- h. comparable activity, and
 - i. intensive crisis or near crisis management including de-escalation interventions and occasional physical restraints.
3. Direct and active intervention to assist clients to be involved in and maintain behavior in naturally occurring community support systems and to support their development of personal resources (assets, protective factors, etc).

Community Support Team (CST)

Community Support Team (CST) provides direct support to adults with a diagnosis of mental illness, substance use, or both, and who have complex and extensive treatment needs. This service consists of community-based mental health and substance use services and structured rehabilitative interventions intended to increase and restore a consumer's ability to live successfully in the community. The team approach involves structured, face-to-face therapeutic interventions that assist in reestablishing the consumer's community roles related to the following life domains: emotional, behavioral, social, safety, housing, medical and health, educational, vocational, and legal.

This is an intensive community-based rehabilitation team service that provides direct treatment and restorative interventions as well as case management. CST is designed to provide:

- A. symptom stability by reducing presenting psychiatric or substance use disorder symptoms;
- B. restorative interventions for development of interpersonal, community, coping and independent living skills;
- C. psychoeducation;
- D. first responder intervention to de-escalate a crisis; and
- E. service coordination and ensure linkage to community services and resources.

This team service consists of a variety of interventions with crisis response available 24-hours-a-day, 7-days-a-week, 365- days-a-year.

Service Delivery

CST services are delivered by the team in both the client's home & out in their local community. Interventions include linkage to needed community services & resources, providing self-help and living skills training and training that helps the person build coping skills, monitoring and managing presenting psychiatric and/or addiction symptoms, and working with caregivers in the implementation of home-based behavioral supports.

Eligibility for services is determined by a comprehensive clinical assessment. Once enrolled, the team will advocate, broker, coordinate, and monitor the service delivery system on behalf of the client. When the client makes enough progress to where this level of service is no longer needed, the team will coordinate discharge and referral to less intensive service, such as outpatient therapy.

Assertive Community Treatment (ACT) Team

Assertive Community Treatment Team is an intensive, multidisciplinary, outreach team that provides highly individualized, comprehensive and rehabilitative services to adults diagnosed with severe and persistent behavioral health illness and/or those individuals dually diagnosed with a substance use disorder.

Essential Features of ACT include:

- Rapid access to services
- Crisis response available twenty-four hours a day, seven days a week
- Holistic approach to treatment
- Reinforcement of hope, empowerment, and ongoing support
- Flexibility of service provision

The goals of ACT include:

- Prevention or reduction of systems or behaviors that may result in the need for inpatient psychiatric or substance use services, crisis or emergency services, or legal intervention
- Teaching skills and behaviors that enhance the individual's ability to remain stable and, in the community,
- Promotion of behavioral health and substance use recovery through person-centered goals designed to promote hope, healing, and increased self-sufficiency

Service Delivery

ACT is delivered by a multidisciplinary team of professionals who are mobile and function interchangeably to provide treatment, rehabilitation and support services to assist individuals to live successfully in the community. This service is delivered to adult clients in both their home and out in their local community. ACTT staff ensures linkage to needed community services and resources, provides self-help and living skills training, and teaches clients skills for coping with their behavioral health and/or substance use symptoms.

Individual Supports

Individual Support (Personal Care) is a "hands-on" individualized assistance with everyday activities that are required by an individual with severe and persistent behavioral health diagnosis in order to live independently in the community. The service is to teach and assist individuals in carrying out daily living skills. The goal is that the need for this support will fade over time as the individual becomes capable of performing some of these activities more independently.

The service may include, but is not limited to...

- Meal planning, prepping, and preparing
- Managing medications
- Grocery shopping
- Shopping for household necessities
- Using the telephone
- Accessing community resources
- Light cleaning: sweeping, making bed, and vacuuming

- Washing and folding clothes
- Budgeting and money management-developing a budget, living within a budget, and how to save money

Service Delivery

Individual Support is a direct, one-on-one service. Individuals may receive this service up to 90 days prior to transitioning into independent housing. This would include individuals who live in private homes, licensed group homes, adult care homes and hospitals. Individuals who live in independent housing may receive this service with a plan to fade or decrease services over time.

Transition Management

Transition Management service is provided to individuals participating in the Transition to Community Living Initiative (TCLI). Transition Management focuses on increasing the individual’s ability to live as independently as possible, managing behavioral health symptoms, and re-establishing his or her community roles related to the following life domains: emotional, social, safety, housing, medical and health, educational, vocational, and legal.

Service Delivery

Transition Management services are provided by a team of four individuals consisting of Qualified Professionals and North Carolina Certified Peer Support Specialists. This service is a direct and indirect periodic rehabilitative service in which Transition Management team members help the individual successfully transition and maintain community living. Transition Management can be provided where the individual lives prior to the transition, in the home where the individual lives, and other community settings.

AFTER HOURS CONTACT INFORMATION

A Caring Alternative’s offices are open from 8:00 am to 5:00 pm, Monday through Friday. If you need to contact an agency representative outside of the designated hours, you will need to call our After Hours Crisis Line. Each service offers a 24 hour Crisis Line that is available to assist in any emergency situations you may encounter. The following is a list of each service and their respective crisis line contact numbers.

