

Alabama

**A D M H**

Department of Mental Health

# Mary Starke Harper Geriatric Psychiatry Center

## Patient and Family Handbook



**115 Harper Court  
Tuscaloosa, Alabama 35401  
205-366-3010  
[www.mh.alabama.gov](http://www.mh.alabama.gov)**



## **A Message from the Leadership:**

The leadership for the Alabama Department of Mental Health is very concerned about new research which shows that persons with serious mental illness have a 25 year shorter life span than the general population. This shortened life span may result from health risks, health care access issues and behaviors that worsen the outcomes from common health problems such as hypertension, chronic lung disease and diabetes. Our department has developed a comprehensive health initiative to address this important issue. Research has shown that tobacco use is a major contributor to chronic illnesses and death from these illnesses.

Our leadership is pleased to inform you that after thorough review of health care data and national trends related to tobacco use and tobacco free environments, the decision was made for all of the inpatient psychiatric facilities and campuses operated by the department to become tobacco-free, including the Mary Starke Harper Geriatric Psychiatry Center. The facility became tobacco free on January 4, 2010. This created a tobacco-free environment for patients and staff. As health care organizations, we are committed to the health and safety of our employees and patients. We believe that we have the responsibility to take a leadership role on this major health issue. Almost half of U.S. state mental health systems have implemented these changes with great success.

Consider the following facts:

- People with serious mental illness die 25 years younger than the general population due largely to conditions caused or worsened by smoking.
- Smokers with schizophrenia spend more than one-quarter of their total income on cigarettes.
- Tobacco use interferes with psychiatric medications.
- Although more than two-thirds of smokers want to quit, only 3% are able to quit on their own. They are far more successful with the kind of help we will be offering.
- Even highly addicted smokers with mental illness can quit and are more likely to succeed with a combination of medications and behavioral therapy.
- The Environmental Protection Agency (EPA) labels secondhand smoke as a “Class A” carcinogen placing it in the same category as asbestos and arsenic.
- Inhaling secondhand smoke immediately increases your risk of developing heart disease.
- Each year, more than 50,000 non-smoking Americans will die from disease and illness related to secondhand smoke exposure.
- The US Surgeon General has concluded that 100% smoke-free policies are the only way to completely eliminate secondhand smoke exposure in the workplace, and that air cleansing or air filtration systems cannot protect nonsmokers from the toxic chemicals found in secondhand smoke.
- Tobacco use is the leading cause of preventable death in the United States.

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## **Introduction**

This handbook is designed to help patients, their families and/or legal representatives understand the policies of the Mary Starke Harper Geriatric Psychiatry Center. All policies and practices of the Harper Center are designed to support and protect the rights of each patient as a person, a citizen and a health care consumer.

The Harper Center is a psychiatric hospital operated by the Alabama Department of Mental Health for persons ages 65 and older who are experiencing complications due to a serious mental disorder. The Harper Center is not a long-term care facility but is an acute care psychiatric hospital. A patient length of stay in our facility is generally a short-term. Our goal is to stabilize the acute psychiatric symptoms and discharge to the community as soon as possible. The facility is designed and operates to provide effective, efficient and compassionate treatment with the goal of improving the patient's quality of life. An active daily treatment program tailored to each individual's unique health care needs is designed for each patient with the primary goal of restoring and maintaining the patient's optimal level of functioning. This is done while insuring each patient's safety and attending to their physical health. Additionally, the facility has as its mission to educate all caregivers and enhance community based care for the elderly.

The Harper Center was established in February 1996, in a new building constructed specifically for this purpose. It is a unique hospital one of very few in the nation. The facility is located in Tuscaloosa, Alabama.

The Harper Center is accredited by the Joint Commission and complies with all federal, state and local laws, codes and/or regulations. It is certified for participation in the Medicare and Medicaid programs. The facility is an equal opportunity employer with all employment practices governed by the rules and regulations of the State Personnel Department of Alabama and State of Alabama Department of Mental Health. All employees of the Harper Center must meet the legal requirements of licensure, certification and/or registration of their occupation.

## **Who is Mary Starke Harper?**

Dr. Mary Starke Harper, whose name the facility is honored to bear, is a native of Alabama and nationally recognized as a pioneer advocate for improving the quality of care for people with mental illnesses. She began her long career of public service shortly after graduating from Tuskegee University's School of Nursing. She continued her education in psychiatric nursing and then earned a doctorate in clinical psychology.

Dr. Harper spent more than 50 years teaching, advocating and influencing the regulations that govern the care and treatment of people with mental illnesses. She retired in December 1994 from the National Institute of Mental Health after fifty-three years with the federal government. Dr. Harper actively participated in the operation of the Harper Center while continuing to lecture and consult until her death in 2006.

