

**Choice:** Individuals have the right to choose any duly licensed/certified professional for mental health and substance abuse services. Individuals have the right to receive full information regarding the education and training of professionals, treatment options (including risks and benefits), and cost implications to make an informed choice regarding the selection of care deemed appropriate by the individual and the professional.

**Determination of Treatment:** Recommendations regarding mental health and substance abuse treatment shall be made only by a duly licensed/certified professional in conjunction with the individual and his or her family as appropriate. Treatment decisions should not be made by third party payers.

**Parity:** Individuals have the right to receive benefits for mental health and substance abuse treatment on the same basis as they do any other illnesses, with the same provisions, co-payments, lifetime benefits, and catastrophic coverage in both insurance and self-funded/self-insured health plans.

**Nondiscrimination:** Individuals who use mental health and substance abuse benefits shall not be penalized when seeking other health insurance or disability, life, or any other insurance benefit.

**Benefit of Usage:** The individual is entitled to the entire scope of the benefits within the benefit plan that will address his or her clinical needs.

**Benefit Design:** Whenever both federal and state law and/or regulations are applicable, the professional and all payers shall use whichever affords the individual the greatest level of protection and access.

**Treatment Review:** To assure that treatment review process are fair and valid, individuals have the right to be guaranteed that any review of their mental health and substance abuse treatment shall involve a professional having the training, credentials, and licensure required to provide the treatment in the jurisdiction in which it will be provided. The reviewer should have no financial interest in the decision and is subject to the section on confidentiality.

#### **Accountability**

Treating professionals may be held accountable and liable to individuals for any injury caused by gross incompetence or negligence on the part of the professional. The treating professional has the obligation to advocate for and document necessity of care and to advise the individual of options if payment authorization is denied. Payers and other third parties may be held accountable and liable to individuals for any injury caused by gross incompetence or negligence or by their clinically unjustified decisions. You often do not discover what your managed care plan or health insurance plan covers until you need services. This is especially true for mental health and substance abuse treatment. You can find out what is covered by asking the benefits manager in the human resources or personnel department where you work.

**Appeals and Grievances:** Individuals have the right to receive information about the methods they can use to submit complaints or grievances regarding provision of care by the treating professional to that professional's regulatory board and to the professional association.

Individuals have the right to be provided information about the procedures they can use to appeal benefit utilization decisions to the third party payer systems, to the employer or purchasing entity, and to external regulatory entities.

While it is the intent of THI and its employees to provide quality services to the client, there may be times when one is dissatisfied with those services. He/She is encouraged to express any concerns, complaints, and grievances by using the following steps:

1. You should try to resolve any problem or grievance by first discussing it directly with the staff member involved.  
NOTE: If the nature of the problem is too sensitive to discuss with the staff member involved, then skip to step #2 and talk with the supervisor.
2. If a problem or grievance cannot be resolved after talking to the staff member, the client may request an appointment with the staff member's supervisor.
3. If the problem or grievance is not resolved, it is the supervisor's responsibility to inform the client of additional steps taken (which includes meeting with other administrators of THI).
4. He/She will receive a written response to the grievance within seven working days of the complaint. The names of the supervisors will be included in the response should the client choose to pursue the grievance.
5. He/She may appeal the response by providing specifics in writing to the appropriate supervisor.
6. The THI Clinical Directors may be contacted by calling 910-860-7008.
7. Final appeal is to the Client Right's Committee.

North Carolina Division of Mental Health / Developmental Disabilities / Substance Abuse Services [www.ncdhhs.gov/mhddsas](http://www.ncdhhs.gov/mhddsas)  
Advocacy and Customer Service Section: 919-715-3197 DHHS  
CARE-LINE: 1-800-662-7030(Voice/Spanish)

Disability Rights NC [www.disabilityrightsn.org](http://www.disabilityrightsn.org)  
2626 Glenwood Avenue, Suite 550, Raleigh, NC, 27608  
(877) 235-4210 or (919) 856-2195  
Email: [info@disabilityrightsn.org](mailto:info@disabilityrightsn.org)

# The Haymount Institute

*for Psychological Services*



## Client Rights

**Visit our Website**  
[www.HaymountInstitute.com](http://www.HaymountInstitute.com)

**Treatment:** NC General Statutes -Chapter 122C Article 31 Article 3. Clients' Rights and Advance Instruction. Part 1. Client's Rights.§ 122C-51. Declaration of policy on clients' rights. It is the policy of the State to assure basic human rights to each client of a facility. These rights include the right to dignity, privacy, humane care, and freedom from mental and physical abuse, neglect, and exploitation. Each facility shall assure to each client the right to live as normally as possible while receiving care and treatment. It is further the policy of this State that each client who is admitted to and is receiving services from a facility has the right to treatment, including access to medical care and habilitation, regardless of age or degree of mental illness, developmental disabilities, or substance abuse. Each client has the right to an individualized written treatment or habilitation plan setting forth a program to maximize the development or restoration of his capabilities. (1973, c. 475, s. 1; c. 1436, ss. 1, 8; 1985, c. 589, s. 2; 1989, c. 625, s. 7; 1997-442, s. **Civil Rights:** Individuals have the right to Privacy, Freedom of association, and freedom of cruel and unusual punishment.

Individuals have the right to marry, procreate and raise children. Individuals have a right to vote, a right to freedom of speech and expression, freedom of religious expression, right to own property, equal employment and educational opportunity.

