

2016-2017

# Client Handbook



[www.pchnc.com](http://www.pchnc.com)

## **OUR MISSION STATEMENT**

The mission of Preferred Choice Healthcare, Inc. is to provide professional services to individuals suffering difficulties arising from mental health and substance use related concerns in a holistic framework based upon the values of respect, integrity, and dignity. Preferred Choice Healthcare strives to communicate these core values by demonstrating Empathetic, Authentic and Genuine Care in all of our interactions in our efforts of meeting your unique needs.

## **A BRIEF BACKGROUND OF OUR BEGINNING**

Dr. James Powell created the non-profit agency, Preferred Choice Healthcare in 2010. Dr. Powell had extensive clinical experience in both the public and private sector, but realized that therapeutic counseling for individuals that are experiencing mental health and substance abuse issues should be client directed, based solely on the needs of the clients. This is in direct opposition to the standard way of providing therapy which is described as the “attempted remediation of a health problem, usually following a diagnosis.”

With this concept in mind, Dr. Powell began assembling a team of individuals that shared this vision and understanding.

What makes Preferred Choice Healthcare different is that we address the total person, not just their diagnosis.

### **Accessing Services**

You may contact us at 704-487-4000 to schedule an appointment. Referrals for our services may also be received on your behalf from other agencies such as (includes, but is not limited to):

- Cleveland County and Rutherford County School Systems
- Department of Social Services
- Department of Juvenile Justice
- Attorneys
- Primary Care Physicians
- Partners Behavioral Health Management (MCO)
- Smoky Mountain Center (MCO)

### **Preferred Choice Healthcare Hours of Operation**

Hours of operation are from 8:30 am until 5:00 pm Monday through Friday at all PCH locations. Appointments may be scheduled outside of normal business hours as needed by clinicians and with the approval of the Clinical and/or Executive Director.

Preferred Choice Healthcare offices are closed for all major holidays: New Year’s Day, Labor Day, Memorial Day, Good Friday, Christmas Eve, Christmas Day, Thanksgiving, Independence Day and Martin Luther King Jr Day.

DWI and Substance Abuse Classes are from 6:00 pm until 8:00 pm each Monday and Wednesday at our Shelby location.



### **Service Locations**

- 1243-4 E Dixon Blvd Shelby NC 28152 (704-487-4000) Medicaid, Medicare, Insurance, Self Pay
- 1156 N Main Street Suite 148 Marion NC 28752 Medicare, Insurance, Self Pay
- 182 West Court Street Rutherfordton NC 28139 (828-287-7806) Medicare, Insurance, Self Pay

### **Services Provided**

Preferred Choice Healthcare provides Outpatient Behavioral Health Services as outlined in the NC Division of Medical Assistance Medicaid and Health Choice Outpatient Behavioral Health Services Clinical Coverage Policy No. 8-C Provided by Direct-Enrolled Providers Amended Date: October 2015. Services include:

- DWI and Addiction Services
- Family Therapy
- Adult Therapy
- Adolescent Therapy
- Child Therapy
- Group Counseling
- Play Therapy
- EMDR Therapy (Eye Movement Desensitization and Reprocessing)

### **Concerns or Complaints**

**POLICY:** Preferred Choice Healthcare, Inc. shall assure that any client who believes that their rights or the rights of another have been violated by Preferred Choice Healthcare, Inc. shall have access to a process through which the grievance will be fairly considered and appropriately acted upon. Because Preferred Choice Healthcare, Inc. views the monitoring of complaints as a component of quality improvement, Preferred Choice Healthcare, Inc. shall give high priority to being responsive to appropriate requests for help. Preferred Choice Healthcare, Inc. will establish a process whereby all client complaints are properly reported, investigated and acted upon.

QUALITY MANAGEMENT DIRECTOR: 704-487-4000

In addition, you may also contact:

- Partners Behavioral Health Management 1-800-235-4673
- Smoky Mountain Center 1-866-916-4255
- Disability Rights of North Carolina 1-877-235-4210
- Governor's Advocacy Council for Persons with Disabilities (GACPD) 704-433-2087 or 1-800-821-6922.



### **Corporate Compliance**

In general, compliance means conforming to a rule, such as a specification, policy, standard or law. Regulatory compliance describes the goal that organizations aspire to achieve in their efforts to ensure that they are aware of and take steps to comply with relevant laws and regulations. It is our policy:

**POLICY:** Preferred Choice Healthcare Inc. will take reasonable steps to achieve compliance with government rules and regulations and conduct its business within the highest ethical and legal standards. Adherence to the Preferred Choice Healthcare Inc. Compliance Program by all employees is vital to its success. Preferred Choice Healthcare Inc. supervisors are responsible for ensuring that employees are aware of and adhere to the laws and regulations that apply to their job activities and to the provisions stated in the Preferred Choice Healthcare Inc. compliance program. For clarification or interpretation of the plan, please contact the Corporate Compliance Officer.