## **Organizational Ethics Statement**

It is the responsibility of every member of the Harper Center community, including administration and medical staff as well as other employees, to act in an ethical manner. Underlying all aspects of the daily operation of the Harper Center is our overall commitment to provide quality treatment; to act with integrity in all our activities; and to convey to the patients, employees and many constituents we serve the utmost respect and consideration

The Harper Center staff recognizes each patient as an individual with unique health care needs, respects each patient's personal dignity, honors patient wishes regarding end of life care including any properly executed advance directives, offers a commitment to pain management and provides considerate, respectful care designed for the patient's individual needs. Patients and/or their significant others are involved in education about and decisions regarding the care provided to the extent that is practical and possible. We also seek to inform all patients and/or their significant others about therapeutic alternatives and risks associated with the care they are seeking. We constantly strive to understand and respect their objectives for care.

In all circumstances, we treat patients with dignity, respect and in a courteous manner that acknowledges their background, culture, values and heritage.

## **Admission Criteria**

The Harper Center admits only those patients for whom adequate care and treatment can be provided.

Criteria for admission are:

1. Patients ages 65 and older with a serious mental illness who cannot receive appropriate care in the community, whose symptoms are expected to improve with inpatient treatment and who are sufficiently medically stable to benefit from inpatient psychiatric hospitalization.
2. A patient should manifest serious symptoms or fail outpatient therapy. Serious symptoms are defined as psychiatric manifestations producing clear and present threats to self or others that would meet criteria for involuntary commitment.

Outpatient failure indicates that the use of standard outpatient treatment modalities did not or would not provide significant symptom reduction to allow continued community or residential placement.

3. Patients ages 65 and older who have dementia with serious psychiatric behavioral complications and fail outpatient therapy as defined in Criteria 2 above.
4. Uncomplicated dementia, uncomplicated mood disorders, anxiety disorders, adjustment disorders, bereavement, paraphilias and other non-psychotic disorders are excluded from admission unless the patient specifically meets Criteria 1 - 3.
5. Patient's whose primary diagnosis is personality disorder, intellectual disability, substance use disorder or dependence are not appropriate candidates for admission.



## **Plan of Care**

Each newly admitted patient receives a comprehensive evaluation. This evaluation includes a thorough physical examination, psycho-geriatric assessment, nursing assessment, nutritional assessment and psychosocial assessment. The primary purpose of the evaluation is to determine the patient's present condition, any limitations on his/her activities, and the problems and strengths that will be important to his/her treatment and care at the facility. The treatment team includes a psychiatrist, social worker, registered nurse and/or licensed practical nurse, nurse practitioner, mental health worker, dietitian and recreational therapist, all specially trained to care for the elderly. This multidisciplinary team develops a treatment plan designed specifically to meet the needs of the individual patient. This plan includes orders for specific treatment to be provided (i.e., medications, diets, etc.), any restrictions of activities, and other services designed to improve the patient's functioning and quality of life. Patients are encouraged to attend and participate in the treatment planning conference.

Social workers inform family members of the date and time scheduled for the treatment planning conference and encourages them to attend and participate or provide information by phone if unable to attend. If the patient does not have a relative, the patient advocate is invited to participate. Each patient's treatment plan is reviewed and changed as needed.

## **Services Available**

The Harper Center has available a wide range of services and activities designed to meet the individual needs of its patients. Each patient is assigned to a Treatment Team led by a psychiatrist.

Units are staffed around the clock with nursing personnel who see to the daily needs of the patients, including assisting and/or supervising each patient's personal grooming and hygiene while taking all measures necessary to ensure the safety and well-being of all. Issues related to a patient's refusal to maintain hygiene and personal grooming needs are observed and taken under consideration by the treatment team and action taken as deemed appropriate. Medical care is provided by a medical team that includes the staff physicians and nurse practitioners. It is further enhanced by the many

specialists who are available as needed to see the patient.

*Physicians are not in the facility 24 hours a day, 7 days a week. However, on call physicians are available outside of normal working hours.*

There are social workers on staff who are ready to talk with family members and to assist with the overall treatment of the patient. The recreation staff provides a variety of therapeutic activities designed to meet each patient's individual needs and preferences. Other major areas of treatment emphasized at the facility are family counseling and education, group therapy with particular emphasis on maintenance of social skills, individual therapy and behavior management programs, and religious services.

## **Family Involvement**

The concern and involvement of a patient's family is an important aspect of the overall treatment and care provided at the facility. We urge the family and/or legal representative to stay in frequent contact with the patient's social worker to make the staff aware of any questions and concerns and to provide the staff with information needed for the proper treatment and care of the patient. It is vital to the patient's adjustment and daily comfort that the staff know of any particular likes and/or dislikes that patients may have. Frequent contact by family members and friends is welcomed and encouraged. The social worker will contact the next of kin or legal representative when the treatment plan is being developed and each time it is reviewed. At this time families are given an update on the patient's current condition and care and encouraged to participate in the treatment process. They are invited to attend all treatment planning meetings.

