



Client Orientation

You have taken an important step to improve the quality of your life. We are pleased that you have chosen View Point Health to partner with you and your family for a *Total Care Perspective*.

www.myviewpointhealth.org
678-209-2411

INSIDE YOU WILL FIND:

ETHICAL STANDARDS

YOUR RIGHTS

YOUR RESPONSIBILITY

CONCERNS/COMPLAINTS

CONFIDENTIALITY

HEALTH & SAFETY

RESOURCES

Once you are enrolled in services with View Point Health, you will be requested to sign an intent/consent to treat form. You will be provided information in a manner that is understandable to you on the following topics:

- The purpose and process of your assessment for services
- How your person-centered plan will be developed
- How you will participate in goal development and achievement of goals
- Course of your treatment and services which are available
- Transition and discharge criteria
- How motivational incentives may be used
- Expectations for legally required appointments, sanctions, or court notifications
- Education regarding advanced directives
- Fees and financial arrangements for services
- Understand expectations for your behavior
- Additional program guidelines if you are enrolled in residential services

Your service coordinator will review your treatment plan with you regularly to see if the services provided are helping you to reach your goals. A treatment team, including a medical doctor, will be working with you. The doctor will consult with you to assess whether or not medication(s) may be helpful to you. Your doctor will inform you about the risks and benefits of medications that he or she may recommend.

Your input is valuable to us. Periodically you will be asked to give us feedback regarding your satisfaction with services. Survey cards and suggestion forms are always available at each service site.

If you are unclear about any of the information above, please make sure that you get clarification from a View Point Health staff member.

We Will:

- Respect your dignity
- Inform you of the benefits and risks of medication(s)
- Help you develop an individualized service plan
- Give you prompt and confidential services

**We are glad you are here.
Thank you for choosing View Point Health.**



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VISION:

Building healthy lives and healthy families through high quality comprehensive care.

MISSION:

To promote overall health and improve quality of life by ensuring the delivery of effective behavioral and physical health care that meets the needs of communities we serve.

ETHICAL STANDARDS

View Point Health is committed to following high ethical standards in conducting business and providing services. Employees of View Point Health are expected to adhere to high moral and ethical standards.

- All View Point Health staff will conduct themselves in compliance with View Point Health's ethical standards and the standards as reflected in the View Point Health's mission, values and goals.
- View Point Health exists to provide quality services to persons in need. Therefore, the overriding concern of each staff member must be the welfare of the persons served. The individual dignity of each person served must be respected at all times and upon all occasions.
- Information regarding persons served will be held in the strictest confidence and will not be released without the permission of the person served or as provided by law.
- Persons served will be billed for only those services rendered.
- Full information will be provided to persons served on the source of the organization's reimbursement and any limitations placed on the duration of services.
- View Point Health staff are prohibited from engaging in business transactions with persons served for money or exchange of goods or services. Staff are not to borrow or lend money to persons served.
- View Point Health staff are prohibited from giving gifts to or receiving gifts from persons served.
- View Point Health staff are prohibited from dating or engaging in socially or sexually intimate relationships with persons served.
- It is not the intent of View Point Health staff to be concerned with the non-working time of View Point Health staff. However, View Point Health employees are expected to avoid off-duty conduct that could have a detrimental effect on View Point Health's operations or bring discredit to the organization.

View Point Health will investigate all allegations of violations of the above ethics policies. The Executive Director will appoint a person or persons to investigate and will take appropriate action based on the investigation results. The person making the allegations will be informed of the investigation results and actions taken.



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After Hours

- If it is after regular business hours, you can call the Georgia Crisis and Access Line at 1-800-715-4225. This line is available 24 hours a day and 7 days a week.
- For Medical Emergencies or to contact your local police and emergency departments, please contact 911.
- For Poison Control Emergencies, you can contact 1-800-222-1222

YOUR RIGHTS

You have the right to

- Receive care suited to your needs.
- Receive services that respect your dignity.
- Be informed of the benefits and risks of your treatment.
- Participate in planning your own individual service plan.
- Prompt and confidential services, regardless of ability to pay.
- Be certain that your personal possessions or money will not be misused or used for financial gain by View Point Health.
- Review and obtain copies of your records, unless the physician or other authorized staff determine it is not in your best interest.
- Exercise all civil, political, personal and property rights to which you are entitled as a citizen.
- Remain free of physical restraints or time-out procedures unless such measures are required for protecting the safety of you or others.
- Be informed of specific guidelines for View Point Health residential programs, to include visitation, retention of personal effects, money, restriction of rights and reinstatement of rights
- Be free of physical abuse, verbal abuse, neglect, retaliation and humiliation.
- Converse privately, to have reasonable access to a telephone, to receive and send mail.