**CORPORATE COMPLIANCE OFFICER:** Dr. James Powell **TELEPHONE NUMBER:** 704-487-4000

### **Appointments**

1. If it is necessary to reschedule client appointment, please contact our office within 24 hours prior to your scheduled appointment time.
2. If the client fails to keep two appointments, PCH will make reasonable effort to contact client regarding their non-compliance with treatment, and/or the client will be given the opportunity to receive treatment on a designated Walk In Day.
3. If the client fails to keep three appointments (missed appointments, cancellations or no shows), the case will be reviewed by the assigned PCH clinician and the Clinical Director to determine possible discharge. Clients 15 minutes late for appointment will be rescheduled.
4. If client is discharged, any future services will follow the intake process for new clients.
5. There is a \$50 no show fee for each missed appointment.



## **CLIENT RIGHTS**

### ***General Statute 122C-51 Declaration of policy on clients' rights.***

*It is the policy of the State to assure basic human rights to each client of a facility. These rights include the right to dignity, privacy, humane care, and freedom from mental and physical abuse, neglect and exploitation. Each facility shall assure to each client the right to live as normally as possible while receiving care and treatment.*

Each client of Preferred Choice Healthcare, Inc., shall be treated with respect to the basic human rights to dignity, privacy and humane care regardless of race, color, national origin, religion, sex/gender, age or disability, and freedom from mental and physical abuse, neglect and exploitation. Each facility shall assure to each client the right to live as normally as possible while receiving care and treatment. An individual shall retain the right to:

1. Make wishes about future treatment known.
2. Confidentiality.
3. Be informed of the qualifications of the professionals rendering services.
4. Exercise all civil rights.
5. A copy of an individualized treatment plan which includes the anticipated goals, as well as services to be provided in order to achieve these goals will be provided. A copy of the treatment will be provided to you upon completion. You may also request a copy of your treatment plan at any time, by contacting your clinician or the medical records department.
6. Be free from physical punishment and unnecessary or excessive medication. Medications shall be administered in accordance with accepted medical standards and only upon order of a physician as documented in the record.
7. Refuse medications.
8. Be informed of experimental or nonstandard forms of service.
9. Expect reasonable continuity of care, i.e., to know in advance, what appointment times and clinicians are available and where.
10. Be free from influences in my decision of services and providers.
11. Be informed of cost of service.
12. Be informed of estimated length of service.
13. Be considered legally competent unless there has been a court decision of incompetency.
14. Refuse service or institute due process to terminate relations with Preferred Choice Healthcare, Inc. Services will not be contingent on refusing a specific modality.
15. Free from searches or personal belongings except under critical circumstances.
16. Expect special instructions and other requests to be honored when possible.
17. Contact the Governor's Advocacy Council for Persons with Disabilities (GACPD) at 704-433-2087 or 1-800-821-6922. This is the agency designated under federal and state law to protect and advocate the rights of persons with disabilities.

For further clarification of rights, you should ask your Preferred Choice Healthcare, Inc. clinician/therapist. As a client, you have the right to request a different clinician/therapist at any time. To request another therapist, you may contact the Clinical Director at 704-487-4000 for assistance. For questions about availability of another provider in the network, call 1-800-898-5898. If you believe your rights may have been violated, you can file a grievance and appeal, if you are not satisfied with the resolution. Any Preferred Choice Healthcare, Inc., employee may assist you in doing this. You may also contact the Preferred Choice Healthcare Quality Management Director at 704-487-4000.



## **NOTICE OF PRIVACY PRACTICES**

Preferred Choice Healthcare, Inc. must collect timely and accurate health information about you and make that information available to members of your health care team in this agency, so that they can accurately diagnose your condition and provide the care you need. There may also be times when your health information will be sent to service providers outside this agency for services that this agency cannot provide. It is the legal duty of Preferred Choice Healthcare, Inc. to protect your health information from unauthorized use or disclosure while providing health care, obtaining payment for that health care and for other services relating to your health care.

The purpose of this **NOTICE OF PRIVACY PRACTICES** is to inform you about how your health information may be used within Preferred Choice Healthcare, Inc., as well as reasons why your health information could be sent to other service providers outside of this agency.

