

**STATEMENT OF ACKNOWLEDGEMENT**

The undersigned acknowledges having received a printed "Client Rights & Program Summary Information" brochure from Haven House Services and acknowledges that this document contains the following information:

- Summary Information for Persons Served
- Your Rights as a Client of Haven House Services (As required by North Carolina General Statute)
- Notice of Privacy Practices Regarding Medical Information About You (as required by Federal HIPPA Regulations)
- Your Right to Make a Complaint, How to Make a Complaint, and Who to Contact

Information in the brochure was explained and/or read to the client if requested.

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Staff Providing Brochure: \_\_\_\_\_

**This signature page to be removed and retained by staff.**

Client ID #: \_\_\_\_\_

Date: \_\_\_\_\_

**Strengthening Youth & Families Since 1973**



**Client Rights & Program Summary Information**

**Coordinated Entry**

Haven House Services  
600 W. Cabarrus Street  
Raleigh, NC. 27603  
919-833-3312  
www.havenhousenc.org

**Transition In Place & Street Outreach  
Haven House Services  
Summary Information for Persons Served**

### ACCESSING SERVICES

The program is voluntary and open to youth ages 22 through 24 that are homeless or at-risk of homelessness. Youth are expected to abide by all program guidelines, rules, and expectations. Services will be provided directly by Haven House Services' staff and local community-based agencies and organizations linked to youth by Haven House Services' staff (i.e. health and dental care, mental health and substance abuse counseling, etc).

### SERVICE AVAILABILITY

Clients can access non-emergency services by calling Haven House Monday-Friday from 9am-6pm or by individual appointment with staff. Administrative services at 600 West Cabarrus Street are available Monday-Friday from 9am-5pm.

### DISCHARGE FROM THE PROGRAM

Youth refusing or unwilling to abide by rules, guidelines, and expectations of the program will be subject to discharge with fair warning except when behaviors compromise the safety of self or others. Specific information regarding termination from the program will be provided in writing and verbally at admission or at any time upon request. Causes for immediate discharge may include, but are not limited to, violations of law, possession of weapons, drugs and alcohol, and/or stolen property, assaultive behavior, theft, and/or immoral or obscene behavior. Upon discharge from the program youth will receive written notice containing a clear statement of the reasons for termination.

### NON-COERCIVE / VOLUNTARY PROVISION OF SERVICES

Participation in services provided is voluntary, and requires parental/legal guardian consent for youth under age 18. Staff will not coerce persons served to participate in program services and will protect each individual's right to self-determination. Persons served may refuse any service

### PARTICIPATION IN PROVISION OF SERVICES

Youth, have the right and responsibility to participate in decisions regarding the provision of services, including development of individualized service plans, discharge/aftercare plans, and

### RECEIPT OF INFORMATION

- Upon admission to the program each client, will be asked to sign an acknowledgement that they received this information and were provided an opportunity to have their questions regarding any information in this leaflet answered to their satisfaction.
- The information in this leaflet will be communicated appropriately to persons with special needs upon request.

- This Summary Information pertains only to the Preparation for Independent Living Program. Clients seeking services from other Haven House Services' programs will be provided the appropriate leaflet containing that program's Summary Information.
- You or your legal guardian may receive additional copies of this leaflet upon request.

**Haven House Services  
600 W. Cabarrus Street  
Raleigh, NC. 27603  
919-833-3312  
[www.havenhouseenc.org](http://www.havenhouseenc.org)**

**Revised 2017**

## YOUR RIGHT TO MAKE A COMPLAINT

If you are dissatisfied with services delivered by Haven House Services, you have the right to state a complaint or file a grievance at any time. Before submitting a formal complaint, we urge you to first discuss the matter with the direct care staff providing the service and allow them the opportunity to help resolve it. If this is unsuccessful, you can complete a complaint form and send it to the Haven House Services' program director responsible for delivering your services or state your complaint to that person verbally. If your concern involves the program director your complaint will be directed to the CEO and/or COO. Any Haven House Services' staff member will provide you with a complaint form or appropriate agency contact's name and phone number upon request. The Haven House Services' program director will contact you within 72 hours when your written complaint is received and will investigate and attempt to resolve the matter in a timely fashion, but not to exceed five working days. You will receive a written response to your complaint. If you are not satisfied with the results of this investigation, you may request the involvement of the CEO and/or COO of Haven House Services, or ultimately, the Client Rights Committee of the Haven House Services' Board of Directors. At each level the investigating person or group will respond to your complaint in writing within 5 working days. You may also file a complaint with any of the following offices:

### **Wake County Human Services**

**919-212-7193**

**Consumer Rights Program, 220 Swinburne Street, Raleigh,, NC 27620**

### **Governor's Advocacy Council for Persons with Disabilities**

**919-733-9840**

**US Department of Health and Human Services** – contact information provided upon request.

We support your right to privacy and will not retaliate in any way if you choose to file a complaint with us or any of the offices listed above.

