

Your Rights

**A handbook for you and your
family about your rights when
receiving Mental Health and
I/DD services**



ACI Support Specialists



When you receive services from ACI, you have many rights that are supported by law.

Because you have many decisions to make, understanding your rights will help you get the best possible care. Knowing your rights can help you:

- Participate fully in your care by helping you make informed choices.
- Know what to expect from ACI.
- Resolve any problems that may occur.
- Become a better self-advocate.

Also, you always have the right to ask questions and get the information

You have the right to be treated with respect.

It's your right to:

Be informed of your rights.

By law, we must inform you of all of your rights within the first three visits to our program (or within the first 72 hours if you're in a 24-hour facility).

You also have the right to:

- Ask that printed information explaining your rights be given to you in a way that you can understand.
- Know what to do and who to call if you believe someone is trying to take away your rights. You will find information about who to contact on page 10 of this booklet.



Know what is expected of you.

We must let you know about any rules you need to follow. This information should be shared with you when you begin receiving services. If this does not happen, ask someone you trust to help you get this information.

Get the best services possible.

You should receive the best care possible from professionals who care about your needs.

Always be treated with respect.

ACI staff should be courteous, attentive and sensitive to your needs and values.



our Rights

You have the right to have information about you kept confidential.

Medical records, treatment plans and any other information about you (including what you say or share) must be kept private.

To be given this information, anyone not directly involved in your care, including family members, must first have your permission.

With your consent, we may provide information, such as your diagnosis, prognosis, medications, and progress, to a family member or someone close to you. Additional information *may* be provided if requested in writing and a legitimate, therapeutic need for the information is shown. Your consent is time limited, will be documented in your record and you can withdraw your consent at any time.



- Your closest relative or guardian may be informed that you are receiving services from ACI or if you are discharged from services. If you are under 18 years old, your parent or guardian may be informed.
- When in your best interest, to file a petition for competency or guardianship purposes.
- If we suspect abuse or neglect.
- If a physician or other professional who referred you to our program needs information.
- When it is necessary to provide treatment as identified in your advance instruction.

- To the Department of Corrections (DOC), if you are in prison, to continue your treatment. DOC may also share information with ACI to enable us to provide you with appropriate treatment.
- If an attorney needs to see your file because of a lawsuit or other legal action, upon your request or the request of your guardian.
- If you have an emergency, we may need to share information with another professional who is treating you.
- If you are a danger to yourself or others, or if we believe that you will commit a serious legal offense or become violent.
- To a professional responsible for you outpatient treatment, for evaluation, management, supervision, or treatment.
- If you may be eligible for financial benefits, in order to establish these benefits. After you receive benefits, we must have your consent to release any further information.
- To a provider of support services, if they have acknowledged in writing that they will safeguard and not further disclose the information.
- If you are living in a 24-hours facility, to notify the appropriate person(s) when you leave the facility without authorization, and when you return.
- To people involved in your care in a facility, for the purpose of carrying out their responsibilities in providing care for you.
- For general research or audits, if there is a justifiable documented need.
- Information may be shared between ACI and your LME for treatment, payment, and healthcare operations and/or if it is determined to be necessary to develop, manage, monitor, or evaluate ACI's performance.

You have the right to live as freely as possible.

Live in the best environment for you.

You have the right to live and receive services in an area that is safe, comfortable and suitable to your special needs. This may include receiving assistance such as a wheelchair ramp or reserved parking space for handicapped individuals.



Live as independently as possible.

Our responsibility is to help you achieve greater independence. For example, that may mean helping you to learn how to cook, find a job, or obtain your own apartment, depending on your needs and interests. You have the right to age-appropriate treatment for your needs and opportunities to enable you to mature physically, emotionally, intellectually, socially, and vocationally. When the law allows, you also have the right to special education and training. It is your right to live as normally as possible while receiving care and treatment.

You have the right to informed consent.

“Informed consent” means having all of the information you need before you make a decision about your care. Except during an emergency, informed consent is always your right. Before you give your approval for any service or treatment, be sure you have all of the information you need. This includes understanding:

Your service plan.

It’s your right to be involved in developing and reviewing your service plan. This plan must be in use no later than 30 days after your services start.

Your choices.

Before you agree to your plan, you must be informed of the advantages and risks of the services you receive. You must also be informed about all of the different kinds of services that are available to you.

It's your right to:



Understand your medication.

You have the right to know the possible side effects of medication and to be free from unnecessary medication. Medication cannot be used as punishment or for the convenience of staff.

Accept or refuse services.

By law, you can accept or refuse any procedure, medication, test or treatment offered by ACI. The only times you can be treated without your permission are during an emergency, when it is court-ordered, or if you are under 18 years old and your parent or guardian has given permission.

