

Be aware of overloaded electric circuits and Extension cords.  
Extinguish all candles before leaving the house or before  
bedtime.

Don't smoke in bed. If you smoke and want to quit, please ask  
our staff for a smoking cessation program referral.

Install smoke detectors.

Add a home fire extinguisher.

Prepare a fire-escape plan and with all household members  
participating in regular 'escape' drills.

**OTHER HOME SAFETY RECOMMENDATIONS:**

Store flammable liquids in well-vented storage spaces, not  
prone to extreme temperatures, and well vented and out of  
the reach of children.

Keep all cleaning chemicals, herbicides, other poisons out of  
reach of small children, in tamper-proof cabinets or under lock  
and key.

**North Carolina Poison Control**  
**1-800-222-1222**

**PERSONAL SAFETY:**

Home

-Be sure to keep all doors and windows locked, with dead-bolt  
locks on all exterior doors.

-Use a security bar to thwart sliding door break-ins.

-Install carbon monoxide detectors.

**WEATHER SAFETY:**

Vehicle

-Pack emergency gear in trunk including jumper cables, water  
bottles, blankets, change of clothes/gloves, rain poncho, nonperishable  
snacks, cell phone charger

-Maintain full gas tank/EV charge/cell

-Regular automobile maintenance

**Stay Aware of your surroundings**

**National Suicide Prevention Lifeline**

**1-800-273-8255**

**NC Suicide Prevention Lifeline**

**988**

**Daymark Crisis Dispatch Line**

**1-866-275-9552**



**CONSUMER RIGHTS**

A right is something the law says you are allowed to do. It is important to us to make  
sure that you are aware of your rights and that your rights are being respected.

Following is a list of your rights as a consumer of DAYMARK Recovery Services.

Our policy is to assure the rights of each consumer served. As a consumer of DAYMARK  
Recovery Services you have the:

- ✓ Right to be treated well and have your privacy respected, and freedom from mental  
and physical abuse, neglect, financial and other exploitation, retaliation or  
humiliation;
- ✓ Right to live as normally as possible while receiving care and treatment;
- ✓ Right to culturally competent treatment, including access to medical care and  
habilitation, regardless of age or degree of mental health or substance abuse  
services needed;
- ✓ Right to a personalized and culturally appropriate service plan that focuses on your  
goals, needs and abilities, strengths, preferences, and cultural background and  
needs;
- ✓ Right to have this plan in place within 15 days of admission to DAYMARK Recovery  
Services;
- ✓ Right to exercise the civil rights available to all citizens unless these rights have  
been limited by a court of law including access or referrals to legal entities, as well  
as self-help and advocacy support services.
- ✓ Right to confidentiality. This means that no one has access to your identity or  
health information without your written permission, except in special situations  
that are defined in the DAYMARK Recovery Services Notice of Privacy Practices;
- ✓ Right to services that are best suited for your age, level of need, and cultural  
background;
- ✓ Right to be completely informed in advance of the potential risks and benefits of  
different service choices;
- ✓ Right to be free from unnecessary medication, punishment and abuse;
- ✓ Right to be free from physical restraint and seclusion (except as followed by policy/  
procedure);
- ✓ Right to have written transition plan if you participated in the transition plan  
development.

- ✓ Right to consent to or refuse any service you have been offered unless: (a) in an emergency situation (b) if service was ordered by the court or (c) you are under 18 years old, and your legally responsible person gives permission, even if you object. Refusal or expression of choice may pertain to service delivery, release of information, concurrent services, composition of the service delivery team and/or involvement in research projects, if applicable.

