QUALITY BEHAVIORAL HEALTH, INC

CONSUMER RIGHTS, RESPONSIBILITIES AND RESTRICTION OF RIGHTS

- QBH, Inc. will delineate consumer rights as defined by the state of Michigan and by CARF in the Accreditation Standards for Behavioral Health Care, and describe how those rights shall be conveyed to all consumers by QBH, Inc. staff.

CONSUMER RIGHTS AND RESTRICTIONS

- During intake, all consumers are given a copy of the *Consumer Rights and Responsibilities.*
  - The rights and responsibilities are also explained verbally in a language or at a level the consumer can understand.
  - If a consumer is too impaired to comprehend their rights and responsibilities at intake, they will be reviewed with them as soon as clinically feasible.

- Consumers will be provided with information about enrollee rights, responsibilities, and protections.

- All consumers will receive information on all QBH treatment and program options.

- Consumers are asked to indicate on the *Consent to Treatment Form* that they have read and understand their rights and responsibilities. The signed form is retained in the consumer's medical record.

- A consumer can change their mind at any time about sharing of information, but this request should be made in writing to ensure it is documented in your request.

- All programs shall post a list of *Consumer Rights and Responsibilities* in a conspicuous area accessible to all consumers. The Agency shall provide a copy of the consumer rights and responsibilities to any consumer, family member, or designated representative upon request.
  - A list of consumer rights and responsibilities shall be posted in the waiting area or public access area. At the telephone available for consumer use, and in the waiting area, the following phone numbers shall be available:
  - Office of Adult Protective Services
  - MI Department of Health Services and the Human Rights Advisor

RESTRICTION OF RIGHTS

- Consumers shall be allowed private and uncensored communication and visits with family members or other visitors when such visits do not interfere with treatment activities or are not contraindicated by the consumer's treatment plan or court order.
  - Visitation is restricted during detoxification for all consumers as a safety measure; this is described in the Consumer Handbook that is reviewed during orientation and is a non-negotiable, but temporary, restriction until detoxification is complete.

- If a consumer's right must be restricted or denied, the consumer, if able, and the consumer's representative, if applicable, will participate in the discussion and decision. Their participation is documented in the clinical progress notes.

- If necessary and wherever possible, staff shall restrict a consumer's right in question rather than totally denying it. The scope of the restriction shall be limited to the extent necessary to accomplish therapeutic and/or security needs.

- The primary counselor will discuss with the consumer and document in progress notes in the medical record reasons for denial and/or restriction and circumstances for removal of restriction.

- The consumer shall be informed orally and in writing of the decision to restrict or deny his or her right and of the reasons thereto.

- The consumer shall be informed of his or her right to file a complaint through the grievance procedure if he or she chooses.

- The denial of rights will be documented in the consumer's clinical progress notes and will be completed for each right, restriction, or denial.
  - These progress notes will be submitted to the Clinical Director for review.
  - The Clinical Director shall document the review by signature and inform staff of any irregularity or omission noted.
- The original progress notes shall be placed in the consumer's medical record, and a copy shall be given to the consumer to satisfy the written notice requirement.

- All restrictions or denials shall be reviewed every three days.

CONSUMER RIGHTS

- The right to treatment and services under conditions that support the consumer's personal liberty, values and beliefs and restriction of such liberty only as necessary to comply with treatment needs.

- The right to be involved in the development of an individualized, written treatment plan to be developed promptly after admission.

- To be given information needed to aid in treatment decisions.

- Periodic review and reassessment of needs, and appropriate revisions of the plan, including a description of the services that may be needed for follow-up.

- The right to be provided care by competent, qualified, and experienced staff and identification of staff responsible for care. The right to express preferences in treatment staff.

- The right to ongoing participation in the planning of services to be provided and in the development and periodic revision of the treatment plan and the right to be provided with a reasonable explanation of all aspects of one's own condition and treatment. Participation of relatives or guardians in planning care as appropriate.

- The right to refuse treatment.

- The right not to have to participate in experimentation in the absence of the consumer's informed and voluntary written consent.

- The right to appropriate protections associated with such participation; and the right and opportunity to revoke such consent.

- The right to treatment using the least restrictive means possible.

- The right to a humane treatment environment that affords reasonable protection from harm, appropriate privacy, and freedom from verbal or physical abuse or neglect.

- The right to confidentiality of records.

- The right to access, upon request to his/her own consumer records in accordance with state and/or federal law.

- The right to be informed, in appropriate language and terms, of their rights, including the right to legal counsel and all other requirements of due process.

- The right to be provided a representative to communicate consumer information and treatment decisions if unable to understand staff.

- The right to be treated with respect and human dignity.

- Treatment with dignity and respect shall be defined by the consumer, and considered in light of the specific incident, treatment goals, safety concerns, laws and standards, and what a reasonable person would expect under similar circumstances.

- The right to not be exploited financially or otherwise, or required to make public statements acknowledging gratitude to the program or perform at public gatherings.

- The right to assert grievances with respect to infringement of these rights, including the right to have such grievances considered in a fair, timely and impartial procedure.

- The right of access to the Recipient Rights Advisor in order to understand, exercise, and protect personal rights; the right to voice concerns without retaliation.
- The right to be informed, in advance, of charges for services and to receive individualized treatment regardless of payment source(s).
- The right to all available services without discrimination because of ethnicity, cultural or spiritual orientation, gender, age, sexual orientation, socioeconomic status, handicap, national origin, or marital status.
- The right to exercise his/her civil rights, including but not limited to, the right to register and vote at elections.
- The right to referral, as appropriate, to other providers of behavioral health services.
- The right to a smoke-free environment.
- The right to be informed of the Agency's rules and regulations regarding expected consumer conduct.
- The right to have access to their guardian, if applicable, at all times.

CONSUMERS RESPONSIBILITIES

- To provide information that will assist clinical staff in understanding their needs, develop appropriate treatment, and understand their response to treatment;
- To follow instructions so that treatment may be achieved and to ask questions any time they do not understand;
- To accept the consequences of any breaches in following instructions, program rules, and their agreed upon course of treatment;
- To follow all program rules and regulations;
- To show respect and consideration to other consumer's, staff, and visitors to the Agency;
- To meet their financial commitments, if applicable;
- To "speak up" any time they have suggestions for improvement, concerns for safety in their care or the environment where it is received, or when they are satisfied, or pleased, with any aspect of services.

QUALITY BEHAVIORAL HEALTH, INC

CONSUMER LABOR

- QBH, INC. shall provide services that are consistent with the consumer rights and state and federal laws. that address the specific rights of consumer to undergo treatment without being requested to provide labor that would require reimbursement as defined within the Fair Labor Standards Act 29, U.S.C.S. 206

- Agency maintenance and housekeeping chores shall not be dependent upon consumer labor. However, consumer is required to assist in maintaining the cleanliness and neatness of the bedroom, closet space and common areas and to perform such daily living tasks as making their bed and washing their clothing.

- Client labor, as defined by the Fair Labor Standards Act, shall not be required or permitted by consumer being treated at QBH, Inc.

Initiated: 5/2019
Reviewed: 1/2023, 1/2024, 1/2025

LEGAL DIRECTIVE

- QBH acknowledges the consumer's right to access protected health information contained in his/her medical record, the right to request an amendment of protected health information, the right to request confidential communications, and the right to an accounting of disclosures made without an authorization.

- QBH shall abide by federal time and manner guidelines in ensuring the consumer's exercise of such rights and comply with federal privacy regulations under the Health Insurance Portability and Accountability Act (45 CFR Parts 160 and 164) that addresses the consumer's rights with respect to their protected health information.

DEFINITIONS

- Covered Entity: means a health plan, a health care clearinghouse, or a health care provider who transmits any health information in electronic form in connection with a transaction covered by the Health Insurance Portability and Accountability Act (HIPAA) of 1996 (45 CFR Parts 160 and 164).

- Designated Record Set: means a group of records maintained by or for QBH that is:
  - The medical records and billing records about consumers maintained by or for QBH;
  - The enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for QBH; or
  - Used, in whole or in part, by or for QBH to make decisions about consumers. For purposes of this policy, the term record means any item, collection, or grouping of information that includes protected health information and is maintained, collected, used or disseminated by or for QBH.

- Protected Health Information (PHI): means individually identifiable health information, including demographic information, created or received by QBH that relates to past, present or future physical or mental health or mental health treatment of a consumer, or the past, present, or future payment for the provision of health care to a consumer, which is transmitted by or maintained in any electronic medium or is transmitted or maintained in any other form. PHI does not include educational records covered by the Family Educational Rights and Privacy Act or employment records held by QBH in its role as an employer.

- Psychotherapy Notes: means notes recorded in any medium by a health care provider who is a mental health professional documenting or analyzing the contents of a conversation during a private counseling session and that are separated from the rest of the consumer's medical record. Psychotherapy notes excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

- Qualified Behavioral Health Professional: means an individual who meets the requirements of A.A.C.R9-20-204 and is a psychiatrist, behavioral health medical practitioner,

psychologist, social worker, counselor, marriage and family therapist, substance abuse counselor, or registered nurse with one full year of behavioral health work experience.

RIGHT TO ACCESS TO PROTECTED HEALTH INFORMATION

- Except as otherwise provided in this policy, a consumer has a right of access to inspect and obtain a copy of PHI in their designated record set, for as long as the PHI is maintained in the designated record set, except for:
  - Psychotherapy notes
  - Information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and
  - PHI maintained by QBH that is:
    - Subject to the Clinical Laboratory Improvements Amendments or 1988, 42 U.S.C. 263a, to the extent the provision of access to the consumer would be prohibited by law; or
    - Exempt from the Clinical Laboratory Improvements Amendments of 1988, pursuant to 42 C.F.R. 493.3(a)(2).

- QBH must permit a consumer to request access to inspect or obtain a copy of the PHI about the consumer maintained in their designated record set Requests for access must be made in writing and directed to the Privacy Officer or to the Clinical Director who must act on a request for access no later **than thirty (30)** days after receipt of the request as follows:
  - If QBH grants the request, in whole or in part, it must inform the consumer of the acceptance of the request and provide the access requested, in accordance with this policy; or
  - If QBH denies the request, in whole or in part, it must provide the consumer with a written denial, in accordance with this policy.
  - If QBH is unable to respond to the consumer's request for access in **thirty (30) days, or sixty (60) days** if the PHI is not maintained on site, QBH may extend the period by thirty (30) days, provided the consumer is notified in writing. QBH may have only one thirty (30) day extension.
  - If QBH does not maintain the PHI that is the subject of the consumer's request for access, and QBH knows where the requested information is maintained, QBH must inform the consumer where to direct the request for access.

PROVISION OF ACCESS

- If QBH provides a consumer with access to PHI, in whole or in part, QBH must comply with the following requirements:
  - QBH must provide the access requested by the member, including inspection or obtaining a copy, or both, of the PHI about them in the designated record set. If the same PHI that is the subject of the request is maintained in more than one designated record set or at more than one location, QBH need only produce the PHI once in response to the immediate request.
  - QBH must provide the consumer with access to the PHI in the form or format requested by the consumer, if it is readily producible in such form or format; or, if not, in a readable hard copy or such other form or format as agreed to by QBH and the consumer.

- QBH may provide the consumer with a summary of the PHI requested, in lieu of providing access to the PHI or may provide an explanation of the PHI to which access has been provided, if the consumer agrees in advance to such a summary or explanation of the PHI.
- If the consumer requests a copy of the PHI or agrees to a summary or explanation of such information, QBH may impose a reasonable cost-based fee, provided the consumer is notified in advance of any such fee, and provided that the fee includes only the cost of:
  - Copying, including the cost of supplies for and labor of copying, the PHI requested by the consumer
  - Postage, when the consumer has requested the copy, or summary or explanation, be mailed
  - Preparing an explanation or summary of the PHI, if agreed to by the consumer.

FORM OF ACCESS

- QBH must provide the access as requested by the consumer, including arranging for the consumer a convenient time and place to inspect or obtain a copy of the PHI, or mailing the copy of the PHI at the consumer's request.

- QBH may discuss the scope, format, and other aspects of the request for access with the consumer as necessary to facilitate the timely provision of access.

DENIAL OR ACCESS-GENERAL REQUIREMENTS

- If QBH denies access to the requested PHI, in whole or in part, QBH must comply with the following requirements:
  - QBH must, to the extent possible, give the consumer access to any other PHI requested, after excluding the contraindicated PHI.
  - QBH provides a timely, written denial to the consumer, in plain language with an explanation of the following:
    - The basis for the denial
    - The consumer's review rights, if applicable, including a description of how the consumer may exercise these rights; and
    - A description of how the consumer may place complaint with QBH according to the complaint procedures described in the Notice of Privacy Practices and Appeals.
    - The consumer may also file complaint with the United States Secretary of Health and Human Services (Secretary). A complaint filed with the Secretary must meet the following requirements:
      - A complaint must be filed in writing, either on paper or electronically
      - A complaint must name the entity that is the subject of the complaint and describe the acts or omissions believed to be in violation of the applicable standards, requirements, or implementation specifications of the Health Insurance Portability and Accountability Act;
      - A complaint must be filed within 180 days of when the complainant knew or should have known that the act or omission complained of occurred, unless the time limit is waived by the Secretary for shown good cause.