## **Release**

Patients who improve to the level that they no longer need the psychiatric hospital services provided at the Harper Center will be released to an appropriate, less restrictive, community living arrangement. This release could be to live independently with a family member, group home, foster home, community nursing home or to one of the many other living arrangements available in the community. In the event that a nursing home is the chosen placement for the individual after psychiatric stabilization, but the

family does not have preparations made for this transfer to a nursing home, the social worker will assist the family in a transfer back home to the family. At the time of release the family caregiver and community provider are given information and consultation to assist with the patient's transition to the community.

The Harper Center maintains an agreement that provides appropriate treatment in a community hospital for patients who become physically ill. The patient's next of kin or legal representative will be notified of such a transfer if it becomes necessary.

The staff of the facility will make arrangements for him/her to be returned or to be placed in a more appropriate facility, such as a community nursing home, when discharged from the community hospital.

There are three questions commonly asked by families prior to discharge:

***1. What is the likelihood of the patient repeating dangerous behaviors after discharge?***

Psychiatry is an inexact science with respect to this question. Therefore, we cannot guarantee future behavior. Patients are released after a reasonable period of stable behavior, as determined by standards common in the mental health field.

***2. We feel that he/she will fail to do well outside the hospital. Why can't the patient be kept in this facility indefinitely?***

All patients at Harper Center must have active treatment. They must meet criteria set by Medicare, Medicaid or other insurance. It is imperative the Harper Center discharge patients who meet the goals set by the treatment team. The fact that the patient may have failed to stay long in the community after discharge in the past is no barrier to future discharge. Changes will be made to the new treatment plan as feasible to prevent relapse. However, patients who are committed to state facilities represent a hard-to-treat population. A certain percentage of patients will be hospitalized repeatedly. This is no different from a brittle diabetic who gets hospitalized in a medical hospital a couple of times a year.

### **3. Why can't the patient be discharged closer to the family?**

It is our goal to discharge patients as close to families as feasible. The majority of the time this is, in fact, what we do. However, there are times when this is not possible. The closest facility may not have a bed available within a reasonable period of time. Sometimes the closest facilities may not be willing to deal with the patient's current level of behaviors while other sites are willing to do so. At other times, facilities will refuse a patient based on something that the patient did in the past. The social worker, may with great difficulty, finally find a place that will accept the patient. In these situations, it should be remembered that this is a temporary measure. Once a bed becomes available at a closer facility, families can transfer their family member. The family may relocate their family member closer to home when a placement becomes available. This would be the responsibility of the family. To assist you in this effort, the telephone numbers of various placement facilities may be given to you at discharge per your request. It is easier to transfer a resident from a nursing/group home/assisted living facility to another, rather than from a hospital, such as the Harper Center. By then, the patient has demonstrated that they can do well away from the hospital.

## **General Information**

### **Clothing**

Patients at the facility wear their own clothes. Each patient will bring with him/her to the facility an adequate supply of washable clothing. Staff in the marking room inventory each patient's clothes and mark them with the patient's name. Whenever families bring clothes to the Harper Center, they should request that the clothing be given to the marking room staff to inventory. The facility has a laundry that will launder each patient's clothing and return them to him/her or the patient may choose to do his/her own laundry in washers and dryers available in each unit. When a patient needs additional clothing, his/her family will be asked to provide it, clothing will be bought with the patient's money, or it will be provided by the facility if the patient is totally without funds. The facility is not responsible for lost clothing items. Patients, family and friends are asked not to bring expensive clothing

to the facility for the patient. Each piece of clothing will have the patient's name printed on it to allow for easy identification when it is returned from the laundry. Mary Starke Harper has good condition used clothing that may be given to a patient and may even be sent with the patient at time of discharge as needed.

Family members should check with the patient's social worker before bringing clothing as some types of clothing are inappropriate for the patient's condition and/or the daily activities of the patients. If a patient has too much clothing or clothing that is inappropriate, the family will be asked to remove it as the facility does not have space to store unusable clothing.

### **Personal Possessions**

Patients are encouraged to keep and use their own personal toiletry items. As with clothing, staff will make arrangements for each patient to have the items needed. Some items such as razors, sharp items, glass containers and certain types of toiletries are unacceptable. Therefore, as with clothing, it is best to check with the social worker before bringing such items to a patient. Patients are encouraged to bring family pictures, books, etc., to make their living area more suitable to their personal tastes. However, please do not bring one-of-a-kind family possessions of great sentimental value as they could be lost, and the facility cannot be responsible for lost items.

