



# Haven House Services

STRONG YOUTH. BRIGHT FUTURES.

**Strengthening Youth & Families Since 1973**

## **Clients Rights & Program Summary Information**

### **Juvenile Diversion Team (JDT)**

Haven House Services  
600 W. Cabarrus Street  
Raleigh, NC 27603  
(P) 919-833-3312 (F) 919-833-3512  
[www.havenhouseenc.org](http://www.havenhouseenc.org)

#### **Haven House Services**

#### **Summary Information for Persons Served**

##### **ACCESSING SERVICES**

JDT services are available on a first come, first serve basis. The program is open to youth ages 7-17. Services may include, but are not limited to, assistance to parent(s) experiencing difficulty with their young person following rules or social requirements, poor school behavior, performance or attendance, youth who are experiencing peer group changes, more risk-taking , becoming undisciplined , delinquent, and/or unable to communicate, and experiencing mental health issues. Also served are youth facing out-of-home placement or returning from a placement. Services are available to address recent or long-term change(s) in

family unit problems that may consist of violence, substance abuse, neglect and/or poor parenting skills. At least one parent must be willing to participate, family members must be comfortable with a counselor coming into the home and the family must be open to learning effective behaviors

SERVICE AVAILABILITY

JDT maintains on-call services for emergencies 24 hours a day. Clients can also access non-emergency services Monday-Friday from 9:00-5:00 pm or by individual arrangement with the assigned JDT therapist. Administrative services are available Monday-Friday 8:15am-5:15pm.

DISCHARGE FROM THE PROGRAM

Families refusing to abide by rules, guidelines, and expectations of the program will be subject to discharge with fair warning, except when behaviors are extreme or dangerous. Specific information will be provided in writing and verbally at admission or at any time upon request. Causes for discharge may include, but are not limited to, missing appointments, not being honest regarding family dynamics, out-of-home placement of youth, severe psychosis or chronic substance abuse requiring inpatient hospitalization, no desire to change, environmental safety concerns, or the family not being open to a counselor coming into the home.

NON-COERCIVE/VOLUNTARY PROVISION OF SERVICES

Participating in services provided by MST is voluntary and requires parent/legal guardian consent for youth under age 18. Program staff will not coerce persons served to participate in program services and will protect each family member's right in the pursuit of happiness. Persons served may refuse any service treatment or medication at any time, unless mandated by law or court order. Persons served refusing any service, treatment, or medication are subject to consequences spelled out in the program guidelines, rules, expectations, including immediate discharge from the program.

PARTICIPATION IN PROVISION SERVICES

Youth, and parents/legal guardians of youth under age 18, have the right and responsibility to participate in decisions regarding the provision of services, including development of individualized service plans, discharge/aftercare plans, and decisions related to education, vocation, physical health, and mental health.

**YOUR RIGHTS AS A CLIENT  
OF HAVEN HOUS 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**

**Haven House Services' JDT Program does not use experimental drugs or procedures, nor does it participate in the administration of medications as part of its service provision.**

**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 your legal guardian or your written permission if you are 18 years of age or older. 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 RIGHTS 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.

### QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact our office at (919) 833-3312.

### YOUR RIGHTS 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 Executive Director. 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 Executive Director 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:

### Additional Client Rights

#### Right to release minimum information necessary for coordination of care and services:

Right to only release minimum information necessary for coordination of care and services. G.S. 122C-55. Exceptions; care and treatment. (a) Any facility may share confidential information regarding any client of that facility with any other facility when necessary to coordinate appropriate and effective care, treatment or habilitation of the client. For the purposes of this section, coordinate means the provision, coordination, or management of mental health, developmental disabilities, and substance abuse services and other health or related services by one or more facilities and includes the referral of a client from one facility to another. 45 CFR 164.502(b) - (b) Standard: Minimum necessary—(1) Minimum necessary applies. When using or disclosing protected health information or

when requesting protected health information from another covered entity, a covered entity must make reasonable efforts to limit protected health information to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request.