- The Secretary may prescribe additional procedures for filing of complaints, as well as the place and manner of filing, by notice in the Federal Register.

DENIAL OF ACCESS NOT SUBJECT TO REVIEW

- QBH may deny a consumer access to the designated record set without providing the consumer an opportunity for review in the following circumstances:
  - The PHI is expected from the right of access as described in this policy
  - The PHI is subject to the Privacy Act (5 U.S.C.§552a), and the denial under the Privacy Act meets the requirements of law; or
  - The PHI was obtained from someone other than a health care provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.

DENIAL OF ACCESS SUBJECT TO REVIEW

- QBH may deny a consumer access to the designated record set, provided that the consumer is given a right to have such denials reviewed, in the following circumstances:
  - A Qualified Behavioral Health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the consumer or another person
  - The PHI makes reference to another person (unless such person is a health care provider) and a qualified behavioral health professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person; or
  - The request for access is made by the consumer's personal representative and a qualified behavioral health professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to the consumer or another

REVIEW OF A DENIAL OF ACCESS

- If access is denied on a ground permitted by this policy, the consumer has the right to have the denial reviewed by a qualified behavioral health professional designated by QBH to act as a reviewing official and who did not participate in the original decision to deny. QBH must provide or deny access in accordance with the determination of the reviewing official according to this policy.

- If the consumer has requested a review of a denial, QBH must designate a qualified behavioral health professional, who was not directly involved in the denial, to review the decision to deny access. QBH must promptly refer a request for review to such designated reviewing official. The designated reviewing official must determine, within a reasonable period of time, whether or not to deny the access requested based on the standards in paragraph (10) of this section. QBH must promptly provide written notice to the consumer of the determination of the designated reviewing official and take other action as required to carry out the designated reviewing official's determination.

RIGHT TO AMEND PROTECTED HEALTH INFORMATION

- A consumer has the right to have QBH amend PHI about the consumer in a designated record set for as long as the PHI is maintained by QBH.

REQUESTS FOR AMENDMENT AND TIMELY ACTION

- QBH must permit a consumer to request that QBH amend the PHI maintained in their designated record set.

- Consumers must make their requests in writing to the QBH Privacy Officer and provide a reason to support the requested amendment.

- QBH must act on the consumer's request for amendment no later than 60 days after receipt of such a request, as follows:
  - QBH shall designate a qualified behavioral health professional to review the consumer's request for amendment. If QBH grants the requested amendment, in whole or in part, it must take the actions required by this policy; or
  - If QBH denies the requested amendment, in whole or in part, it must provide the consumer with a written denial, in accordance with this policy.

- If QBH is unable to act on the request for amendment within the **sixty (60) days** allowed, QBH may extend the period by no more than **thirty (30) days**, provided that QBH notifies the consumer in writing of the reasons for the delay and the date by which QBH will complete its action on the request.

- QBH may have only one such extension of time for action on a request for an amendment.

ACCEPTING THE AMENDMENT

- If QBH accepts the requested amendment, in whole or in part, QBH must comply with the following requirements:
  - QBH must make the appropriate amendment to the PHI or record that is the subject of the request for amendment by, at a minimum, identifying the sections of the designated record set that are affected by the amendment and appending or otherwise providing a link to the location of the amendment
  - QBH must obtain the consumer's identification of and agreement to have QBH notify any relevant persons with which the amendment needs to be shared; and
  - QBH must make reasonable efforts to inform and provide the amendment within a reasonable time to persons, including business associates, that QBH knows have the PHI that is the subject of the amendment and that may have relied, or could reasonable rely, on such information to the detriment of the individual.

DENYING THE AMENDMENT

- If QBH denies the requested amendment, in whole or in part, QBH must comply with the following requirements:

  - QBH must provide the consumer with a timely, written denial in plain language with an explanation of the following
    - The basis for the denial;

- The consumer's right to submit a written statement disagreeing with the denial and how the consumer may file such a statement
- A statement that, if the consumer does not submit a statement of disagreement, the consumer may request that QBH provide the consumer's request for amendment and the denial with any future disclosures of the PHI that is the subject of the amendment; and
- A description of how the consumer may complain to QBH pursuant to the complaint procedures established in this policy.

- QBH must permit the consumer to submit to QBH a written statement disagreeing with the denial of all or part of a requested amendment and the basis of such disagreement. QBH may reasonably limit the length of a statement of disagreement.
- QBH may prepare a written rebuttal to the consumer's statement of disagreement. Whenever such a rebuttal is prepared, QBH must provide a copy to the consumer who submitted the statement of disagreement.
  - QBH must, as appropriate, identify the record or PHI in the designated record set that is the subject of the disputed amendment and append or otherwise link the consumer's request for an amendment, QBH's denial of the request, the consumer's statement of disagreement, if any, and QBH's rebuttal, if any, to the designated record set.

FUTURE DISCLOSURES

- If a statement of disagreement has been submitted by the consumer, QBH must include the statement in the designated record set, or, at the election of QBH an accurate summary of any such information, with any subsequent disclosure of the PHI to which the disagreement relates.

- If the consumer has not submitted a written statement of disagreement, QBH must include the consumer's request for amendment and its denial, or an accurate summary of such information, with any subsequent disclosure of the PHI only if requested by the consumer.

- When a subsequent disclosure is made using a standard transaction that does not permit the additional material to be included with the disclosure, QBH may separately transmit the material required, as applicable, to the recipient of the standard transaction.

ACTIONS ON NOTICES OF AMENDMENT

- If QBH is informed by another covered entity of an amendment to a consumer's PHI, QBH must amend the PHI in the designated record set as provided by this policy.

RIGHT TO AN ACCOUNTING OF DISCLOSURES OF PROTECTED HEALTH INFORMATION

- A consumer has a right to receive an accounting of disclosures of PHI made by QBH in the six (6) years prior to the date on which the accounting is requested, except for disclosures:
  - To carry of treatment, payment, or health care operations
  - To consumers of PHI about them
  - Pursuant to an authorization as provided in QBH Policy
  - For national security or intelligence purposes as provided in QBH
  - To correctional institutions or law enforcement officials as provided in QBH Policy; or
  - That occurred prior to April 14, 2003.

PROVISION OF THE ACCOUNTING

- QBH must act on the consumer's request for an accounting, no later than **sixty (60) days** after receipt of such request, as follows:
  - QBH must provide the consumer with the accounting requested; or
  - If QBH is unable to provide the accounting within sixty (60) days, QBH may extend the time to provide the accounting by no more than thirty (30) days, provided that:
    - QBH within sixty (60) days from the receipt of the request for an accounting, provides the consumer with a written statement of the reasons for the delay and the date by which QBH will provide the accounting; and
    - QBH may have only one such extension of time for action on a request for an accounting.
  - QBH must provide the first accounting to a consumer in any twelve (12) month period without charge. QBH may impose a reasonable, cost-based fee for each subsequent request for an accounting by the same consumer within the twelve (12) month period, provided that QBH informs the consumer in advance of the fee and provided the consumer with an opportunity to withdraw or modify the request for a subsequent accounting in order to avoid or reduce the fee.

CONTENT OF THE ACCOUNTING

- QBH must provide the consumer with a written accounting that meets the following requirements:
  - Except as otherwise provided by this policy, the accounting must include disclosures of PHI that occurred during the six (6) years (or such shorter time period at the request of the consumer) prior to the date of the request for an accounting, including disclosures to or by business associates of QBH.
  - The accounting must include for each disclosure:
    - The date of the disclosure
    - The name of the entity or person who received the PHI and, if known, the address of such entity or person
    - A brief description of the PHI disclosed; and
    - A brief statement of the purpose of the disclosure that reasonably informs the consumer of the basis for the disclosure, or in lieu or such statement, a copy of the written request for the disclosure.

  - If, during the period covered by the accounting, QBH has made multiple disclosures of PHI to the same person or entity for a single purpose, the accounting may, with respect to such multiple disclosures, provide:
    - The information required in paragraph (b) of this section for the first disclosure during the accounting period
    - The frequency, periodicity, or number of the disclosures made during the accounting period; and
    - The date of the last such disclosure during the accounting period.

TEMPORARY SUSPENSION OF RIGHT TO AN ACCOUNTING

- QBH must temporarily suspend a consumer's right to receive an accounting of disclosures to a health oversight Agency or law enforcement official, for the time specified by such Agency or official, if such Agency or official provides QBH with a written statement that such an accounting to the consumer would be reasonably likely to impede the Agency's activities and specifying the time for which such a suspension is required.
  - If the Agency or official statement is made orally, QBH must:
    - Document the statement, including the identity of the Agency or official making the statement
    - Temporarily suspend the consumer's right to an accounting of disclosures subject to the statement; and
    - Limit the temporary suspension to no longer than **thirty (30) days** from the date of the oral statement, unless a written statement pursuant to paragraph (a) of this section is submitted during that time.

RIGHT TO REQUEST A RESTRICTION

- QBH must permit a consumer to request that QBH restrict:
  - Uses or disclosures of PHI about the consumer to carry out treatment, payment, or health care operations
  - Disclosures permitted to a family member or other individual actively involved in the consumer's care or payment of care;
  - Disclosures made for purposes of notification
  - Disclosures due to the consumer's incapacity or an emergency circumstance; or
  - Disclosures for disaster relief purposes.

INITIATING AND RESPONDING TO THE RESTRICTION

- A consumer requesting a restriction must submit the request in writing to the QBH Privacy Officer by completing a Request for Restriction of Disclosures Form. If the consumer requests, or requires, assistance in completing the form, the QBH Case Managers or Counselors shall provide assistance.
  - QBH shall respond to the consumer's request for a restriction within fifteen (15) days of receipt of the request by either agreeing to or denying the restriction.
  - Upon receipt of the request for a restriction, the QBH Clinical Director, QBH Privacy Officer, and QBH Security Officer shall review the consumer's request and determine whether the requested restriction is in the consumer's best interest, and whether QBH can comply with the terms of the restriction. QBH is not required to agree to a requested restriction.
  - If QBH agrees to a restriction, QBH and its business associates may not use or disclose PHI in violation of the restriction, except if the consumer who requested the restriction is in need of emergency treatment and the restricted PHI is needed to provide the emergency treatment. QBH may use the restricted PHI or may disclose such information to a health care provider, to provide such emergency treatment to the consumer. If restricted PHI is disclosed to a health care provider not further use or disclose the information. A restriction agreed to by QBH is not effective to prevent uses or disclosures permitted or required as follows:

- By the Secretary of Health and Human Services to investigate or determine QBH's compliance with federal standards for the protection of consumer health care information; or
- Under special circumstances, including those disclosures required by:
  - Law
  - Public health activities
  - Reports of abuse, neglect, or domestic violence
  - Health oversight activities
  - Judicial or administrative proceedings
  - Law enforcement purposes
  - Coroners, medical examiners, or funeral directors
  - Research purposes
  - A serious threat to health or safety
  - Specialized government functions; and
  - Worker's compensation.

- If QBH denies a request for a restriction after a review by the designated parties, QBH shall include justification for the denial in its notice to the consumer.

TERMINATING A RESTRICTION

- QBH may terminate its agreement to a restriction, if:
  - The consumer requests or agrees to the termination in writing by completing the Termination of Restriction of Disclosures Form;
  - The consumer orally agrees to the termination and the oral agreement is documented and reduced to the Termination of Restriction of Disclosures Form; or
  - QBH informs the consumer in writing that it is terminating its agreement to a restriction, except that such termination is only effective with respect to PHI created or received after it has so informed the consumer.

REQUEST FOR CONFIDENTIAL COMMUNICATIONS

- QBH must permit consumers to request and must accommodate reasonable requests by consumers to receive communications of PHI from QBH by alternative means or at alternative locations, if the consumer clearly states that the disclosures of all or part of that information could endanger the consumer.

- A consumer must submit a written request for confidential communications on the *Request for Confidential Communications Form*. The consumer need not state an explanation of the basis for the request beyond his/her reasonable belief that alternative communications are necessary to avert danger to them. In order for the request to be approved, the consumer must provide an alternative address or other method of contact on the request form.
  - Requests for confidential communications are received by the QBH Privacy Officer, who shall advise necessary QBH workforce consumers of the alternative means of communication.

- QBH must maintain all documentation, whether in written or electronic format, associated with any action, activity, or designation pertaining to the request for confidential

communications for six (6) years from the date of its creation or the date when it last was in effect, whichever is later.

MONITORING

- Documentation
  - QBH must maintain all documentation whether in written or electronic format, associated with any action, activity, or designation pertaining to the request for access, amendment, restriction, accounting, or confidential communications for six (6) years from the date of its creation or the date when it last was in effect, whichever is later.