The facility cannot be responsible for things of value such as rings, watches, radios and other personal possessions. The facility is not responsible when a patient does not release their money to us for safe keeping in the bank or when having money in their possession. Small amounts of money are issued to a patient due to the possibility of them misplacing their money and the facility is not responsible for any loss. Family members are advised to keep valuable items at home for the patient. For privacy and safety reasons, patients are not allowed to have a personal cigarette lighter or matches, television, stereo, tape recorder, camera, cellphone or other appliances without special permission from the facility director.

### **Visiting**

Patient's family and friends are encouraged to visit often, as long as it does not interfere with a patient's treatment and care. Visitors must obtain a

pass from the Mary Starke Harper Administrative office staff from 8:00-4:30 Monday – Friday and from the Staffing Office Personnel at all other hours. A visitor’s pass must be obtained for each visit. Please refer to page 39 of handbook for visitor slip information that you will be asked to complete each time at visitation. Patients have the right to refuse to see anyone who comes to visit. Please do not give food to patient without checking with a nursing staff member. “No food items will be accepted for storage on the Unit. Food items brought must be consumed during visit”. Visitors are expected to behave responsibly and at all times to respect the rights of other patients and visitors. Suggested visiting hours are 8:00 a.m. - 8:00 p.m. seven days a week. The grounds of the facility are well cared for and the patients, staff, and visitors are encouraged to use these areas during good weather. With approval of the treatment team, a patient may visit on the grounds, or go out on a pass with his/her family per order of the psychiatrist. A patient should never leave the visiting area and/or the grounds without permission from a member of the treatment team.

### **Pets**

Pets are allowed to visit at the Harper Center with prior approval of the treatment team and facility director/designee. Verification of current rabies and vaccine is required.

### **Medication**

The physician prescribes medication for the patients at the facility. It is given to them by the RN or LPN as prescribed by the physician. Family members are asked not to bring any medications that the patient was taking prior to admission to the facility as we can not administer those to the patient and they will be discarded. The patient must not take any medication except that prescribed by the physician for him/her. Visitors must not give a patient any medication nor allow a patient to drink an alcoholic beverage as it will react with the prescribed medication and could make the patient very sick.

### **Infection Control and Prevention**

The vision of the Harper Center’s Infection Control Program is to maintain a clean, safe and infection-free environment, and to ensure the delivery of efficient, effective and appropriate care for any infectious care needs of the

elderly mentally ill; and educate staff, patients and families in the prevention of infections.

***What we do at the Harper Center to Prevent and Control Infections:***

- Environmental rounds are conducted on a routine basis so as to cover all patient care areas to ensure a clean, safe and infection free environment.
- Ongoing education is provided about the principles and practices of maintaining an infection free environment for patients, hospital staff, licensed independent practitioners and visitors.
- Vaccines, if applicable, are offered to all patients and staff for prevention of infection.
- TB skin tests are given to all new patients and again annually to test for exposure to tuberculosis. The Harper Center's staff, as applicable, are tested initially and annually thereafter for prevention.
- Vitals signs and change in status are monitored per protocol and patients suspected of infections are examined by the medical team and provided treatment as applicable.
- Infections and their trends are tracked by the infection control nurse and the Performance Improvement Department and overseen by the medical staff.
- We follow Joint Commission and other regulatory requirements regarding infection control.

We care about preventing infection and avoiding the spread of germs, not only while you are in the hospital, but when you go home as well. Your recovery and good health are important. For this reason, it is important to follow the following steps to help prevent infection and avoid the spread of germs that could infect you or others.



## **Cover your Cough or Sneeze**

1. Turn away from other people before coughing or sneezing.
2. Cover your mouth and nose with a tissue when you cough or sneeze. Discard tissue in the trash.
3. If you do not have a tissue, cough or sneeze into your upper sleeve, not your hands.
4. You may be asked to put on a surgical mask to protect others.
5. Always wash your hands after coughing or sneezing.

## ***Clean Your Hands - Hand Washing is the Number One Way to Prevent the Spread of Germs and Infection***

### **1. When to wash your hands:**

- Whenever hands are visibly soiled
- Before and after meals
- Before touching your mouth, nose or eyes
- After contact with blood or body fluids, using the restroom, touching animals, changing diapers, or touching garbage.
- After blowing your nose, sneezing or coughing.

### **2. Proper Procedure for Hand Washing**

- Wet your hands with warm water. Use liquid soap if possible. Apply a nickel or quarter size amount of soap to your hands.
- Rub your hands together until soap foams a lather and then rub all over the areas around and under the fingernails.
- Continue rubbing your hands for at least 20 seconds or more (Imagine singing the “Happy Birthday” song twice).
- Rinse your hands well under running water.
- Dry your hands using a paper towel.
- Turn the faucet off with a paper towel.



