

LIFE HELP

ORIENTATION PACKET

Hours of Operation:

The hours for outpatient services are 8:00 a.m. until 6:00 p.m., Monday through Friday.

Hours of operation for day treatment and residential services may be obtained from the individual programs.

Payment for Services:

Payment for all services is based on a sliding fee scale. If you are unable to pay the designated amount, a request may be made to have the fee amount reduced. You might be asked to provide documentation of the reason for reduction in your fee amount.

Life Help accepts Medicaid and Medicare. Medicaid and Medicare will be filed for you. Medicare only pays for MD and Ph.D. visits. You will be expected to file your own insurance claims. Please retain a copy of your billing slip for the purpose of filing for your insurance.

Keeping Appointments:

Please call to cancel if you are unable to keep your appointment. This call will allow Life Help to put another individual in that valuable time slot.

Excessive failure will result in the closure of your case.

THE INDIVIDUAL HAS THE RIGHT TO:

1. My options within the program and of other services available.
2. The program's rules and regulations.
3. The responsibility of the program to refer me to another agency, if this program becomes unable to serve me or meet my needs.
4. My right to refuse treatment and withdraw from the program at any time.
5. My right not to be subjected to corporal punishment or unethical treatment which includes my right to be free from all forms of abuse or harassment and my right to be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience, or retaliation from staff.
6. My right to voice my opinion, recommendations, and a written grievance to result in program review and response without retribution.

7. My right to be informed of and provided a copy of the local procedure for filing a grievance/complaint at the local level or with the DMH Office of Constituency Services.
8. My right to privacy in respect to facilities, visitors in day programs, and residential programs as much as physically possible.
9. My right regarding the program's nondiscrimination policies related to HIV infection and AIDS.
10. My right to be treated with consideration, respect and full recognition of my dignity and individual worth.
11. My right to have reasonable access to the clergy and advocates and have access to legal counsel at all times.
12. My right to review my records, except when restricted by law.
13. My right to fully participate in and receive a copy of my comprehensive treatment/habilitation/service plan/plan of care. This includes: (1) having the right to make decisions regarding my care, being involved in my care planning, and treatment and being able to request or refuse treatment, (2) having access to information and my clinical records within a reasonable time frame (5) days or having the reason for not having them communicated to me; and, (3) having the right to be informed about any hazardous side effects of medication prescribed by medical staff.
14. My right to retain all Constitutional rights, except when restricted by due process and resulting court order.
15. My right to have a family member or representative of my choice notified should I be admitted to a hospital.
16. My right to receive care in a safe setting.
17. My right to confidentiality regarding my personal information involving receiving services as well as the compilation, storage and dissemination of my individual case records in accordance with the standards outlined by the Department of Mental Health and the Health Insurance Portability Act of 1996 (HIPPA), if applicable.

Additionally, rights for individuals in residential living arrangements:

18. My right to be provided means of communicating with persons outside the program.
19. My right to have visitation by close relatives and/or significant others during reasonable hours unless clinically contraindicated and documented in my case record.
20. My right to be provided with safe storage, accessibility, and accountability of the individual's personal funds.
21. My right to be permitted to send/receive mail without hindrance unless clinically contraindicated and documented in my case record.
22. My right to be permitted to conduct private telephone conversations with family and friends, unless clinically contraindicated and documented in my case record.

Release of Information Without Consent: This service provider/program/facility may, without consent, divulge information and/or contact a third party(ies) regarding the individual receiving services if there is indication, by word or action, that he/she: (1) is, or recently has been, abusing a child, or have been abused; (2) intends to physically harm another person; (3) intends to physically harm themselves; (4) if unable to provide for his/her own physical safety, including but not limited to, a medical emergency; or (5) if necessary for the continued treatment of the individual receiving services.

I understand that my healthcare information may be disclosed to Medicaid, Medicare, and/or other third party payers for the purposes of insurance eligibility determination, coverage, and payment for services.