EVALUATION:

- The Privacy Officer will review this policy annually and make revisions when needed. Any revisions made will be submitted to the Clinical Committee for approval.

FORMS:

Request for Confidential Communications Form
Request for Restriction of Disclosures of PHI Form

CONSUMER GRIEVANCES

- All consumers will be treated with respect and dignity in an environment that is therapeutic and free from any mental, physical, or sexual abuse or neglect. When an allegation of mistreatment, violation of civil rights, or the consumer, consumer's family, or guardian, Company staff or any other concerned party may file a grievance according to the procedure defined in this policy.

- Any staff that has reason to believe that a rights violation or condition requiring investigation has occurred shall file a grievance or a request for investigation. Failure of a staff member to file a grievance or request for investigation, to assist a consumer filing a grievance, or to otherwise fail to forward a grievance submitted by a consumer shall be grounds for disciplinary action. Conduct prohibited by these rules will not be tolerated by this Company whether it occurs on or off the job.

- All individuals will have a means by which to grieve any violation of any rights, and complaints related to care/services, or any mistreatment or misconduct associated with care/services received.

NOTICE OF GRIEVANCE RIGHTS

- All consumers shall be informed of their right to file a grievance or request for investigation. Notice of this grievance and investigation process shall be included in the information provided during intake.

WHO MAY FILE GRIEVANCE

- An oral or written grievance or request for investigation may be filed by a consumer, guardian, Consumer Rights Advisor, state protection and advocacy system, designated representative, or any other concerned person in the event of:
  - An allegation of a violation of the consumer rights or of the rights of several consumers;
  - A death of a consumer; and/or an allegation that a condition exists that is dangerous, illegal, or inhumane.

GRIEVANCE PROCESS

- When an individual wishes to make a complaint and wants to file a grievance or request that contains a non-frivolous allegation, the individual will be given the options of:
  - Conferring with primary counselor and/or charge nurse on duty.
  - Completing a written complaint that describes the alleged action or problem and identifies complainant with name, address and phone number.
  - Obtaining assistance to file a grievance.

- The complaint is submitted to the CEO or supervisor on duty. A copy is provided to the Quality and Utilization Manager within 24 hours.

- When any staff of a service provider, or any other party, has a reason to believe that a rights violation or condition requiring investigation has occurred, they shall promptly file a grievance or a request for investigation.
  - When the Director of a service provider determines that a non-frivolous allegation of a right's violation has occurred in one of QBH, Inc.'s programs, or that a condition exists, or a condition has occurred that requires investigation of a Company program, a grievance or request for investigation will be filed.

- Any grievance or request for investigation shall be accurately and completely reduced to writing.

- Once a grievance has been filed, the CEO or designee conducts a thorough investigation of the complaint to determine validity.
  - Within **five (5) days** of receipt of a grievance request for investigation, the CEO shall inform the person filing the grievance/request, in writing, that the grievance/request has been received.
  - The CEO:
    - May dispose of any grievance/request for investigation where the alleged rights violation or condition occurred more than one year immediately prior to the date on which the grievance/request is made;
    - May refer the grievance to the primary counselor (if applicable) for resolution through the treatment planning process. This step may be taken if the grievance received is primarily directed to the level or type of treatment provided to a consumer which can be fairly and efficiently addressed within procedures, or
    - May resolve a grievance/request without conducting a full investigation where the matter:
      - Involves no dispute as to the facts;
      - Is patently frivolous; or
      - May be resolved fairly and efficiently within **five (5) days** without a formal investigation.
    - In the event that an investigation is not required, the CEO shall prepare a written, dated decision, which shall explain the essential facts, why she/he believes that the matter may be appropriately resolved without the appointment of an investigator, and the resolution of the matter, of which copies will be submitted to the parties involved, together with a notice of appeal rights, to anyone else having a direct interest in the matter, and to the Quality and Utilization Manager for filing.

- In the event that the grievance or request cannot be resolved within **five (5) days** of receipt, the CEO shall:
  - Prepare a written, dated appointment of an impartial person who, in the judgment of the CEO, is capable of proceeding with the investigation in an objective manner, but shall not be any of the persons directly involved in the right's violation or condition requiring investigation or a staff person who works in the same unit as, except a person with direct line authority over, any person alleged to have been involved in the right's violation or condition requiring investigation.
  - Immediately upon the appointment of an investigator, notify the person who filed the grievance/request for investigation in writing of the appointment. The notice shall contain the name of the investigator, the procedure by which the investigation will be conducted, and the method by which the person may obtain assistance or representation.
  - Within **ten (10) days** of the appointment, the investigator shall hold a private, face-to-face conference with the person who filed the grievance/request for investigation to learn the relevant facts which form the grounds for the grievance/request, except where the grievance/request has been initialed by the CEO.
    - In scheduling such conference, and again at the conference, if the complainant appears without a designated representative, the investigator shall advise the complainant that they may have representation.
    - The complainant may be represented by a designated representative of his/her own choice. The investigator shall also advise the complainant of the availability of assistance from the MI Department of Community Health or the Consumer Rights Advisor of QBH, Inc.
    - In cases where the person initiating the grievance/request, or the person(s) who are alleged to have been responsible for the right's violation or condition, is a consumer and is in need of special assistance and is unrepresented, the investigator shall give the Consumer Rights Advisor notice of the need for representation.

- Where the grievance has been initiated by QBH, Inc.'s CEO, or a representative of a state Company, the investigator shall promptly determine which persons have relevant information concerning the occurrence of the alleged right's violation or condition requiring investigation and proceed to interview such individuals.
  - Within **fifteen (15) days** of the appointment, but only after the conference with the person initiating the grievance/request for investigation, the investigator shall hold a private, face-to-face conference with the person(s) complained of or thought to be responsible for the rights violation or condition requiring investigation to discuss the matter.
  - In scheduling a conference with such person(s) or with any other witness, the investigator shall advise the person(s) or any witness that the individual may tape record the conference and all future conferences, meetings or hearings during the course of the investigation provided that the individual notifies all other parties to such meetings or hearings no later than the beginning of the meeting or hearing if the individual intends to so record.

- Any staff of QBH or of a service provider or other complaining party has an obligation to cooperate in the investigation.
  - Failure of a staff to cooperate may result in disciplinary action.

- The investigator shall gather whatever further information may seem relevant and appropriate, including interviewing additional witnesses, requesting and reviewing documents, and examining other evidence or locations within **ten (10) days** of completing all interviews with the parties.

- Not later than **thirty (30) days** from the date of the appointment, the investigator shall prepare a written, dated report briefly describing the investigation and containing findings of fact, conclusions, and recommendations. The report shall be delivered to the CEO within the **thirty (30) day** period.
- Within **five (5) days** of receiving the investigator's report, the CEO of QBH, Inc. shall review the report and the case record and prepare a written, dated decision which shall either:
  - Accept the investigator's report in whole or in part, at least with respect to the facts as found, and state a summary of findings and conclusions and the intended action of the CEO of QBH, Inc., including disciplinary investigations, if appropriate.
  - Reject the report for insufficiency of facts and return the matter for further investigation. In such event, the investigator shall complete the further investigation and deliver a revised report to QBH, Inc.'s CEO or designee, within **ten (10) days**. Upon receipt of the report, QBH, Inc.'s CEO shall proceed.

- The CEO of QBH, Inc. shall send copies of the decision to the investigator, the parties, the Quality and Utilization Manager, and the Consumer Rights Advisor for persons deemed in need of special assistance.
  - The decision sent to the complainant consumer who is the subject of the grievance shall include the reason for the decision and a notice of appeal rights.

- After the expiration of the appeal period, of after the exhaustion of all appeals and subject to the final decision thereof, QBH, Inc.'s CEO shall promptly take the action set forth in the decision and add to the case a written, dated report of the action taken. A copy of the report shall be sent to the Consumer Rights Advisor if the person is in need of special assistance. A copy is also provided to the Quality and Utilization Manager for filing.

ADMINISTRATIVE APPEAL

- Any complainant consumer who is the subject of a grievance who is dissatisfied with the final decision of the QBH, Inc.'s CEO may, within **thirty (30) days** of receipt of the decision, file a notice of appeal with Mr. Johnny Jones from the County Office of Consumer Rights.
  - Mr. Jones shall review the notice of appeal and the case record and may discuss the matter with any of the persons involved or convene an informal conference. Within **fifteen (15) days** of the filing of the appeal, Mr. Jones shall prepare a written, dated decision which shall either:
    - Accept the investigator's report, in whole or in part, at least with respect to the facts as found, and affirm, modify, or reject the decision of QBH, Inc.'s CEO with a statement of reasons; or
    - Reject the investigator's report for insufficiency of facts and return the matter with instructions and decision.
      - In such event, the further investigation shall be completed, and a revised report and decision shall be delivered to Mr. Jones within **ten (10) days**.
    - Upon receipt of the report and decision, Mr. Jones shall send copies of the decision to the parties, together with a notice of appeal rights; to QBH, Inc.'s CEO; and to the Consumer Rights Advisor for consumers who needs special assistance.
    - A representative shall be afforded the opportunity to be present at any meeting or conference conveyed by Mr. Jones to which the represented party is invited.

FURTHER APPEAL

- Any complainant who is the subject of the grievance who is dissatisfied with the decision of Mr. Jones may request a fair hearing before an administrative hearing officer. If, and when, this step is necessary, the procedures for this process will be explained in accordance with MI Statutes.

- Should the complainant be a Medicaid consumer and wish to file a complaint directly with the Detroit Health Department/Bureau of Substance Abuse, the grievant may notify the office by calling (313) 876 4561 or (313) 876 4103 or by mail to: Institute of Population Health, Special Services Coordinator, 1151 Taylor, Detroit MI 48202.

- The grievant, if a Medicaid consumer, may submit a request for a hearing directly with the MI Department of Community Health (MDCH) Administrative Tribunal on their required "Request for Hearing" Form. MDCH may be contacted by phone at (517) 335 9384 or by mail to: Administrative Tribunal, MDCH, P. O. Box 30195, Lansing, MI 48909-7695.

- QBH, Inc. shall not discharge or discriminate against any person (consumer or staff) in any way that has participated in submitting or participated in the investigation of a complaint.

- The complainant may pursue, if desired, other remedies in regard to the complaint by contacting:
  - CEO, Quality Behavioral Health, Inc. 751 E. Grand Blvd MI 48207, Ph: (313)-384-8066

COMPLAINT TO THE JOINT COMMISSION

- Any staff, consumer, or other party that has a concern they wish to address to the Joint Commission regarding care, treatment, service, or other concern, may do so by contacting the Joint Commission directly. The Joint Commission will direct them in how to submit their concern. If they need assistance, they should notify the CEO who will assist them in their submission.

- QBH, Inc. shall not discharge or otherwise discriminate against any person (consumer or staff) in any way that has participated in submitting or participated in the investigation of a complaint to the Joint Commission.

SPECIAL CONSIDERATIONS DUE TO THE NATURE OF THE MAT PROGRAM

- Every attempt is made, prior to any consumer discharge, to accommodate the consumer's desire to remain in opioid therapy at an alternative treatment program.

- Involuntary withdrawal is used only as a last resort and applied in the most humane manner possible, consistent with the safety and well-being of the consumer, staff and other consumers.

- No change in dose of opioids or other medications shall occur as a result of a consumer filing a grievance, without the consumer's knowledge, unless the consumer has signed a document waiving such consent.

RECURRENT/SIGNIFICANT COMPLAINTS

- QBH, Inc. shall monitor the nature and frequency of complaints. Should a significant complaint or a pattern of recurring complaints become apparent, the Root Cause Analysis (RCA) process as is used for sentinel events shall be employed to identify and promptly respond to any conclusions made obvious by the RCA process. Responses shall emphasize risk reduction and prevention.

ANNUAL REVIEW OF FORMAL COMPLAINTS

- The Quality and Utilization Manager shall aggregate grievance/complaint data at least **annually** and report it to the Clinical Committee.

- The report shall include identification of:
  - Any negative trends.
  - Any needed performance improvement and actions taken/to be taken.
  - Timeliness of investigations.
  - Percent of investigations that could not be settled at QBH level.

EVALUATION:

- The Quality and Utilization Manager will review this policy annually and make revisions when needed. Any revisions made will be submitted to the Clinical Committee for approval.

RELATED POLICIES/FORMS:

Grievance Form
Consumer Rights and Responsibilities Policy

CONSUMER RIGHTS ADVISOR

- The Consumer Rights Advisor, an appointed position, shall have the necessary tools and resources essential to operate in this position, including access to interpreters as needed to see that the rights of consumers and their guardians, where applicable, are protected as outlined in the Michigan Mental Health Code.

- The CEO shall appoint a Consumer Rights Advisor who shall be an employee or volunteer and subordinate only to the CEO.

