

COASTAL CAROLINA NEUROPSYCHIATRIC CENTER, PA

# PATIENT ORIENTATION POLICIES

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# PATIENT ORIENTATION POLICIES

This information can be found on our website at:

<http://coastalcarolinapsych.com/for-patients/forms/>

## PATIENT RIGHTS & RESPONSIBILITIES

**POLICY:** To ensure the process that a patient will be an active, informed participant in his/her plan of care, the patient will be empowered with certain rights and responsibilities as described in the Patient Rights and Responsibilities. A patient may designate someone to act as his/her patient representative. This representative, on behalf of the patient may exercise any of the rights provided by the policies and procedures established by the agency.

All policies are available at all times to the agency personnel, patients and representatives as well as other organizations and the interested public to assist with fully understanding the patient's rights and responsibilities.

### **PROCEDURE:**

1. Before or upon admission, the staff will provide each patient and/or their representative with a copy of the Patient Rights and Responsibilities.
2. The Patient Rights and Responsibilities will be explained and distributed to the patient prior to the initiation of agency services and annually. This explanation will be in a language he/she can reasonably understand. Communication of these rights and responsibilities can occur through:
  - a. Verbal
  - b. Written
  - c. For non-english speakers, all related information will be translated

### **PATIENT RIGHTS**

The patient is informed at admission and annually of:

- a. Confidentiality of all personal and treatment/service related information.
- b. The right to privacy, security, and respect of property.
- c. The right for protection from abuse, neglect, retaliation, humiliation, exploitation.
- d. The right to have access to, review, and obtain copies of pertinent information needed to make decision regarding treatment/services in a timely manner.

- e. The rights to informed consent or refusal or expression of choice regarding participation in all aspects of care/services and planning of care/services to the extent permitted by law including: 1) Service delivery, 2) Release of Information, 3) Concurrent services, 4) Composition of the service team.
- f. The right to access or referral to legal entities for appropriate representation.
- g. The right to access to self-help and advocacy support services.
- h. The right to investigation and resolution of alleged infringements of rights.
- i. The right to provision of care in the least restrictive environment.
- j. The right to adequate and humane care.
- k. The right to evidence-based information about alternative treatments/services, medications, and modalities
- l. The cost of services that will be billed to his/her insurance(s) and/or self (verbally and in writing).
- m. The right to protection from the behavioral disruptions of other persons served.
- n. The right to 24-hour crisis intervention.
- o. The right to equal access to treatment/services for all persons in need regardless of race, ethnicity, gender, age, sexual orientation, level of SA/MH/IDD, or sources of payment. (Updated 8/25/15)
- p. The right to a grievance procedure that includes the rights to: be informed of appeal procedures, initiate appeals, have access to the grievance procedures posted in a conspicuous place, receive a decision in writing, and appeal to an unbiased source.
- q. In the case of an emergency, CCNC will release needed protected medical information without the consent of patient in accordance with 45 CR 164.512 of HIPAA. (Updated 8/25/15)

If any restrictions are placed on a patient's rights, the clinical supervisor will meet with the patient to inform them of any and all restrictions and regularly evaluate the restrictions placed on the persons served through patient interviews, case notes, staffing minutes, incident reports, and any formally filed grievance reports. Only clinical supervisors are able to make medical/clinical decisions that will place limits or return the restricted rights and privileges of the persons served.

## **PATIENT RESPONSIBILITIES**

Patient agrees to meet the following guidelines for successful completion of treatment/services.

- a. Providing Information. The responsibility to provide, to the best of your knowledge, accurate and complete information about complaints, past illness, hospitalizations, medications, and other matters relating to the patient's health. A patient has the responsibility to let his/her health care provider know whether he or she understands the treatment and what is expected of him/her. It is the patient's responsibility to notify us of any changes to their contact information and insurance.
- b. Respect and Consideration. The responsibility for being considerate of the rights of other patients and health care personnel and for assisting in the control of noise, smoking, and the number of visitors. The patient is responsible for being respectful of the property of other persons and of the property of the facility. We ask that patients refrain from using profanity or raised voices. Keep cell phone usage to a minimum in the waiting area and turn off cell phones while in the clinical areas.
- c. Compliance with Medical Care. The responsibility for complying with the medical and nursing treatment plan, including follow up care recommended by health care providers. This includes keeping appointments on time and notifying the health facility when appointments cannot be kept.
- d. Medication Management. Patients and/or their family members have the responsibility to ask the health care provider what to expect regarding their medication management and to participate in discussion and decisions. Patients should ask and notify the health care provider if symptoms are not relieved; share their concerns.
- e. Rules and Regulations. The responsibility for following the rules and regulations effecting patient care and conduct.
- f. Reporting of Patient Concerns. The responsibility for helping CCNC provides the best possible care to all beneficiaries. Patient's recommendations, questions or concerns should be reported to the Front Office Supervisor, the Front Office Manager, or the Practice Administrator.
- g. Patients agree to attend and participate in all required treatment/services as mandated by the agency and the program requirements.