Morganton/Marion OPT	828-334-9516
Morganton Intensive In-Home (IIH)	828-413-2253
Tailored Care Management (TCM)	828-807-4692
Community Support Team (CST)	828-413-2237
Therapeutic Foster Care	828-413-2251
ACTT West – Green St/Morganton	828-525-0275
ACTT East - Hickory	828-764-3353
Care Haven - 24/7	828-475-1705
McDowell Intensive In-Home (IIH)	828-334-5188

Yancey/Mitchell Intensive In-Home (IIH)	828-334-9455
Buncombe Intensive In-Home (IIH)	828-723-7635
ACTT Crossroads Crisis - Statesville	828-804-5084
Community Support Team (CST) - Crossroads/Statesville	828-807-4690
Mobile Crisis - Burke	1-888-235-4673
Mobile Crisis - McDowell	1-888-646-0188

If you are experiencing an emergency, please call the number for the service you are currently receiving. For all other non-emergency calls, please contact us during our normal business hours at:

617 South Green St. Suite 102
Morganton, NC 28655
(828) 430-4388

5623 US 221 S
Marion, NC 28752
(828) 652-5444

1550 Hendersonville
Suites 104 & 106
Asheville, NC 28803
(828) 475-0822

301 East Meeting Street
Morganton, NC 28655
(828) 437-3000

785 Hwy 70 SW
Hickory, NC 28602
(828)475-0142

25 Thomas St. Unit C
Statesville, NC 28677
(828) 608-3389

Person responsible for service coordination:

Team: _____

Assigned Care Manger: _____

Phone Number: _____

A Caring Alternative & NC Health Information Exchange Authority Information

A Caring Alternative is pleased to be a part of the North Carolina Health Information Exchange Authority (NC HIEA), now called NC HealthConnex. NC HealthConnex is a secure, electronic network that allows participating medical providers to share your health information with one another. This enables participating physicians, hospitals, laboratories, pharmacies, and other health care providers to have access to important medical information about you that can assist them in making critical medical decisions for you.

Your Patient Record

Your patient record in NC HealthConnex will include information about your medications, allergies, laboratory results, and other information gathered during your encounters from your healthcare provider. Your record will also include your demographic data to help identify you when you visit different health care providers across the state. It will not include any information about you that federal law prohibits sharing without your express authorization, like psychotherapy notes and substance abuse treatment records.

Benefits of NC HealthConnex

What does it mean to be a part of NC HealthConnex network? As a patient, it means having peace of mind in visiting a new office if they are participating in the NC HealthConnex. If your information has been uploaded before, your new provider will be able to access that data. This means they can spend less time taking down your history and spend more time treating you.

Participating in the NC HealthConnex is even more important if you visit an emergency department at a participating hospital and you are unable to provide critical information about your current health status to hospital staff, including your diagnoses, medications, and allergies.

Who Can See My Record?

Only participating health care providers and other HIPAA covered entities that have signed contracts with the NC HIEA will be able to access your medical information through the NC HealthConnex. Your NC HealthConnex data may also be provided to third parties who have entered into contracts with the NC HIEA for limited purposes (i.e. the NC Department of Public Health for immunizations). These contracts ensure that all relevant privacy statutes and regulations are followed in how your health information is viewed, used, and shared. The NC HIEA also has the power to audit the use of patient information by each participating practice and each third party to ensure the law is being followed.

Right to Opt Out of NC HealthConnex

You have the right to opt out of having your information shared between providers through NC HealthConnex. If you choose to opt out, you will need to fill out the "Opt Out Form" and mail it to the NC HIEA. Your intake specialist or case manager can give you a copy of this form. Opting out of NC HealthConnex will not adversely affect your treatment by your physician and you cannot be discriminated against if you decide to opt out. You can also use the form to rescind a previous opt out if you change your mind.

However, your information may also be shared as required or permitted by law, for instance, for public health purposes.

Please note that the NC HIEA will only process opt out forms that are signed by adults over the age of 18. If you are under the age of 18 and have not gone through the legal process to become emancipated, you must have a parent or legal guardian sign the "Opt Out Form".

The information presented is not legal advice and is not to be acted on as such, may not be current, and is subject to change without notice.

Your Rights as a Client of A Caring Alternative, LLC.

WHAT ARE MY RIGHTS?

When you receive services from A Caring Alternative you have certain rights and responsibilities. One of these rights is that you be informed of your rights upon initiation of services. The information below will tell you about your rights and responsibilities and what to do if you have questions or problems. You are requested to please read (or have read to you) these rights and ask any questions you may have. You will also be requested to sign a form stating you have been informed of your rights.

DEFINITIONS

What is a right? *A right is something you can do by law.*

What is a responsibility?

A responsibility is something that you agree to do to the best of your ability.

What is a rule?

A rule is something set up in a program unit so things will run smoothly.

What are rights' restrictions?

Rights' restrictions limit or take away a person's right to do something. A person's rights should be restricted as a last resort and only after other positive behavioral supports have been tried and have failed. Rights' restrictions cannot and should not be imposed on people without safeguards to protect those rights. This does not mean that individual rights can never be restricted. Due process must be in place before a person's rights are restricted in any way except in real emergency situations. Any restrictions of your rights must be part of your current Person Centered/Treatment Plan. The agency's Client Rights Committee must approve any restrictions before they are used, except in emergency situations. All restrictions must be time-limited and reviewed periodically for reauthorization by a qualified professional.

What is due process?

Due process is a set of procedural safeguards to protect individual rights. Before a person's rights can be restricted in any way, due process must be in place to protect the person. The type and extent of due process used depends on which right is being restricted. The greater the impact that the restriction has on a person's life, the greater the requirement is for review and protection. The person's participation in this decision making is an important part of due process.

Guidelines for using due process when considering rights restrictions:

- A person's need should guide restrictions.
- Restrict only specific rights.
- Use the least amount of restriction possible.
- Always obtain consent and approval.
- Plan for review and reinstatement of rights.
- Teach the person what it takes to have rights reinstated.