CONSUMER RIGHTS ADVISOR QUALIFICATIONS

- The Consumer Rights Advisor shall meet the following requirements:
  - Does not have service responsibilities and is not confined to a workstation enabling freedom to move around the entire organization interacting with consumers and staff.
  - Has an understanding of the mental health and substance abuse programs and services, the rights system and a commitment to the well-being of consumers.
  - Have a minimum of a bachelor's degree with two (2) years of behavioral health or related experience.

REFERENCE:

- Mental Health Code 330.1754
- Administrative Rule 330.7030

CEO ACCOUNTABILITY RELATED TO THE CONSUMER RIGHTS ADVISOR

- The CEO shall:
  - Ensure the description for the Consumer Rights Advisor's position is included with all Agency job descriptions.
  - Provide that the Consumer Rights Advisor attends all specific trainings sponsored by Department of County Health which will enhance the skills and functioning of this position.
  - Support the Consumer Rights activities and Consumer Rights staff.
  - Take appropriate action to protect complainants, and any Consumer Rights staff, if harassment or retaliation occurs concerning apparent violations.
  - Take firm and fair disciplinary or other remedial action to resolve violations of rights.
  - Clearly include this position on Quality Behavioral Health, Inc. Table of Organization, updated at least annually.

DUTIES OF THE CONSUMER RIGHTS ADVISOR

- The Consumer Rights Advisor will:
  - Receive and acknowledge all reports of and may investigate apparent violations of rights.
  - Act to resolve disputes relating to apparent violations.
  - Act on behalf of consumers to obtain a remedy for any apparent violation.
  - Shall otherwise endeavor to safeguard the rights guaranteed by the Michigan Mental Health Code (P.A. 258).
  - Shall oversee that The SUMMARY OF YOUR RIGHTS pamphlet is displayed in all waiting rooms

of Quality Behavioral Health, Inc. programs, and in the Business Office.

- Shall provide for all consumers, and others who wish to act on their behalf, have access to forms on which to document alleged violations.
  - Complaint forms will be available in all waiting rooms.
  - Self-addressed envelopes to the Consumer Rights Advisor will also be available in all waiting rooms to be utilized for the filing of a complaint.
  - On-site staff will provide envelopes if none are available and notify the Office Manager to replenish supplies.
- Guarantee the *Consumer Rights Poster* is visible, with the Consumer Rights Advisor's name and telephone number, in all waiting rooms of Quality Behavioral Health, Inc. program sites.

INFORMING CONSUMERS OF THEIR RIGHTS

- At the time of intake, the intake staff shall explain the consumer's rights to each new consumer has a *Statement Of Consumer's/Consumers Rights Form* signed by the consumer or their guardian, acknowledging that s/he has been so informed, and then the signed document will become a part of the consumer's medical record.
  - It will also be responsibility of the primary counselor to inform existing consumers (at the time of their earliest appointment) of their Consumer Rights and be sure that the *Statement Of Consumer's/Consumers Rights Form* is signed and made a part of the consumer's medical record.
  - If a consumer and/or someone on the consumer's behalf have a complaint, then it is the counselor's responsibility to take the consumer to the Consumer Rights Advisor.
  - If the complaint is made by telephone, it is to be directed to the Consumer Rights Advisor.

MANAGEMENT OF RIGHTS VIOLATIONS

- The Consumer Rights Advisor will receive all reports of alleged violation of rights, including:
  - Verbal reports by consumers or others on their behalf.
  - Written reports by consumers or others on their behalf.
  - Acknowledge to the complainant receipt of an alleged violation received directly either verbally or in writing.
  - Log each alleged violation received from whatever source on the *Consumer Rights Log.*

- The Consumer Rights Advisor will investigate the allegation and determine if there is evidence to support its legitimacy or not.
  - If the allegation was not found to be supported by available evidence, the consumer will be notified that there was no evidence supporting their complaint and that unless they can provide valid evidence, the investigation of the allegation is complete.
  - If the allegation is supported by evidence and involved staff , one of the following actions will be taken:
    - A face-to-face meeting will be conducted by the Consumer Rights Advisor and the CEO with the involved staff.
    - Depending on the nature of the violation any of the following may transpire:
      - Additional training required of the involved staff with a specific timeframe for completion.
      - Disciplinary action appropriate to the violation.
      - Termination.

- Violation reports are submitted to the Clinical Committee; they will look for evidence of need for improvement that extends beyond a single staff member. The Board is also informed of valid allegations by the CEO.
- The Consumer Rights Advisor submits a report of the number and nature of rights violations quarterly to funding agencies.

EVALUATION:

- The CEO will review this policy annually and make revisions when needed. Any revisions made will be submitted to the Clinical Committee for approval.

FORMS:

Statement of Consumer Rights (available for review in the Consumer Rights Advisor's office)
Summary of Your Rights Pamphlet (available for review in the Consumer Rights Advisor's office)
Consumer Rights Poster [in three languages] (available for review in designated areas stated in this policy)
Consumer Rights Log (available for review in the Consumer Rights Advisor's office)

PETITIONING FOR GUARDIANSHIP

- QBH, Inc. shall provide the following information when petitioning on behalf of QBH:
  - Evaluations of the person's mental, physical, social, and educational condition made not more than the 30 days prior to filing a petition.
  - QBH, Inc. shall provide the following information when petitioning on behalf of QBH:
  - Evaluations of the person's mental, physical, social, and educational condition made not more than the 30 days prior to filing a petition.
  - A recommendation proposing the type and scope of guardianship services needed.
  - A judgment as to the most appropriate living arrangements.
  - Signatures of all persons, one of whom shall be a physician, a psychologist or a Social Worker, who performed evaluations upon which the report is based. Any number of evaluations by people not on the staff of the facility or program may be utilized.
  - If suitable, a report of an informed consent board may be used as part of a required report.

- When QBH, Inc. staff petition for appointment of a guardian, a petition shall be filed in the probate court for the county of residence.
  - The county from which a person was admitted on the basis of a judicial admission or ordered to undergo a program of alternative care and treatment.
  - The county from which a person was referred to a facility or program by a county community mental health program or other public or private Company.
  - The county in which a person resides, if a parent has agreed to an appointment as guardian.

- If a petition previously filed on behalf of a facility or program resulted in appointment of a plenary guardian of the estate or a partial guardian or a refusal by a court to appoint any guardian, QBH shall not authorize a subsequent petition unless there has been a significant deterioration in the person's condition or other compelling change in circumstances. This requirement shall not prevent action for emergency guardianship.

RESPONSIBILITY FOR PETITIONING FOR GUARDIANSHIP

- When QBH, Inc. petitions for appointment of a guardian, or advocates for the consumer, the staff member will, whenever possible, recommend that an appropriate family member, friend, or public or private Company or association be considered by the probate court for appointment as guardian.

- Only on the request of a probate court and after all other possibilities have been exhausted may QBH, Inc. agree to serve as a plenary or partial guardian.

- QBH, Inc. shall decline to serve as guardian for a person not receiving services from a Company program.

- QBH, Inc. may accept an appointment as guardian for a person receiving services, pursuant to these rules that staff members of QBH, Inc. shall not personally act as guardians.

- The Clinical Director shall permit not less than one staff member who performed an evaluation in connection with a required report adequate time to testify at a probate court hearing on a guardianship petition.

ESTABLISHING THE EXISTENCE OF GUARDIANSHIP OR LEGAL REPRESENTATIVE

- When a consumer receives an intake interview, the therapist will ascertain whether or not the consumer has a guardian. If so, the name, address, telephone number and level of guardianship responsibility will be obtained. This information will be entered on to the *Intake Form*.

- Copies of the guardian's legal papers which authorize his/her guardianship will be obtained and filed in the clinical record.

- The assessments conducted will include relevant information about the relationship and circumstances between the consumer and guardian (e.g., daily, living situation, family dynamics, legal). Any relevant, circumstances related to the guardianship are also included in the *Clinical Integrated Summary* in the medical record.

- The guardian's input will be included in the assessment(s), as relevant to the situation. The guardian's signature is needed for all *Consent Forms, Consumer Rights Form,* and *Release-Of-Information Forms*.

- The guardian will be included in the Treatment Plan and Review process, including invitations to the meetings, encouragement to give input, and opportunity to review and sign the treatment plan.

ABUSE BY GUARDIAN

- When a staff suspects that abuse and/or neglect may be occurring to the consumer by the guardian, the staff will follow the guidelines of protective services reporting, as written in the Consumer Rights rules.

- When making a report, the staff will verbally notify the authorities of guardianship status, so the consumer's vulnerability can be dealt with carefully. This information will also be included in the written report.
  - The assigned therapist will notify the Medical and Clinical Directors and CEO of any instance where there is a protective service report made on a guardian.

- It is the Probate Court's jurisdiction to make this determination. Staff shall advocate for the consumer in this circumstance, if requested by the consumer; there must first be a case review completed by the Medical or Clinical Director, with a documented summary of the reasons for questioning the guardianship status. This report shall include:
  - A brief history of the consumer;
  - A brief history of the guardian status, the relationship, and the problem(s);
  - A brief summary of what interventions have been tried, and the outcome;
  - Current recommendation.

- The CEO will review the report, and if needed, will review the medical record or request further information. Based on the information, the CEO will ascertain that rights of both the consumer and guardian have been followed. The DMH Administration Rules (August, 1987) will be used and additionally, the office of Recipient Rights.

- Upon approval from the CEO, the plan to change the guardianship status in court will be written into the consumer's treatment plan and implemented accordingly.

Administrative Rules
Reference: 330.6019, 330.6022, 330.6025, 330.6027

EVALUATION:

- The CEO will review this policy annually and make revisions when needed. Any revisions made will be submitted to the Clinical Committee for approval.

RELATED POLICIES/FORMS:

State Forms

Consumer Rights and Responsibilities Policy

POLICY: INFORMED CONSENT

DEFINITIONS

- Consent: Voluntary agreement, in writing, executed by the consumer, his/her guardian if empowered to execute consent.

- Informed Consent: The consumer demonstrates ALL of the following:
  - Competency: Competency requires the ability of an individual to understand rationally the nature of a procedure, risks, other consequence and other relevant information.
  - Knowledge: An individual constantly shall be aware of the procedure, risks, other consequences, and other relevant information. The standard governing required disclosure is what a reasonable consumer needs to know in order to make an intelligent decision. Relevant information includes the purpose of the procedures, a description of attendant discomforts, risks and benefits reasonable to be expected, a disclosure of appropriate alternatives advantageous to the consumer, and an offer to answer further inquiries.
  - Voluntariness: There shall be free power of choice without the intervention of an element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or concern, including promises or assurances of privileges of freedom. There shall be an instruction that an individual is free to withdraw consent and to discontinue participation or activity at any time without prejudice to the consumer.

- Informed Consent Board: An informed consent board may either be a standing interdisciplinary body drawn from an existing interdisciplinary review board within a Company or program or may be appointed on a consumer case-by-case basis. An informed consent Board shall consist of the following:
  - Two mental health professionals of different disciplines with appropriate clinical experience or training.
  - A third person who is not employed by QBH or program but who is selected by QBH or Medical Director from qualified volunteers with an interest in mental health or mental retardation advocacy and services.

INFORMATION TO CONSUMERS FOR DECISION

- Prior to admission the consumer and/or family will have the opportunity to speak with QBH staff to learn about program hours, attendance and other participation expectations, the cost of treatment, and the treatment planning and discharge process. A Company brochure is also available which describes the continuum of services and Company philosophy.

- As part of the admission process consumers and family members are informed of their rights and responsibilities and receive a written copy. They will also receive a copy of QBH's fee schedule, if applicable.

- They will also be informed of the program and services available and will be introduced to staff with primary responsibility for their care.

- All program areas shall have a posted list of *Consumers' Rights and Responsibilities* accessible to all consumers.

- If a consumer is transferred to another program within QBH, program guidelines will be explained to the consumer prior to the transfer process being initiated.

OBTAINING INFORMED CONSENT

- At the time of the first face-to-face interview, the intake staff will explain to the consumer or guardian the course and purpose of treatment. Throughout the course of treatment, staff shall continue inform the consumer about all treatment procedures, services and other policies and regulations in a timely fashion.

- Intake staff shall obtain a voluntary, written, program-specific informed consent to treatment, and specifically, to maintenance treatment.
  - It shall be the opinion of the clinical staff member doing the interview whether the consumer or guardian can understand and are able to consent to treatment.
  - If it is determined that informed consent can be achieved, the clinical staff member shall obtain necessary consents and place them in the consumer's clinical record.

- The intake staff will read or give oral explanation in a language the individual understands.

- The consumer or guardian shall be given an adequate opportunity to read QBH's *Consent to Treatment Form* before signing and the consent form shall summarize all relevant facts concerning the use of the opioid drug.
  - The consent has a statement the consumer signs verifies that they have had a clear and understandable explanation of this information.
  - Within 30 days post-admission, a designated program staff shall review again all relevant facts concerning the use of the opioid drug to the consumer.

- There shall be instruction that consumers or guardians are free to withdraw consent and to discontinue participation of activity without prejudice to the consumer.