- h. Failure to meet scheduled appointments will be defined as non-compliance. Non-compliance is grounds for discharge or transfer out of the agency or the program.
- i. Participation in any illegal or suspicious activity or acting out, or defacing Coastal Carolina Neuropsychiatric Center property, will not be tolerated. Any threat or act of violence directed toward staff, other patients, or visitor to the clinic is grounds for immediate dismissal from the program.
- j. Selling, giving away or using drugs on Coastal Carolina Neuropsychiatric Center premises will be defined as non-compliance and will result in an immediate discharge.
- k. Stealing from Coastal Carolina Neuropsychiatric Center, its staff or other patients will result in an immediate discharge.
- l. Known or suspected abuse or neglect will be reported immediately.
- m. Spouses, family members or significant others will be permitted to participate in treatment/services with proper permission and consent.
- n. You will be expected to dress appropriately whenever on the premises of Coastal Carolina Neuropsychiatric Center.
- o. Coastal Carolina Neuropsychiatric Center is not responsible for loss or theft of any personal property.
- p. You will be expected to honor the Federal Confidentiality Law.

**REFERENCES:**

# PATIENT GRIEVANCE POLICY

**POLICY:** Coastal Carolina Neuropsychiatric Center provides a formal method of documenting and reporting any and all patient grievances or complaints. It is imperative that patients have a means to openly discuss and document issues that are interfering in the recovery process. Coastal Carolina Neuropsychiatric Center wants to be informed of any patient grievances and will resolve all issues to the best of their ability. Patient's actions will not result in retaliation or barriers to services.

## **PROCEDURE:**

1. We have an obligation to provide a method to address any grievance for which the patient may feel that we have done to any of his/her rights
  - a. "Grievance" is defined as; "any circumstance for which there is just cause for protest"
  - b. The grievance procedure at Coastal Carolina Neuropsychiatric Center shall be as follows:
    1. The agency shall provide the patient with a written statement on the "grievance procedure."
    2. The patient will sign the Receipt of Patient Orientation Packet form to document his or her receipt and understanding of the rights and responsibilities of each patient.
    3. Patient Grievance forms are readily available at all locations upon request.
    4. All grievances shall be made in writing to the Front Office Manager or Supervisor at the local office of Coastal Carolina Neuropsychiatric Center. If the complaint is made by telephone, Coastal Carolina Neuropsychiatric Center personnel will gather the information and if necessary connect the patient or family member with the Front Office Manager or Supervisor. The Front Office Manager or Supervisor will document the complaint either by phone or at a scheduled meeting to assure an understanding of the nature of the grievance. If the grievance involves the agency Front Office Manager or Supervisor, the staff will contact the Administrator to complete the grievance report.
    5. The Corporate Responsibility Officer is required to investigate, review and make a written determination of his/her findings including action to be taken to address the complaint.
    6. The Corporate Responsibility Office is required to refer the grievance and his/her report to the Administration/Board of Directors.

7. Should the grievance be of such a nature that it is reasonable to consider that a legal question has been raised, the administration shall refer the grievance and his/her report to the attorney of record for the agency.
8. On the advice of said attorney, the administrator shall make the patient grievance to the appropriate law enforcement authority.
9. In all cases, every attempt will be made by all parties to the resolve grievances informally within thirty (30) working days.
10. The patient has a right at any step of the grievance review process to take his/her grievance directly to an external reviewer.
11. Coastal Carolina Neuropsychiatric Center is required to comply with and adhere to the Civil Rights Act of 1964 and all subsequent amendments; including religious, age, sex, MH/IDD/SA, and political affiliation as all relate to any and all civil rights which are granted/or implied by statute of law.
12. Each new patient will be given the location of a copy of the grievance procedure.
13. Coastal Carolina Neuropsychiatric Center will conduct an annual review of formal complaints to determine any trends, areas needing improvement, and subsequently develop actions to be taken based on these results.

**REFERENCES:**

Civil Rights Act of 1964



## **PATIENT INPUT ON QUALITY OF CARE**

Quality of care, achievement towards goals, and patient satisfaction are all essential aspects of effective and efficient treatment/services. Our clinical team is required to formally address these issues, verbally or in writing, at the time of assessment and at the end of each 90-day period. The Clinical Supervisor uses this input to complete the clinical reports and make adjustments to the treatment/service plan to assure that the goals stated on the treatment/service plan are the goals of the person served.

Patients are encouraged to meet directly with the Clinical Supervisor at any time that they feel there is an issue related to quality of care, achievement toward goals, or satisfaction of services. We will also have the patients complete a Patient Satisfaction Survey at the end of each quarter during their time in treatment/service.

## **SATISFACTION OF PERSON SERVED**

Coastal Carolina Neuropsychiatric Center desires the input of all persons served on the quality of services that are being provided. Coastal Carolina Neuropsychiatric Center provides a patient satisfaction survey to each patient each quarter to provide a means of measuring the quality of services being delivered and any suggestions for improvement of services.

# SERVICES AND ACTIVITIES

Program services include the following:

- Psychiatric assessment
- Medication management
- Suboxone treatment and groups
- Psychological assessment
- Psychotherapy
- DSS Requested evaluations (Exclusion: Child custody, Forensic)
- Provide internship and practicum experience for students

## AGENCY EXPECTATIONS OF SERVICE RECIPIENTS

Coastal Carolina Neuropsychiatric Center expects that all service recipients will provide the agency and staff with clear, complete and honest information at all times so the agency can provide the most effective and efficient services possible. Coastal Carolina Neuropsychiatric Center demonstrates a commitment to our recipients care and expects that the recipient will work and participate in treatment/services with an equal amount of dedication. Coastal Carolina Neuropsychiatric Center clearly states the agency and program requirements for proper participation to all recipients and their families and expects that each individual will honor their responsibilities to the therapeutic process.