YOUR RIGHTS are guaranteed by Law

We have laws in North Carolina which protect the rights of persons receiving mental health, developmental

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disabilities or substance abuse services. These rights apply to services provided by A Caring Alternative and by other providers of behavioral healthcare services in the state. (These rights are found in North Carolina General Statutes 122C, Article 3.) It is the service provider's responsibility to inform you of your rights within the first three visits to a program (or within 72 hours if you receive service in a 24-hour facility). Any program-specific rules must be explained at that time as well. Unless you have been declared legally incompetent by a court, you may exercise all your civil rights. This means that you may buy or sell property, make purchases, register and vote, marry and divorce, bring civil actions, enter into contractual relationships and sign legal papers.

You have basic HUMAN RIGHTS

It is our policy to assure your right to dignity, privacy, humane care and freedom from mental and physical harm, abuse, neglect or exploitation is protected.

You have a right to dignity, privacy, humane care, and freedom from physical punishment, abuse, neglect or exploitation. Definitions of abuse, neglect and exploitation are as follows:

- *Physical Abuse* – any action that results in physical injury or pain such as spanking, hitting, rough treatment or unauthorized use of physical or mechanical restraints.
- *Psychological/Emotional Abuse* – any action or threat that may cause an individual to feel humiliation, harassment, deprivation, or intimidation.
- *Verbal Abuse* – any action that belittles or threatens an individual. It may include oral, written, or gestural use of language as well as the use of profanity, calling people by inappropriate names, and/or referring to adults with childlike references.
- *Sexual Abuse* – non-consensual sexual activity of any kind. Any sexual contact between an employee of A Caring Alternative and a person receiving services is strictly forbidden, whether consent was present or not.
- *Neglect* – any action or absence of action that fails to provide proper care or treatment in a safe environment.
- *Exploitation* – any illegal or improper use of a consumer's resources for another person's profit or advantage.

You have a right not to be discriminated against in the provision of services on the basis of age, sex, ethnic background, religious preference, financial condition, sexual preference, or disability.

You have a right to live as normally as possible while receiving services from A Caring Alternative. A Caring Alternative has no restrictive rules or regulations that you are expected to follow while receiving services from A Caring Alternative.

You have a right to be free of the following interventions prohibited by statute:

1. Corporal punishment;
2. Contingent use of painful body contact;
3. Substances administered to induce painful bodily reactions;
4. Electric shock;
5. Insulin shock;
6. Unpleasant tasting foodstuffs;

7. Contingent application of any noxious substances which include but are not limited to noise, bad smells or splashing with water; and
8. Any potential physically painful procedures or stimulus administered for the purpose of reducing the frequency or intensity of a behavior.

You have a right to be informed of the agency's on-call service. You may receive some of your services when our office is not open (before 8:00 a.m., after 5:00 p.m., or on weekends). Each service department has been provided a crisis phone so that you may contact them during hours when the office is closed.

You have a right to know the names and qualifications of all people involved in your care. You may also request a change in the professionals who provide you services.

You have a 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 BE FREE FROM UNNECESSARY PHYSICAL RESTRAINT AND PHYSICAL ABUSE

Some services may be authorized to use restrictive interventions (i.e. an approved restraint) to control dangerous behaviors. You will be informed about these approved interventions if the services you receive involve the use of any restrictive interventions. To protect our service recipients, there are very strict rules governing staff conduct when a restrictive intervention is used. You have the right to refuse any planned restrictive interventions.

Only A Caring Alternative authorized and trained staff may use restrictive interventions if it is an emergency situation and the individual's behavior is perceived as being dangerous to him/herself, to other people, to property, or if it is determined, based on very strict rules, that it is necessary for the person's care. Special safeguards must be in place when these interventions are used, and service recipients or their guardians have the right to request that a designated person be notified.

Some emergencies may require law enforcement assistance or initiation of involuntary commitment procedures. These interventions (used in a few programs) may never be used as retaliation, for the convenience of staff or in a manner that may cause harm or undue discomfort to the individual.

At no time is corporal punishment allowed. The use of seclusion is also prohibited. Staff must protect service recipients from harm in the treatment setting and must report any suspicion of abuse, neglect or exploitation.

You have THE RIGHT to confidentiality.

You have a right to confidential treatment based on state and federal laws. The very fact that you are receiving services or any other information about your care is confidential. These same laws also require us to share information with others under the following conditions:

1. When you give us written permission, we may share information with any person that you name;
2. Your next of kin or other family members with a legitimate role in your services may receive certain information about your services, if it is in your best interest; and if you are under 18, your parents may be informed about your care when it is in your best interest and not considered to be harmful;
3. When a doctor needs information to provide emergency treatment;
4. To other professionals when necessary to coordinate appropriate and effective care;
5. If we transfer your care to another public agency;
6. If we are ordered by the court to release your record;

7. If an attorney needs information from your record because of a suit, a commitment proceeding, or guardianship proceeding;
8. If you become imprisoned, we may share your files with prison officials;
9. When a client advocate has been assigned to work on your behalf;
10. When a staff member suspects abuse or neglect;
11. If we have reason to believe you are a danger to yourself or others, or if we believe that you are likely to commit a crime, we may share this information with law enforcement officials;
12. When a child is receiving services and his/her parents are divorced, both biological parents may have access to their child's record unless parental rights have been terminated; and
13. For the purpose of audits and program evaluation by internal or external sources.

A Caring Alternative maintains a computer system for billing and statistical purposes as well as for maintaining client records electronically. Security measures are maintained to abide by all confidentiality regulations and laws. All A Caring Alternative staff sign statements, which obligate them to maintain confidentiality on all information according to all regulations and laws.

You have the RIGHT to privacy.

You have the right to be free from any unwarranted search of your person or property. Some service programs in the provider network have special procedures about Search and Seizure which will be explained to you if you receive services from these programs.