**You have the Right** To live as normally as possible while receiving care and treatment and receive age-appropriate treatment for diagnosis. To have opportunities that enables the individual to mature physically, emotionally, intellectually, socially and vocationally to include special education and training in accordance with state and federal law.

**To be free** from unnecessary medications and for medication not to be used for punishment, discipline or staff convenience.

**Records:** Individuals have the right to obtain a copy of their treatment plan within 15 days for service. A copy will be offered to you by your clinician or you may ask for one at the front desk.

**Benefits:** Individuals have the right to be provided information from the purchasing entity (such as the employer or union or public purchaser) and the insurance/third party payer describing the nature and extent of their mental health and substance abuse treatment benefits. This information should include details on procedures to obtain access to services, on utilization management procedures, and on appeal rights. The information should be presented clearly in written language that the individual can understand.

**Professional Expertise:** Individuals have the right to receive full information from the potential treating professionals about that professional's knowledge, skills, preparation, experience, and credentials. Individuals have the right to be informed about the options available for treatment interventions and the effectiveness of the recommended treatment.

**Contractual Limitations:** Individuals have the right to be informed by the treating professional of any arrangements, restrictions, and/or covenants established between the third party payer and the treating professional that could interfere with or influence treatment recommendations. Individuals have the right to be informed of the nature of information that may be disclosed for the purpose of paying benefits.

### **Confidentiality**

Individuals have the right to be guaranteed the protection of the confidentiality of their relationship with their mental health and substance abuse professional, except when laws or ethics dictate otherwise. Any disclosure to another party will be time limited and made with the full written, informed consent of the individuals.

Release/disclosure of information may only occur with an authorization or consent unless it is an emergency or for other exceptions as detailed in G.S. or 164.512 of HIPAA.

You have the Right to only release minimum information necessary for coordination of care and services.

A facility/physician/other individual responsible for evaluation, management, supervision, or treatment of individuals examined or committed for outpatient treatment may request, receive, and disclose confidential information to the extent necessary to enable them to fulfill their responsibilities.

Professionals may disclose confidential information when there is an imminent danger to the health or safety of the individual or another individual or there is a likelihood of the commission of a felony or violent misdemeanor.

Professionals may exchange confidential information with a physician or other health care provider who is providing emergency medical services to an individual. Disclosure of the information is limited to that necessary to meet the emergency as determined by the professional.

Professionals may disclose advance instruction for mental health treatment or confidential information from an advance instruction to a physician, psychologist, or other QP when it is determined that disclosure is necessary to give effect to or provide treatment in accordance with the advance instruction.

A facility may disclose confidential information to a provider of support services under written agreement in which the provider acknowledges that he/she will safeguard and not further disclose the information. Disclosure of confidential information is permitted when there is reason to believe that the individual is eligible for financial benefits through a facility in order to establish financial benefits. After receiving benefits, the consent of the individual or LRP is required for further release of confidential information.

Professionals may release confidential information to the referring physician or psychologist.

Professionals shall provide the next of kin/family member/designee with notification of the individual's diagnosis, the prognosis, the medications prescribed (dosage and side effects) and the progress of the individual, provided that the individual or his or her legally responsible person has consented in writing or orally in the presence of a witness selected by the individual, prior to the release of this information. Both the individual's and/or the legally responsible party's consent and the release of this information shall be documented in the individual's service record. This consent shall be time limited and is subject to revocation by the consenting individual.

In response to a written request of the next of kin/family member/designee who has a legitimate role in the therapeutic services

offered, the provider shall: (1) Provide the information requested based upon determination that providing this information will be to the individual's therapeutic benefit, and provided that the individual or his or her legally responsible party has consented in writing to the release of the information requested; or (2) Refuse to provide the information requested based upon the responsible professional's determination that providing this information will be detrimental to the therapeutic relationship between the individual and professional; or (3) Refuse to provide the information requested based upon the responsible professional's determination that the next of kin/family member/designee does not have a legitimate need for the information requested. A facility may disclose confidential information to persons responsible for conducting general research or clinical, financial, or administrative audits if there is a justifiable documented need for this information. A person receiving the information may not directly or indirectly identify any individual in any report of the research or audit or otherwise disclose an individual's identity in any way.

A facility shall disclose confidential information of an individual to an attorney upon the request of the competent adult or the legally responsible person.

An LME may share confidential information regarding any individual with network providers regarding treatment, payment, and healthcare operations.

For the purposes or activities for which confidential information may be disclosed include, but are not limited to, quality assessment and improvement activities, provider accreditation & staff credentialing, developing contracts and negotiating rates, investigating and responding to grievances and complaints lodged by individuals receiving services, evaluating practitioner and provider performance, auditing functions, on-site monitoring, conducting satisfaction studies, and collecting and analyzing performance data.

Individuals shall not be required to disclose confidential, privileged, or other information other than diagnosis, prognosis, type of treatment, time and length of treatment, and cost.

Entities receiving information for the purposes of benefits determination, public agencies receiving information for health care planning or any other organization with legitimate right to information will maintain clinical information in confidence with the same rigor and be subject to the same penalties for violation as is the direct provider of care.

Information technology will be used for transmission, storage, or data management only with methodologies that remove individual identifying information and assure the protection of the individual privacy. Information should not be transferred, sold, or otherwise utilized.