# AGENCY HOURS OF OPERATION

Coastal Carolina Neuropsychiatric Center maintains business hours listed below:

## **Jacksonville, NC**

Address: 200 Tarpon Trail, Jacksonville, NC 28546

Phone number: 910.938.1114

Fax number: 910.938.1118

Hours of Operation:

Monday to Thursday – 8a to 6pm; Friday - 8am to 1pm

*Subject to Change. Call for appointment*

## **Fayetteville, NC**

Address: 1200 Fairmont Court, Fayetteville, NC

Phone number: 910.429.1114

Fax number: 910.938.1118

Hours of Operation:

Monday to Thursday – 8a to 6pm; Friday - 8am to 1pm

*Subject to Change. Call for appointment.*

## **Morehead City, NC**

Address: 302 Penny Lane, Morehead City, NC 28557

Phone number: 910.938-1114

Fax number: 910.938.1118

Hours of Operation: Monday to Thursday – 8a to 6pm

*Subject to Change. Call for appointment.*

## **HOLIDAYS:**

- New Year's Day (January 1)
- Good Friday
- Memorial Day (last Monday in May)
- Independence Day (July 4)
- Labor Day (first Monday in September)
- Thanksgiving (fourth Thursday in November)
- Christmas Eve and Christmas Day

# AFTER HOUR SERVICES

Coastal Carolina Neuropsychiatric Center has an after hour's crisis number that is monitored by qualified staff. For Psychiatric Emergencies after hours, call Good Hope Hospital, Inc. at (910) 230-4011, call 911, or go to the nearest Emergency Room.

Coastal Carolina Neuropsychiatric Center will have a staff member on the premises at all times to accept referrals and accept patients during regular business hours.

## 24 and 48-HOUR CRISIS RESPONSE PLAN

Coastal Carolina Neuropsychiatric Center is required to have a 24-hour and a 48-hour crisis response list to allow staff and patients ready access to emergency telephone numbers in order to obtain assistance anytime they deem necessary.

Mental Health Emergencies call Good Hope Hospital, Inc. (910) 230-4011  
All Medical Emergencies call 911

Each new patient will be given contact information for Good Hope Hospital on each appointment card they receive in case of a crisis and is encouraged to post the emergency telephone numbers in a place that is accessible.

### **In case of Emergency**

#### **During office hours:**

##### **Patient in Crisis who Visit a CCNC Office**

If a patient arrives at one of the offices of CCNC in a crisis situation during office hours, patients are seen on the same day, as soon as possible by a medical provider. If any patient requires hospitalization, the Nursing Supervisor of Coastal Carolina Neuropsychiatric Center will assist that facility with placement.

##### **Crisis Telephone Calls to a CCNC Office**

During business hours patients may contact CCNC's office directly at (910) 938-1114. All crisis calls will be directed to the Nursing Supervisor of the facility, that individual will assess crisis information, and direct the patient or family member with appropriate referral information. The Nursing Supervisor will remain in contact with the patient or family in crisis by telephone or in person until crisis has been resolved.

#### **After office hours:**

- Patients may call Good Hope Hospital at (910) 230-4011.
- Patients in medical crises that occur after hours may go directly to your local emergency room or call 911.
- Patients may call Crisis Services at 866-875-1757 or 910-353-5118.
- Patients may contact 1-800-273-TALK, which is a suicide hotline  
[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

# CODE OF ETHICS

## **Patient Welfare**

Primary Responsibility. The primary responsibility of Coastal Carolina Neuropsychiatric Center is to respect the dignity and to promote the welfare of patients.

Positive Growth and Development. Coastal Carolina Neuropsychiatric Center encourages patient growth and development in ways that foster the patients' interest and welfare; Coastal Carolina Neuropsychiatric Center avoids fostering dependent patient relationships.

Treatment/Service Plans. Coastal Carolina Neuropsychiatric Center staff and their patients work jointly in devising integrated, individual treatment/service plans that offer reasonable promise of success and are consistent with abilities and circumstances of patients. Coastal Carolina Neuropsychiatric Center staff and patients regularly review treatment/service plans to ensure their continued viability and effectiveness, respecting patients' freedom of choice.

Family Involvement. Coastal Carolina Neuropsychiatric Center recognizes that families are usually important in patients' lives and strive to enlist family understanding and involvement as a positive resource, when appropriate.

Career and Employment Needs. Coastal Carolina Neuropsychiatric Center works with their patients in considering employment in jobs and circumstances that are consistent with the patients' overall abilities, vocational limitations, physical restrictions, general temperament, interest and aptitude patterns, social skills, education, general qualifications, and other relevant characteristics and needs. Coastal Carolina Neuropsychiatric Center neither places nor participates in placing patients in positions that will result in damaging the interest and the welfare of patients, employers, or the public.

## **Respecting Diversity**

Nondiscrimination. Coastal Carolina Neuropsychiatric Center does not condone or engage in discrimination based on age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, marital status, or socioeconomic status.

Respecting Differences. Coastal Carolina Neuropsychiatric Center will actively attempt to understand the diverse cultural backgrounds of the patients with whom they work. This includes, but is not limited to, learning how the agency's own cultural/ethnic/racial identity impacts the values and beliefs about the therapeutic process.

