



Clinical Services
Client Handbook

**665 West Fourth Street
Winston-Salem, NC 27101
336-725-8389**

Insight Human Services Hours of Operation

Corporate Office	8:00 am - 5:00 pm	Weekdays
Fourth Street (W-S)		
Admissions	8:00 am - 3:00 pm	Weekdays by Appointment
Medication	6:00 am - 10:00 am & 12:00pm – 1:00 pm	M-F
	7:00 am – 10:30 am	Saturday
Counseling	8:00 am - 9:00 pm	M-F
	9:30 am - 12:30 pm	Saturday

Where healing begins...

Welcome!

Our goal is to make your experience at Insight Human Services a positive one, regardless of how you came to be here. While you are with us, we hope you will gain something of value. This handbook is designed to answer many questions and help you become familiar with our agency and services.

We at Insight Human Services strive to provide you with a safe environment to help you look at the needed changes in your life. We ask you and your family members to be willing, open minded, and cooperative. We believe your experiences here will help you grow in a healthy way. Insight Human Services will work with you to provide a comfortable, rewarding experience.

MISSION

The mission of Insight Human Services is to reduce the negative impact of substance abuse and dependence and mental health problems on the communities across North Carolina, their families, and individuals, through prevention/education, early intervention, and treatment services.

TREATMENT PHILOSOPHY

At Insight Human Services, we believe recovery includes body, mind, and spirit. Our treatment programs help people examine and understand their mental health problems, use of drugs or alcohol, improve their self-image, and develop consistent and responsible behaviors.

Treatment focuses on the whole person. Insight Human Services believes individuals are capable of making positive choices and acting responsibly with the involvement and support of family members, care givers and others in the community. Recovery can begin when you are willing to admit having a problem and become willing to make changes.

You will have many opportunities to learn and discuss these principles during the course of treatment. Please ask your primary counselor to explain anything you do not understand or answer any questions you may have.

GRIEVANCE PROCEDURE

If you feel unfairly treated for any reason, including an unsuccessful discharge, you may discuss the problem with your counselor. If the problem is not resolved, you may ask for a conference with the Clinic Manager and the conference will be held within five (5) working days. Within a week, the Clinic Manager will respond in writing to the conference. Insight Human Services staff will assist you in this process, including any written documentation that may be needed. If the problem is still not resolved, you may schedule a hearing with the Quality Improvement Director to be held within ten (10) working days. If the problem is still not resolved, you may file a grievance with the Client Rights Advisory Committee of the Insight Human Services Board of Directors, the LME or the Governor's Advocacy Council for Persons with Disabilities at (800) 821-6922.

ORGANIZATIONAL CHART

Insight Human Services's Organizational Chart is posted in the lobby. If you would like more information about the structure of our organization, please ask your counselor.

PRIMARY COUNSELOR'S ROLE

You will receive an assessment at the beginning of treatment. Using this admission assessment, you and your primary counselor will develop individualized written goals. Your primary counselor will monitor your services to make sure services are meeting your needs, progress is being made on goals, updates are made at regular times, and transition/discharge plans are being made.

TREATMENT PARTICIPATION/LENGTH OF STAY

Insight Human Services provides treatment that varies in frequency and intensity. Length of stay and point-of-entry are individualized according to your need and determined by established admission, continued stay, and discharge criteria. The length of stay can vary from 4 weeks to one year or more depending on need, acceptance, progress, and support.

Services include group, family, and individual counseling, which address all aspects of mental health problems, substance abuse, addiction, and recovery. They introduce clients to relapse prevention, self-help groups, and recovering community resources. We also provide medication treatment, when needed.

CONFIDENTIALITY

Your records and participation here are private. Federal law and Health Insurance Portability and Accountability Act (HIPAA) along with other regulations protect the confidentiality of your records maintained by Insight Human Services. We may not disclose any information that identifies you as a client UNLESS:

1. You consent in writing; or
2. The disclosure is demanded by a court order; or
3. The disclosure is made to medical personnel in the case of a medical emergency, or to qualified personnel for research, audit, or program evaluation; or
4. You commit or threaten to commit a crime, either at the program or against any person who works for the program. In addition, the staff is obligated to warn any person that you may threaten with serious bodily harm; or
5. In the event you are a danger to yourself, i.e., suicidal; or
6. In the event you report suspected child or elderly abuse and/or neglect the appropriate state or local authorities will be contacted.
7. The limited information disclosed to the NC Treatment Outcomes and Program Performance System (TOPPS) for research.