If you refuse treatment, ACI will work with you and your team to identify other possible treatment options. If you refuse all possible treatment options, you may be discharged from services with ACI.

Keep in touch with family and friends. In most cases, you can spend time with your friends or anyone you choose as long as they are willing.

Make advance directives.

You have the right to prepare a written plan for your mental health care, known as an advance directive, which says how you want to be cared for if you ever become unable to decide or speak for yourself.

Your plan may also include a “health-care proxy.” This lets you name another person to make decisions about your care if you become unable to do so.

For help in preparing these plans, we recommend that you speak with those closest to you about the health care you would like to receive.



Exercise your rights as a citizen.

As a citizen, you have many rights. Some of your basic rights are written into law. North Carolina law states that each person has the right to dignity, privacy, humane care, and freedom from mental and physical abuse, neglect, and exploitation.

You also have the same civil rights as any other citizen. These include:

- The right to privacy
- Freedom of association, or the right to be around others of your choosing to share a common interest.
- Freedom from cruel and unusual punishment
- The right to marry, procreate and raise children
- The right to vote.
- Freedom of speech and expression
- Freedom of religious expression, which includes the right to go to the church of your choice.
- The right to buy and sell property
- Equal employment opportunity
- Equal educational opportunity

Unless you have been declared incompetent by the court, you will always have these rights.



You also have other rights.

Review your medical records.

In general, you have the right to review information in your medical records, which includes your service plan. The only time you cannot see your records is if more than one professional determines that it would be harmful for you or someone else.

If you would like to see your service plan, or another part of your record, talk to your QP or Program Manager about what information you would like to see.

See a medical doctor, nurse, dentist or other health care provider.

You have the right to receive treatment, including the right to see a doctor, nurse, dentist, or other health care provider, regardless of your age or degree of disability.



Your Rights

Know the costs of services.

Fees for services should be discussed with you at your first visit.

Contact a private professional at your own expense.

You have the right to contact professionals outside ACI, such as your lawyer, at your own expense.

Be accepted for treatment.

Your services cannot be denied, interrupted or reduced without good cause.

If you receive Medicaid (or are eligible for Medicaid) and there is a change in your services or treatment, you have the right to appeal the decision. You will be given instructions on how to appeal when you are notified of the change in services.

Take part in discharge planning.

A discharge plan provides recommendations for your care after you complete your treatment with the ACI. Be sure to discuss what your needs are with a staff person before leaving the agency.

Be aware of when seclusion and restraints are allowed.

These should be used only as a last resort. They may be used in a medical emergency, or in situations where a client is in danger of hurting himself or herself or others, or of damaging property.

Seclusion and restraints must NOT be used as a punishment or for the convenience of staff. You should be informed about any interventions or restrictions that may be used where you receive services.

You have the right to express your concerns

If you feel someone is taking away your rights or if you are dissatisfied with services, we urge you to take the following steps:

1. First, talk to your assigned staff person.
Most concerns can be resolved by discussing them with staff and staff supervisors.
2. If you choose not to talk directly to your assigned staff person, ask the receptionist or someone else you feel comfortable talking to at ACI about how to contact a supervisor.
3. At any time, you may request outside assistance by calling any advocacy organization, such as Disability Rights North Carolina.



Contact an advocate, if desired.

Advocates can help to protect your rights and resolve conflicts. You have the unrestricted right to contact Disability Rights North Carolina. Listed below is the contact information for Disability Rights North Carolina. Disability Rights NC provides advocacy and legal services at no charge for people with disabilities in North Carolina. Information concerning a grievance will be held in confidence. You can contact Disability Rights NC at:

877-235-4210
2626 Glenwood Ave., Suite 550
Raleigh, NC 27608



Your Rights

Additional Rights in a 24-Hour Facility

In most cases, you will have all of the rights listed below. However, because of reasons related to your care or treatment there are times when the facility may restrict some of these rights.

- Make and get phone calls. You can ask people to leave the room or not to listen when you are talking on the phone. 
- Have visitors at certain times for a period of at least 6 hours daily. You may also refuse visitors if you choose.
- Meet with and talk to any person you want, including your parents, guardian, or advocate, as long as that person is willing.
- Decorate your room, or your portion of a room you share with someone else
- Shave and take a shower or bath every day.
- Have privacy when you dress or are in the bathroom.
- Have dignity and humane care for personal health, hygiene, and grooming care, including any items you may need.
- Have your own belongings and wear your own clothes.
- Have adequate facilities, including toilets, lavatory, and bath, equipped for use if you have a mobility impairment.
- Take part in religious worship.
- Keep and spend a reasonable amount of your money.
- Have your own storage space.
- Make visits outside your facility, unless legal involvement prevents it.
- Go outdoors and exercise daily.
- Have efforts made to provide a quiet atmosphere for uninterrupted sleep during scheduled sleeping hours.
- Receive a discharge plan that gives recommendations for additional services.
- Make visits outside your facility, unless legal involvement prevents it.
- Send and get unopened mail. You have a right to access writing materials and postage. Staff can read your mail to you, but only if you ask. 
- Contact a lawyer, doctor, or other private professional at your own expense.
- Receive medical care if you are sick.
- Contact an advocate.