## **Patient Rights**

**Disclosure to Patients.** When treatment/service is initiated, and throughout the treatment/service process as necessary, Coastal Carolina Neuropsychiatric Center staff informs patients of the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services to be performed, and other pertinent information. Coastal Carolina Neuropsychiatric Center staff takes steps to ensure that patients understand the implications of diagnosis, the intended use of tests and reports, fees, and billing arrangements. Patients have the right to expect confidentiality and to be provided with an explanation of its limitations, including supervision and/or treatment/service team professionals; to obtain clear information about their case records; to participate in the ongoing treatment/service plans; and to refuse any recommended services and be advised of the consequences of such refusal.

**Freedom of Choice.** Coastal Carolina Neuropsychiatric Center offers patients the freedom to choose whether to enter into a therapeutic relationship and to determine which professional(s) will provide services. Restrictions that limit choices of patients are fully explained.

**Inability to Give Consent.** When treating minors or persons unable to give voluntary informed consent, Coastal Carolina Neuropsychiatric Center staff acts in these patients' best interests.

## **Patients Served by Others**

If a patient is receiving services from another health care professional, Coastal Carolina Neuropsychiatric Center, with patient consent, informs the professional persons already involved and develops clear agreements to avoid confusion and conflict for the patient.

## **Personal Needs and Values**

**Personal Needs.** In the therapeutic relationship, Coastal Carolina Neuropsychiatric Center is aware of the intimacy and responsibilities inherent in the therapeutic relationship, maintain respect for patients, and avoid actions that seek to meet their personal needs at the expense of patients.

**Personal Values.** Coastal Carolina Neuropsychiatric Center is aware of their own values, attitudes, beliefs, and behaviors and how these apply in a diverse society, and avoid imposing their values on patients.

## **Dual Relationships**

Avoid When Possible. Coastal Carolina Neuropsychiatric Center is aware of their influential positions with respect to patients, and they avoid exploiting the trust and dependency of patients. Coastal Carolina Neuropsychiatric Center makes every effort to avoid dual relationships with patients that could impair professional judgment or increase the risk of harm to patients. (Examples of such relationships include, but are not limited to, familial, social, financial, business, or close personal relationships with patients.) When a dual relationship cannot be avoided, Coastal Carolina Neuropsychiatric Center takes appropriate professional precautions such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs.

Superior/Subordinate Relationships. Coastal Carolina Neuropsychiatric Center does not accept as patient's superiors or subordinates with whom they have administrative, supervisory, or evaluative relationships.

## **Sexual Intimacies with Patients**

Current Patients. Coastal Carolina Neuropsychiatric Center does not have any type of sexual intimacies with patients and do not counsel persons with whom they have had a sexual relationship.

Former Patients. Coastal Carolina Neuropsychiatric Center employees do not engage in sexual intimacies with former patients within a minimum of 2 years after terminating the therapeutic relationship. Coastal Carolina Neuropsychiatric Center employees who engage in such relationship after 2 years following termination have the responsibility to examine and document thoroughly that such relations did not have an exploitative nature, based on factors such as duration of treatment/service, amount of time since treatment/services, termination circumstances, patient's personal history and mental status, adverse impact on the patient, and actions by the employee suggesting a plan to initiate a sexual relationship with the patient after termination.

## **Multiple Patients**

When Coastal Carolina Neuropsychiatric Center agrees to provide therapeutic services to two or more persons who have a relationship (such as husband and wife, or parents and children), Coastal Carolina Neuropsychiatric Center staff clarify at the outset, which person or persons are patients and the nature of the relationships they will have with each involved person. If it becomes apparent that Coastal Carolina Neuropsychiatric Center staff may be called upon to perform potentially conflicting roles, they clarify, adjust, or withdraw from roles appropriately.

## **Group Work**

**Screening.** Coastal Carolina Neuropsychiatric Center screens prospective group counseling/therapy participants. To the extent possible, Coastal Carolina Neuropsychiatric Center staff selects members whose needs and goals are compatible with goals of the group, who will not impede the group process, and whose well being will not be jeopardized by the group experience.

**Protecting Patients.** In a group setting, Coastal Carolina Neuropsychiatric Center staff takes reasonable precautions to protect patients from physical or psychological trauma.

## **Fees and Bartering**

**Advance Understanding.** Coastal Carolina Neuropsychiatric Center staff clearly explains to patients, prior to entering the therapeutic relationship, all financial arrangements related to professional services.

**Bartering Discouraged.** Coastal Carolina Neuropsychiatric Center refrains from accepting goods or services from patients in return for therapeutic services because such arrangements create inherent potential for conflicts, exploitation, and distortion of the professional relationship.

## **Termination and Referral**

**Abandonment Prohibited.** Coastal Carolina Neuropsychiatric Center does not abandon or neglect patients in treatment/service. Coastal Carolina Neuropsychiatric Center assists in making appropriate arrangements for the continuation of treatment/services, when necessary, during interruptions such as vacations, and following termination.

**Inability to Assist Patients.** If Coastal Carolina Neuropsychiatric Center determines an inability to be of professional assistance to patients, they avoid entering or immediately terminate a therapeutic relationship. Coastal Carolina Neuropsychiatric Center is knowledgeable about referral resources and suggests appropriate alternatives. If patients decline the suggested referral, Coastal Carolina Neuropsychiatric Center should discontinue the relationship.