### **3. Proper Use of Hand Sanitizers**

- Use hand sanitizer that contains at least 60% alcohol for routine hand hygiene only if your hands are not visibly soiled.
- Apply the hand sanitizer to the palm of one hand (Read the label for the correct amount).
- Rub your hands together until they are dry, making sure the sanitizer covers every area on your hands and fingers.
- It should take about 15 seconds to rub your hands dry. If not, you did not apply enough hand sanitizer.

***Hand Hygiene Saves Lives: Don't Give Bacteria a Free Ride. Washing your Hands with Soap and Water is One of the Best Ways to Prevent Infection.***

*Information taken from CDC (Center for Disease Control & Prevention) and APIC (Association For Professionals in infection Control & Epidemiology, Inc)*

## **Telephone Calls**

While telephones in the offices are for business use, pay phones are located throughout the facility for everyone's use. The number for the Harper Center is 205-366-3010. The staff member answering will connect you with the patient's social worker or will take your name and number if you wish to talk with a patient. The patient will be given an opportunity and any assistance necessary to return your call. Patients have the right to refuse to talk to anyone on the phone.

## **Personal Mail**

Patients are able to send and receive mail unless contraindicated for therapeutic or security reason as documented in their treatment plan. Incoming mail is delivered unopened to the social worker for disbursement to the patient Monday through Friday except holidays. Mail is opened by the patient in the presence of staff to assure that no contraband items are enclosed. Contraband items are given to the marking room by staff to return to sender. Any food items mailed will be returned to sender. Food cannot be kept nor stored on the unit. The facility cannot be responsible when money is mailed directly to the patient (patients have the option of depositing the money into their account or keeping it in their possession). The unit staff also ensures that outgoing mail is sent unopened each weekday except holidays. Writing materials and postage are provided by the patient or, if indigent, by the facility.

A patient's mailing address is:

### **(Patient's Name)**

Harper Center

P.O. Box 21231

Tuscaloosa, AL 35402

## **Patient Accounts**

Each patient in the facility has an account in the Business Office. This account is much like a bank account and the patient can check out money to spend for his/her personal needs. The patient or family can deposit money into a patient's account by coming by the Business Office or mailing a check or money order (**do not send cash**) made out to the Harper Center with the patient's name and Social Security number to:

## **Patient Funds**

Harper Center

P.O. Box 21231

Tuscaloosa, AL 35402

However, if you are visiting and would like to leave money after normal business hours, such as in the evenings, on the weekends, or on holidays, you must leave the money with the nursing supervisor to place in the safe until the facility business office staff takes to the facility bank.

## **Complaints**

Any suggestions, concerns or complaints by the patient, the family or legal representative should be made to the patient's social worker or to administration. If you are not satisfied with the response to your concern, an additional procedure is outlined at the end of this handbook.

## **Payment for Services**

Each patient is expected to pay for his/her care and treatment based upon his/her financial ability to pay.

A monthly rate is established that includes room and board, laundry, medication, professional staff services, and routine care and treatment. Patients at the facility are eligible for third party payments, including Medicare and Medicaid.

Arrangements for payment are made with the patient, family and/or legal representative at the time of admission. Questions concerning the rate charged, methods of payment, etc., should be addressed to the facility's business manager.

## **Tour Groups**

As a state hospital, the Harper Center is open to the public by appointment. Volunteers, student interns and tour groups visit the facility regularly. These visitors are informed of the importance of each patient's confidentiality and patients are given an opportunity to leave the area before a tour group arrives if they prefer.

## **Food and Drug Administration (FDA) and use of atypical antipsychotics in the elderly**

Atypical antipsychotics include medications like Abilify, Clozapine, Geodon, Risperdal, Seroquel and Zyprexa. According to the FDA, elderly patients with dementia and behavioral problems who receive these medications have an increased risk for mortality in comparison to individuals who are treated with sugar pills (4.5 percent versus 2.6 percent). Patients died from many causes including heart failure, sudden death and infections, as well as other health problems. The FDA combined multiple studies that were conducted over the last decade. The FDA offered no alternatives or suggestions on how to manage severely behaviorally disturbed demented patients and did not discuss the fact that other medications that are commonly used to help these patients such as Ativan, Haldol, Prolixin, etc., may be more toxic to the patients.

The FDA emphasizes that the atypical antipsychotics are not specifically indicated for the aged patient with this type of psychiatric problem. However, there are many published scientific studies that support the use of these medications to lessen the patient distress and behavioral complications produced by dementia. The FDA approval of a medication for a specific problem requires that the drug company complete an expensive, time consuming procedure.