Additional Rights for Minors in a 24-Hour Facility

If you are under 18 years of age, you have other rights. Rights which CANNOT be restricted include the right to:

- Receive adult supervision and assistance.
- Talk to a parent or guardian.
- Contact an advocate.

As a minor, you also have rights which MAY be restricted, depending on your treatment needs. These include the right to:

- Have visitors at specified times with proper adult supervision.
- Receive special educational and vocational training.
- Receive help with learning how to manage money (for individuals 16 years or older).
- Send and receive mail.
- Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with your needs.



Where we are and how to contact us:

Garner

1027 Hwy 70 West, Suite 109
Garner, NC 27529
919-329-5671

Elizabeth City

905 Halstead Blvd, Suite 29
Elizabeth City, NC 27909
252-338-1000

Fayetteville

342 Wagoner Dr, Suite 107
Fayetteville, NC 28303
919-339-4573

Henderson

826 S. Garnett St.
PO Box 956
Henderson, NC 27536
252-431-1500

Jacksonville

2040 Plum Point Plaza
Jacksonville, NC 28540
910-219-1066

New Bern

1723 South Glenburnie Rd
New Bern, NC 28562
252-672-8630

Raleigh

8504 Six Forks Rd, Suite 101
Raleigh, NC 27615
919-861-2000

Wallace

111 SE Railroad St
Wallace, NC 28466
910-285-1157

Wilkesboro

910 C. St, Suite 210
Wilkesboro, NC 28659
336-651-8671

Wilmington

1015 Ashes Dr, Suite 107
Wilmington, NC 28405
910-763-7458

Winston-Salem

4265 Brownsboro Rd
Suite 220
Winston-Salem, NC 27106
336-896-9010



ACI Support Specialists

NOTICE OF PRIVACY PRACTICES

This posting describes how medical information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.

Our Duty to Safeguard Your Protected Health Information

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for health care is considered “Protected Health Information” (PHI). We are required to extend certain protections to your PHI, and to give you this Notice about our privacy practices that explains how, when and why we may use or disclose our PHI. Except in specified circumstances, we must use or disclose only the minimum necessary PHI to accomplish the intended purpose of the use or disclosure.

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.

You may request a copy of the new notice from any ACI Support Specialists office.

How We May Use and Disclose Your Protected Health Information

We use and disclose Personal Health Information for a variety of reasons. We have a limited right to use and/or disclose your PHI for purposes of treatment, payment and for our health care operations. For uses beyond that, we must have your written authorization unless the law permits or requires us to make the use or disclosure without your authorization. If we disclose your PHI to an outside entity in order for that entity to perform a function on our behalf, we must have in place an agreement from the outside entity that it will extend the same degree of privacy protection to your information that we must apply to your PHI. However, the law provides that we are permitted to make some uses/disclosures without your consent or authorization. The following describes and offers examples of our potential uses/disclosures of your PHI.

Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations.

Generally, we may use or disclose your PHI as follows:

For treatment: We may disclose your PHI to doctors, nurses, and other health care personnel who are involved in providing your health care. For example, your PHI will be shared among members of your treatment team. Your PHI may also be shared with outside entities performing ancillary services relating to your treatment, such as lab work or x-rays, or for consultation purposes, and/or other community health agencies involved in the provision or coordination of your care.

To obtain payment: We may use/disclose your PHI in order to bill and collect payment for your health care services. For example, we may contact your employer to verify employment status, and/or release portions of your PHI to the Medicaid program, ACI, INC. central office, and/or a private insurer to get paid for services that we delivered to you.

For health care operations: We may use/disclose your PHI in the course of operating our Home Care or Clinic. For example, we may take your photograph for medication identification purposes, use your PHI in evaluating the quality of services provided, or disclose your PHI to our accountant or attorney for audit purposes. Since we are an integrated system, we may disclose your PHI to designated staff in our other facilities, programs, or our Corporate office for similar

purposes. Release of your PHI to the local Area Programs and/or state agencies might also be necessary to determine your eligibility for publicly funded services.

Appointment reminders: Unless you provide us with alternative instructions, we may send Appointment reminders and other similar materials to your home.

Uses and Disclosures of PHI Requiring Authorization

For uses and disclosures beyond treatment, payment and operations purposes we are required to have your written authorization, unless the use or disclosure falls within one of the exceptions described below. Authorizations can be revoked at any time to stop future uses/disclosures except to the extent that we have already undertaken an action in reliance upon your authorization.