YOUR RESPONSIBILITY

You are responsible for...

- Working with your treatment team to develop and follow an individualized service plan suited to your needs.
- Paying an established fee.
- Respecting the privacy of others.
- Being on time for your appointments.
- Notifying us when you are unable to keep appointments.
- Notifying us of any changes in financial information.
- Notifying us of any address changes.
- Providing documentation of lawful presence in the United States.



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Client Transitioning & Discharges

It is the policy of View Point Health to assure appropriate continuity of care for clients who are being referred within VPH for an additional service(s), transitioning from one level of care to another, being discharged from a program, being discharged from all of View Point Health Services, and/or being referred to an external agency.

What is a Transition Plan?

- A Transition plan is a clinical document that includes information about a client's progress in recovery and describes the completion of goals and the efficacy of services provided. It may be prepared in the event that a client needs another component of care, a different level of care, or an aftercare program.

What is a Discharge Plan?

- Discharge planning involves conceiving a plan to treat any remaining medical needs and necessary supports to ensure client's growth, safety, and well-being are in place after a client is released from treatment.

What is a Discharge Summary?

- A Discharge summary is completed when a client leaves services for any reason (planned discharge, unplanned discharge, against medical advice, or unplanned due to aggressive/assaultive behavior). The summary will

Transitions & Discharges are typically appropriate when:

- A client has reached their goals in their current level of care;
- A client is able to function adequately in another or lower level of care;
- A client is in need of services not provided by View Point Health;
- A client is able to function adequately without any further treatment services; -or-
- A client's level of care cannot be justified within the parameters of the client's current payer source.



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HEALTH & SAFETY

- If you have a *special need or disability*, please let us know so that we can provide accommodations and ensure that you are comfortable and are receiving quality care. Handicap parking spaces and restrooms are available.
- All View Point Health facilities and vehicles are *smoke-free environments*. Smoking and tobacco products are permitted at designated *outside* locations at each facility.
- To protect the safety and health of our clients, staff, and visitors we prohibit the *possession of any weapons in treatment areas or illegal substances* on all properties of View Point Health.
- Your personal medications must be secured and remain in your possession during any outpatient visit. Specific guidelines for retention of personal medications in View Point Health residential settings will be determined by the physician responsible for that program and provided to you upon admission.
- If you bring a weapon beyond treatment areas or illegal substances on site, you have broken the law. *Law enforcement will be notified.*
- Familiarize yourself with Exit Signs in the building. In case of *fire, severe weather or disaster*, a View Point Health Safety Officer will follow proper safety procedures and direct individuals to an appropriate location.

Health

To help reduce the risk of getting sick and spreading germs to others, familiarize yourself with when you should wash your hands with the proper hand washing procedure:

- **Wet** your hands with clean, running water, turn off the tap, and apply soap.
- **Lather** your hands by rubbing them together with the soap. Be sure to lather the backs of your hand, between fingers, and under the nails.
- **Scrub** your hands for at least 20 seconds . Need a timer? Hum the "Happy Birthday" song from beginning to end twice.
- **Rinse** your hands well under clean. Running water.
- **Dry** your hands using a clean towel or air dry them.

To protect the health of our clients, staff and visitors please cover your cough. If you are experiencing flu like symptoms, please let the facility know so that a facemask can be distributed.



VIEWPOINT
Health

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RESOURCES

National Alliance for the Mentally Ill

1-800-950-6264

www.nami.org

National Mental Health America

1-800-969-6642

www.nmha.org

National Clearinghouse for Alcohol/Drug Info.

1-800-729-6686

www.health.org

Alcoholics Anonymous— 24 hour line

1-404-525-3178

www.aa.org

Narcotics Anonymous (national help-line)

1-678-405-0840

www.na.org

Georgia's Council on Developmental Disabilities

1-404-657-2126

www.gcdd.org

National Down Syndrome Society (NDSS)

1-800-221-4602

www.ndss.org

Additional resources and community activities can also be accessed on View Point Health's website at www.myviewpointhealth.org

Your clinician will assist with referrals to other agencies to address your individual needs.