You have a RIGHT to:

- Exercise all civil rights and only if you have been declared incompetent, can these rights be restricted.
- Receive a free appropriate education. All US citizens have a right to be educated in a non-segregated setting within the public school system.
- Work. Laws protect individuals from discrimination based on specific characteristics unrelated to job performance ability (Americans with Disabilities Act). People cannot be paid less money than others would be for the work they do.
- Be heard in court, to bring lawsuits, to have the representation of an attorney, to bring witnesses on your behalf. This is known as "due process."
- Free speech and expression. Everyone has the right to speak up for him or herself and to express himself or herself in the manner they desire.

You have the Right to equal access to treatment for all persons in need regardless of race, ethnicity, gender, age, sexual orientation, or sources of payment.

You have the RIGHT to an Individualized Person Centered/Treatment Plan.

You have the right to take part in the development and periodic review of your individualized Person Centered/Treatment Plan. This plan must be in use no later than 30 days after your services start. You have the right to request a copy of your Person Centered/Treatment Plan. You have the right to receive services in the least restrictive environment possible that is appropriate for your age and situation.

You have the RIGHT to request accommodation for individual needs. Examples of accommodations include but are not limited to: transportation, specific staff, Sign Language Interpreter, Foreign Language Interpreter, assistive technology, etc. To request an accommodation, please notify ACA staff of your needs.

You have the RIGHT to receive services from A Caring Alternative if you meet the following

admission criteria:

1. A Caring Alternative has the resources to staff and supervise the services you receive;
2. Your needs can be safely and adequately met in the service location;
3. You live in the geographic area served by A Caring Alternative;
4. A Caring Alternative can provide the services within the timelines established by the contracting agency/funding source/family;
5. Your safety as well as the employees' safety can be assured within the service location;
6. You agree to receive the services.
7. You meet eligibility criteria for the service.

You have the RIGHT to transition between services provided within A Caring Alternative or to be notified of other resources available within your community.

Transition planning will assist you in moving from one level of care to another within the agency. You are expected to actively participate in the transitional process. ACA staff will review progress in recovery and/or symptom management every 90 days to determine the most appropriate level of care in order to support you. ACA staff will assist in completing the appropriate document explaining progress in goals and completion of goals as well as the efficacy of services. This document will be utilized to avoid any gaps in services so that the transition is seamless to another level of care, another component of care, or an aftercare program.

Transition may include planned discharge, placement on inactive status, movement to a different level of service or intensity of contact, or re-entry in a criminal justice system.

You have the RIGHT to be informed about medications.

If medication is part of your agreed upon Person-Centered/Treatment Plan, only a physician will prescribe necessary medication based on accepted medical standards. You have the right to know the risks, benefits and alternatives to medication.

You may refuse to take medications, but you will be informed of the risks of doing this.

You have the RIGHT to accept or to refuse treatment

Before you agree to your individualized Person Centered/Treatment Plan, you will be informed of the benefits and/or risks involved in the treatments and services you will receive. You have the right to consent to your individualized Person Centered/Treatment Plan and the right to withdraw consent at any time. You will be informed of the risks of refusing treatment/service. There are situations (i.e. if you are a risk to yourself or others) when you may be legally required to receive services.

You have a right to the extent allowed by law, to accept or refuse all treatment except:

1. In an emergency;
2. If your treatment has been order by the court, or
3. If you are under 18 years old, your parents can give permission even if you object.
4. If you are voluntarily admitted, you or your legally responsible person has the right to consent to or refuse any treatment offered. Consent may be withdrawn. If treatment is refused, the qualified professional will determine if other treatment modalities are possible. If all appropriate treatment modalities are refused, you may be discharged from services.

You have THE RIGHT to be free from unjustified suspension or termination of services.

Each consumer should be free from the threat or fear of unwarranted suspension or expulsion from a facility. Suspension/discharge from services should only occur upon the recommendation of the consumer's Person

Centered Planning team and review and agreement by the agency's Clinical Director. *You have a right* to be free from unwarranted suspension or expulsion from services. Suspension of services will occur only if your safety or the safety of A Caring Alternative staff cannot be assured. A Caring Alternative will make every effort to correct the reasons resulting in suspension. If after two weeks, you or the employees' safety cannot be assured, then you will be expelled from services. You may be readmitted for services when your safety or the employees' safety can be assured.

You Have a RIGHT to be informed of A Caring Alternative Discharge Criteria.

A Caring Alternative may terminate services based on the following criteria:

1. If your condition deteriorates (physical/behavioral) to the degree that your needs cannot be adequately met by A Caring Alternative resources;
2. If you refuse to participate in services as determined by your individualized plan of care / repeated no-shows;
3. If all relevant goals are accomplished and need for services no longer exists;
4. If you no longer meet the eligibility requirements of the sponsoring funding source as determined by the lead agency;
5. If you move out of the geographical area served by A Caring Alternative;
6. If you choose to discontinue services;
7. Failure to pay for services provided (if applicable);
8. Pattern of non-compliance with program rules;
9. If you behave in a manner deemed likely to cause physical harm to others or serious harm to self, or interferes with the treatment of others in the program, and all other available resources have been used to minimize the behavior without success;
10. If your treatment goals have been accomplished;
11. If services appropriate to meet your needs are unavailable.

You Have the RIGHT to Access Self Help Groups within your community. Please use the following contact information for your resources. If you wish to obtain additional resources for your county please request this from A Caring Alternative.

Burke County

Burke County Health Department 828-439-4400, Burke County United Way 828-433-0681, Salvation Army 828-430-8392, Burke United Christian Ministries 828-433-8075, Transportation Assistance 828-439-0867, Good Samaritan Clinic 828-439-9948, Burke Council on Alcoholism and Chemical Dependency 828-433-1221, Western Regional Vocational Rehabilitation 828-433-2423.