**CONSUMER RESPONSIBILITIES**

A responsibility is something that you agree to do to the best of your ability. Some of your important responsibilities include, but are not necessarily limited to the following:

Respecting the rights and property of other consumers and DAYMARK staff;

- ✓ Working toward your goals on your service plan;
- ✓ Communicating and cooperating with DAYMARK staff by giving us all the facts that are important to your care, including information about other doctors you are seeing;
- ✓ Keeping all scheduled appointments; Clients need to be on time for their scheduled appointments, if they are late the appointment may need to be rescheduled.
- ✓ Paying for services according to your own financial plan or insurance company;
- ✓ Informing staff of any medical conditions or communicable diseases;
- ✓ Requesting a copy of your service plan through your primary clinician, if you so desire;
- ✓ Requesting a discharge plan by the program you are attending, if you so desire.
- ✓ Use of Tobacco Products: The use of all tobacco products (including smokeless tobacco products) is strictly prohibited inside and on premises of DAYMARK facilities, as well as vehicles owned or operated by DAYMARK.
- ✓ Weapons on Premises: DAYMARK prohibits the possession of ANY weapons on DAYMARK premises. If weapons are found in the possession of consumers, proper law enforcement authorities may be notified.
- ✓ Prescribed Medication on Premises: Prescribed medication or other legal drugs brought onto DAYMARK premises must be used only as directed by the person for whom the medication is prescribed and must be kept under tight personal control. No sharing, trading or selling of medication, prescribed or not, is permitted on DAYMARK premises.
- ✓ Alcohol or illicit substances on premises: The possession/use of alcohol or any illicit substance is prohibited on DAYMARK'S premises. DAYMARK reserves the right to confiscate these substances and inform the proper law enforcement authorities. Illegal substances that are confiscated will be turned over to the proper law enforcement authorities and consumers will be subject to prosecution.

When you are admitted into our programs you may be given a list of more responsibilities. These will be explained to you during intake and you will be asked to sign them. This will be filed in your medical record.

- information without your authorization.
- 2. Although your health information is the physical property of DAYMARK Recovery Services, the information belongs to you. You have the right to request, in writing, certain uses and disclosures of your health information.
- 3. If you sign a written authorization allowing us to use and disclose your health information in a specific situation other than this Notice, you may, at any time, revoke or cancel your authorization in writing, and we will stop any use and disclosure of your health information which would occur after we receive your written cancellation. But we cannot cancel any disclosures that were made before we received your written cancellation.
- 4. You may request restrictions on the use and disclosure of your health information outlined in this Notice; however, we are not required to comply with your request.
- 5. You have the right to request, in writing, to review and receive copies of your health information. There may be a charge for making copies of your requested health information. There are certain situations where we will be unable to grant your request to review records.
- 6. You have the right to request, in writing, to amend existing information that is part of your health information. There are certain situations where we will be unable to grant your request to amend the health information.
- 7. You have the right to request, in writing, a list of disclosures we have made regarding your health information. There are certain exceptions that apply.
- 8. You must provide authorization for any disclosure that constitutes the sale of protected health information.
- 9. You must provide authorization for any use of protected health information for marketing purposes.
- 10. You have the right to be notified when a breach of your unsecured protected health information has occurred.
- 11. You have a right to request, in writing, to be contacted at a different address or phone number or other appropriate ways about your health information or bills. We will grant your request if reasonable.

Safety at Home:

**FIRE PREVENTION**

Keep the area around indoor heaters clear.  
 When cooking and leaving kitchen make sure oven and stove controls are in 'Off' position. Unattended Cooking is the #1 cause of home fires.  
 Enclose any open fires, pot-bellied stoves.  
 Fire places and chimneys should be professionally cleaned regularly, preferably once every year.

*care, this document can be helpful when the person is unable to make medical decisions for him/herself. It may also be referred to as a health care proxy or a medical power of attorney. It names someone who represents the person's wishes. Unlike the living will, which usually is limited to terminally ill patients, this document applies whenever the person is unable to make medical decisions.*

**Advance Instruction for Mental Health Treatment** – [NC General Statute 122C-72 (1)]  
*Advance instruction for mental health treatment or advance instruction means a written instrument signed in the presence of two qualified witnesses who believe the person to be of sound mind at the time of signing, and acknowledge that before a notary public. In this document, the person gives instructions, information, and preferences regarding mental health treatment.*

You have the right to share your current advance directives with your DAYMARK providers or to request assistance or referral so that you can develop advance directives for your care.