This **NOTICE OF PRIVACY PRACTICES** describes your rights in regards to the protection of your health information and how you may exercise those rights. This **NOTICE OF PRIVACY PRACTICES** also gives you the names of contacts should you have questions or comments about the policies and procedures used by Preferred Choice Healthcare, Inc. to protect the privacy of your health information.

### **As per N.C. G.S. 130A-143 – Confidentiality of Records**

All information and records, whether publicly or privately maintained, that identify a person who has AIDS virus infection or who has or may have a disease or condition required to be reported pursuant to the provisions of this Article shall be strictly confidential. This information shall not be released or made public except under the following circumstances:

- (1) Release is made of specific medical or epidemiological information for statistical purposes in a way that no person can be identified;
- (2) Release is made of all or part of the medical record with the written consent of the person or persons identified or their guardian;
- (3) Release is made for purposes of treatment, payment, research, or health care operations to the extent that disclosure is permitted under 45 Code of Federal Regulations §§ 164.506 and 164.512(i). For purposes of this section, the terms "treatment," "payment," "research," and "health care operations" have the meaning given those terms in 45 Code of Federal Regulations § 164.501;
- (4) Release is necessary to protect the public health and is made as provided by the Commission in its rules regarding control measures for communicable diseases and conditions;
- (5) Release is made pursuant to other provisions of this Article;
- (6) Release is made pursuant to subpoena or court order. Upon request of the person identified in the record, the record shall be reviewed in camera. In the trial, the trial judge may, during the taking of testimony concerning such information, exclude from the courtroom all persons except the officers of the court, the parties and those engaged in the trial of the case;
- (7) Release is made by the Department or a local health department to a court or a law enforcement official for the purpose of enforcing this Article or Article 22 of this Chapter, or investigating a terrorist incident using nuclear, biological, or chemical agents. A law enforcement official who receives the information shall not disclose it further, except (i) when necessary to enforce this Article or Article 22 of this Chapter, or when necessary to conduct an investigation of a terrorist incident using nuclear, biological, or chemical agents, or (ii) when the Department or a local health department seeks the assistance of the law enforcement official in preventing or controlling the spread of the disease or condition and expressly authorizes the disclosure as necessary for that purpose;
- (8) Release is made by the Department or a local health department to another federal, state or local public health agency for the purpose of preventing or controlling the spread of a communicable disease or communicable condition;
- (9) Release is made by the Department for bona fide research purposes. The Commission shall adopt rules providing for the use of the information for research purposes;
- (10) Release is made pursuant to G.S. 130A-144(b); or
- (11) Release is made pursuant to any other provisions of law that specifically authorize or require the release of information or records related to AIDS. (1983, c. 891, s. 2; 1987, c. 782, s. 13; 2002-179, s. 7; 2011-314, s. 4.)

### **Consent for Services**

Preferred Choice Healthcare, Inc. provides periodic and day/night services to individuals with varying developmental disabilities, mental health and substance abuse diagnoses. The staff members are trained to provide appropriate treatment as needed to help the individual.

I agree to participate in the treatment, services, and supports that have been explained to me and are provided by Preferred Choice Healthcare, Inc., as outlined in the client's service plan. I have been informed of the above services in terms that I can understand. I have also been informed of the alleged benefits, potential risks and possible alternative methods of treatment.

### **Financial Responsibility**

Client/legally responsible person is responsible for all fees incurred regardless of insurance/health coverage. Clients are expected to pay estimated co-payments at each visit, to meet their designated deductibles as prescribed by their insurance carrier, and to promptly pay any outstanding balances that remain after insurance claims have been filed. Non-payment of account responsibility is considered non-compliance with treatment responsibilities.

### **Reporting of Suspected Abuse/Neglect, Danger to Self or Others**

Preferred Choice Healthcare, Inc., professionals are required by state laws to report suspected abuse, neglect, danger to self and/or others, to the appropriate authorities. If you have questions, please do not hesitate to speak with your clinician/therapist or the Executive Director. This is the law (N.C.G.S. § 7B-301). As long as individuals act in good faith, they cannot be held liable. (N.C.G.S. §7B-309). Your signature below acknowledges your understanding of this information.

### **Required Reporting – HIPAA (Health Insurance Portability and Accountability Act of 1996) and Confidentiality**

Preferred Choice Healthcare, Inc., is required by state and federal regulations to report non-identifying client information for the purpose of evaluation and funding. It will also be necessary to use and disclose certain information about you in order to carry out treatment, payment and health care operations. Your signature below acknowledges your understanding that any required reporting, contents to be released and the need for information is covered by HIPAA statutes and regulations that protect the confidentiality of protected health information.