8. You are being investigated under the 2002 Patriot's Act.

Insight Human Services Protects Your Confidentiality...

- √ Our telephone lines are blocked from caller ID so calls from us may not be identified. If your phone blocks unidentified/private lines, we will not be able to reach you. Please notify your counselor if you block unknown callers so arrangements may be made.
- √ You need to call to make or change appointments. We are not allowed to admit you are a client of our agency by making or changing appointments with someone calling for you.
- √ Violation of the Federal confidentiality law is considered a crime. If you suspect this has happened to you, you have the right to discuss it with your counselor or administration staff. Suspected violations may be reported to the United States Attorney in the district where the violation occurs.
- √ We ask you to respect the confidentiality of other clients by remembering everything you say and hear at the agency needs to stay in the agency and by not bringing visitors with you to Insight Human Services.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Insight Human Services must collect information about you to provide quality services. We know the information we collect about you and your health is private and we are required to protect this information by Federal and State law. We call this information "protected health information, (PHI)" whether in oral, written, or electronic format.

As required by law, only the minimum necessary information will be used and disclosed. **Not all situations are described.** We are required to give you a notice of our privacy practices for the information we collect and keep about you.

We are required to follow the terms of the notice currently in effect. We reserve the right to revise the terms of this notice.

May use and disclose information without your authorization:

For Treatment: Insight Human Services may use or disclose PHI with health care providers who are involved in your health care. For example, it may be shared to create and carry out a plan for your treatment.

For Payment: We may use or disclose PHI in order to get payment or to pay for the health care services you receive. For example, your PHI may be used for preparing billing and managing accounts.

For Health Care Operations: We may use or disclose protected health information in order to manage programs and activities. For example, we may use your PHI to review the quality of services you receive and for resolving complaints, grievances, and appeals.

Appointments: We may contact you for reminders for appointments.

Public Health Activities: We will report suspected communicable diseases as required by law.

For Health Oversight Activities: We may use or disclose PHI to inspect or investigate health care providers.

As Required By Law and For Law Enforcement: We will use and disclose PHI when required or permitted by Federal or State law or by a court order.

For Abuse Reports and Investigation: We are required by law to report any suspected abuse, neglect, or exploitation.

For Government Programs: We may use and disclose PHI for public benefits under other government programs.

To Avoid Harm: We may disclose protected health information in order to avoid a serious threat to the health and safety of a person or the public.

Emergency Disclosures: We may disclose PHI in emergency situation such as medical/psychiatric emergencies or criminal behavior.

Minors: If you are a minor, we may disclose PHI about you to a parent, guardian, or other person responsible in limited circumstances.

Persons Involved in Your Care: We may disclose PHI about you to a relative, close personal friend, or any other person you identify if that person is involved in your care and the information is relevant to your care except as mandated by State and Federal regulations. We may use or disclose PHI about you to a relative, another person involved in your care or possible a disaster relief organization (such as Red Cross), if we need to notify someone about your location or condition. You may ask us not to disclose protected health information about you to persons involved in your care. We will agree to your request and not disclose the information except in certain limited circumstances (such as emergencies) or if you are a minor.

Other uses and disclosures require your authorization:

For other situations, we will ask for your written authorization before using or disclosing information. You may cancel this authorization at any time in writing. We cannot take back any uses or disclosures already made with your authorization.

Other Laws Protect Protected Health Information: The agency, as a mental health agency, abides by applicable laws that govern protected health information related to you. (G.S. 122-C; 42 C.F.R. Part 2; 45 C.F.R. Parts 160 and 164; N. C. Division of MH/DD/SA Services Confidentiality Rules APSM 45-1)

YOUR PRIVACY RIGHTS:

Right To Request Restrictions On Uses And Disclosures: You have the right to request that we limit the use and disclosure of health care information about you for treatment, payment, and health care operations. We are not required to agree to your request. If we do agree to your request, we must follow the restrictions (except when the information is necessary for emergency treatment). You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time, as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation.

Right To Request An Alternative Method of Contact: You have the right to be contacted at a different location or by a different method. For example, you may prefer to have all written information mailed to your work address rather than your home address. We will agree to any reasonable request for alternative methods of contact. If you would like to request an alternative method of contact, you must provide us with a request in writing.