**DISABILITY RIGHTS – NORTH CAROLINA**

If at any time you feel that you cannot get the information or help you need in our facility, you can get help with your rights by calling the Disability Rights North Carolina at (800) 821-6922 or (877) 235-4210.

**NOTICE OF PRIVACY POLICY**

**Our Responsibilities**

We are required to protect the privacy of health information about you and that identifies you, which we call Protected Health Information (PHI), and provide you with a Notice of our legal duties and privacy practices associated with your health information. We must protect health information that we have created or received about your past, present, or future health condition, health care we provide to you, or payment for your health care. We are only allowed to use and disclose health information in the manner described in this Notice. We will provide you a paper copy of this Notice prior to or the first time you receive a service from us. We reserve the right to revise or change the terms of this Notice at any time and to make the new revisions effective for all health information we maintain. We will provide you a copy of this Notice whenever there are changes to this Notice by:

- Posting the revised notice in our offices;
- Making copies of the revised Notice available upon request (either at our offices or through the Consumer Advocate listed in this Notice); and
- Posting the revised Notice at our website.

**Your Rights**

1. Other than the uses and disclosures described in this Notice, OR ALLOWED BY APPLICABLE STATE AND FEDERAL LAWS, we will not use or disclose your health

**YOUR RIGHTS IN A 24-HOUR FACILITY**

**The following are rights for Adults and Minors (should you or a family member require hospitalization) who reside in a program that is operated 24 hours a day in, addition to previously cited rights:**

- ✓ Right to receive necessary service for the prevention of physical ailments based upon your condition and projected length of stay;
- ✓ The right to have, as soon as practical during service or habilitation, but not later than the time of discharge, an individualized written discharge plan containing recommendations for further services to enable you to live as normally as possible;
- ✓ Right to send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary (The facility will make limited postage available to consumers who need assistance);
- ✓ Right to contact with, at your own expense and at no cost to the facility, legal counsel, private physicians and private MH/DD/SA professionals of your choice;
- ✓ Right to contact and consult with a consumer advocate. DAYMARK staff will provide the names of advocates and/or advocacy agencies as available upon request;
- ✓ Right to a quiet atmosphere for uninterrupted sleep during scheduled sleeping hours;
- ✓ Right to be provided areas accessible to you for personal privacy, for at least limited periods of time, unless determined inappropriate by the service/habilitation team;
- ✓ Right to suitably decorate your room, or portion of a multi resident room, with respect to your choice, normalization principles, and with respect for the physical structure. The facility you live in may establish written policies and justifications that limit this right in certain circumstances such as resource limitations and for special admissions;
- ✓ Right to dignity, privacy and humane care in the provision of personal health, hygiene and grooming care. Such rights shall include, but need not be limited to the:
  - » Opportunity for a shower or tub bath daily, or more often as needed;
  - » Opportunity to shave at least daily (supervision may be required);
  - » Provisions of linens and towels, toilet paper and soap for each consumer and other individual personal hygiene articles for each consumer without insurance and/or income. (Such articles include but are not limited to toothpaste, sanitary napkins, tampons, shaving cream and shaving utensil)
  - » Bathtubs or showers and toilets which ensure individual privacy; adequate toilets, lavatory and bath facilities equipped for use by persons with mobility impairment.

**SEARCH AND SEIZURE**

It is your right to be free from unwarranted invasion of privacy and you will have access to private living and/or storage areas for your personal belongings.

Your private space may only be searched if staff has reasonable cause to believe that a policy or facility rule or a state or federal law has been broken. Every search and seizure shall be documented in your medical record. Attempts will be made to contact your legally responsible person, if applicable, prior to any search except when staff has a reasonable suspicion that you may have in your possession an item or substance that makes for a dangerous situation to you or others and this danger renders prior notice impractical. The legally responsible person will always be notified following a search and/or seizure.