CLIENT CONCERNS/COMPLAINTS

If you feel that any of your rights have been violated or denied, please take the following steps:

- Talk with your service coordinator to discuss your concerns for a solution.
- If you cannot reach a solution with your service coordinator, or if you do not feel comfortable talking with him/her about your concerns, ask to speak to his/her supervisor or to the director of the program.
- If your concern/complaint has still not been resolved, then you may wish to file a formal complaint with the Client Assistance Program, by calling (678)209-2382. A representative will be glad to hear your concerns and assist you with the consumer rights' process.

Be assured that your complaint will not result in retaliation or barriers to service.

CONFIDENTIALITY

Our staff wants to gain your trust and protect your privacy!

Staff, volunteers, or interns will not talk to anyone or send out information about you unless you sign a release of information form to say that you have given your approval to do so. The form should be very exact about what, why and how much information needs to be shared. There are certain times when we will be unable to maintain confidentiality of your records. **Some examples are:** if there is a medical emergency; if you are in danger of hurting yourself or others; in a criminal investigation; if your records are subpoenaed or court-ordered. Courts may request/receive information about you if you are involuntarily admitted, without your authorization, unless you are receiving treatment for substance abuse. Further, we are mandated to report any suspected child/adult abuse to Protective Services. **(For additional privacy information please see HIPAA information)**

If you have concerns about issues regarding confidentiality, be sure to talk to your service coordinator or a representative in the Client Assistance Program.

SSI Disability Information Requests

If you have applied for social security benefits under the Social Security Disability Insurance Program or the Supplemental Security Income ("SSI") program, View Point Health will not complete SSI Questionnaires or similar forms about your treatment unless you have (a) been in services with View Point for a minimum of ninety (90) consecutive days and (b) been examined by a View Point medical doctor at least once during that time period. Even if these conditions are met, View Point reserves the right not to fill out such documentation



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MENTAL HEALTH AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

PLEASE REVIEW IT CAREFULLY

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Our Commitment to Protect Your Mental Health and Medical Information

You have a right to privacy with respect to your past, present, and future mental health and medical information. View Point Health is required by law to protect your information and to provide you with this Notice of our legal duties and privacy practices with respect to your protected health information. You have the right to receive a paper copy of this Notice.

We are required to follow the privacy practices described in this Notice, though we reserve the right to change our privacy practices and the terms of this Notice at any time. In the event this Notice is revised, you may request a paper copy of the revised notice or view the revised notice at the above web address.

How We May Use and Disclose Your Protected Health Information

We use and disclose protected health information for a variety of reasons. In general, our use and disclosures fall within the following three categories: treatment, payment, and health care operations.

Treatment – We will use your protected health information and disclose it to others as necessary to provide treatment to you. For example, members of our clinical staff may access your record in the course of your care, or share information in the process of coordinating your care. Such staff members include physicians, psychologists, nurses, and other mental health professionals. Additionally, disclosure to another facility, community health center, or private practitioner may become necessary for your continued treatment.

Payment – We will use or disclose your protected health information as necessary to arrange for payment of services provided to you. For example, information about your diagnosis and the services we provide to you may be included in a bill that we send to a third-party payer.

Health Care Operations – We will use or disclose your protected health information in the course of operating View Point Health Centers or for the health care operations of another organization that has a relationship with you. For example, our quality assurance staff reviews records to ensure that our high standards of treatment delivery are reached consistently. In addition, View Point Health may contract with outside companies, or “business associates”, such as consultants, accountants, lawyers, and medical transcriptionists, to provide services that may involve the use of your protected health information.

Unless you instruct us otherwise, we may also send appointment reminders, information about treatment options and other health-related benefits that may be of interest, and other similar materials to you.

Uses and Disclosures Requiring Your Authorization

We are generally prohibited from using or disclosing your protected health information for purposes other than treatment, payment, and health care operations without your written authorization, unless the use or disclosure is within one of the categories described below. In addition, we generally may not use or disclose psychotherapy notes written by your mental health provider without your written authorization, even for treatment, payment and health care operations. You have the right to revoke your authorization in writing at any time, except to the extent that we have already undertaken an action in reliance upon your authorization.



Uses and Disclosures Not Requiring an Authorization

By law, we may use or disclose certain of your protected health information without an authorization in the following circumstances:

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When required by law – We may disclose protected health information when a law requires that we report information about suspected abuse, neglect, or domestic violence, or relating to certain criminal activity, or in response to a court order. We must also disclose protected health information to authorities that monitor our compliance with these privacy requirements.

For public health activities – We may disclose certain protected health information to public health agencies as permitted or required by law.

For health oversight activities – We may disclose certain protected health information to certain government agencies for oversight activities authorized by law.