Uses and Disclosures of PHI from Health Records Not Requiring Consent or Authorization

The law provides that we may use/disclose your PHI from health records without consent or authorization in the following circumstances:

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

For public health activities: We may disclose PHI when we are required to collect information about disease or injury, or to report vital statistics to the public health authority. For health oversight activities: We may disclose PHI to our central office, the protection and advocacy agency, or another agency responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents, and monitoring of the Medicaid program.

Relating to decedents: We may disclose PHI related to a death to coroners, medical examiners or funeral directors, and to organ procurement organizations relating to organ, eye, or tissue donations or transplants.

For other purposes: To avert threat to health or safety: In order to avoid a serious threat to health or safety, we may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm. For specific government functions: We may disclose PHI of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government benefit programs relating to eligibility and enrollment, and for national security reasons, such as protection of the President.

Uses and Disclosures of PHI from Alcohol and Other Drug Records Not Requiring Consent or Authorization

The law provides that we may use/disclose your PHI from alcohol and other drug records without consent or authorization in the following circumstances:

When required by law: We may disclose PHI when a law requires that we report information about suspected child abuse and neglect, or when a crime has been committed on the program premises or against program personnel, or in response to a court order.

Relating to decedents: We may disclose PHI relating to an individual's death if state or federal law requires the information for collection of vital statistics or inquiry into cause of death.

For audit or evaluation purposes: In certain circumstances, we may disclose PHI for audit or evaluation purposes. To avert threat to health or safety: In order to avoid a serious threat to health or safety, we may disclose PHI to law enforcement when a threat is made to commit a crime on the program premises or against program personnel.

Uses and Disclosures Requiring You to Have an Opportunity to Object

In the following situations, we may disclose a limited amount of your PHI if we inform you about the disclosure in advance and you do not object, as long as the disclosure is not otherwise prohibited by law.

To families, friends or others involved in your care: We may share with these people information directly related to their involvement in your care, or payment for your care. We may also share PHI with these people to notify them about your location, general condition, or death.

Your Rights Regarding Your Protected Health Information

You have the following rights relating to your protected health information:

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

To choose how we contact you: You have the right to ask that we send you information at an alternative address or by an alternative means. We must agree to your request as long as it is reasonably easy for us to do so. To inspect and request a copy of your PHI: Unless your access to your records is restricted for clear and documented treatment reasons, you have a right to see your protected health information upon your written request.

We will respond to your request within 30 days. If we deny your access, we will give you written reasons for the denial and explain any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed, depending on your circumstances.

You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying.

To request amendment of your PHI: If you believe that there is a mistake or missing information in our record of your PHI, you may request, in writing, that we correct or add to the record. We will respond within 60 days of receiving your request. We may deny the request if we determine that the PHI is: (1) correct and complete; (2) not created by us and/or not part of our records, or (3) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your PHI. If we approve the request for amendment, we will change the PHI and so inform you, and tell others that need to know about the change in the PHI.

To find out what disclosures have been made: You have a right to get a list of when, to whom, for what purpose, and what content of your PHI has been released other than instances of disclosure: for treatment, payment, and operations; to you, your family, or the facility directory; or pursuant to your written authorization.

The list also will not include any disclosures made for national security purposes, to law enforcement officials or correctional facilities, or disclosures made before April 2003. We will respond to your written request for such a list within 60 days of receiving it. Your request can relate to disclosures going as far back as six years. There will be no charge for up to one such list each year. There may be a charge for more frequent requests.

You Have the Right to Receive this Notice

You have the right to receive a paper copy of this Notice and/or an electronic copy by email upon request.

How to Complain About Our Privacy Practices

If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed below. We will take no retaliatory action against you if you make such complaints.

Contact Person for Information or to Submit a Complaint

If you have question about this Notice or any complaints about our privacy practices, please contact the Privacy Officer for ACI Support Specialists, Inc. 1027 Hwy. 70W., Suite 109, Garner, NC 27529, (919) 329-5671.

Effective Date: This notice is effective on September 1, 2004.

**ACKNOWLEDGEMENT OF PRIVACY NOTICE AND
PERMISSION TO SHARE PERSONAL HEALTH INFORMATION**

ACKNOWLEDGMENT OF PRIVACY NOTICE

I have received a copy of the ACI Support Specialists, Inc. Rights Handbook and Notice of Privacy Practices.

Yes No Agrees but refuses/Is unable to sign – Describe: _____

NOTIFICATION OF FAMILY AND/OR OTHERS

I hereby authorize the staff of ACI Support Specialists, Inc. to disclose information to the following individuals:

NAME	RELATIONSHIP	EXCEPTIONS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Guardian/Responsible Person Signature

Date

Witness

Date



ACI Support Specialists