## YOU HAVE SPECIAL RIGHTS IF YOU HAVE MENTAL RETARDATION

If your primary need is related to the fact that you have mental retardation and you are placed in a residential facility, you are entitled to assistance in finding another place to live if your original placement can no longer serve you. This right exists unless you have broken the rules you agreed to follow or if we offer another place that can meet your needs and you refuse that offer. The facility must give you and your legal guardian advance notice if it intends to discharge you. You have the right to make decisions related to education, vocation, physical health, and mental health. Youth ages 22-24 also have the right and responsibility to participate in decisions regarding the provision of services and, in addition, have the right to include in such decisions any family members or other adults they so choose, provided such inclusion does not effectively prevent staff from providing appropriate services in a timely and effective manner.

## **YOUR RIGHTS AS A CLIENT OF HAVEN HOUSE SERVICES**

**North Carolina General Statute, 122C, Article 3, guarantees you certain rights as a client of Haven House Services. These rights include the right to dignity, privacy, humane care, and freedom from physical punishment, abuse, neglect, and exploitation. It is the responsibility of Haven House Services to provide you or your legally responsible person access to a written summary of your rights upon initial contact with the agency and again upon admission to a program.**

**The information provided in this brochure highlights your rights according to Article 3. A full copy of Article 3 is available from the State of North Carolina (downloadable at [www.ncga.state.nc.us](http://www.ncga.state.nc.us)) or from Haven House Services upon request.**

## YOUR RIGHT TO AN INDIVIDUALIZED SERVICE PLAN

A written service plan, based on your individual needs, must be implemented upon admission. You have the right to service in the most normal, age-appropriate and least restrictive environment possible. You have the right to take part in the development and periodic review of this plan. You are entitled to review your service plan and obtain a copy of it.

## YOUR RIGHT TO BE INFORMED ABOUT MEDICATION

You have the right to have medication administered in accordance with accepted medical standards and upon the order of a physician. You cannot be treated with experimental drugs or procedures without your written permission and without being informed of the risks, benefits, and alternatives. **[Haven House Services' does not use experimental drugs or procedures as part of its service provision]** You may refuse to take medications, and medication cannot be used for punishment, discipline, or staff convenience. A written order to self-administer prescription and non-prescription medication must be obtained from a person authorized by law to prescribe drugs and in accordance with accepted medical standards.

### YOUR RIGHT TO REFUSE SERVICES

You will be informed of the benefits and risks involved in the services you will receive. You have the right to consent to services and may withdraw your consent at any time. The only times you can be served without your consent is in an emergency situation or when it has been court ordered or if you are a minor and your parent/legal guardian has given permission.

### YOUR RIGHT TO CONFIDENTIALITY

The confidentiality of your care and service is protected by law. Unless the law requires it, your records and other information about you will not be released without the written consent of written permission. Some circumstances that may require us to release information about you without consent include:

- Your next of kin may be informed that you are a client if it is determined to be in your best interest.
- A client advocate may review your record when assigned to your case.
- The court may order us to release your records.
- Our attorney(s) may need to see your record because of legal proceedings.
- Another public agency may need to receive your records when your case is transferred.
- If you become imprisoned, we may share your record with prison officials.
- In an emergency, a professional who is treating you may receive relevant information from your record.
- A physician or psychologist who referred you to our facility may receive your records upon specific request.
- If we believe that you are a danger to yourself or to others, or if we believe that you are likely to commit a felony or violent misdemeanor, we may share information from your record with law enforcement.

### YOUR RIGHT TO BE INFORMED OF THE RULES

You have the right to be informed of the rules that you are expected to follow and possible penalties for violation of the rules. You have the right to be free from unwarranted suspension or expulsion from the program and/or services. If you are discharged from the program, you are entitled to a copy of your discharge and aftercare plan.

### YOUR RIGHT TO KNOW YOUR COST FOR SERVICES PROVIDED

Fees are charged by Haven House Services on a sliding scale basis according to income and number of dependents. Although it is your responsibility to make arrangements to pay your bill, you will never be denied services because of inability to pay. **[Presently, Haven House Services does not assess fees for services to its clients]** patient under certain circumstances.