**Appropriate Termination.** Coastal Carolina Neuropsychiatric Center terminates a therapeutic relationship, securing patient agreement when possible, when it is reasonably clear that the patient is no longer benefiting, when services are no longer required, when treatment/services no longer serves the patient's needs or interests or when agency or institution limits do not allow provision of further therapeutic services.



**PROCEDURE:**

If there is a claim that an employee or contractor has violated the Code of Ethics, the following steps will be followed:

1. A verbal report will be made to the Administrator.
2. The verbal report will be summarized in writing and the claim will be investigated within 48 business hrs.
3. After completion of all required investigations and a clear understanding of the violation, the Administrator will meet with and address the violation with the party (ies) involved.
4. A decision will be rendered as to the sanctions, if any, for the violation and this will be written and placed into the individual's personnel chart, if applicable.

**REFERENCES:** [http://www.counseling.org/resources/ACA\\_Ethics.pdf](http://www.counseling.org/resources/ACA_Ethics.pdf)

# CONFIDENTIALITY/PRIVACY OF PATIENT INFORMATION

**POLICY:** All information, written and verbal, regarding patient care or services is to be treated as confidential information in accordance with local, state, and federal guidelines. Coastal Carolina Neuropsychiatric Center will adhere to all HIPAA requirements regarding confidentiality of patient information. It must be understood, however, that all such information is to be discussed only with those individuals participating in the patient's care and only as necessary to meet an identified need. All Coastal Carolina Neuropsychiatric Center employees and contracted staff must at all times be aware of the responsibilities in maintaining patient confidentiality. Coastal Carolina Neuropsychiatric Center does not permit audio or video recording to protect patient confidentiality. Coastal Carolina Neuropsychiatric Center will not release any information, written or otherwise, without a properly executed release of information form.

## **PROCEDURE:**

1. Staff are ultimately responsible for ensuring the privacy and respect due each patient in each unique situation.
2. The information in the patient case record and billing records is inaccessible to all except authorized staff of Coastal Carolina Neuropsychiatric Center organization and any contracted organizations or individuals.
3. Records or copies of the record will be made available for review by licensing, regulatory and/or accrediting bodies authorized by Coastal Carolina Neuropsychiatric Center agency administrator as well as for Quality Assurance reviews.

Confidentiality can and will be broken, by law, if an individual discloses information that expresses intent to harm themselves or others or discloses information regarding abuse or neglect towards themselves or others.

## **REFERENCES:**

# RELEASE OF INFORMATION/REQUESTING PATIENT RECORD

Coastal Carolina Neuropsychiatric Center will release the records or information regarding a patient upon proper request and signed authorization in accordance with applicable legal, accrediting, regulatory agency requirements, and in accordance with written policy. Information that contains no personal identifying data can be released without a signed authorization by the patient. All requests for patient records releases must be referred to the Medical Records Officer to coordinate. No medical information is to be released outside of the stated hours of operations, except to a physician, or other medical facility treating the patient. Written authorization of the patient or legal representative is required for other releases as detailed below in the section “Written Authorization”, with exceptions outlined in the special considerations under the Federal Law of patient’s previously admitted, treated/served, or referred for treatment/services. Service recipients or their legal representatives may withdraw their authorization at any time during this process.

## **PROCEDURE:**

### Written Authorizations

1. Information considered to be confidential should be disclosed only upon written authorization by the patient or his or her legal representative or where federal or state law, subpoena authorize such disclosure, or court order.
2. Copies of records require a written authorization signed by the patient or legal representative.

The authorization should include:

- a. Full name of the patient
- b. Name of the program or person permitted to make the disclosure
- c. Name of the individual or organization to which the disclosure is to be made
- d. The purpose of disclosure
- e. How much and what kind of information is to be disclosed
- f. The signature of the patient or legal representative
- g. The date on which the consent was signed
- h. A statement that the consent is subject to revocation at any time, except to the extent that the program or person, which is to make the disclosure, has already acted in reliance on it
- i. The date, event, or condition upon which the consent will expire, if not revoked before.  
A signed patient authorization remains valid for one year from the date of signature, or upon completion, or the release, whichever comes first.

## **REFERENCES:**

# DISCHARGE POLICY

**POLICY:** Coastal Carolina Neuropsychiatric Center will discharge any and all patients for the following reasons:

## Discharge Criteria

### 1. Patient Driven

- a. Upon the death of the patient.
- b. Voluntary withdrawal or relocation, or patient is unavailable for services (e.g. hospitalized)
- c. Repeated no-shows or patient/family refusal of services.
- d. Pattern of non-compliance with program rules.
- e. Individual behaves in a manner deemed likely to cause physical harm to others or serious harm to self, interferes with the treatment/services of others in the program, and all other available resources have been used to minimize the behavior without success.
- f. Non-emergency services may be terminated due to patient's unwillingness (not inability) to pay for service.