- The consumer shall, at intake, also be informed of MI requirements and program policy regarding the report of suspected child abuse and neglect, as well as other forms of abuse (e.g., violence against women).

- The progress notes of this first face-to-face interview where this *Consent to Treatment* is discussed and signed shall note the circumstances surrounding the obtaining of consent. This note shall be placed in the consumer's medical record.

- A new written *Consent to Treatment* shall be obtained yearly during the annual evaluation process, where applicable, or more frequently if there is a change in the type of treatment.

- In the event clinical staff determines a consumer is incompetent to understand and consent to treatment s/he will:
  - Forward his/her written conclusion that a person is not capable of giving or refusing to receive care; the Medical Director will convene an Informed Consent Board.
  - This Board will evaluate the capacity of a person to give or refuse to give the required informed consent by evaluation available from the medical record and any test results. This Board will also

interview the person and submit a written report which states the Board's finding of fact including the consumer's desires in the matter, when possible, a conclusion whether the consent or refusal is or will be informed and the Board's recommendation.

- In the event the Informed Consent Board concludes a person cannot provide informed consent and also concludes guardianship can promote and protect the well-being of the person the respective Medical Director will designate a staff person to assist in obtaining guardianship through an appropriate family member or friend in filing a Petition to the Probate Court of Wayne County for appointment of a guardian. (See the Guardianship Policy.)

INFORMED CONSENT FOR MEDICATIONS

- QBH will require that any consumer who is prescribed psychiatric or any other medication will be fully informed about the medication and will give written verification that s/he is informed and consents to being prescribed the medication.
  - The voluntary, written, informed consent will specify the specific pharmacotherapy ordered by the physician and shall be obtained prior to initially medicating the consumer.
  - The consumer will be informed that at periodic intervals, in consultation with the consumer, his/her level of functioning, course of treatment and future goals will be discussed by the physician and/or counselor. It is stressed that these discussions are not intended to place an unfair burden or pressure on the consumer to withdraw from medication or to remain on medication maintenance, unless medically indicated.

- When the psychiatrist determines that the consumer needs a prescription for medication, s/he will discuss this issue thoroughly with the consumer.
  - If the consumer has a guardian who is responsible for permitting or overseeing the treatment parameters, s/he will be involved in the discussion.

- The following items will be a part of the discussion for medications (asterisked items reflect additional information for MAT related medication):
  - The specific problem, symptom, or behavior
  - The goal of medication assisted treatment is to stabilize functioning*
  - The name of the medication
  - The purpose of the medication
  - The effects and potential side effects
  - The benefits and risks
  - Relevant facts about the use of an opioid drug*
  - The prescribed dosage range, route and frequency
  - Any necessary known precautions
  - Action in the event of missed doses
  - Sanitary storage and handling of medication and disposal of unused or expired medication

- The consumer (and parent or guardian, if applicable) will then verify that s/he has been informed about the medication and consent to being prescribed the medication, by signing the relevant *Consent to Medication Form*, after it has been completed by the physician.
  - There will be a separate form for each medication.

- The Informed consents are filed in the consumer's medical record.

- The program will periodically discuss with consumer their current level of functioning.

- New consent forms are required each time there is a new medication, or after one year of being prescribed the same medication, whichever comes first.
  - Each new consent form is filed in the same manner as described above.
  - It is considered as a part of the Treatment Plan.

EVALUATION:

- The CEO will review this policy annually and make revisions when needed. Any revisions made will be submitted to the Clinical Committee for approval.

FORMS:

Consent to Treatment Form
Consent to Medication Form
Consumer Rights and Responsibilities

RESEARCH GUIDELINES

- The Clinical Committee shall convene as a research review committee any time QBH is considering the conduct of research, experimentation or clinical trial projects. The committee shall review projects in relation to:
  - The mission statement.
  - The project's values.
  - The relative risks and benefits to the subject(s).
  - The process necessary to obtain the subject(s) consent.
  - Available Company resources and staff expertise.
  - Other guidelines as set forth in this or other Company policy.

- Investigators and others directly involved in conducting the project or obtaining consent shall adhere to professional standards concerning the conduct of such research, with the Statement of Principals issued by the American Psychiatric Association and with all regulatory and accreditation requirements concerning the protection of human rights.

- A staff member, student, or volunteer desiring to conduct a research study will forward to the committee a written summary that includes:
  - Brief abstract summarizing the research to be conducted.
  - Describe the requirements for a subject population and explain the rationale for using this population (e.g., special groups such as prisoners, children, mentally disabled or groups whose ability to give voluntary informed consent may be in question). Also describe how subjects are recruited.
  - Analysis of the risk/benefit ratio, including:
    - Describe and assess any potential risks - physical, psychological, social, legal, economic, or other - and assess the likelihood and seriousness of such risks. If methods of research create potential risks, describe other methods, if any, that were considered and why they will not be used.
    - Describe procedures (including confidentiality safeguards) for protecting against or minimizing potential risks and an assessment of their likely effectiveness.
    - Assess the potential benefits to be gained by the individual subjects, as well as benefits which may accrue to society in general as a result of the study.
    - Describe consent procedures to be followed, including how and where informed consent will be obtained.
    - Provide copies of any consent forms to be used. Although written consent forms are usually required, under certain circumstances (e.g., when using questionnaires to collect data) investigators may choose to incorporate the elements of consent into a letter or instruction sheet accompanying the questionnaire.
    - The consent form, instruction sheet, or explanatory letter should include but not be restricted to the following statements or concepts:
      - A statement to the effect that the experiment has been explained to the subjects and that the subjects understand it, including any inherent risks;
      - The subjects freely consent to participate;
      - The subjects are free to discontinue the experiment at any time without recrimination;
      - All results will be treated with strict confidence and the subjects will remain anonymous; on request and, within these restrictions, results will be made available to subjects;
      - When appropriate, the procedure for debriefing the subjects (e.g., some psychology experiments such as those involving deception);
      - If there is a risk of physical injury to the subject(s), the

- ➢ following statement must appear in the consent form:
  - ✓ "I understand that in the unlikely event of physical injury resulting from research procedures, Quality Behavioral Health, Inc. its agents, and employees will assume that responsibility as required by law. Emergency medical treatment for injuries or illness is available where the injury or illness is incurred in the course of an experiment. I have been advised that I should look toward my own health insurance program for payment of said medical expenses."
- The consent form should not include any exculpatory language whereby the subject waives, or appears to waive any of his/her legal rights, including any release of the institution or its agents from liability for negligence.

- Provide a copy of all information - gathering instruments (questionnaires, tests, forms, etc.) - to be used in the project. The method of administering these instruments should also be explained in detail, because the conditions of applying them may be more critical than the instruments themselves.

- Proposals may be submitted for review any time. Because the review process typically requires a minimum of one - two weeks to complete, investigators should submit the necessary information at least **two weeks** in advance of the date they wish to initiate their projects. It is strongly recommended that the required documents be submitted at least **one month** prior to the anticipated starting date of the project if at all possible so that unanticipated delays can be minimized.

- SPECIAL NOTE: Many of the "Research Projects" conducted at the Company are less rigorous and scientific than the above outline suggests. Studies that are more data collection (such as demographics or consumer program satisfaction) or retrospective (such as comparing hospitalization rates pre- and post- program enrollment) need substantially less review, since subject risk is nonexistent or negligible.
  - For these studies, the summary can include a clear, simple description of the plan (including the subjects, data to be collected, methods of collection, time span, etc.).

- For subjects' involvement, such as a satisfaction survey, the implementation plan is described. Include how consumers are informed that their responses are voluntary, confidential, and that their refusal to participate will not in any way be held against them. Any relevant factor listed in the above outline needs to be detailed in the written project or study plan.

- Upon receipt of the summary, the committee will review the study to confirm adherence to professional standards, as well as reviewing it for its appropriate (scientific) techniques.
  - After reviewing the study, the committee will respond to the researcher in writing to confirm that the study may be done.
  - The committee may make the study conditional, based on modifications that are developed by the committee.
  - The committee may also recommend ideas that are suggestions, but not mandatory.
  - The committee may consult with the Executive Director and/or Administrative Team if needed.

- Research data is not to be collected until the researcher receives the confirmation note from the committee.
- The results of the study are forwarded to the Clinical Committee. The researcher(s) will receive acknowledgment for this contribution.

- All materials presented to the subject are in the subject's primary language and communicated in lay terms the subject can understand. Minimally the subject shall be informed about:
  - The benefits to be expected.
  - The potential discomforts and risks.
  - Alternative services that might benefit them.
  - The procedures that are to be followed.
  - The subject's right to refuse to participate in the project without compromising their access to the Company's services.

- The consent form shall include:
  - The items just listed in the bullet above.
  - Name of the staff member who supplied the information, including their signature and date.
  - Description of the subject's right to privacy, confidentiality and safety.
  - Information about the focus of the activity as it relates to their individual care.
  - The signature and date that the subject signed.

RESEARCH ETHICS STATEMENT OF PRINCIPLES[1]

- Research involving human subjects must conform to the scientific, legal, and moral principles which justify all research, and should emerge from sound theoretical bases or follow acceptable research design.
- Ethical aspects of the experiment should be clearly stated in the research design at all stages in its development.
- Research should be conducted only by scientifically qualified individuals. When appropriate, medical liaison or supervision should be provided.
- Human subject research projects cannot be carried out legitimately unless the importance of the objective in proportionate to the risks to the subject. All proposed research projects should be assessed as to their inherent risks in comparison to the potential benefits to the subject or others.
- Experimental risks that should be evaluated include not only possible physical harm but also psychological impairment to the individual subject or others. Special care should be exercised in experiments in which the personality of the subject is liable to be altered by drugs or experimental procedure.
- The nature, purpose and risk of the research must be adequately explained to the subject.
- Research on a human being cannot be undertaken without his free consent after he has been informed. The research subject should be in such a mental, physical, and legal state as to be able to exercise fully his power of choice; if he is legally incompetent, the consent of the legal guardian should be procured.
- Consent should, as a rule, be obtained in writing. However, the responsibility for research always remains with the research worker; it never falls in the subject even after consent when obtained.
- The investigator must respect the right of each individual to safeguard his right to privacy and personal integrity, especially if the subject is in a dependent relationship to the investigator.
- Coercion must be prohibited. At any time during the course of clinical research the subject or his guardian should be free to withdraw permission for the research to be continued. The investigator or the investigating team should discontinue the research if, in his or their judgment, it may if continued, be harmful to the individual, his family or guardians.

- Experimentation should be planned so as to avoid unnecessary pain, suffering or inconvenience to the research subject.

[1]Adopted from the American Psychological Association

EVALUATION:

- The CEO will review this policy annually and make revisions when needed. Any revisions made will be submitted to the Clinical Committee for approval.

RELATED POLICIES/FORMS:

Research Ethics: Statement of Principles
Consumer Rights and Responsibilities Policy

CONSUMERS WITH LIMITED ENGLISH PROFICIENCY

- QBH, Inc. will strive to remove barriers to accessing our services which are caused by a potential consumer with limited English proficiency.

- It is the policy of QBH that no individual on the basis of Limited English Proficiency (LEP) will be denied services or subjected to discrimination by any program funded by QBH.

- QBH must take reasonable steps to provide persons with LEP with meaningful access and opportunities to participate in QBH funded programs in an accurate and timely fashion and must protect their privacy and independence by doing the following:
    - Develop policies and procedures that will ensure language assistance is available and accessible to persons with LEP.
        - Consumers will not be charged for services related to LEP.
    - Ensure all services, programs and activities shall be available to persons with LEP.
    - Provide adequate information to enable persons with LEP to understand the types of services and benefits available.
    - Ensure meaningful access by persons with LEP to critical services while not imposing undue burdens on the entity. Conduct an individualized assessment that balances the following four factors:
        - The number or proportion of LEP persons eligible to be served or likely to be encountered. This may be obtained through an examination of the latest census data for the area served. The greater number or proportion, the more likely additional language services will be required.
        - The frequency with which LEP individuals come in contact with the program. The more frequent the contact with a particular language group, the more likely that enhanced language services are needed (I.e., a program that encounters LEP persons on a daily basis will have a greater obligation than a program that encounters LEP persons sporadically).
        - The nature, importance, and urgency of the program. The more essential the activity, the more likely that language services are needed. (I.e., the communication of rights to a person whose benefits are being terminated).
        - The resources available to provide effective language assistance.
    - Reasonable steps may cease to be "reasonable" when imposed costs exceed the benefits. A range of language assistance which may include:
        - Sign language interpreters for individuals with hearing impairments or limitations.
        - Alternative formats such as large print or Braille for individuals with visual impairments or limitations.
        - Interpretation of oral conversations or written materials for individuals that are non-English speaking.
        - Contracting outside interpreter services for training and competent interpretation.
        - Formally arranging for the services of trained and skilled voluntary community interpreters, which includes testing for a level of fluency.
        - Arranging for the use of a telephone language interpreter service. This may be used as a supplemental system or when other resources cannot accommodate the requested language.
        - Ensuring that interpreters are familiar with terminology used in the provision of mental health and substance abuse services.