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

### **PATIENT RIGHTS**

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

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment, healthcare operations and certain other activities for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to the additional requests.

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

**Alternative Communication:** You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. **You Must Make Your Request In Writing.** Your request must specify the alternative means or location, and provide satisfactory explanation of how payments will be handled under the alternative means or location you request.

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

**Electronic Notice:** if you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form upon request

### YOUR RIGHT TO PRIVACY

You have the right to be free from unwarranted search of your person or property. At the time of admission to a 24-hour facility or Host Home, staff may search you and/or your belongings to prevent dangerous or illegal substances, or items not allowed by program guidelines, from being brought into the facility or home. The facility or home itself may be searched if dangerous or illegal substances, or items not allowed by program guidelines, are reasonably believed to be present, and staff may search clients who are minors and/or who have given consent for such searches. Program staff do not conduct strip or frisk searches (if warranted, law enforcement officials are asked to intervene). Specific procedures will be explained to you upon entrance into a program where search and seizure applies.

### YOUR RIGHT NOT TO BE ABUSED

At the time of admission to the program, you will be informed of the types of interventions that are approved for use by that program. The program cannot administer any potential painful procedures or stimulus, and cannot use corporal punishment. Employees must protect clients from harm and report any form of abuse, neglect, or exploitation. In an emergency situation, if your behavior is dangerous to yourself or others, or property, or if we determine – based on very strict rules – that it is necessary for your care, an authorized facility may use restrictive interventions such as physical restraint. **[The Preparation for Independent Living Program does not practice the use of physical restrictive interventions]** You or your guardians have the right to request that a designated person be notified if this restraint is used. The gravity of some emergencies may require law enforcement assistance or initiation of involuntary commitment procedures. In addition, strict compliance with regulations is required when interventions such as withdrawing or delaying access to possessions, taking away items, and/or halting scheduled activities are used.

### YOUR RIGHTS IN A 24-HOUR FACILITY OR HOST HOME

When you receive care in a 24-hour facility, you have additional rights. You must be informed of these rights upon admission. **You have the right to dignity, privacy, and humane care.** This includes access to a daily bath or shower, daily shave, services of a barber or beautician, articles for personal grooming and hygiene, bath and toilet facilities that ensure privacy and are adequate for clients with mobility impairments, a quiet atmosphere during scheduled sleeping hours, and periods of personal privacy. The facility or home will make every effort to protect your personal clothing and possessions, including assisting you to keep an inventory if you desire. If you remain in a facility or home for more than 30 days, you will be encouraged to place your money in outside accounts or follow agency procedures for internal personal account funds.

## **Notice of Privacy Practices Regarding Medical Information About You**

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

You may request a copy of our Notice at any time. If you have questions about information in this Notice or about our privacy policies, procedures or practices, you can contact our Administrative Officer at (919) 833-3312.

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

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

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

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

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

**Your Authorization:** Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice. In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose.

If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.

**Some of your rights may be restricted by a qualified professional.**

When your rights are restricted, the reasons must be written in your service plan and reassessed at least weekly. The restriction must be removed after 30 days unless a qualified professional writes into your record a reason for it to be renewed. If a facility or host home restricts your rights, you have the right to have an advocate or someone you designate informed.

**Rights that may be restricted include your right to:**

- Make and receive confidential telephone calls (long distance at your own expense).
- Visiting hours of six hours daily between 8am and 9pm with two of those hours after 6pm (as long as it does not interfere with program activities).
- Make visits outside the facility (unless commitment proceedings or court orders otherwise prohibit).
- Be out of doors daily and have access to regular physical exercise.
- Keep and use personal possessions and clothing (except as prohibited by law).
- Participate in religious worship.
- Have access to reasonable sums of your own money.
- Retain a driver's license.
- Have individual storage space.

**Certain rights may not be restricted.** **Adults** have the right to contact and communicate with a lawyer, own doctor, or other private professionals (at your own expense); contact and consult with a client advocate; send and receive sealed mail and have access to postage, writing materials, and staff assistance; receive necessary medical treatment when sick (you or your insurance may be billed for medical care beyond the facility's regular services). **Minors** are entitled to the same rights as adults **except** a minor's right to send and receive mail and have access to postage, writing materials, and staff assistance may be restricted. Minors are additionally entitled to communicate and consult with parents, guardians, or legal custodians; have the right to proper adult supervision and guidance; opportunities for normal maturation; educational and vocational services; appropriate structure, supervision, and guidance; and services and habilitation separate from adults, where practical and unless service needs dictate otherwise.

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

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

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

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

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

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