Court Order Policy: Written information/materials regarding the individual receiving services are subject to Court Order. Should a Court Order all, or any portion of, the case records of the individuals receiving services, this service provider will submit them to court.

Third Parties: Essential information will be released for insurance purposes and to other necessary third parties including labs for testing for substance abuse.

Holidays:

Life Help observes the following holidays:

- New Year's Day
(If January 1st falls on a Saturday, office is closed on Friday. If it falls on a Sunday, office is closed on Monday)
- Martin Luther King Jr.'s Birthday
- President's Day
- Good Friday
- Memorial Day
- Independence Day
(If July 4th falls on a Saturday, office is closed on Friday. If it falls on a Sunday, office is closed on Monday)
- Thanksgiving (Thursday and Friday)
- Christmas (Christmas Eve and Christmas Day)

Life Help offers emergency coverage during all holidays. Call 662-453-6211.

Emergency Services:

Life Help offers emergency services 24 hours a day.

For Emergencies during the day, call the office in your county of residence. For afterhours emergencies, call 662-453-6211 or 1-866-453-6216.

LIFE HELP

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.

PLEASE REVIEW 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 the 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 your 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 Region VI CMHC Commission d/b/a Life Help (“Life Help”) facility.

How We May Use and Disclose Your Protected Health Information

We use and disclose PHI for a variety of reasons. We have a limited right to use and/or disclose your PHI for purposes of treatment, payment or our healthcare 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 offers more description and some 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, or with hospital and/or pharmacy entities performing ancillary services relating to your treatment, such as lab work or x-rays, or for consultation purposes, and/or community mental health agencies and consulting physicians involved in 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, the State of Mississippi Department of Mental Health and/or a private insurer to get paid for services that we delivered to you. We may release information to the Office of the Attorney General for collection purposes.

For health care operations: We may use/disclose your PHI in the course of operating our agency or other mental health/mental retardation or substance abuse programs. 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 central office or our Office of Support Services for similar purposes. Release of your PHI to a related Life Help community service organizations 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 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 Mental Health Records Not Requiring Consent or Authorization: The law provides that we may use/disclose your PHI from mental 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 the Mississippi State Department of Mental Health (MSDMH), 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 relating 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 research purposes: In certain circumstances, and under supervision of a privacy board, we may disclose PHI to our governing office research staff and their designees in order to assist medical/psychiatric research.

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 at a Life Help facility or against Life Help 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 research, audit or evaluation purposes: In certain circumstances, we may disclose PHI for research, 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 Life Help 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.

Patient Directories: Your name, location, and general condition may be put into our patient directory for disclosure to callers or visitors who ask for you by name. Additionally, your religious affiliation may be shared with clergy.

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 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 persons listed below. You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue SW, Washington D.C., 20201 or call [1-877-696-6775](tel:1-877-696-6775). 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 questions about this Notice or any complaints about our privacy practices, please contact our Privacy Officer at: Life Help, 2504 Browning, Greenwood, MS 38935-1505, telephone number 662-453-6211.

Complaint Form

DMH/OCS 5/02

Name _____ Date _____

Program/Location _____

Please describe below in detail the nature of your complaint, listing specific dates, any staff member(s) who were involved, etc. Use the back or additional forms if necessary.

Signature of Person receiving services _____

Parent/Guardian _____

For Program Use Only

Date received by Consumer Advocate/Staff	Consumer Advocate/Staff Signature
Step I: Resolution	
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Step II: Executive Director's Decision (attached)	
Step III: Review Panel Decision (attached)	

This complaint has been resolved and I agree to close the complaint. I understand that I can call the Department of Mental Health Helpline toll free at 1-877-210-8513 before, during or after I use this complaint process and that I can report any retribution or unjust consequences as a result of my filing a complaint or calling the Helpline.

Signature of Person receiving services _____

Parent/Guardian _____