Right To See and Get Copies Of Your Records: In most cases, you have the right to look at or get copies of your records. You must make the request in writing. You may be charged a fee for the cost of copying your records.

Right To Request To Correct Or Update Your Records: You may ask the agency to change or add missing information to your records, if you think there is a mistake. You must make the request in writing, and provide a reason for your request.

Right To Get A List Of Disclosures: You have the right to ask for a list of certain disclosures. You must make the request in writing. The list will not include the times that information was disclosed for treatment, payment, or health care operations. The list will not include information provided directly to you or your family, or information sent with your authorization.

Right To Receive A Copy Of The Notice Of Privacy Practices And Any Revisions Thereafter: You have the right to receive a copy of our Notice of Privacy Practices and any revisions made thereafter. The terms of this notice may be changed in the future, and these changes will be posted in the waiting room and in the Client Handbook. You may also request a copy of the new Notice by contacting the Privacy Officer at 336-725-8389.

You may file a complaint about our Privacy Procedures:

If you believe that your privacy rights have been violated or if you are dissatisfied with our privacy policies and procedures, you may file a complaint either with us or with the federal government. We will not take any action against you or change our treatment of you in any way if you file a complaint.

To file a complaint with the agency, you may bring your complaint to any agency location or you may contact the Privacy Officer at: Insight Human Services for a Drug-Free NC, Inc., 665 West Fourth Street, Suite 200, Winston-Salem, NC 27101. Phone: 336-725-8389, Fax: 336-725-6628.

To file a complaint with the federal government, you may send a written complaint to: Atlanta Federal Center, Region IV, Suite 3B70, 61 Forsyth Street, S.W., Atlanta, GA 30303-8909. You may call 404-562-7886.

SAFETY PROCEDURES

In case of an emergency on the premises, contact the clinical manager, the safety officer, or your primary counselor.

In case of emergency away from the premises, call 911, then contact the clinical manager, the safety officer, or your primary counselor.

SEVERE WEATHER

In the case of severe weather, you are instructed to call the main Insight Human Services telephone number, **336-725-8389**, for instructions about medication, appointments, group meetings, etc

Crisis Plan

A Crisis Plan will be written with you as part of your treatment. This plan will have helpful information for you to use in a crisis such as, what can happen in a crisis, better choices, supportive people, your treatment goals and safe places. You will receive a copy of your plan to keep with you as a way to help remember and put into action your plan when needed.

AFTER HOURS & WEEKENDS

If you need help to put your plan into action, you can call the **crisis line at 1-888-732-3362** after 5pm, holidays, and weekends.

EXPECTATIONS OF TREATMENT

Treatment is a process that involves more than one step and more than one approach. Insight Human Services has been in the business for over 30 years. We know how to help clients and our communities while maintaining individual integrity and confidence.

You are expected to take responsibility for identifying and discussing your problems and communicating with fellow group members. It is okay to be anxious about participating in counseling. We want you to feel free to appropriately and honestly communicate your thoughts and feelings. The following information outlines some of the steps that treatment participation involves and some of the rules and/or expectations.

Orientation

Provision and discussion of this handbook is part of the orientation process. Orientation will then continue throughout the course of services. Client rights, confidentiality, and emergency response procedures will be emphasized.

We expect all clients to conduct themselves in a polite and courteous manner. Continuing disruptive, inappropriate, abusive, or violent language will not be tolerated and may result in termination from the program.

We expect you to attend all scheduled activities and to be on time. Your counselor has the right to refuse admission if you are late, and you will be considered absent. If you are unable to attend a session it is your responsibility to inform your primary counselor of the reason for your absence. Inappropriate behavior and continued unexcused absences are a sign of lack of progress in treatment and will be reported to your referral source.

Search and Seizure

Alcohol, drugs, drug paraphernalia, and weapons are not allowed on Insight Human Services grounds. If we have valid reason to believe that you are in possession of any of these items, we reserve

the right to perform a search of your person. If you refuse the search, or we find any of these items, we have the right to ask you to leave and confiscate the items.

Drug & Alcohol Testing

You are expected to remain abstinent while in treatment at Insight Human Services. Abstinence means staying drug and alcohol free 24 hours a day, 7 days a week. You are asked to report any use of non-prescribed drug use to your counselor without delay. If you are taking a prescribed medication then please report this at the time of admission or to your primary counselor. Insight Human Services physicians must be aware of all prescription medications.