### 2. Treatment/Service Driven

- a. Treatment/habilitation goals have been accomplished, or treatment/service is ended by mutual consent. Evaluation and/or screening had been completed.
- b. Improvement of patient's condition to a degree as to warrant a service of less intensity, or discontinuation of services.
- c. The patient's condition has deteriorated to the extent that a service of greater intensity is necessary in order to protect the individual's safety and security.
- d. The patient ages out of service.
- e. The patient no longer meets eligibility criteria and/or the program in which the patient is admitted is no longer the most appropriate, least restrictive service.
- f. Services appropriate to patient needs are unavailable.

**PROCEDURE:** At the time of discharge, the primary counselor will:

1. Responsible professional will discuss the need or purpose for patient discharge with their supervisor and/or treatment/service team.
2. If the discharge request is not coming from the patient or legally responsible person, lead staff will discuss the recommendation with the patient or other, obtaining consents if necessary.
3. If the patient or legally responsible person is not in agreement with the discharge, either will be informed in writing of the reason for discharge within 5 working days of the date service was terminated of the right to appeal the discharge.
4. Any patients on inactive status and who have not received services for one year should be reviewed by the responsible professional's supervisor and/or treatment/service team for possible discharge.
5. A written transfer or discharge summary and other required documentation will be completed, per "Transition or Discharge" policy and procedure. The "Transition or Discharge Summary" must include the designation of alternative service determined to meet the patient's needs and a discharge plan.
6. The primary counselor will follow up with the discharged patients within 72 hours of discharge for unplanned discharges and within 30-days for planned discharges.

If discharge is to occur for aggressive or assaultive behaviors the Clinical Supervisor and the patient will meet to discuss the options available within the community or the state. If the person served has caused harm to Coastal Carolina Neuropsychiatric Center staff, the procedure is to immediately contact the local authorities and have the individual removed. Under these circumstances the immediate agencies that would be involved would include law enforcement and the court system.

**REFERENCES:**

# TRANSITION PLANNING POLICY

## **POLICY:**

Coastal Carolina Neuropsychiatric Center approach to transition planning is to discuss and develop the expected steps that will lead to a successful completion of services and proper transition to alternative levels of care, discharge, and after care. Proper transition planning allows input from the patient, family members, significant others, referral sources, and staff. The plan that is developed is formally written upon the patients exit from their current level of care or the agency. All individuals that participate in the transition planning are offered copies of the written transition plan. All patients that transition or discharge from agency services will be contacted 72 hours after departure from the agency to determine the status, needs, or to confirm contact with the referrals offered. During planned discharges, patients will be provided referrals upon departure if available. They will also be notified that they can contact the agency at any time should their status or needs change.

## **PROCEDURE:** At the time of transition, the:

1. Responsible professional will discuss the need or purpose for the patient's transition with their supervisor and/or treatment/service team.
2. Responsible professional will discuss and seek input from the patient, family members, significant others, referral resources, and staff to determine the most effective and proper transitional needs and services.
3. A written transition planning summary and other required documentation will be completed. This summary must include the designation of alternative services determined to meet the patient's needs.
4. The responsible professional will follow up with the transitioned patients within 72 hours of the transition date.

## **Unplanned Transitions:**

When a patient is involved in an unplanned transition, the responsible professional will:

1. Provide notification to the patient, family members, and significant others regarding the transition to a different level of care, to another facility, or to after care within 72 hours after leaving services.
2. Discuss with the patient any need for further services or assistance.
3. Provide the patient with the services or assistance requested.
4. All information will be documented on the Transition Planning Form and the patient's record.

**Transition due to aggressive behavior:**

When a patient is transitioned out of services due to aggressive or assaultive behavior, follow-up will be provided by Coastal Carolina Neuropsychiatric Center to:

1. Ensure that linkage has occurred to provide appropriate care.
2. Ensure that the follow-up has occurred within 72 hours of the exit from the program.
3. All information will be documented on the Transition Planning Form and the patient's record.

**REFERENCE:**

## **FINANCIAL OBLIGATIONS OF RECIPIENTS**

When a recipient has been determined to be eligible for service in the program, a financial assessment is made on recipient's ability to pay. Coastal Carolina Neuropsychiatric Center does not deny services due to the inability to pay.

## **FIRE AND SAFETY NOTIFICATION**

All recipients accepted into the program are oriented to all emergency exits, fire suppressant equipment locations, and how to access first aid supplies prior to beginning services.

Severe weather conditions can endanger patients' well-being. CCNC follows the guidelines for each city's Government Offices, in which a CCNC office is located in inclement weather.



# PHYSICAL RESTRAINT POLICY

## POLICY:

In the event of a behavioral emergency Coastal Carolina Neuropsychiatric Center staff are **not authorized** to use any form of restraint to stop or divert a patient's behavior. Coastal Carolina Neuropsychiatric Center staff may attempt to defuse potentially violent situations using verbal preventive intervention techniques and strategies but if these strategies are unsuccessful, Coastal Carolina Neuropsychiatric Center staff are expected to call 911 to contain the behavioral emergency.

# SECLUSION POLICY

## POLICY:

In the event of a behavioral emergency Coastal Carolina Neuropsychiatric Center Staff are **not authorized** to use any form of seclusion to stop or divert a patient's behavior. Coastal Carolina Neuropsychiatric Center Staff may attempt to defuse potentially violent situations using verbal preventive intervention techniques and strategies but if these strategies are unsuccessful, Coastal Carolina Neuropsychiatric Center Staff are expected to call 911 to contain the behavioral emergency.