Catawba County

United Way 704-324-4357, Vocational Rehabilitation 828-328-2331, Salvation Army 828-322-8109, Catawba County Health Department 828-326-5800, Social Security Administration 828-328-4732.

Caldwell County

United Way 828-758-9300, Caldwell County DSS 828-757-1180, Caldwell County Health Department 828-426-8200, Yoke Fellow Christian Service Center 828-754-7088.

McDowell County

McDowell County DSS 828-652-3355, McDowell Mission Ministry 828-689-3981, Vocational Rehabilitation 704-245-1223, McDowell County Health Department 828-652-6811.

Buncombe County

Buncombe County DSS 828-250-5900, Buncombe Health Department 828-250-5500,

Buncombe Vocational Rehabilitation 828-670-3377, US Social Security Administration 866-572-8361, ABCCM 828-259-5300, Buncombe County Emergency Management 828-250-6600

Iredell County

Iredell United Way 704-872-3000, Iredell County DSS 704-873-5631, Iredell Health Department 704-878-5300, Iredell Vocational Reahabilitation 704-380-6660, US Social Security Administration 866-572-8361, Irdell Salvation Army 704-872-5623

Rutherford County

Rutherford United Way 828-286-3929, Rutherford County DSS 828-287-6165, Rutherford Health Department 828-287-6100, Rutherford Vocational Reahabilitation 828-229-4200, US Social Security Administration 866-572-8361, Rutherford Salvation Army 828-287-0119

You have THE RIGHT to see your own record.

If you wish to see your record, you have the right to do so under certain circumstances specified by law and according to agency procedures. You have the right to have those circumstances and procedures explained to you. *Your therapist or case manager must be present to answer your questions. You have a right to review the information in your record with a staff person unless a licensed professional determines that it would be harmful for you to have it.*

You have THE RIGHT to know the cost of services.

Fees for services should be discussed with you at your first visit. If this does not occur, please let us know. A listing of charges for services is available to you upon request. You may appeal the fee set for services by completing a request for reduction of fees. If you are covered by health insurance, you will need to contact the insurance company for specific information (i.e. co-payments, covered services and other terms and conditions that may affect your reimbursement) regarding your particular coverage. *You have a right to know the costs of services. If you have a Medicaid deductible, services you receive by A Caring Alternative may be used to meet part or all of your deductible. If services are used to meet your Medicaid deductible, you may be asked to pay this directly to A Caring Alternative.*

YOUR RIGHTS in a 24-Hour Facility

You are guaranteed additional rights by NC State law and by the Division of Mental Health, Developmental Disabilities and Substance Abuse Services' rules when you are living in a treatment facility in the community. These rights must be shared with you within 72 hours after entering the facility.

At the time of admission to a 24-hour facility, staff may search you and your belongings to prevent dangerous or illegal substances from being brought into the facility. If there is reasonable belief that dangerous or illegal substances are present, then the facility itself may be searched. Staff may also search individuals who are minors.

YOUR RIGHTS as an ADULT Living in a 24-Hour facility

Rights (1 -4) may not be restricted (limited or taken away). Rights (5 – 25) may be restricted under some circumstances related to your treatment by the qualified professional responsible for your services. There is a special procedure to establish a restriction.

You have the right to:

1. Prompt medical treatment when you are ill and for medical services for prevention of illnesses. (*You or your insurance company may be billed for medical care beyond the facility's regular service.*)
2. Send and receive unopened mail and have access to writing materials and assistance from staff with written communications and postage.

3. Contact and consult with a doctor, lawyer, advocate or other private professional at your own expense.
4. Make and receive confidential calls. You can ask people to leave the room or not to listen when you are talking on the phone. Long distance calls will be at your expense or made collect.
5. Have visitors on a regular basis.
6. Meet with people you choose under appropriate supervision.
7. Have the right to make visits outside the facility unless you have special circumstances related to your commitment.
8. Be outside daily and have access to facilities and equipment for physical exercise several times each week.
9. Keep and use personal clothing and possessions except as prohibited by law. (The facility will help you to develop and maintain an inventory of clothing and possessions to prevent loss.)
10. Participate in religious worship of your choice.
11. Keep your driver's license unless prohibited by law.
12. Have individual storage space for your own private use.
13. Privacy in the bathroom and adaptive equipment, if needed.
14. Dignity, privacy and humane care in the provision of personal health, hygiene and grooming care. You will have the opportunity for a shower or tub bath and to shave on a daily basis. Personal hygiene articles will be provided if you cannot afford them.
15. Receive regular services of a barber or beautician.
16. Have a quiet atmosphere for uninterrupted sleep during scheduled sleeping hours. Unless determined inappropriate by the treatment team, the facility will provide areas accessible for personal privacy for at least limited periods of time.
17. Keep and spend a reasonable amount of your own money.
18. Decorate your own room within reasonable limits.
19. Have opportunities for social integration in the community. You may participate in community activities of your choosing.
20. Attend your Person Centered/Treatment Planning team meetings and make suggestions concerning your care.
21. Help make rules for your program.
22. Be free from unnecessary medication.
23. Receive an individualized written discharge plan containing recommendations for further services. The discharge plan will be given to you or your legally responsible person.

YOUR RIGHTS as a MINOR residing in a 24-Hour facility

*If you are a minor in a residential facility, you have the following **additional** rights.*

You have THE RIGHT to:

1. Adult supervision and guidance.
2. Access to opportunities to mature physically, emotionally, intellectually, socially and vocationally.
3. An appropriate level of structure, supervision and control.
4. Treatment separate and apart from adult service recipients, when practical.
5. Communicate with your parents or the guardian, agency or individual having legal custody.
6. Special education and vocational training in accordance with federal and state laws.