ADMH facilities like the Harper Center only use medications where scientists have performed clinical-use studies that show the medication is effective in treating the specific condition, for example, aggression produced by Alzheimer's disease.

*The department does not use experimental medications or conduct experimentation on patients. We adhere to specific treatment guidelines described in scientific literature and use treatment commonly practiced in the community.*

We carefully examine the risks-benefit ratio for the use of three medications in patients, and when prescribed we believe that the benefit from the drug outweighs the potential risk produced by administering the medications. We use as little medicine as possible in older persons. We use a variety of multidisciplinary interventions, including behavioral interventions and only use medications for specific reasons or indications. Medications are reviewed on a regular basis to ensure that they are effective and safe or that the risk-benefit ratio supports treating the symptoms of the patient. We are happy to discuss this matter with you when needed. Please feel free to contact the physician through the social worker at 205-366-3010 and attend the treatment planning conferences

### **Falls and Assaults**

These are two unwanted events that occur frequently in inpatient geriatric behavioral units. They cannot be eliminated and our goal is to reduce the frequency and limit the degree of injury to the extent possible. Families need to be aware that very often, treating one condition increases the rate at which the other occurs.

- Fall management starts with a complete physical exam at admission, diagnosis and treatment of both medical and psychiatric conditions and referral to physical therapy and/or occupational therapy services when needed. A fall risk assessment is done at admission and periodically thereafter. All instances of falls are reviewed daily. It is to be noted that psychiatric medications increase the risk of falling. Medications are reviewed and reduced or changed when feasible. A person with dementia is eight times more likely to fall. Individuals in general who are elderly have an increase risk of falling. Safety equipment is used when a patient will cooperate, particularly for multiple fallers. These may include helmets, hipsters, alarms, low-beds, wheelchairs, etc.

- Harper Center does not use restraints as a mechanism to manage a patient with a fall risk. Restraints are used primarily as a time-limited intervention for aggressive behaviors that involve self-injurious behaviors such as hitting head on wall deliberately, etc.
- Management of Assaults: It must be noted that most patients committed to the Harper Center are sent here for assaultive behaviors. More often than not, they have failed treatment at other facilities. When assaultive patients are stabilized, they are discharged and new aggressive patients take their place. Hence, this is an issue that we struggle with daily. The staff at the Harper Center work very hard to reduce the frequency of patient assaults. It should be remembered that staff members are even more likely to be victims than co-patients. All instances of assaults are reviewed daily. The management of assaults starts with a psychiatric and medical evaluation. Co-morbid conditions like pain that may contribute to behaviors are treated. Psychiatric management includes medication and referral to activities based on patients capacity, and may include group therapy, recreation therapy and individual interventions. Closer observation is ordered when required.
- Falls and assaults are quality indicators that are reviewed by various independent surveyors like the Joint Commission and the Harper Center has continually maintained its accreditation.

## Patient Rights

While at the Harper Center, the right of all patients to a quality life that supports independent expressions, decision-making and action will be actively safeguarded by all staff. The facility's policies and procedures are designed to ensure this protection. If a patient is unable to exercise his/her rights, his/her legal representative or next of kin may act on his/her behalf. In addition, ADMH has an Office of Rights Protection and Advocacy from which an advocate is assigned to monitor the rights of patients at the facility.

### ***A Patient's Civil, Legal and Personal Rights include:***

- 1. Be informed About Your Rights** - Staff should inform you of your rights, but if they do not or if you have any questions, please call your advocate.
- 2. Due Process**- Your rights cannot be taken away without justification.
- 3. File a Writ of Habeas Corpus** - If you believe that you are being held at the facility illegally, you have the right to file a petition for a Writ of Habeas Corpus with the attorney of your choice.
- 4. Complain** - If you feel as your rights have been violated, you should notify staff or your advocate.
- 5. Legal Competency** - You have the right to be treated as a legally competent individual unless a court has determined that you are not.
- 6. Safe and Humane Environment** - You have the right to receive services in an environment which is safe, clean, and where staff treat you respectfully.
- 7. Protection from harm** - You should not be physically or mentally abused or neglected by staff.
- 8. Privacy / Confidentiality** - Your treatment should be conducted in a respectful manner, and your privacy should be maintained.
- 9. Freedom of Movement** - You should not be unnecessarily restrained or restricted in your manner.
- 10. Personal Possessions** - You have the right to wear your own clothing. You do have the right to keep your personal possessions. However,

there may be some restrictions placed on what can be brought to the place where you receive services.