# TOBACCO/SMOKING

**POLICY:** In keeping with Coastal Carolina Neuropsychiatric Center intent to provide a safe and healthful work environment, smoking or tobacco use in the workplace is prohibited except in those locations that have been specifically designated as smoking/tobacco areas. Smoking or tobacco use in any vehicle occupied by a patient is strictly prohibited. In situations where the preferences of tobacco users and non-tobacco users are in direct conflict, the preferences of non-tobacco users will prevail. This policy applies equally to all employees, patients, and visitors. The use of tobacco and tobacco products by minors is strictly prohibited.

**PROCEDURE:**

**REFERENCES:**

# REMOVAL OF WEAPONS AND DRUGS

**POLICY:** Coastal Carolina Neuropsychiatric Center will assure the safety and well-being of patients and staff personnel in regards to dangerous weapons, legal, illegal, and prescription drugs. Coastal Carolina Neuropsychiatric Center has the right and responsibility to remove and confiscate any items deemed to be dangerous or illegal.

**PROCEDURE:** Coastal Carolina Neuropsychiatric Center will adhere to the following procedure if legal, illegal, prescription drugs, or weapons are discovered on the agency premises.

## **Legal Drugs:** (Over the Counter, Vitamins, Herbs, and Alcohol)

1. If legal drugs are present on the person of a patient or personnel, the patient or personnel is required to keep all legal drugs concealed and not freely visible.
2. Patients and personnel are not allowed to dispense any legal drugs to any other patient or personnel while on the organizations premises.
3. The consumption or distribution of alcohol on the organizations premises is strictly prohibited. Use or distribution of alcohol while on the premises of the organization will result in the patient or personnel being asked to leave the premises immediately. If the patient is underage, the parents or the appropriate authorities will be contacted immediately.

## **Illegal Drugs:**

1. If illegal drugs are discovered on any patient or personnel, Coastal Carolina Neuropsychiatric Center staff members will attempt to isolate the patient or personnel from the other patients and staff members. Staff will immediately notify the Clinical Supervisor for further instructions.
2. Coastal Carolina Neuropsychiatric Center personnel will call the local authorities and/or the patient's legal representative to report the findings.
3. Coastal Carolina Neuropsychiatric Center will cooperate fully with local authorities in completing all required reports and questions.
4. A critical incident report should be completed within (24) hours of the incident.

**Prescription Drugs:**

1. Prescription drugs are allowed for patients and personnel when the medication is in a prescription bottle with the patient's or personnel's name on the bottle.
2. Patients or personnel that have prescription drugs that are not in a properly documented bottle will be asked to leave the facility and return with the medication in the appropriate prescriptive bottle.

**Weapons:**

1. If any weapon is discovered on any patient or personnel, Coastal Carolina Neuropsychiatric Center staff members will attempt to isolate the patient or personnel. Staff will remove all other patients and personnel from the agency and immediately call the local authorities. Staff will focus on assuring the safety of the patients and other staff members. Staff will avoid attempting to secure the weapon and will wait for proper authorities to arrive.
2. Coastal Carolina Neuropsychiatric Center staff will immediately notify the Clinical Supervisor to receive any additional instructions on how to handle the current situation.
3. Coastal Carolina Neuropsychiatric Center will immediately notify the patient's legal representative regarding the situation.
4. Coastal Carolina Neuropsychiatric Center may press charges with the local authorities and participate fully in their investigation.
5. Coastal Carolina Neuropsychiatric Center will meet with patient and/or legal representative within 48 hours (if possible) of the incident to discuss the patient's status in the program.
6. A critical incident report should be completed within (24) hours after the incident.

**REFERENCES:**

# ABUSE AND NEGLECT

**POLICY:** To have an internal procedure to investigate abuse and/or neglect allegedly committed by an employee of this agency or by a parent/caretaker of a recipient. All staff members are mandatory reports and will be trained and given a copy of the provider's policies and procedures on reporting suspected cases of abuse and neglect.

Definitions:

Abuse: Is defined as the "infliction of physical or mental injury on an individual by other parties, including but not limited to such means as sexual abuse, exploitation, or extortion of funds or other things of value, to such an extent that his/her health, self determination, or emotional well being is endangered."

Neglect: Is defined as the "refusal or failure of a parent or caregiver to supply the individual with necessary food, clothing, shelter, care, treatment/services, or counseling for any injury, illness, or condition of the individual, as a result of which the individual's physical, mental, or emotional health is substantially threatened or impaired".

**PROCEDURE:**

## 1. REPORTING PROCEDURE OF ABUSE OR NEGLECT WHERE ABUSER IS BELIEVED TO BE AN EMPLOYEE:

- a. Reporting of abuse or neglect where the abuser is believed to be an employee of Coastal Carolina Neuropsychiatric Center shall be immediately reported to the administration and the proper authorities for investigation.
- b. Individuals under investigation **are not permitted** to be a part of the investigation team.
- c. Individuals under investigation are **prohibited** from working with or having contact with the recipient who made the allegation.
- d. Findings will be reviewed and forwarded to the governing body. All substantiated cases of abuse and neglect will be forwarded to the appropriate law enforcement and state agencies and the employee will be terminated.
- e. Any employee or consultant who witnesses, has knowledge of, or otherwise suspects that abuse or neglect of a recipient has occurred must report such incident to the Clinical Supervisor of that case or the Quality Improvement Coordinator. They must also cooperate fully with the investigation. This includes incidents that occur in the office, in the community or in the recipient's home.