45 CFR 164.514(d) - Minimum necessary. For any type of disclosure that a covered entity makes on a routine and recurring basis, that the covered entity must implement policies and procedures (which may be standard protocols) that limit the protected health information disclosed to the amount reasonably necessary to achieve the purpose of the disclosure. For all other disclosures, covered entities must develop and implement criteria designed to limit the protected health information disclosed to the information reasonably necessary to accomplish the purpose for which disclosure is sought and review requests for disclosure on an individual basis in accordance with such criteria. A covered entity may rely, if such reliance is reasonable under the circumstances, on a requested disclosure as the minimum necessary for the stated purpose when (a) making disclosures to public officials that are permitted under 45 CFR § 164.512, if the public official represents that the information requested is the minimum necessary for the stated purpose, (b) if the information is requested by another covered entity

(c) Their business associates providing personal services, or (d) documentation or representations that comply with the applicable requirements of 45 CFR § 164.512(i) have been provided by an individual requesting the information for research purposes [45 CFR § 164.514(d)(3)]. The minimum necessary standard also applies to uses of protected health information [45 CFR § 164.514(d) (2)] and requests for protected health information [45 CFR § 164.514(d) (4)]. 10A NCAC 27 D .0304 PROTECTIONS FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66. (b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter.(c) Goods or services shall not be sold to or purchased from a client except through established governing body policy. (d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy.

The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter. (e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee.

A facility director may disclose confidential information if in the best interest of the Individual in order to file a petition for competency/guardianship purposes. GS § 122C 54. (a) Upon a determination by the facility director or his designee that disclosure is in the best interests of the client, a facility may disclose confidential information for purposes of filing a petition for involuntary commitment of a client pursuant to Article 5 of this Chapter or for purposes of filing a petition for the adjudication of incompetency of the client and the appointment of a guardian or an interim guardian under Chapter 35A of the General Statutes.10A NCAC 27G .0205 ASSESSMENT

AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem;(2) the client's needs and strengths;

(3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission;(4) a pertinent social, family, and medical history; and(5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs.(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.(d) The plan shall include:

(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;(2) strategies;(3) staff responsible;(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;(5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.

A facility/physician/other individual responsible for evaluation, management, supervision, or treatment of individuals examined or committed for outpatient treatment may request, receive, and disclose confidential information to the extent necessary to enable them to fulfill their responsibilities. G.S. 122c-55 (b) A facility, physician, or other individual responsible for evaluation, management, supervision, or treatment of respondents examined or committed for outpatient treatment under the provisions of Article 5 of this Chapter may request, receive, and disclose confidential information to the extent necessary to enable them to fulfill their responsibilities.

Professionals may disclose confidential information when there is an imminent danger to the health or safety of the individual or another individual or there is a

likelihood of the commission of a felony or violent misdemeanor. G.S. 122C-55 (d) a responsible professional may disclose confidential information when in his opinion there is an imminent danger to the health or safety of the client or another individual or there is a likelihood of the commission of a felony or violent misdemeanor.

Professionals may exchange confidential information with a physician or other health care provider who is providing emergency medical services to an individual. Disclosure of the information is limited to that necessary to meet the emergency as determined by the professional. G.S. 122C-55 (e) a responsible professional may exchange confidential information with a physician or other health care provider who is providing emergency medical services to a client. Disclosure of the information is limited to that necessary to meet the emergency as determined by the responsible professional.

A facility may provide confidential information to the Department of Correction (DOC) when requested regarding any individual of that facility when the inmate has been determined by the DOC to be in need of treatment for mh/dd/sa concerns. The consent of the individual or inmate shall not be required in order for this information to be provided and the information shall be provided despite objection by the individual or inmate. Confidential information disclosed is restricted from further disclosure. General Statutes 122C-55 (c) A facility may furnish confidential information in its possession to the Division of Adult Correction of the Department of Public Safety when requested by that department regarding any client of that facility when the inmate has been determined by the Division of Adult Correction of the Department of Public Safety to be in need of treatment for mental illness, developmental disabilities, or substance abuse.

The Division of Adult Correction of the Department of Public Safety may furnish to a facility confidential information in its possession about treatment for mental illness, developmental disabilities, or substance abuse that the Division of Adult Correction of the Department of Public Safety has provided to any present or former inmate if the inmate is presently seeking treatment from the requesting facility or if the inmate has been involuntarily committed to the requesting facility for inpatient or outpatient treatment. Under the circumstances described in this subsection, the consent of the client or inmate shall not be required in order for this information to be furnished and the information shall be furnished despite objection by the client or inmate. Confidential information disclosed pursuant to this subsection is restricted from further disclosure.