If you are an ADULT or a MINOR who is receiving services in a day/night or 24-Hour program, you have two special rights which relate to social integration and self governance.

You have THE RIGHT to:

1. Participate in appropriate and generally acceptable social interactions.
2. Provide input on program operations/rules to the extent possible, given your length of stay.

ADVANCE DIRECTIVES

In North Carolina, an advance directive for mental health treatment is a legal document that tells doctors 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 for yourself.

The designation of a person to make your health care decisions, should you be unable to make them yourself, must be established as part of a Health Care Power of Attorney. Further information can be requested from the person in charge of your care or from A Caring Alternative.

MEDICAID Appeals

You have the right to disagree with a clinical decision made by A Caring Alternative staff to:

- Deny a request for services, and
- Reduce, suspend or terminate a current service.

Medicaid provides consumers who receive Medicaid funding with an appeal process that follows Federal and State laws and helps to resolve disagreements. A Caring Alternative or approved service provider will evaluate your treatment needs. Sometimes evaluations show that a person who requests a specific service may not benefit from or be eligible for that service. Evaluations may also show that a person who is receiving a service may no longer need it. When either of these clinical decisions is made, the agency must inform you in writing. The letter contains the reason for the decision, the laws that support your appeal rights and the appeal steps and deadlines. The complete appeal process is outlined in the [Medicaid Appeal Rights policy](#) which can be accessed from any A Caring Alternative, LLC office.

A Caring Alternative RULES Related to Service Recipients

The following rules apply to all programs and services.

1. All programs and buildings are maintained as smoke free environments. Smoking is not allowed in agency vehicles.
2. As in all public buildings, no weapons, drugs or alcoholic beverages are permitted on the premises.
3. Sometimes service recipients who are eligible for services are transported in agency vehicles. Transportation is only provided to individuals if it is essential to the implementation of goals on his or her Person Centered Plan. Adults must wear seatbelts and children, depending on their age, must be seated according to state and federal law.
4. A Caring Alternative requires payment of fees for services rendered.
5. Depending on the circumstances, your failure to follow rules might result in suspension or dismissal from a program.

YOUR RESPONSIBILITIES

We want to partner with you to help provide you with the best and most appropriate services possible and to protect your rights. In turn, we ask that you accept these responsibilities:

1. Know and understand that you choose your treatment and service providers. Let us know who you prefer to see.
2. Give us all the facts about the problems that bring you to us for help along with a list of all other doctors providing care for you.

3. Participate in the development of your *Treatment Plan* and do your best to follow your plan. Your QP will work with you to develop an individualized plan that will address your needs. You may choose other individuals involved in your life and treatment to participate in the development of the plan. You will be expected to participate in the development of your goals for treatment and have active participation in working towards achieving your goals. Once completed and implemented, the plan will be reviewed with you at regular intervals and changes made as needed. The potential course of treatment and services available to you will be discussed with you by your Case Manager. As a general rule, A Caring Alternative does not use motivational incentives. However, this is an area that may be discussed with your case manager on an individual basis. Transition and discharge planning will assist you to be aware of and understand the course of your treatment.
4. Keep appointments and attend all activities that are part of your individualized Person Centered/Treatment Plan. It is required that you arrive on time for all group and individual sessions.
5. You will be required to follow through with any legally required appointments, sanctions, court dates, etc.
6. Call and let us know if you cannot keep an appointment. Failure to meet scheduled appointments will be identified as non-compliance.
7. Participation in any illegal or suspicious activity or acting out, or defacing A Caring Alternative property will not be tolerated. Any threat or act of violence directed toward staff, other clients, or visitors to the office is grounds for immediate dismissal from the program. Any individual dismissed under these circumstances must have approval from the Operational and/or Clinical Director prior to re-entry.
8. Selling, giving away, or using drugs on A Caring Alternative premises will be defined as non-compliance and will result in an immediate discharge.
9. If you have Medicaid or Medicare, please bring your card each time you come in for an appointment.
10. Known or suspected abuse or neglect will be reported immediately.
11. Spouses, family members, or significant others will be permitted to participate in your treatment with your expressed permission and consent.
12. You are encouraged to discuss with your assigned staff any sexual and/or physical abuse, with expectation of a referral to the most appropriate service provider for assistance. ****See Notice of Privacy Practices below for detailed information on mandatory reporting.***
13. Let us know about changes in your name, insurance, address, telephone number or your financial status.
14. Be responsible for the fee you have agreed to pay. Let us know if you have problems making payments.
15. Be considerate of our staff and other people you may meet in our offices.
16. Respect the rights and confidentiality of our other service recipients. You will be expected to honor the Federal Confidentiality Law.
17. Tell us how you feel about the services you receive. ACA would like to receive feedback in regards to the services you are receiving. This information will be collected through ACA's quarterly surveys. In addition to the surveys, please utilize our consumer suggestion boxes, located in the lobby of our main office locations.
18. Tell us if you have a concern or complaint about your services.

A Caring Alternative Consumer Rights Committee

A Caring Alternative (ACA), serving Burke, Catawba, Caldwell, Buncombe, McDowell, Mitchell and Rutherford Counties, has established a Client Rights Committee (CRC) to manage the operational oversight of client rights issues. The CRC is charged with ensuring the protection of client rights for all consumers served by A Caring Alternative. The CRC is made up of volunteers who donate their time and energy to ensure that client rights are upheld. Members represent specific behavioral health needs and ages and work together to support client rights. CRC members are volunteers who are appointed by the ACA Chief Compliance Officer. CRC meetings are held quarterly and are open to the public. For further information on client rights or the Client Rights Committee, please contact ACA Chief Compliance Officer at (828) 437-3000 ext 196.