### SUSPENSION AND EXPULSION

You have the right to receive services without the threat of fear or unwarranted suspension or expulsion from any facility/service operated by DAYMARK Recovery Services. When you receive services from any program within DAYMARK Recovery Services you will receive information on situations that may warrant suspension or expulsion from services. You will be asked to sign that you have received this information. If you are suspended or expelled from services you will receive, in writing, the reasons why; each infraction or incident that led up to suspension/expulsion to include the date, time, circumstances and severity of the incident; what changes have been made to your services to try and avoid the suspension/expulsion, the date and time that your services will terminate; the time and conditions for resuming services, if this is possible, and alternative services that staff feel may meet your needs. If you are taking medications, staff will help you make arrangements to continue receiving this medication.

### SERVICE/SERVICE PLANS

You will have the opportunity to participate in planning services that you will be involved in. Your input will be an important part of this process. The service plan will be developed when you begin services and will be reviewed annually and can be revised at any time. This culturally appropriate plan will include goals that you and your team have decided on and outlines the services that you will receive that year. You have the right to request a copy of this plan any time by contacting your therapist.

### FOLLOW UP FOR MANDATED REFERRALS

Mandated could include court-ordered and/or a child/adult protective case which requires we release information with or without their permission. In the case of a mandated referral, and only with your signed consent to release information, DAYMARK personnel will follow-up with your referral source to communicate information about your:

- \* Appointment times
- \* Service recommendations
- \* Attendance and participation
- \* Progress in services
- \* Date of Discharge

### CONCERNS, COMPLAINTS, AND GREIVANCE PROCESS

**We want to know...**If you have a question, concern, suggestion, or complaint, please feel free to tell us. You may call, write, complete a satisfaction survey or follow the complaint and grievance process in this brochure. Our staff is committed to addressing your concerns. Bringing a question, concern, suggestion or complaint to our attention will not result in retaliation or barriers to services.

**Tell us...**Tell someone as soon as possible. The first person to tell is your therapist, but any staff person will help you. Staff and managers will listen to you and will try to solve the problem. If you are not satisfied, you can appeal to the next level manager.

**Tell your therapist...**If you have a complaint or concern we encourage you to discuss this with the therapist responsible for your care. **You must let this person know you are accessing the Formal Complaint/Grievance Procedure**, if your wish to follow this process. The complaint or concern does not have to be written. The clinician responsible for your care will talk with you about your concern or complaint. He or she will give you a response no later than (5) working days of the meeting or telephone conference. If your complaint is about this person, begin with the next step.

**Appeal to the center management...**If you are not satisfied with the results of the complaint to your assigned therapist, you may appeal your complaint to the Center Director. This must be done within ten (10) days of receiving the response from the therapist or case manager responsible for your care. You may do this by notifying the therapist and she/he will notify the Center Director that you want to appeal further. Again, your complaint does not have to be in writing.

**Discuss your concerns with the Center Director...**The Center Director will meet with you and consider your complaint or concern within seven (7) days. He or she will respond to you in no more than five (5) days.

**Time Frames:** The time frames given are maximum time limits intended to allow for absences of key staff at any point during the complaint/grievance process. Our staff is committed to a timely response to your questions, concerns, or grievance. Every effort will be made to address your concern as quickly as possible.

### ADVANCE DIRECTIVES

*You have the right to advance directives in your health care and treatment.*

Advance directives allow you to plan ahead for your own care in the event a time comes when you cannot speak for yourself. This is one way that you can make sure that your providers know what you want to happen.

#### These are 3 different types of advance directives:

**Living Will** – All competent adults have the right to make decisions in advance about issues such as life support when it is clear that death is imminent or a state of coma becomes permanent. With a living will in place, the legally responsible party can make sure that the person's wishes are honored.

**Health Care Power of Attorney** – Also known as a durable power of attorney for health