Professionals may disclose advance instruction for mental health treatment or confidential information from an advance instruction to a physician, psychologist, or other QP when it is determined that disclosure is necessary to give effect to or provide treatment in accordance with the advance instruction. G.S. 122C-55 (e2) A responsible professional may disclose an advance instruction for mental health treatment or confidential information from an advance instruction to a physician, psychologist, or other qualified professional when the responsible professional

determines that disclosure is necessary to give effect to or provide treatment in accordance with the advance instruction.

A facility may disclose confidential information to a provider of support services under written agreement in which the provider acknowledges that he or she will safeguard and not further disclose the information. G.S. 122C-55 (f) A facility may disclose confidential information to a provider of support services whenever the facility has entered into a written agreement with a person to provide support services and the agreement includes a provision in which the provider of support services acknowledges that in receiving, storing, processing, or otherwise dealing with any confidential information, he will safeguard and not further disclose the information.

Disclosure of confidential information is permitted when there is reason to believe that the individual is eligible for financial benefits through a facility in order to establish financial benefits. After receiving benefits, the consent of the individual or LRP is required for further release of confidential information. G.S. 122C-55 (g) Whenever there is reason to believe that the client is eligible for financial benefits through a governmental agency, a facility may disclose confidential information to State, local, or federal government agencies. Except as provided in subsections (a3) and (g1) of this section, disclosure is limited to that confidential information necessary to establish financial benefits for a client. Except, as provided in subsection (g1) of this section, after establishment of these benefits, the consent of the client or his legally responsible person is required for further release of confidential information under this subsection.

In a facility: employees, students, consultants or volunteers involved in the care of an individual may exchange confidential information as needed for the purpose of carrying out their responsibility in serving the individual. G.S. 122C-55 (h) Within a facility, employees, students, consultants or volunteers involved in the care, treatment, or habilitation of a client may exchange confidential information as needed for the purpose of carrying out their responsibility in serving the client.

Professionals may release confidential information to the referring physician or psychologist. G.S. 122C-55 (i) upon specific request, a responsible professional may release confidential information to a physician or psychologist who referred the client to the facility.

Professionals shall provide the next of kin/family member/designee with notification of the individual's diagnosis, the prognosis, the medications prescribed (dosage and side effects) and the progress of the individual, provided that the individual or his or her legally responsible person has consented in writing or orally in the presence of a witness selected by the individual, prior to the release of this information. Both the individual's and/or the legally responsible party's consent and the release of this information shall be documented in the individual's service record. This consent shall be time limited and is subject to revocation by the consenting individual. G.S. 122C-55 (j) upon request of the next of kin or other family member who has a legitimate role in the therapeutic services offered, or other person designated by the client or his legally



responsible person, the responsible professional shall provide the next of kin or other family member or the designee with notification of the client's diagnosis, the prognosis, the medications prescribed, the dosage of the medications prescribed, the side effects of the medications prescribed, if any, and the progress of the client, provided that the client or his legally responsible person has consented in writing, or the client has consented orally in the presence of a witness selected by the client, prior to the release of this information. Both the client's or the legally responsible person's consent and the release of this information shall be documented in the client's medical record. This consent shall be valid for a specified length of time only and is subject to revocation by the consenting individual.

A facility may disclose admission/discharge of an individual to the individual's next of kin when determined that the disclosure is in the best interest of the individual. The professional shall notify next of kin/family member/designee after the request of the individual, notification of admission to a facility, transfer to another facility, decision to leave the facility against medical advice, discharge, and referrals/appointments. 122C-53 (B) 122C- 53. Exceptions; client.(b) A facility may disclose the fact of admission or discharge of a client to the client's next of kin whenever the responsible professional determines that the disclosure is in the best interest of the client. GS § 122C 55.

(k) Notwithstanding the provisions of G.S. 122C\_53(b) or G.S. 122C\_206, upon request of the next of kin or other family member who has a legitimate role in the therapeutic services offered, or other person designated by the client or his legally responsible person, the responsible professional shall provide the next of kin, or family member, or the designee, notification of the client's admission to the facility, transfer to another facility, decision to leave the facility against medical advice, discharge from the facility, and referrals and appointment information for treatment after discharge, after notification to the client that this information has been requested.