The *Standards for Privacy of Individually Identifiable Health Information* ("Privacy Rule") establishes, for the first time, a set of national standards for the protection of certain health information. The U.S. Department of Health and Human Services ("HHS") issued the Privacy Rule to implement the requirement of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").<sup>1</sup> The Privacy Rule standards address the use and disclosure of individuals' health information—called "protected health information" by organizations subject to the Privacy Rule — called "covered entities," as well as standards for individuals' privacy rights to understand and control how their health information is used.

### **Emergency Treatment/Emergency Information**

In case of sudden illness/accident/emergency, I hereby give permission to the staff of Preferred Choice Healthcare, Inc., to seek emergency medical care and treatment on behalf of the above named client should the need arise. It is understood that a qualified medical professional, physician, and/or hospital emergency room personnel will provide this treatment. In addition, a copy of current medications and known medical conditions and allergies may be released. Every attempt will be made to contact the client's parent/guardian relative before obtaining emergency medical care unless life threatening.

### **After Hours – Crisis Emergencies**

For life threatening emergencies: call 911

PCH After Hours Crisis Number for Cleveland County: 704 466-9202

PCH After Hours Crisis Number for Rutherford County: 828-980-0548

Partners Behavioral Health Management: 1-800-235-4673

Smoky Mountain Center Crisis Line: 1 800 849-6127

Mobile Crisis in Rutherford County: 1-888-573-1006

Mobile Crisis in Cleveland County: 1-855-527-4747

PCH clinical staff are on call 24 hours per day, 7 days per week, 365 days per year to assist active clients in crisis situations.

### **MCO Contact Numbers**

#### Smoky Mountain Center

- If you are in crisis or have questions about services and your eligibility for them, please call Smoky's Access to Services Line at 1-800-849-6127 anytime 24 hours a day, 7 days a week, 365 days a year. When you call this number, you will speak with a specially trained representative who can give you information about services, eligibility, provider referral and appointments and can help you in a crisis.
- If you have a complaint, concern or general question, or want to file a grievance or let us know about something that is working well in the system, please call our Customer Services Line at 1- 888-757-5726 between the hours of 8 a.m. and 5 p.m., Monday through Friday, except holidays. Customer Services representatives will listen to your concern and will help you or transfer you to someone who can help.
- You can also call 1-888-757-5724 between the hours of 8 a.m. and 5 p.m., Monday through Friday, except holidays, to speak with an individual or family member in recovery or with personal mental health, substance use or intellectual or developmental disability experience.

#### Partners Behavioral Health Management

- Access to services Partners Behavioral Health Management has a toll-free number available 24 hours a day, 7 days a week, The toll free number for the Customer Service Call Center is 1-888-235-HOPE (4673) The staff who answer in the Customer Service Call Center are able to help you: Enroll in the Mental Health, Intellectual/Developmental Disabilities, and Substance Abuse service system.
- During a behavioral health emergency, you should speak with your service provider as soon as possible. Behavioral health emergencies are serious. Behavioral health emergencies may not always require a visit to the Emergency Room. Most behavioral health emergencies can be handled by calling the Customer Service Call Center at 1-888-235-HOPE (4673), your service provider, or your doctor. They can listen to your concerns and help you receive emergency care. If you need emergency services, you have the right to use any hospital or other setting for emergency care. No prior authorization is required.



**Cultural Competence, Awareness and Diversity – Involvement of Families, Clients and Community**

Family is defined specifically by each culture but is typically the primary individual or group that provides a system of support to the client. As reflected in person centered thinking, clients and their families make decisions around their care.

**Client Choice**

Each client will have a treatment plan (plan of care) that will establish the initial treatment goals and interventions to meet the individual client needs. Part of the service planning process shall include discussion about the choice of service providers. When revising treatment plans, PCH staff will ask clients about their satisfaction and explain options for different providers if the client is not satisfied. As a client, you have the right to receive a copy of your individualized treatment plan. You may request a copy by contacting your PCH therapist/clinician.

**Client Feedback**

Client feedback is encouraged through the distribution of collection of client satisfaction surveys. In addition, clients may be asked about their experience with PCH either in person or via telephone. Clients are also encouraged to provide feedback to their clinician or the Quality Management Director.

**IMPORTANT INFORMATION TO REMEMBER**

The name of my therapist is: \_\_\_\_\_

Things I may want to ask or discuss at my next visit: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Smoky Mountain Center** <http://www.smokymountaincenter.com/consumers.asp>  
**Partners BHM** <http://www.partnersbhm.org/>