You will be expected to participate in random drug and alcohol testing throughout your treatment. A staff member will observe urine sample collection and/or administer breathalyzer tests. Any member of the staff may request a drug screen at any time.

Waiting & Placement Lists

There are times when the volume of people who present for services is so great that we may not be able to place you in your assigned service right away. If this should occur, you will be placed on a waiting list. A counselor will assist you with whatever needs you may have and will be your contact with services.

Transition/Discharge Planning

Plans for working toward discharge begin at admission. The transition plans are developed over the course of treatment. These written plans are done with your input. The plan includes an honest look at your problems; identification of triggers and relapse prevention plan; and your steps for recovery. The discharge plan documents aftercare referrals and appointments. You will receive these written documents to use after you complete treatment.

Termination/Discharge

Termination/Discharge may occur for violation of program rules or for failure to adhere to program procedures. Possible reasons for termination include, but are not limited to:

- ◆ Continued lack of attendance/participation at scheduled sessions
- ◆ Possession of a weapon on premises
- ◆ Dealing or possession of illegal drugs, alcohol, or merchandise on premises
- ◆ Violence, fighting, threatening behavior, or negative and/or disruptive behavior

CLIENT RIGHTS

Insight Human Services believes you and your family members are entitled to services that are provided in a physically safe environment that promotes mutual trust. Insight Human Services staff members are knowledgeable about mental health problems and addictive disease, have an accepting attitude, and are expected to treat everyone courteously, with non-judgmental behavior and unconditional positive regard.

As a client of Insight Human Services, you have the following rights:

- ◆ To receive services regardless of your age, race, creed, color, ethnic/national origin, gender, religion, sexual orientation, or ability to pay.
- ◆ To receive an individualized assessment and to know the reasons for the services provided.
- ◆ To participate in the development of your treatment plan goals based on your needs, strengths, and preferences.
- ◆ To consent to or refuse treatment to the extent permitted by law.
- ◆ To receive age-appropriate treatment services.
- ◆ To treatment without use of corporal punishment, physical restraint, or seclusion.
- ◆ To suspension or expulsion from services only when justified and warranted search and seizure.
- ◆ To grieve any decision made concerning your services.

GENERAL GUIDELINES

Smoking, Phones and Food

Smoking is not allowed in the Insight Human Services facility; smoking, eating, and drinking are allowed only in designated areas outside the facility. No one under the age of 18 is permitted to smoke on Insight Human Services property.

The receptionist, when available, can only make telephone calls for you to arrange transportation.

Parking

Parking can be accessed at the 4th Street entrance through payment at a parking meter. Parking payment is the responsibility of the client. Parking can also be accessed at the parking deck across the street from the 4th Street entrance after securing a parking pass from the receptionist.

Childcare

Childcare is provided during the hours in which you are receiving services in the building.

YOUR INPUT

You may be asked to fill out a satisfaction survey to help improve our services. This survey will be anonymous and confidential. The purpose is to use your feedback to identify areas where we are doing a good job and areas that need improvement.

After your discharge you may be contacted by us or an agency contracted by Insight Human Services, to complete an outcome survey. This survey can be completed by you or a member of your household. We will try to contact you first by phone and then mail. Please take the time to complete the survey so we can learn from your input. Thanks in advance for your help.

FEE / PAYMENT POLICY

Fees are collected for each service you receive. We use a sliding fee scale based on household income to determine how much you will be required to pay for each service. By setting fees according to what you can afford, Insight Human Services demonstrates understanding of your personal financial situation and the importance of taking responsibility for your recovery by paying for treatment. All payments are to be kept current. If this is not possible or extraordinary circumstance arises, a payment schedule may be arranged with a Insight Human Services staff member. We reserve the right to discontinue or refuse services to anyone with the ability to pay, but refuses to do so.

Medicaid

If you receive Medicaid benefits, you are responsible for submitting your Medicaid card at the beginning of each month. Failure to submit the current Medicaid card on time may result in suspension from the program.

Insurance

If you have third party insurance, you must provide your card or authorization form to the Financial Screener at intake to determine coverage. If appropriate, Insight Human Services will bill the insurance company and you will be responsible for any deductible, co-payment, or other charge.

Ultimately, the financial arrangements for your services are between you and Insight Human Services, regardless of available insurance/Medicaid.

Suggested Resources

Insight Human Services representatives will be glad to assist you to obtain specific educational material (electronic and hard copy). Because of the individual and specific questions and issues, you may have, please ask a representative for assistance and recommendations.