Judicial and Administrative Proceedings – We may disclose protected health information in response to a court or administrative order. We may also disclose protected health information in certain cases in response to a subpoena, discovery request, or other lawful process, subject to your notice and opportunity to object.

Relating to deceased individuals – We may disclose certain protected health information related to death to pursuant to a valid subpoena of a coroner or medical examiner.

To avert a serious threat to health or safety – We may disclose protected health information, in order to avoid a serious threat to your health or safety and the health and safety of the public or another person.

For specific government functions – We may disclose protected health information as required by military authorities, to correctional facilities in certain situations, to government benefit programs relating to eligibility and enrollment, and for national security and intelligence reasons, such as protection of the President.

Appointment Reminders – General information will be used to contact you and remind you of appointments with View Point Health CSB.

Uses and Disclosures of Alcohol/Drug Treatment Records

At View Point Health Centers, personally identifying information related to the treatment of substance abuse has special legal privacy protections as outlined in the federal law 45 CFR Part 2. We will not disclose any information identifying you as a consumer of our services or provide any mental health or medical information relating to substance abuse treatment except in certain circumstances, including but not limited to: (1) you consent in writing; (2) a court orders disclosure of the information after a show cause hearing as required under Georgia Law; (3) medical personnel need the information to meet a medical emergency; (4) qualifying personnel use the information for the purpose of conducting research, management audits, or program evaluation; or (5) it is necessary to report a crime or threat to commit a crime or to report child abuse or neglect as required by law. As applicable, you will be provided an additional notice regarding the confidentiality of substance abuse information.

Contact Information Regarding Our Privacy Practices

If you have questions, concerns, or complaints about our privacy practices, or if you disagree with a decision regarding access to your information, please contact the Privacy Officer, View Point Health, P.O. Box 687, Lawrenceville, Georgia 30046, 1-678-209-2411. You may also file a grievance with the U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-877-696-6775. You will not be penalized for filing a complaint or grievance.



Your Rights Regarding Your Protected Health Information

You have the following rights with respect to your protected health information:

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To obtain access to your protected health information – You generally have the right to see and obtain copies of your protected health information upon written request. We may deny you access to review or copy your protected health information. If your request is denied, we must provide you with a reason for the denial and explain any right to have the denial reviewed. If we grant your written request for copies of your protected health information, we will advise you in advance of any fees we may impose for the costs of copying and mailing.

To request restrictions on uses and disclosures – You have the right to ask that we limit how we use or disclose your protected health information. We will consider your request, but are not legally bound to agree to the restriction. If we do agree to any restriction, we will put the agreement in writing and abide by it except in the case of emergency situations. We cannot agree to limit uses and disclosures that are required by law.

You may request that we not disclose your medical information to any persons or entities that may be responsible for paying all or any portion of the charges you incur while a patient of View Point Health CSB. If you pay all such charges ***in full*** at the time of such request, we are required to agree to your request.

To receive confidential communications – You have the right to request that we communicate with you by using an alternative address or by alternative means. We must agree to your request as long as it is reasonable for us to comply.

To an accounting of disclosures – You have the right to receive upon written request an accounting of when, to whom, for what purpose, and what content of your protected health information has been released for the past six years. This list will not include the following instances for disclosure: for treatment, payment, and health care operations; to you, to your family, or for a facility directory; or pursuant to your written authorization. The list of disclosures will not include any certain other disclosures, such as those made to law enforcement officials or correctional facilities, for national security purposes, or disclosures made before April 14, 2003. There will be no charge for the first accounting you request within a 12 month period. For additional lists within the same period, we will advise you in advance of any fees we may impose.

To request an amendment – If you believe that your protected health information is incorrect or incomplete, you have the right to request in writing that we amend the information. Your request must include the reason you are seeking a change. We may deny your request if (1) we did not create the information or the information is not part of our records; (2) the information is not permitted to be disclosed; or (3) the information is correct and complete. Any denial must be in writing and must state the reasons for the denial and explain your right to submit a statement of disagreement and to have your statement (and any rebuttal), along with your request and the denial, appended to your record.

INVESTIGATIONS OF BREACHES OF PRIVACY

We will investigate any discovered unauthorized use or disclosure of your protected health information to determine if it constitutes a breach of the federal privacy or security regulations governing unsecured protected health information. If we determine that such a breach has occurred, we will provide you with notice of the breach and advise you what we intend to do to mitigate the damage (if any) caused by the breach, and about the steps you should take to protect yourself from potential harm resulting from the breach.