- 11. Communication and Social Contacts** - You have the rights to have visitors, use the telephone, and send and receive mail. The program may have some established guidelines and appointed times for you to observe while exercising this right.
- 12. Religion** - Should you wish to practice a religion, you have the right to do so. You also have the right to choose not to practice any religion.
- 13. Confidentiality of Records** - Records of your treatment and care should be kept confidential.
- 14. Not to Perform Labor** - You should not be forced to perform any type of labor as a condition of your participation in services or without adequate compensation.
- 15. Disclosure of Services Available** - When you have been admitted, you should be informed of the cost of the care and services you will receive.
- 16. Pain Management** - You have the right to an appropriate assessment and management of pain.



## ***A Patient's Treatment Rights include:***

- 1. Quality Treatment** - You have the right to receive quality treatment and care from trained professionals, regardless of your age, sex, national origin or handicap.
- 2. Individualized Treatment** - Your treatment plan should be designed just for you. It should be based on your individual abilities, needs and wishes. Please notify social work staff of any special needs you may have.
- 3. Participation in Treatment** - You should be allowed to actively participate in your treatment and care while in the facility.
- 4. Least Restrictive Conditions** - You should receive the least restrictive treatment and be placed in the least restrictive settings necessary and available for your treatment and care.
- 5. Research and Experimentation** - You have the right to refuse to participate in research and experimental projects while in the facility and to review that decision periodically. If you choose not to participate, it will in no way effect the quality of your care.
- 6. Informed Consent**- Your voluntary, written, informed consent should be obtained for treatment, care and services you receive. However, if you are committed by a court for treatment, involuntary treatment can be performed following guidelines outlined by ADMH.
- 7. Discharge** - You have the right to be discharged in order to receive more extensive medical care, for your own welfare, for the welfare of other patients, or for treatment and care in a less restrictive, more appropriate setting. Except in an emergency, you will be given ample notice prior to discharge.
- 8. Refuse Treatment** - You have the right to refuse medical or surgical treatment and the right to formulate advance directives.

## **Information About Advance Directives**

In 1990, Congress passed a law requiring healthcare providers to notify all adult patients of their rights to make decisions about their medical care. You have a right to accept or refuse medical treatment, and we hope the following information will be helpful to you in making such decisions.

**Please note that:** You are not required to have an advance directive (living will), and your decision whether or not to have one will in no way affect the level of care you receive. All adult patients are being asked whether or not they have an advance directive. This has no connection with your reason for admission.

### ***What are your rights regarding medical treatment?***

Under the law, you have the right to make decisions to either accept or refuse medical treatment. Should you become so ill you cannot indicate your wishes, then these decisions would be made by your family, together with our healthcare providers, and in some instances maybe even a judge.

However, there are two ways you can determine in advance the type of medical treatment you do or don't want. These are called advance directives and they include living wills and a durable power of attorney.

### ***What is a living will?***

A living will is a written document that states what type of medical treatment you would want or not want should you become terminally ill and unable to indicate your wishes. It covers things like artificial breathing, pacemakers and other procedures which could prolong the dying process.

It does not include comfort measures like pain medication. Living wills take effect when two doctors have determined that your condition is not curable, and death is certain.

### ***What is a durable power of attorney?***

A durable power of attorney is a legal document through which you give another person power to act on your behalf. Using such a document can allow someone you trust to make healthcare decisions for you in the event that you are unable to. You can either give this person the right to make all decisions he/she feels are necessary, or he/she can be instructed to only

use a list that you have developed. You should be very specific with your instructions. Also, the person you choose should be someone, like a family member or friend, who knows you well and would know what you would want done. It should probably not be your doctor or another healthcare worker.

***Once you have decided what you want:***

Talk this over with your family and your physician, so everyone knows in advance of your feelings regarding your healthcare treatment.

Put everything in writing and have it witnessed. Alabama's law includes a sample living will for you to use. However, if you would like to create a durable power of attorney, you should probably get legal advice.

Give copies of your written requests to your family, friends, healthcare providers, attorney and anyone else you think might need one. If you are admitted to a healthcare facility, be sure to take with you a copy of your advance directive to include in your medical record.

The Harper Center has a Natural Death Form that needs to be signed by you or a qualified representative and two physicians to enable proper facilitation of advance directives. A copy of this form is available at the end of this booklet.

***What if I change my mind?***

Should you change your mind, you can make this known in one of the following ways: Tell your physician. Destroy your written document(s). Write your change, sign and date it.

Tell someone about your decision to change. This person should then write down your wishes and make sure your physician and other healthcare workers are aware of the change.

***What if I document my wishes according to Alabama laws, but I am hospitalized in another state?***

Because states have individual laws governing the use of advance directives, this could pose a problem. While having something in writing is helpful, providers are under no obligation to follow your wishes if they don't comply with state laws. Therefore, if you spend a good bit of time in another state,

you may want to check with your attorney to see if your advance directive would be effective in that state or if you need a modified version.