- f. The administration and staff are responsible for reporting abuse and neglect to the appropriate state agencies such as Child Protection, Adult Protective Services, and the local law enforcement agencies.
- g. Reporting of abuse or neglect where the abuser is believed to be an employee of Coastal Carolina Neuropsychiatric Center shall be immediately reported to a local or state law enforcement agency.
- h. The report, verbal or written shall contain the information (if known) found on the Critical Incident Report.
- i. The report shall name the employee or employees thought to have caused or contributed to the patient's condition and the report shall contain the name of such person if the patient names him/her.
- j. If the initial report was in oral form by a mandatory reporter, there shall be a written report made within 3 business days to the local law enforcement agency.

**2. REPORTING PROCEDURE OF ABUSE OR NEGLECT WHERE ABUSER IS BELIEVED TO BE A PARENT, FAMILY MEMBER, or CARETAKER:**

- a. Reporting of abuse or neglect where the abuser is believed to be a parent, family member, or caretaker, shall be immediately reported to the local Child Protection agency, Adult Protection, or local law enforcement agency.
- b. The report, verbal or written shall contain the information (if known) found on the Critical Incident Report.
- c. The report shall name the person or persons thought to have caused or contributed to the patient's condition if known and the report shall contain the name of such person if the patient names him/her.
- d. If the initial report was in oral form by a mandatory reporter, there shall be a written report made within 3 business days to the local child protection agency, adult protection agency or, if necessary, to the local law enforcement agency.
- e. All reports received by local or state law enforcement agencies involving abuse or neglect where the parent or caretaker is believed responsible shall be referred to the local child protection agency.

It is not the obligation or responsibility of Coastal Carolina Neuropsychiatric Center employees to intervene into the action of protective and/or legal circumstances of the case. The reporter is ONLY obligated to REPORT.

It is the policy of Coastal Carolina Neuropsychiatric Center to fulfill its duties, not interfere and/or interpret the action of abuser, patient or protective services and/or legal system.

The obligation of Coastal Carolina Neuropsychiatric Center is that of due diligence and not interpretation.

**REFERENCES:**

## **SERVICE COORDINATOR**

The service coordinator for each recipient will be the Clinical Supervisor assigned to each case. This individual will be the person that is responsible for identifying clinical issues and designing a treatment/service plan that will meet the clinical needs of each recipient individually. All questions that arise regarding goals and objectives should be brought to the attention of the assigned Clinical Supervisor.

## **RESTRICTION OF SERVICES**

Coastal Carolina Neuropsychiatric Center reserves the right to restrict services in the event that the person served demonstrates behaviors or attitudes that are detrimental to the therapeutic process for themselves or others seeking services. Aggressive or extreme defiance, refusal to participate in treatment/services, denial of access to the person served, or hostile or threatening gestures to Coastal Carolina Neuropsychiatric Center personnel or patients will result in the removal of the person served from some or all of the therapeutic services available. Coastal Carolina Neuropsychiatric Center will attempt to continue delivering services to the person served in an environment that is more restrictive. When the clinical supervisor determines that the behaviors or attitudes that cause restrictions have been resolved, the person served will be allowed to return to the previous level of services. If the behaviors or attitudes continue or worsen, the clinical supervisor will determine if the person served is in need of discharge or transition.

## **ASSESSMENT PURPOSE AND PROCEDURE**

The purpose of the assessment is to gather all needed clinical data through interviews with the patient, family members, essential others, and other stakeholders. The clinical supervisor will design a treatment/service plan that will address the identified clinical issues and develop therapeutic strategies to resolve each issue. This assessment is the original information that guides treatment/services. There is a constant effort to assess the needs and desires of the person served throughout the individual's time in treatment/services.



# DEVELOPMENT OF INDIVIDUAL PLAN OF CARE/TREATMENT PLAN

Coastal Carolina Neuropsychiatric Center develops an individualized plan of care for each person served. Clinical staff uses the historical data collected at the time of evaluation and the current information gathered during assessment to identify therapeutic issues and develop strategies to address these needs. The person served has input into this process from the beginning of treatment/services. The person served has the right to change or refuse any of the goals that are developed over the course of treatment/services.

Patients may obtain a copy of their Individualized Treatment Plan for psychotherapy and psychological assessment by asking their provider or Patient Care Specialist.

Patients may obtain a copy of their Treatment Plan for psychiatric services by asking their provider or Patient Care Specialist.

## DISABILITY RIGHTS NC

Disability Rights NC:

“Disability Rights NC may be able to help. We deal with cases involving discrimination or violations of the rights of people with disabilities. We provide advocacy and legal services at no charge to people with disabilities throughout North Carolina.”

Toll-Free: 877-235-4210

Phone: 919-856-2195

TTY: 888-268-5535

Fax: (919) 856-2244

Email: [info@disabilityrightsn.org](mailto:info@disabilityrightsn.org) (Please provide your full name and a phone number so we can follow up with you. Thank you!)

### Office and Mailing Address:

3724 National Drive, Suite 100  
Raleigh, NC 27612

**Resource:** <http://www.disabilityrightsn.org/>

The information above can be found on the CCNC website at:  
<http://coastalcarolinapsych.com/our-services/>