Initiated: 1/2017
Revised: 1/2018, 1/2019, 1/2020, 1/2021, 1/2022, 1/2023, 1/2024, 1/2025

- Ensuring that vital documents are available in languages other than English of each regularly encountered LEP group eligible to be served or likely to be affected by the program.
- Ensuring access by providing notices in writing, in the LEP individual's primary language, of the right to receive free language assistance in a language other than English. That would include the right to a competent oral translation of written materials free of cost. Notices can be provided by, but not limited to:
  - Use of language identification cards which allow LEP beneficiaries to identify their language needs. A message on the card must invite the LEP person to identify the language he or she speaks. Identification must be included in the individual records.
  - Posting signs in regularly encountered languages (in accordance with Federal Safe Harbor Guidelines) other than English in waiting rooms, reception areas and other initial points of entry. These signs must inform applicants and beneficiaries of their right to free language assistance services and invite them to identify themselves as persons needing services.
  - Uniform procedures for timely and effective communication between staff and LEP individuals. This includes instructions for English speaking employees to obtain assistance from interpreters or bilingual staff when receiving calls from, or initiating calls to LEP individuals.
  - Inclusion of statements about services available and the right to free language assistance services, in applicable non-English languages in brochures, booklets, outreach, and recruitment information and other materials routinely disseminated to the public.
  - Disseminating Limited English Proficiency policy to staff, (I.e., through staff training, initial orientation, memorandum, etc.). Providing training to new employees and periodic training to other staff to ensure staff are:
    - Knowledgeable and aware of LEP policies and procedures
    - Respectful of persons who have limited ability to comprehend English
    - Trained to work effectively with interpreters
  - Translations to be provided under the following circumstances:
    - Translated written material, including vital documents, may be provided for each eligible LEP language group that constitutes 10% of 3000, whichever is less, of the population of persons eligible to be served or likely to be directly affected by the programs, services or supports required to be provided by DWIHN, OAKLAND COUNTY AND MACCOMB COUNTY, its contractors or subcontractors.
    - At a minimum, that vital documents are translated into the appropriate non-English languages of persons for each LEP language group that constitutes 5% or 1,000, whichever is less, of the population of persons eligible to be served or likely to be directly affected by the programs, services or supports provided by DWIHN, OAKLAND COUNTY and MACCOMB COUNTY, its contractors or subcontractors. Translation of other documents, if needed, can be provided orally.
  - Monitoring its language assistance program annually to assess:
    - The current LEP makeup of its service area
    - The current communication needs of LEP applicants and consumers

- Whether existing assistance is meeting the needs of such persons. Reference the Member Evaluation of the Interpreter form.
- Whether staff is knowledgeable about policies and methods of implementation
- Whether sources for assistance are still current and viable
- If modifications are needed

- Ensuring that DWIHN, OAKLAND COUNTY and MACCOMB COUNTY, and Service Providers may not:
  - Require an individual with LEP to provide his or her own interpreter;
  - Rely on an adult accompanying an individual with LEP to interpret, except:
    - In an emergency and there are no qualified interpreters for the individual with LEP immediately available.
    - If the individual with LEP specifically requests that the accompanying adult interpret or facilitate communication, the accompanying adult agrees to provide such assistance, and reliance on that adult for such assistance is appropriate.
  - Rely on a minor child to interpret or facilitate communication, except:
    - In an emergency and there are no qualified interpreters for the individual with LEP immediately available.
  - Rely on unqualified staff members to communicate with individuals with LEP
  - Rely on low-quality video remote interpreting services when providing language assistance services.
  - DWIHN, OAKLAND COUNTY and MACCOMB COUNTY, and Service Providers must also use a qualified translator. Someone who;
    - Translates effectively, accurately, and impartially
    - Adheres to generally accepted translator ethics and principles including confidentiality and,
    - Is proficient in both written English and at least one other written non-English language, including any necessary specialized vocabulary, terminology, and phraseology.
  - The Access Center and Service Providers are expected to develop their policies in alignment with DWIHN, OAKLAND COUNTY and MACCOMB COUNTY directives.

INTAKE

- All staff and volunteers who are involved in initial intake should determine if a potential consumer has limited English proficiency, based on the consumer statements and responses.
  - If the staff person believes that the potential consumer has limited English proficiency, he or she should determine what language the potential consumer is most comfortable speaking and understanding.
  - *Language Sheets* are available in various languages to assist staff in determining a consumer's understood language.
  - Volunteers should bring this situation to the attention of a staff person to make the determination.

- If the potential consumer has limited English proficiency, a bilingual staff person or interpreter who is proficient in English and the language of the consumer should be offered to the potential consumer or family member at the first contact point or, as quickly thereafter as can be arranged.
  - If necessary, the interpreter should be used to determine if the potential consumer is financially-eligible for services from this agency.
  - If bilingual staff is not available, staff should utilize the ATT Language Line for this purpose.
  - Prior approval for use of this service is not required, so long as the determination of need is documented on the intake sheet. Information about this service and other interpreter services is attached to this policy statement.

- The use of family, friends, strangers and less qualified staff to provide interpretation is to be avoided unless expressly requested by the consumer and approved by the counselor or other management staff, or in an emergency.
  - In all cases, the reason for use of someone other than a bilingual staff person or qualified interpreter should be explained in the intake sheet.
  - The offer of an interpreter will be documented and the documentation will specifically note, that, if the consumer family or friends were used at the consumer request, that the consumer was first offered an interpreter.

- There will be no charge to the consumer for an interpreter. If QBH incurs a cost for providing interpreter services, a short memo or email to the Administrator should be completed detailing the date, type of service used, and the consumer for whom the service was provided.

SERVICES AFTER INITIAL INTAKE

- If further contact with the consumer is anticipated, staff should arrange for the use of bilingual staff or a qualified interpreter for any future communications.

- Since advance notice is required for the use of in-person interpreters, staff should plan carefully for future communications in order to ensure that a qualified interpreter can be present.

QBH ASSISTANCE

- Bilingual staff
- **Interpretation/Translator Services** ATT Language Line. QBH has an established account with this interpreter program, which offers over 120 languages.

DISABILITY ACCOMMODATION

QBH, Inc. is committed to providing services that are accessible and understandable to consumers so that they are participating in treatment decisions. (See Limited English Proficiency Policy for language accommodation.)

GENERAL GUIDELINES

During the intake process, or prior, the intake staff will ascertain if any physical disability, or language, hearing or visual barrier exists for the consumer. The intake staff will alert the Clinical Director of the need for special accommodations.

If a physical disability exists, all reasonable accommodation will be provided to make the program facilities and treatment environment accessible to the consumer, in compliance with the American Disabilities Act.

If a visual barrier exists, staff is alerted that all written materials will need to be read to the consumer. The front of the consumer's medical record will have a Special Accommodations Alert posted on it. The consumer will be assisted, as needed, in all mobile activities; a staff shall be assigned each shift to provide this assistance. This consumer's orientation will include helping them to establish how to locate the bathroom, an emergency exit, and the nurse's station whether with or without assistance, from their assigned bedroom.

If a hearing barrier exists, always:

- Face the person with a hearing loss when speaking
- Speak clearly and with a normal volume
- Speak slowly using an even rate of speech
- Eliminate background noise whenever possible
- Don't attempt to communicate from a distance
- Use the consumer's preferred method of communication. E.g., lip-reading, BSL interpreter, pen and paper.

RELATED POLICIES/FORMS

Consumer Rights and Responsibilities Policy and List
Limited English Proficiency Policy
HIPAA related Policies

RESEARCH ETHICS

STATEMENT OF PRINCIPLES

1. Research involving human subjects must conform to the scientific, legal, and moral principles which justify all research, and should emerge from sound theoretical bases or follow acceptable research design.
2. Ethical aspects of the experiment should be clearly stated in the research design at all stages in its development.
3. Research should be conducted only by scientifically qualified individuals. When appropriate, medical liaison or supervision should be provided.
4. Human subject research projects cannot be carried out legitimately unless the importance of the objective in proportionate to the risks to the subject. All proposed research projects should be assessed as to their inherent risks in comparison to the potential benefits to the subject or others.
5. Experimental risks that should be evaluated include not only possible physical harm but also psychological impairment to the individual subject or others. Special care should be exercised in experiments in which the personality of the subject is liable to be altered by drugs or experimental procedure.
6. The nature, purpose and risk of the research must be adequately explained to the subject.
7. Research on a human being cannot be undertaken without his free consent after he has been informed. The research subject should be in such a mental, physical, and legal state as to be able to exercise fully his power of choice; if he is legally incompetent, the consent of the legal guardian should be procured.
8. Consent should, as a rule, be obtained in writing. However, the responsibility for research always remains with the research worker; it never falls in the subject even after consent when obtained.
9. The investigator must respect the right of each individual to safeguard his right to privacy and personal integrity, especially if the subject is in a dependent relationship to the investigator.
10. Coercion must be prohibited. At any time during the course of clinical research the subject or his guardian should be free to withdraw permission for the research to be continued. The investigator or the investigating team should discontinue the research if, in his or their judgment, it may if continued, be harmful to the individual.
11. Experimentation should be planned so as to avoid unnecessary pain, suffering or inconvenience to the research subject, his family or guardians.

Approved by American Psychological Association

Initiated: 2/2022
Reviewed/Revised: 2/2023, 1/2024, 1/2025

REQUEST FOR RESTRICTION ON USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

INFORMATION

Date: _____

Name: _____

Date of Birth: QBHQBH

REQUESTED RESTRICTION

I understand that QBH may use or disclose my protected health information for the purposes of treatment, payment, and health care operations. QBH may also disclose information to someone involved in my care or the payment for my care, such as a family member or friend. I understand that QBH does not have to agree to my request.

I hereby request a restriction on QBH's use or disclosure of my protected health information.

The information I want limited is:

_____

I want to limit:

- ☐ QBH's use of this information.
- ☐ QBH's disclosure of this information.
- ☐ Both the use and disclosure of this information.

I want the limits to apply to the following person/entity (for example, a spouse):

_____

I understand that QBH does not have to agree to my request.

EXCEPTIONS

Even if QBH agrees to the restriction, QBH may share the information regardless of the restriction in the following circumstances:

A. During a medical emergency, if the restricted information is needed to provide emergency treatment. However, if the information is disclosed during an emergency, QBH will tell the recipient not to use or disclose the information for any other purposes.

B. For certain public health activities.

C. For reporting abuse, neglect, exploitation, domestic violence or other crimes.

D. For health agency oversight activities or law enforcement investigations.

E. For judicial or administrative proceedings.

F. For identifying decedents to coroner and medical examiners or determining a cause of death.

G. For organ procurement.

H. For certain research activities.

I. For workers' compensation programs.

J. For uses and disclosures otherwise required by law.

TERMINATION

If a restriction is agreed to, it may be terminated if:

A. I request, or agree to, the termination in writing.

B. I orally agree to the termination and the oral agreement is documented.

C. QBH informs me that it is terminating the agreement. In this case, the termination is effective for protected health information created by QBH or received by QBH after I am notified of the termination.

YOUR RIGHTS

For more information about your privacy rights, see the QBH Notice of Privacy Practices available upon request at QBH, or by sending a written request to this address.

If you believe your privacy rights have been violated, you may file a complaint with QBH or with the Secretary of the Department of Health and Human Services. To file a complaint with QBH, contact the QBH Privacy Officer at ( ) - . All complaints must be submitted in writing. You will not be penalized for filing a complaint.

SIGNATURE

Date: _____

Signature: _____
(Consumer/Representative/Guardian)

If signed by someone other than the Consumer, state relationship: _____

Witness: _____

Quality Behavioral Health, Incorporated
215 N. Jebavy Drive Ludington, MI 49431 TEL: 231-425-3223 FAX: 866-287-5710

Your Individual Rights

Access and Copies — In most cases, you have the right to review or to purchase copies of your PHI by requesting access or copies in writing to our Privacy Officer. Please contact our Privacy Officer regarding our copying fees.

Disclosure Accounting — You have the right to receive an accounting of the instances, if any, in which your PHI was disclosed for purposes other than those described in the following sections above: Use and Disclosures, Facility Directories, Consumer Access, and Locating Responsible Parties. For a 12-month period, you have the right to receive a free copy of an accounting certain details surrounding such disclosures that occurred after April 13, 2003. If you request a disclosure accounting more than once in a 12-month period, we will charge you a reasonable, cost-based fee for each additional request. Please contact our Privacy Officer regarding these fees.