You Have THE RIGHT to Make a Complaint

A complaint is an oral or written expression of concern regarding rights, services or administrative issues that the person making the complaint believes is a problem.

You have the right to make a complaint if you are not satisfied with your services. The Division of Mental Health, Developmental Disabilities and Substance Abuse Services has created a statewide complaint process that is used by all Local Management Entities in North Carolina to resolve complaints from consumers about rights' violations, clinical service decisions and administrative issues and service quality. We want to know your concerns and we try very hard to resolve everyone's complaints. While it is the intent of this agency and our employees to provide quality services to you, there may be times when you are dissatisfied. If you have a complaint about your services, you should contact ACA supervisory staff. Your complaint will initiate an investigation within 72 hours and a response will be given to you within (3) working days of concluding the investigation. If you make a complaint about services, you will not be subject to discrimination or reprisal. Documentation of your complaint and the resolution of your complaint will be maintained in the ACA office.

If you are not satisfied with the resolution of your complaint, you have a right to request further consideration of your complaint by ACA staff. Please contact the Chief Compliance Officer at 828-437-3000 ext 196 in order to discuss your complaint(s).

You may also express your complaint in writing by sending a letter to: A Caring Alternative, 301 Meeting Street, P.O. Box 1536, Morganton, NC 28655 OR by completing the Client Complaint/Grievance Form that can be requested at all ACA front desks.

If at any time, or for any reason, you feel you cannot get the information or help you need from people providing your services, you can call:

Police, Fire, Rescue
911

NC Poison Control
1-800-722-2222

Vaya Health
LME/MCO
(Buncombe, McDowell, &
Caldwell Counties)
1-800-849-6127

Partners Behavioral Health Management
LME/MCO
(Burke, Catawba, Iredell & Rutherford Counties)
1-877-484-2595

Carolina Legal Assistance/
NC Governor's Advocacy Council
1-800-621-6922
www.disabilityrights.org

NC Division of Health Service
Regulation Complaints Hotline
1-800-624-3004

NC DHHS Careline
1-800-662-7030

TTY 1-877-452-2514
www.ncdhhs.gov/ocs/careline

N.C. Hotline
1-800-624-3004

Disability Rights NC
1-877-235-4210

NC Division of MHDDSAS
Advocacy and Customer Service

National Alliance on Mental Illness
1-800-451-9682

1-919-715-3197
www.dhhs.state.nc.us

Exceptional Children's Assistance Center
1-800-962-6817

Health Finder
www.healthfinder.org

Schizophrenia Anonymous
1-800-482-9543
www.NSFoundation.org

National Domestic Violence Hotline
1-800-799-7233

People First
(800) 357-6916
<http://www.nc-ddc.org/home/peoplefirst.html>

Parents Anonymous
<http://www.parentsanonymous.org/>

Veteran's Service Organizations
<http://www1.va.gov/vso/>

www.ncmhcosupport.org

Alcoholics Anonymous
www.alcohoicsanonymous.org

Narcotics Anonymous
www.na.org

National MH Clearinghouse
www.mhselfhelp.org

Al-Anon / Al-Ateen
888-4AL-ANON (888-425-2666)
<http://www.al-anon.alateen.org/>

Medical Care Decisions & Advance Directives

What You Should Know

Who decides about my medical care or treatment?

If you are 18 or older and have the capacity to make and communicate health care decisions, you have the right to make decisions about your medical/mental health treatment. You should talk to your doctor or other health care provider 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."



decisions, you should talk to understand

about your

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. One way is called a “living will”; another is called a “health care power of attorney”; and another is called an “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.

Health Care Power of Attorney

What is a health care 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 treatments/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 I 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.

Advance Instruction for Mental Health Treatment

What is an advance instruction for mental health treatment?

In North Carolina, an advance instruction for mental health treatment is a legal document that tells doctors 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 part of a valid Health Care Power of Attorney.

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 to stop giving you food and water through a tube (“artificial nutrition or hydration”).

Other Questions

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 about mental health treatment. After a doctor determines this, your Health Care Power of Attorney may make treatment decisions for you.

What happens if I change my mind?

You can cancel your living will anytime by informing your doctor that you want to cancel it and 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 the 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.

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 health care provider can answer medical questions. A lawyer can answer questions about the law. Some people also discuss the decision with clergy or other trusted advisors.

Where should I keep my advance directive?

Keep a copy in a safe place where your family members can get it. Give copies to your family, your doctor or other health/mental health care provider, your health care agent, and any close friends who might be asked about your care should you become unable to make decisions.

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND

HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

A Caring Alternative is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about the privacy practices at A Caring Alternative, please contact us at (828) 437-3000.

I. How A Caring Alternative may Use or Disclose Your Health Information

A Caring Alternative collects health information about you and stores it in a medical record. We need this information to provide you with quality care and to create a record of the care and services you receive at A Caring Alternative. A Caring Alternative is committed to protecting the privacy of your health information. The law permits A Caring Alternative to use or disclose your health information for the following purposes:

1. Treatment- We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, psychologists, pharmacists, nurses, social workers, therapists, technicians, or other personnel involved in providing services to you. Different departments of A Caring Alternative may also share medical information about you in order to coordinate the different services you need.

2. Payment- We may use and disclose medical information about you so that the treatment and services you receive at A Caring Alternative or other providers from whom you receive treatment or services, may be billed to, and payment may be collected from you, an insurance company, a third party, Medicaid or other payor. To the extent possible, our staff and outside contractors or consultants will make reasonable efforts to assure that the use and disclosure of your personal health information is conducted in a secure and confidential manner.

