

CONCERNS AND COMPLAINTS

If you have a complaint or concern you should first discuss this with the therapist responsible for your care. You must let this person know you are accessing the Formal Complaint/Grievance Procedure, if you wish to follow this process. The complaint or concern does not have to be written. The therapist responsible for your care will talk with you about your concern or complaint. He or she will give you a response no later than five(5) working days of the meeting. If your complaint is about this person, begin with the talking to the Clinical Supervisor.

If you are not satisfied with the results of the complaint to your assigned therapist, you may appeal your complaint to the clinical supervisor. This must be done within ten (10) days of receiving the response from the therapist and they will notify the program clinical supervisor that you want to appeal further. Again, your complaint does not have to be in writing.

The program team leader will meet with you and consider your complaint or concern within seven (7) working days. or she will respond to you no later than five (5) working days.

If you are not satisfied with the above results, contact Path of Hope's Executive Director, who will guide you through the additional procedures and advocate for you until the

DISABILITY RIGHTS NORTH CAROLINA

At any time you feel that you cannot get the information or help you need in our facility, you can get help with your rights by calling the Disability Rights North Carolina office at 1-877-235-4210.

RELEASE OF HEALTH INFORMATION / HIPAA GUIDELINES

We are required to protect the privacy of health information about you and that identifies you, which we call Protected Health Information (PHI), and provide you with a Notice of our legal duties and privacy practices associated with your health information. We must protect health information that we have created or received about your past, present, or future health condition, health care we provide to you, or payment for your health care. We are only allowed to use and disclose health information in the manner described in this Notice. We will provide you a paper copy of this Notice prior to or the first time receive a service from us. We reserve the right to revise or change terms of this notice at any time and to make the new revisions effective for all health information we maintain. We will provide you a copy of this Notice whenever there are changes to this Notice by; posting the revised notice in our offices.

Path of Hope, Inc.

Path of Hope, Inc. is
Licensed by the
North Carolina Department of
Human Resources as a
Chemical Dependency
Treatment Facility.

Our facility is located at
1675 East Center Street Ext.
Lexington, NC, 27292.

Mailing address:
PO Box 1824
Lexington, NC, 27293

(336) 248-8914
(336) 248-2138 fax

pathofhope@pathofhope.org



Client Rights Information

**Our mission is to meet
the needs of all
people suffering
from addiction.**



CLIENT RIGHTS

Our policy is to assure the rights of each client served. As a client of Path of Hope you have the:

1. Right to dignity, privacy, humane care and freedom from mental and physical abuse, neglect and exploitation;
2. Right to live as normally as possible while receiving care and treatment;
3. Right to treatment, including access to medical care and habilitation, regardless of age or degree of MHJDD/SA need;
4. Right to an individualized written treatment or habilitation plan that maximized your capabilities;
5. Right to, within 30 days of admission to a facility, to have this plan implemented by the facility;
6. Right to exercise all civil rights and only if you have been declared incompetent, can these rights be limited;
7. Right to confidentiality;
8. Right to receive age-appropriate treatment for MHJDD/SA illness or disability;
9. Right to be informed in advance of the potential risks and alleged benefits for the treatment choices;
10. Right to be free from unnecessary-excessive medication, corporal punishment;
11. Right to be free from physical restraint and seclusion (except as followed by policy/procedure);
12. Right to consent to or refuse any treatment you have been offered unless: (a) in an emergency situation (b) if treatment was ordered by the court (c) you are under 18 years old, and your legally responsible person gives permission, even if you object.

CLIENT RESPONSIBILITIES

Your responsibilities include, but are not necessarily limited to the following;

1. Respecting the rights and property of other clients and of program staff;
2. Working toward the goals of your individualized plan;
3. Cooperating with the program staff by providing information needed for effective service delivery;
4. Keeping all scheduled appointments-if unable to keep an appointment, cancel at least 24-hours in advance;
5. Meeting financial obligations according to your established agreement;
6. Informing staff of any medical conditions or communicable diseases;
7. Requesting a copy of your treatment plan through your primary clinician, if you so desire;
8. Requesting a discharge plan by the program you are attending, if you so desire.

YOUR RIGHTS IN A 24 -HOUR FACILITY

The following are rights for adults who reside in a program that is operated 24 hours a day:

1. Right to receive necessary treatment for the prevention of physical ailments based upon your condition and projected length of stay;
2. The right to have, as soon as practical during treatment or habilitation, but not later than the time of discharge, an individualized written discharge plan containing recommendations for further services designed to enable you to live as normally as possible;
3. Right to send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary (the facility will make limited postage available to clients who need assistance);
4. Right to contact and consult with, at your own expense and at no cost to the facility, legal counsel, private physicians and private MHIDD/SA professionals of your choice;
5. Right to contact and consult with a client advocate. Path of Hope staff will provide the names of advocates and/or advocacy agencies as available upon request;
6. Right to a quiet atmosphere for uninterrupted sleep during scheduled sleeping hours;
7. Right to be provided area accessible to you for personal privacy, for at least limited periods of time, unless determined inappropriate by the treatment team.
8. Right to suitably decorate your room, or portion of a multi resident room, with respect to your choice, normalization principals, and with respect for the physical structure. The facility you live in may establish written policies and justifications that limit this right in certain circumstances such as resource limitations and for special admissions.
9. Right to dignity, privacy and humane care in the provision of personal health, hygiene and grooming care. Such rights shall include, but need not be limited to the: Opportunity for a shower or tub bath daily, or more often as needed; opportunity to shave at least daily; opportunity to obtain the services of a barber or beautician; Provisions of linens and towels, toilet paper and soap for each client and other individual personal hygiene articles for each indigent client, (Such articles include but are not limited to toothpaste, sanitary napkins, tampons, shaving cream and shaving utensil.) Bathtubs or showers and toilets which ensure individual privacy. Adequate toilets, lavatory and bath facilities equipped for use by persons with mobility impairment.

The following are additional rights for ADULTS in a 24-hour facility:

1. * Right to have access to telephones in private areas, when you request it. Make and receive confidential calls;
2. *Receive visitors between the hours of 8:00 a.m. and 9:00p.m. for a period of at least 6 hours daily, 2 hours of which shall be after 6:00p.m.;
3. *Communicate under appropriate supervision with individuals of your own choice upon the consent of the individuals;
4. *Make visits outside the custody of the facility unless commitment proceedings prohibit, or you were admitted from a correctional facility or unless you are being held to determine capacity to proceed to trial;
5. *Be outdoors daily and have access to facilities and equipment for physical exercise, several times a week;
6. *Keep and use personal clothing and possessions;
7. *Participate in religious worship;
8. *Keep/spend reasonable amounts of own money;
9. *Retain a drivers license;
- 10.* Have access to individual storage space for private use.

Rights listed above that have an (*) in front of them are rights that a facility may limit/restrict.

SEARCH AND SEIZURE

It is your right to be free from unwarranted invasion of privacy and you will have access to private living and/or storage areas for your personal belongings. Your private space may be only searched if staff has reasonable cause to believe that a policy or facility rule or a state federal law has been broken. Every search and seizure shall be documented in your medical record. Attempts will be made to contact your legally responsible person, if applicable, prior to any search except when staff has a reasonable suspicion that you may have in your possession an item or substance that makes for a dangerous situation to you or others and this danger renders prior notice impractical. The legally responsible person will always be notified following a search and/or seizure.

This is a summary of your rights as a client. For full details, you may see NC General Statute 122C.