- ✓ Additional Restrictions — You have the right to request that we place additional restrictions on our use or disclosure of your PHI, but we are not required to honor such a request. We will be bound by such restrictions only if we aggress to do so in writing signed by our Privacy Officer.
- ✓ Alternate Communications — You have the right to request that we communicate with you about your PHI by alternative means or in alternative locations. We will accommodate any reasonable request if it specifies in writing the alternative means or location and provides a satisfactory explanation of how future payments will be handled.
- ✓ Amendments to PHI — You have the right to request that we amend your PHI. Any such request must be in writing and contain a detailed explanation for the requested amendment. Under certain circumstances, we may deny your request but will provide you with a written explanation of the denial. You have the right to send us a statement of disagreement to which we may prepare a rebuttal, a copy of which will be provided to you at no cost. Please contact our Privacy Officer with any further questions about amending your medical record.

Complaints

If you believe we have violated our privacy rights, you may complain to us or to the Secretary of the U.S. Department of Health and Human Services. You may file a complaint with us by notifying our Privacy Officer. We support your right to protect the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or with the I-J.D. Department of Health and Human Services.

Contact Us
Naveed Syed
1059 Owendale Drive
Troy, MI 48083
Phone: (313) 922-2222
Fax: (866) 287-5710

1/1/2025

Quality Behavioral Health's Medication Assisted Treatment.

Participant Handbook.

Quality Behavioral Health

Introduction to Quality Behavioral Health's MAT Client Handbook

Welcome to Quality Behavioral Health's Medication-Assisted Treatment (MAT) Program! We are pleased to have you as part of our community, where our primary goal is to support your journey towards recovery. This handbook serves as a comprehensive guide to help you navigate the various components of the MAT Program and understand the expectations, resources, and support available to you.

At Quality Behavioral Health, we believe in an all-encompassing approach to treatment, which combines medication with counseling and support services to effectively address substance use disorders. Our program is designed to provide you with the tools and resources necessary for lasting recovery while also fostering a supportive and collaborative environment.

This handbook outlines the compliance requirements, treatment phases, and various services you will encounter throughout your journey. It is essential to actively engage with these requirements as they play a crucial role in your recovery process.

We encourage you to take the time to familiarize yourself with the information provided in this handbook. Should you have any questions or concerns, our dedicated team is here to assist you every step of the way. Your commitment to this program is important to achieving your personal goals and rebuilding your life.

Thank you for choosing Quality Behavioral Health. We look forward to supporting you on your path to recovery!

Introduction to Compliance Requirements

Participants enrolled in the QBH Medication-Assisted Treatment (MAT) program must actively engage with the specified compliance requirements for each phase of their treatment. These requirements are designed to promote safe, responsible prescribing practices, and to enhance the overall effectiveness of the treatment. Non-compliance with any of these regulations may result in termination from the program, underscoring the critical nature of adherence.

General Compliance Standards:

- **Urine Analysis:** Every participant will undergo urine analysis at least twice a month. This process is essential for verifying adherence to prescribed treatments and for monitoring the presence of any non-prescribed substances.

- **Random Drug Screening:** Clients may also be subjected to random drug screenings throughout their participation in the program. These screenings help ensure that participants are not misusing medications.

- **Medication Count:** Clients on more frequent dosing schedules (more than daily dosing) will have their medication counts monitored to prevent misuse and ensure proper administration.

Daily Dosing Requirements:

1. **Weekly Provider Contact:** In the initial 30 days of treatment, clients must have a face-to-face meeting with their healthcare provider once a week if the prescribing provider deems it necessary. These meetings are crucial for thorough assessments, adjusting treatment plans, and ensuring medication stability in the early stages of recovery.

   - **Meeting Format:** Meetings are conducted in person only, allowing the provider to evaluate the client's physical and emotional state directly. **These appointments will last 30-60 minutes in length.**

2. **Daily Nurse Contact:** For daily dosing, participants are required to have interactions with a nurse for medication administration each day. This practice ensures that clients receive the correct dosage and allows for immediate support and monitoring of any side effects or concerns.

   - **Meeting Format:** All nursing contacts will occur in person. This proximity is vital for building trust and facilitating effective communication. **These appointments will last 15-30 minutes in length.**

3. **Weekly Didactic Group:** Participants must attend a weekly didactic group session led by a master's level clinician. These sessions focus on educational topics pertinent to recovery and are designed to equip clients with tools and strategies to maintain sobriety.

- **Meeting Format**: Attendance is strictly in person for the first 30 days of treatment, fostering a sense of community and shared learning among participants. **These groups will last 45-60 minutes in length.**

4. **Weekly Peer Recovery Coach Session:** Each participant is required to join a weekly session with a peer recovery coach. This coach provides personalized guidance and support from someone who has experienced similar challenges and can empathize with the client's journey.

- **Meeting Format:** Clients will attend in person for the first 30 days of treatment, to establish rapport and receive the maximum quality support a coach has to offer. After completion and compliance of the first 30 days of treatment, the client will be offered to choose to attend these sessions either in person or over the telephone, accommodating varying preferences regarding direct interaction. **These appointments will last 15-60 minutes in length.**

Weekly Dosing Requirements:

1. **Monthly Provider Contact:** After the initial 30 days, clients must meet with their provider at least once a month. These discussions are essential for evaluating treatment effectiveness, making dosing adjustments, addressing any emerging concerns, and providing therapeutic support.

- **Meeting Format:** Clients have the option to meet in person or through telehealth platforms, accommodating differing schedules and ensuring that support is accessible.

2. **Weekly Nurse Contact:** Clients on a weekly dosing schedule must have contact with a nurse once a week for medication administration. This scheduled contact helps to confirm adherence to treatment protocols and ensures the proper function of the medication regimen.

- **Meeting Format:** These nursing interactions will take place in person only, reinforcing the importance of direct oversight.

3. **Weekly Didactic Group or Individual Therapy:** Clients must participate in either a weekly didactic group led by a master's level clinician or engage in an individual therapy session geared towards personal healing. These meetings are intended to enhance personal insight and foster growth in recovery skills.

- **Meeting Format:** Participants may choose to attend these sessions in person or via telehealth options, allowing flexibility to fit individual needs.

4. **Weekly Peer Recovery Coach Session:** Each client is required to attend a weekly session with a peer recovery coach to reinforce support networks and recovery strategies.

- **Meeting Format:** Participation can be either in person or via telephone, providing clients the choice that best suits their comfort level.

Bi-weekly Dosing Requirements

1. **Monthly Provider Contact:** Clients must maintain monthly meetings with their provider to thoroughly review treatment progress, reassess medication needs, and discuss future strategies for overcoming barriers to recovery.

- **Meeting Format:** These appointments can occur in person or through telehealth options, accommodating participant needs.

2. **Bi-weekly Nurse Contact**: Every participant must have bi-weekly interactions with a nursing professional for medication administration. This is critical for ensuring that clients are adhering to their prescribed dosing regimens.

- **Meeting Format:** All nursing visits will happen in person, allowing real-time assessment and support.

3. **Bi-weekly Didactic Group or Individual Therapy:** Participation in a bi-weekly educational group or an individual therapy session is mandated to foster continuous learning and personal development in recovery.

- **Meeting Format:** Clients may select from in-person or telehealth options, ensuring adherence to the most suitable platform for them.

4. **Bi-weekly Recovery Coaching Session:** Clients will engage in bi-weekly sessions with their peer recovery coach, ensuring ongoing support and encouragement in their recovery journey.

- **Meeting Format:** These sessions may be conducted in person or over the phone, based on individual preferences.

Monthly Dosing Requirements

1. **Monthly Provider Contact:** Clients must schedule and attend a monthly meeting with their provider to review their ongoing treatment plan, assess medication effectiveness, and discuss any challenges faced during recovery.

- **Meeting Format:** Meetings can occur in person or through telehealth, which provides participants with the necessary flexibility.

2. **Monthly Nurse Contact:** Each client is required to have monthly contact with a nursing professional for ongoing medication management to ensure adherence and assess any issues that may arise.

- **Meeting Format:** Like the previous nurse contacts, these will occur in person only.

3. **Monthly Didactic Group or Individual Therapy:** Participation in a monthly didactic group session led by a master's level clinician or an individual therapy session is a requirement for fostering continued education and personal growth.

- **Meeting Format:** Clients can choose to attend these in person or utilize telehealth services.

4. **Monthly Peer Recovery Coach Session:** Participants must meet with a peer recovery coach monthly to maintain ongoing support and guidance.

- **Meeting Format:** These sessions are flexible and can be conducted in person or via telephone, depending on the client's personal circumstances.

Adherence to these comprehensive compliance requirements is vital for the success of the QBH MAT program. They are designed to support the all-encompassing recovery journey of all participants. Each requirement is intended to enhance the therapeutic experience and foster a strong support network necessary for sustained recovery.

Medication Distribution Schedule

Understanding when and how medications are distributed is crucial for adherence to your treatment plan:

- **Routine Distribution:** Given that the program is closed on Sundays and official holidays, medications are routinely dispensed on:

-**Monday** – Friday: 6:30 am. – 1:00 pm.

-**Saturday**: 8:30 am. – 11:30 am.

- **Saturdays:** All clients will receive their medications in preparation for the upcoming week.

- **Pre-Holiday Pickups:** Medications will also be distributed the day prior to any designated holiday to ensure you have your necessary doses.

- **Container Requirements:** During each medication pickup, you are required to bring a secure, lockable container to safely transport your medications back to your residence.

Take Home/Off-Site Dosing Guidelines

As you progress through your treatment, you may become eligible for unsupervised doses of methadone to support your transition to independence. The following detailed guidelines outline when and how you may qualify for take-home doses:

First Year of Treatment

During your first year in the program, your eligibility for unsupervised dosing will be evaluated in segments of 90 days. Your treatment team will assess your progress and stability at the conclusion of each segment.

- **First 90 Days of Treatment:**

  - **Eligibility:** After your initial assessment and treatment stabilization.

  - **Dosing:** You can receive **1** unsupervised day of doses, meaning you are permitted to take home a single day's worth of medication (**1 dose**) to be consumed as prescribed.

- **Second 90 Days of Treatment:**

  - **Eligibility:** Upon demonstrating adherence to treatment protocols and a commitment to your recovery.

  - **Dosing:** You are eligible for up to **2** unsupervised days of doses (**2 doses total**), further reflecting your stability and trustworthiness.

- **Third 90 Days of Treatment:**

  - **Eligibility:** Continued compliance and progress in your recovery journey are required.

  - Dosing: You may qualify for up to **3** unsupervised days of doses (**3 doses total**).

- **Remaining 90 Days of the First Year:**

  - **Eligibility:** Must have consistently adhered to program requirements and participated in counseling and support services.

  - **Dosing:** You may be approved for a maximum of **6** unsupervised days of doses (**6 doses total**) during this period, demonstrating significant progress in your recovery.

After Completing One Year of Treatment

Upon reaching one full year of treatment:

- **Eligibility:** You must have completed the previous guidelines successfully, showcasing your commitment to recovery.

- **Dosing:** You may receive up to **2 weeks** of unsupervised days of doses (**14 doses total**). This increase reflects the trust built with your treatment team and your demonstrated resilience in recovery.

After Two Years of Treatment

After completing two years in the program:

- **Eligibility:** You must have continuously progressed and maintained monthly program visits without incident.

- **Dosing:** You may qualify for up to **1 month** (**30 days**) of unsupervised days of doses (30 doses total) with the ongoing requirement of participating in monthly visits to the program for continuous evaluation and support.

Eligibility Review Process

Your dedicated treatment team will continuously monitor eligibility for off-site dosing. Reviews will include:

- **Adherence to Treatment:** Regular medication pick-up and consumption as prescribed.

- **Recovery Progress:** Active participation in counseling sessions and support groups.

- **Stability Indicators:** Demonstrating lifestyle stability such as employment, housing, and social relationships.

- **Compliance with Program Rules:** Following all guidelines set forth by QBH to ensure safety for yourself and others.

Important Considerations for Take-Home Doses

- **Medication Safety:** Always store your take-home medication securely and out of the reach of children or others who may misuse it.

- **Missed Doses:** If you miss a scheduled dosing day, contact your treatment provider immediately for guidance on what to do next.

- **Misuse or Mismanagement:** Any signs of misuse or non-compliance with program rules will be taken seriously and may result in a review of your eligibility for take-home doses or other changes to your treatment plan.

Responsibilities of Consumers

As a participating consumer, you are entrusted with the vital responsibility of managing your medications safely. This responsibility includes the following:

- **Secure Storage:** Every dose of methadone, buprenorphine, or naltrexone must be stored securely in a locked box. Detailed specifications for the locked box include:

  - **Durability:** The box should be constructed from secure materials such as metal, sturdy plastic, or solid wood to withstand potential tampering.

  - **Locking Mechanism:** The storage unit must be equipped with a secure lock, either a key lock or a combination lock, to prevent unauthorized access.

  - **Personal Identification:** Inside the box, your name should be clearly labeled or indicated to ensure the medication is identifiable as yours.

- **Child Safety:** To protect against accidental ingestion, it is imperative that all medications are stored out of reach of children and individuals who could misuse the substances.