3. Regular Health Care Operations- A Caring Alternative may use and disclose medical information about you for agency operations. These uses and disclosures are necessary to manage the operation and to monitor your quality of care. For example, we may use personal health information to evaluate our agency's services, including the performance of our staff. We may also use personal health information for training purposes or to develop new policies, procedures, or programs that may benefit you or other individuals we support. Your medical information may be shared with survey reviewers and other accreditation bodies in accordance with current and on-going operating procedures.

4. Information provided to you.

5. Notification and communication with family- We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to do so prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

6. Required by law- As required by law, we may use and disclose your health information as described below:

a. Public health. We may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.

b. Health oversight activities. We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings. We may collect and share your health information for the purpose of oversight and evaluation of the quality and effectiveness of services through the use of NC-TOPPS.

c. Judicial and administrative proceedings. We may disclose your health information in the course of any administrative or judicial proceeding as required by a court order or subpoena.

d. Law enforcement. We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.

e. Deceased person information. We may disclose your health information to coroners, medical examiners and funeral directors.

- f. Public safety. We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
- g. Specialized government functions. We may disclose your health information for military, national security, and prisoner purposes.
- h. Worker's compensation. We may disclose your health information as necessary to comply with worker's compensation laws.

Only the minimum necessary health information will be disclosed to accomplish the above purposes. If N.C. state law materially limits or prohibits any of the uses and disclosures described above, each such use and disclosure described above must reflect the more stringent law.

II. When A Caring Alternative May Not Use or Disclose Your Health Information

Except as previously described in this Notice of Privacy Practices, A Caring Alternative will not use or disclose your health information without your written authorization. For example, authorizations shall be required in the following circumstances: for research and marketing, for disclosure to a third party (i.e., an attorney, a medical representative, etc.). Other uses when an authorization would be required, for example, include information sent to an employer and information sent to a business associate that is not involved with Treatment, Payment, or Operations. If you do authorize A Caring Alternative to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

III. Other important facts related to the privacy and security of your health information

1. A Caring Alternative shall agree to an individual's request to restrict disclosure of protected health information (PHI) to a health plan if (a) the PHI pertains solely to health care for which the individual (or person on behalf of the individual other than health plan) has paid the covered entity in full out of pocket and (b) the disclosure is not required by other law. Note: For a restriction on follow-up care, the individual must pay out of pocket and request a restriction for the follow-up care.
2. Electronic access
 - a. If an individual requests an e-copy of PHI maintained electronically in the designated record set, A Caring Alternative shall provide access in the electronic form/format requested, if readily producible, otherwise in a readable electronic form/format as agreed to by A Caring Alternative and the individual.
 - i. A Caring Alternative must produce some form of e-copy
 - ii. A Caring Alternative may provide a hard copy if the individual declines to accept any of the electronic forms available
 - b. A Caring Alternative may charge for:
 - i. Labor for copying – time attributable to reviewing the request and producing a copy
 - ii. Cost of electronic media – CD, USB drive, or similar portable media/device, if the individual requests the copy on portable media
 - c. A Caring Alternative shall have 30 days (with one 30 day extension) to act on a request for access
3. If requested, A Caring Alternative shall transmit a copy of PHI to an individual's designee (not limited to electronic access). The request must be in writing and signed and it must clearly identify the designated person and where to send the information.
4. Per the HIPAA Privacy Rule, psychotherapy notes are exempted from the right of access.
5. Breach Notification
 - a. A "breach" means the acquisition, access, use, or disclosure of PHI in a manner not permitted which compromises the security or privacy of the protected health information.
 - b. If a breach is discovered by A Caring Alternative, the agency shall complete a Risk Assessment to evaluate the overall probability that the PHI has been compromised.
 - c. If the evaluation of the factors fails to demonstrate a low probability that PHI has been compromised, breach notification is required.

IV. Your Health Information Rights

1. You have the right to request restrictions on certain uses and disclosures of your health information. A Caring Alternative is not required to agree to the restriction that you requested. We ask that such requests be made in writing. Appropriate forms may be obtained from A Caring Alternative's contact person listed below.

2. You have the right to inspect and copy your health information.
3. You have a right to request that A Caring Alternative amend your health information that is incorrect or incomplete. A Caring Alternative is not required to change your health information and will provide you with information if A Caring Alternative denies your request and how you may request a review of this decision. We ask that such requests be made in writing. Appropriate forms may be obtained from A Caring Alternative's contact person listed below.
4. You have a right to receive an accounting of disclosures of your health information made by A Caring Alternative, except that A Caring Alternative does not have to account for the disclosures described in parts 1 (treatment), 2 (payment), 3 (health care operations), 4 (information provided to you), and 6g (specialized government functions) of section I of this Notice of Privacy Practices.
5. You have a right to a paper copy of this Notice of Privacy Practices. If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact: A Caring Alternative Chief Compliance Office (828) 437-3000.

V. Changes to this Notice of Privacy Practices

A Caring Alternative reserves the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made, A Caring Alternative is required by law to comply with this Notice. Revised notices will be communicated through publications, meetings, mailings, posting to the agency website or other distribution channels.

VI. Complaints

Complaints about this Notice of Privacy Practices or how A Caring Alternative handles your health information must be in writing and directed to: A Caring Alternative, Chief Compliance Office (828) 437-3000 ext. 196.

A Caring Alternative
301 E. Meeting Street
Morganton, NC 28655

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Department of Health and Human Services
Office of Civil Rights
Hubert H. Humphrey Bldg.
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

You may also address your complaint to one of the regional Offices for Civil Rights. A list of these offices can be found online at <https://www.hhs.gov/ocr/about-us/contact-us/index.html>.