In response to a written request of the next of kin/family member/designee who has a legitimate role in the therapeutic services offered, the provider shall: (1) Provide the information requested based upon determination that providing this information will be to be the individual's therapeutic benefit, and provided that the individual or his or her legally responsible party has consented in writing to the release of the information requested; or (2) Refuse to provide the information requested based upon the responsible professional's determination that providing this information will be detrimental to the therapeutic relationship between the individual and professional; or (3) Refuse to provide the information requested based upon the responsible professional's determination that the next of kin/family member/designee does not have a legitimate need for the information requested.

122C-55 (l) In response to a written request of the next of kin or other family member who has a legitimate role in the therapeutic services offered, or other person designated by the client, for additional information not provided for in subsections (j) and (k) of this section, and when such written request identifies the intended use for this information, the responsible professional shall, in a

timely manner: (1) Provide the information requested based upon the responsible professional's determination that providing this information will be to the client's therapeutic benefit, and provided that the client or his legally responsible person has consented in writing to the release of the information requested; or (2) Refuse to provide the information requested based upon the responsible professional's determination that providing this information will be detrimental to the therapeutic relationship between client and professional; or (3) Refuse to provide the information requested based upon the responsible professional's determination that the next of kin or family member or designee does not have a legitimate need for the information requested.

A facility may disclose confidential information to persons responsible for conducting general research or clinical, financial, or administrative audits if there is a justifiable documented need for this information. A person receiving the information may not directly or indirectly identify any individual in any report of the research or audit or otherwise disclose an individual's identity in any way. G.S. 122C- 56 (c) A Facility may disclose confidential information to persons responsible for conducting general research or clinical, financial, or administrative audits if there is a justifiable documented need for this information. A person receiving the information may not directly or indirectly identify any client in any report of the research or audit or otherwise disclose client identity in any way.

Contact and consult with an individual advocate. 122C-62. Additional rights in 24-hour facilities. (a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to: (3) Contact and consult with a client advocate if there is a client advocate.

A facility shall disclose confidential information of an individual to an attorney upon the request of the competent adult or the legally responsible party. G.S. 122C-53 upon the request of (i) a client who is an adult and who has not been adjudicated incompetent under Chapter 35A or former Chapters 33 or 35 of the General Statutes, or (ii) the legally responsible person for any other client, a facility shall disclose, to an attorney, confidential information relating to that client.

### YOUR RIGHT TO PRIVACY

You have the right to be free from unwarranted search of your person or property. Program staff reserves the right to search you and/or your belongings if dangerous or illegal substances, or items not allowed by program guidelines, are reasonably believed to be present while participating in program activities. RCS Staff may remove you from program activities, contact your parent/legal guardian, or law enforcement if measures are warranted. Specific procedures will be explained to you upon entrance into the program.

### YOUR RIGHT NOT TO BE ABUSED

The RCS Program follows all NC State Child Protection Laws as a policy. Staff is required to report any violation of the child protection laws to law enforcement

officials. Each employee will be asked to sign a statement that he/she is aware of the child protection laws and that RCS Staff will notify law enforcement officials and/or the Department of Social Services if staff or a volunteer have witnessed or have knowledge of any violations of the Child Protection Laws. RCS staff will provide you information on obtaining NC State Child Prevention Laws upon written request.

**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 Executive Director. 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 Executive Director 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**

**Disability Rights North Carolina  
919-856-2195**

(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.

**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. You may obtain a form to request access from your care provider. 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.

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.

## **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.

**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 authorized 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.

RECEIPT OF INFORMATION

Upon admission to the program each client, and legal guardian of youth under age 18, 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 JDT 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, Inc.  
600 W. Cabarrus Street  
Raleigh NC 27603  
(P) 919-833-3312 (F) 919-833-3512



## STATEMENT OF ACKNOWLEDGEMENT

The undersigned acknowledgements having received a printed “Client Rights & Program Summary Information” brochure from Haven House Services, Incl. and acknowledges this document contains 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 HIPAA Regulations)
- Your Rights 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: \_\_\_\_\_