Reassessment and Reductions

To ensure the integrity of the program and the safety of all clients, periodic reassessment of your take-home privileges may occur. This includes monitoring behaviors that may not align with recovery:

- **Indicators for Reassessment:** If you show signs of risky behavior, such as failures in maintaining clinical stability, skipping appointments without prior notice, or exhibiting substance misuse, a review of your take-home privileges may be warranted.

- **Documented Evaluations:** Each assessment will be documented thoroughly to guide staff decisions, ensuring that any changes made are justified and clearly communicated.

Requesting Exceptions

Recognizing that life can present unexpected challenges, clients have the ability to request exceptions to the standard take-home medication schedule:

- **Emergency Requests:** In cases of personal illness, family emergencies, or travel that cannot be avoided, clients can fill out an **Exception Request Form** to initiate the process.

- **Necessary Documentation:** Requests must be accompanied by relevant supporting documentation to facilitate effective evaluation by the Treatment Team.

Special Provisions for Unique Situations

- **Unstable Housing:** Clients who reside in unstable living situations, such as shelters or transitional housing, may not be suitable candidates for off-site dosing privileges due to the potential risks involved.

- **Designated Responsible Individuals:** Should you be homebound, an approved family member or trusted individual—who has been screened and found to have no history of substance misuse—may be permitted to handle medication pick-up on your behalf.

Support Resources

We are committed to offering you the resources you need for a successful recovery. Here are some ways to access support during your treatment:

- **Counseling Services:** Engage in individual and group counseling to address underlying issues related to addiction.

- **Peer Support Groups:** Participate in community support groups that foster connection and mutual encouragement.

- **Educational Workshops:** Attend workshops focused on life skills, career development, and relapse prevention.

If you have any questions, concerns, or clarifications regarding your treatment, off-site dosing, or other aspects of your care, please reach out to your designated case manager or the program staff. We are here to support you in every step of your recovery journey!

Thank you for trusting QBH as your partner in recovery. Your path to a healthier future begins here.

QUALITY BEHAVIORAL HEALTH, INCORPORATED

215 N. Jebavy Drive Ludington, MI 49431 TEL: 231-425-3223 FAX: 866-287-5710

Substance Abuse Services

Recipient Rights Acknowledgment Form

I, FIRST NAME, MI, LAST NAME, have received the pamphlet; "KNOW YOUR RIGHTS". I understand my rights and responsibilities as a recipient of Substance Abuse services at QUALITY BEHAVIORAL HEALTH, INC., as they have been explained to me. I also understand that I may get additional information from the program's Recipient Rights Advisor, Ms. Anne R. du Conge or any other person authorized by QUALITY BEHAVIORAL HEALTH, INC., or the Michigan Department of Community Health, Bureau of Substance Abuse Services.

X_____ _____

Patient's Signature Date

_____ _____

Witness Date

REQUEST FOR CONFIDENTIAL COMMUNICATIONS

Date: _____

Name: _____

Date of Birth: _____

ALTERNATIVE CONTACT INFORMATION

You may request to receive confidential communications of protected health information by alternative means or at alternative address. For example, you may not want your appointment notices or your bill to go to your home where a family member might see it.

You must indicate to us that the disclosures of all or part of the information would endanger you. We will accommodate all reasonable requests.

If you make a request for confidential communications, you must give us an alternative address or other method of contacting you (phone number, email address, etc.). Please specify how or where you wish to be contacted:

_____

_____

_____

Signature of client or representative: _____

If representative, give relationship: _____

YOUR RIGHTS

For more information about your privacy rights, see the "Notice of Privacy Practices" available upon request or at _____, _____ or by sending a written request to this address.

If you believe your privacy rights have been violated, you may file a complaint with _____ or with the Secretary of the Department of Health and Human Services. To file a complaint with _____, contact the _____ Privacy Officer at ( ) - . You will not be penalized for filing a complaint.

REQUEST FOR RESTRICTION ON USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

INFORMATION

Date: _____

Name: _____

Date of Birth: QBHQBH

REQUESTED RESTRICTION

I understand that QBH may use or disclose my protected health information for the purposes of treatment, payment, and health care operations. QBH may also disclose information to someone involved in my care or the payment for my care, such as a family member or friend. I understand that QBH does not have to agree to my request.

I hereby request a restriction on QBH's use or disclosure of my protected health information.

The information I want limited is:

_____

I want to limit:

- ☐ QBH's use of this information.
- ☐ QBH's disclosure of this information.
- ☐ Both the use and disclosure of this information.

I want the limits to apply to the following person/entity (for example, a spouse):

_____

I understand that QBH does not have to agree to my request.

EXCEPTIONS

Even if QBH agrees to the restriction, QBH may share the information regardless of the restriction in the following circumstances:

A. During a medical emergency, if the restricted information is needed to provide emergency treatment. However, if the information is disclosed during an emergency, QBH will tell the recipient not to use or disclose the information for any other purposes.

B. For certain public health activities.

C. For reporting abuse, neglect, exploitation, domestic violence or other crimes.

D. For health agency oversight activities or law enforcement investigations.

E. For judicial or administrative proceedings.

F. For identifying decedents to coroner and medical examiners or determining a cause of death.

G. For organ procurement.

H. For certain research activities.

I. For workers' compensation programs.

J. For uses and disclosures otherwise required by law.

TERMINATION

If a restriction is agreed to, it may be terminated if:

A. I request, or agree to, the termination in writing.

B. I orally agree to the termination and the oral agreement is documented.

C. QBH informs me that it is terminating the agreement. In this case, the termination is effective for protected health information created by QBH or received by QBH after I am notified of the termination.

YOUR RIGHTS

For more information about your privacy rights, see the QBH Notice of Privacy Practices available upon request at QBH, or by sending a written request to this address.

If you believe your privacy rights have been violated, you may file a complaint with QBH or with the Secretary of the Department of Health and Human Services. To file a complaint with QBH, contact the QBH Privacy Officer at ( ) - . All complaints must be submitted in writing. You will not be penalized for filing a complaint.

SIGNATURE

Date: _____

Signature: _____
(Consumer/Representative/Guardian)

If signed by someone other than the Consumer, state relationship: _____

Witness: _____

RESEARCH ETHICS

STATEMENT OF PRINCIPLES

1. Research involving human subjects must conform to the scientific, legal, and moral principles which justify all research, and should emerge from sound theoretical bases or follow acceptable research design.
2. Ethical aspects of the experiment should be clearly stated in the research design at all stages in its development.
3. Research should be conducted only by scientifically qualified individuals. When appropriate, medical liaison or supervision should be provided.
4. Human subject research projects cannot be carried out legitimately unless the importance of the objective in proportionate to the risks to the subject. All proposed research projects should be assessed as to their inherent risks in comparison to the potential benefits to the subject or others.
5. Experimental risks that should be evaluated include not only possible physical harm but also psychological impairment to the individual subject or others. Special care should be exercised in experiments in which the personality of the subject is liable to be altered by drugs or experimental procedure.
6. The nature, purpose and risk of the research must be adequately explained to the subject.
7. Research on a human being cannot be undertaken without his free consent after he has been informed. The research subject should be in such a mental, physical, and legal state as to be able to exercise fully his power of choice; if he is legally incompetent, the consent of the legal guardian should be procured.
8. Consent should, as a rule, be obtained in writing. However, the responsibility for research always remains with the research worker; it never falls in the subject even after consent when obtained.
9. The investigator must respect the right of each individual to safeguard his right to privacy and personal integrity, especially if the subject is in a dependent relationship to the investigator.
10. Coercion must be prohibited. At any time during clinical research the subject or his guardian should be free to withdraw permission for the research to be continued. The investigator or the investigating team should discontinue the research if, in his or their judgment, it may if continued, be harmful to the individual.
11. Experimentation should be planned so as to avoid unnecessary pain, suffering or inconvenience to the research subject, his family or guardians.

Approved by American Psychological Association

Initiated: 2/2022
Reviewed/Revised: 1/2023, 1/2024, 1/2025

«ID»//«PROGRAM» //«Admit_Date»
«Last_Name», «First_Name»
«Birth_Date»//«Insurance»

RULES AND REGULATIONS

1. There is no visitation during Detoxification. Residential and IOP-D consumers may be authorized visitations by their counselors after being in the program for a total of 14 days (not including Detox).
2. No more than $10.00 is allowed in Detox and no more than $20.00 is allowed in the Residential programs on the person of consumers.
3. Detox consumers are allowed the opportunity to make one phone call at admission and one after being discharged. If you do not get through, you will not be given another opportunity to make a call until you have been medically discharged. Consumers leaving AMA will not be allowed to make a phone call. There is no exception to this rule. Consumers stepping down from Detox to QBH's Residential program will have to obtain a pass from their counselor in order to make a phone call. Passes are usually issued after 14 days. Phone calls for medical, legal, and insurance reasons are the only exceptions to this rule.
4. Consumers are not allowed to fraternize with other consumers or staff members.
5. No loitering in the halls or at the monitor and/or nurse's stations.
6. No loitering in other consumer's bedrooms, you are only allowed to enter the bedroom assigned to you.
7. A clear visualization of your bed must be maintained at all times.
8. You are required to attend all unit activities (AA, NA, AL anon, Didactics, Group and Counseling Sessions) unless you have been given specific permission by the Clinical Director to be excused from a particular activity.
9. Consumers are not to leave their unit unless escorted by a staff person.
10. No sexual activities between consumers, or staff and consumers at any time. If there is any inappropriate sexual behavior all parties involved will be discharged immediately.
11. Smoking or use of other tobacco products by consumers is only permitted during designated times and at the designated smoking area. Any violations of this will result in termination from the program.
12. Do not take any food/drink out of the dining area. Food and drinks are not permitted on the floor other than in the designated eating area.
13. Profanity is not tolerated, if you continue to use profanity after being warned, you will be terminated from the program.
14. Stealing, borrowing, bartering and gambling are not allowed.
15. Unauthorized possession and/or use of any intoxicants, narcotics or controlled substances will result in immediate termination from the program.
16. Consumers must follow the program schedule.
17. Consumers are to groom themselves at least twice a day (showering, washing up, brushing their teeth and combing their hair). Appropriate clothing must be worn at all times.
18. In the Residential program, consumers are allowed to bring up to four sets of clothing, two pairs of shoes, one pair of house slippers, a few pairs of underwear and socks.
19. NO shorts that are above hands-width above the knee, no see-through garments, biker pants, sunglasses, leather clothing, halter tops, muscle shirts, or silk shirts.
20. All beds are to be made before leaving the room for any activity.
21. Electronic devices are prohibited, including cameras, video or audio equipment, CD/tape players/recorders or any other kind of recording device, cell phones, or beepers. If any of these prohibited items are found in the rooms, they will be destroyed and discarded.
22. Consumers are not allowed to leave their automobiles in the parking lot or around the building. Consumers must have someone else drop them off.
23. Yelling or loud talking is not permitted.
24. While in Detox, all medications must be prescribed, authorized by the staff physician and administered by the medical staff. Consumers administer their own medications in the Residential program under the nurse's supervision; medications must be kept locked up by the program staff at any other time.
25. Withholding medication, palming, stealing, or selling medications is not allowed and will result in an immediate discharge.
26. You are expected to tidy up the day room after each meal on a rotating basis.
27. Each consumer is entitled to sit in one chair in the day room, no propping feet up on the chairs or lying in the chairs.
28. Stealing from staff and/or consumers may result in an immediate discharge.
29. The consumer is expected to participate in the initial and ongoing assessment process, providing accurate and complete information. The assessment process is a critical step in identifying the consumer's specific treatment needs and/or adjusting treatment as needs change, identifying strengths that the consumer brings into treatment, and identifying aftercare needs unique to the consumer.

Initiated: 4/2017
Reviewed/Revised: 1/2023, 1/2024, 1/2025

The following are not permitted at any time and are grounds for immediate discharge:

- **Use of or possession of drugs and/or alcohol**
- **Violence or threats of violence**
- **Fraternizing with other persons**
- **Violation of smoking and tobacco products policy**
- **Possession of any type of weapon, i.e. guns knives, etc.**
- **Physical contact – i.e. sexual misconduct or inappropriate behavior.**

Non-compliance with the program rules can result in discharge from the program. The professional staff, including counselors, social workers, the nurse, doctor and other medical professionals has the authority to enforce the rules of the program and to discharge a consumer for rules violations. The CEO or administrator will be informed that a discharge has been made. The consumer may direct a request for appeal to the Clinical Director or designee.

I HAVE READ THE ABOVE RULES AND REGULATIONS AND HAVE TAKEN CARE OF ALL MY PERSONAL BUSINESS INCLUDING DOCTOR'S APPOINTMENT (S), LEGAL ISSUES, FINANCIAL ISSUES AND OTHER OBLIGATOINS. I UNDERSTAND THAT I AM NOT ELIGIBLE FOR PASSES FOR THE ABOVE AND WILL NOT REQUEST FOR ONE FOR THESE NEEDS.

X_____ Date: «Admit_Date»
Consumer's Signature
«First_Name» «Last_Name»

_____ _____
Witness Signature Date