***Do I have to have an advance directive?***

No. Advance directives are simple ways of letting your healthcare providers and your loved ones know what you would want should you be unable to tell them. You will receive the same quality healthcare at our facility regardless of whether or not you have a living will or durable power of attorney.

***What is this hospital's policy regarding the enforcement of advance directive?***

All ADMH facilities including the Harper Center will honor advance directives that do not breach any state laws. When you are admitted, you will be given the opportunity to have any advance directives recorded in your medical record. You will not be denied healthcare based upon whether or not you have an advance directive nor will the quality of the care you receive be based upon whether or not you have an advance directive. We do have staff members who can more fully explain advance directives to you. In the event you change your mind and wish to create or destroy an advance directive, that is allowed and you should notify a healthcare worker as soon as you make this decision.

***Where can I get additional information on advance directives?***

Two good sources of information are your attorney or a religious leader of the faith of your choice. Another possible source of information is the patient advocate. In the event you do not have an attorney, you can call the Alabama State Bar Association Lawyer Referral Services. The statewide number is 1-800-392-5660.

[Information provided by the ADMH]

## **Patient Responsibilities**

Realizing that the freedom to exercise rights carries with it the need to accept some responsibilities, the following list of responsibilities is expected of each person who is receiving care at the Harper Center, within the limits of his/her abilities. If a patient is unable to assume these responsibilities, his/her legal representative or next of kin should act on his/her behalf.

1. Provide, to the best of your knowledge, accurate and complete information regarding your medical history including: present and past illnesses, medication, hospitalizations, the existence of a living will or other advance directive, etc.
2. Be responsible for your actions should you refuse treatment or do not follow instructions.
3. Be familiar with and follow the rules and regulations governing your care and conduct.
4. Attend scheduled activities and keep appointments.
5. Be considerate of the rights of others.
6. Be respectful of the property of others and of the facility.
7. Take an active part in planning for your treatment/habilitation program and discharge planning.
8. Ask questions when you do not understand instructions, treatment, etc.
9. Help take care of and clean up your living area.
10. Help keep yourself clean and dressed.
11. Obey the laws which apply to all citizens.

## Rules of Conduct

In the interest of safety and treatment, each patient, visitor and staff member must follow these rules in the Harper Center:

1. The Harper Center is a tobacco-free facility. Tobacco is not allowed on campus.
2. Do not bring firearms, ammunition, knives, or other weapons into the facility or onto the grounds.
3. Do not use alcoholic drinks.
4. Do not use drugs or medications not prescribed by the treating physician.
5. Do not gamble.
6. Do not use profane, loud or abusive language, or take part in other kinds of disorderly conduct.
7. Do not lend or borrow money (with employees or other patients).
8. Do not give things to employees.
9. Do not damage, barter, sell, abuse or destroy facility property.
10. Do not enter visitors' or employees' cars.
11. Do not take pictures with cellphones, cameras nor videotapes inside the facility without permission from the director.

Each patient, his/her family and/or legal representative will be provided a copy of this Patient and Family Handbook to explain the operation of the Harper Center, the services to be provided to each patient, and the rules and regulations that apply. The social worker or any of the facility staff will be available to discuss with the patients, their families, and/ or legal representatives the information provided in this book or any other issues relevant to the good care and treatment of the patients.

At any time, the advocate or the department's Office of Rights Protection and Advocacy is available to talk with the patient and/or his/her interested family member should either have questions or need to know more about rights. We are pledged to safeguarding your human dignity and right to safe and humane conditions.

## **How to File a Complaint**

If you feel your rights, as outlined in this handbook, have been violated and you have not been able to resolve the problem with the social worker or the facility director, you should contact the patient advocate for the Harper Center at phone number 205-366-3010 or 205-366-3110, the Office of Rights Protection and Advocacy at phone number 1-800-367-0955.

*Note: If you wish to use an attorney of your choice or take other legal action about your complaint, you may do so without fear of harm, discharge, etc.*

## **Safety First**

The safety and well-being of our patients, staff and visitors is a priority. Safety First is a proactive program in which patients, family members and friends are encouraged to become actively involved in reporting any potentially dangerous situations of which they may become aware or any suggestions they may have for improving safety. Any knowledge of situations or conditions that may jeopardize safety should be reported to staff for follow-up by the facility director.

## **Speak Up: Help Prevent Errors in Your Care**

Everyone has a role in making behavioral health care safe - including administrators, psychologists, social workers and counselors. Behavioral health care organizations across the country are working to make safety a priority. You and your family members or significant other can also play a vital role in making behavioral care safe by becoming active, involved and informed members of the care team.

An Institute of Medicine report has identified the occurrence of medical errors as a serious problem in the health care system. The IOM recommends, among other things, that a concerted effort be made to improve the public's awareness of the problem.

The Speak Up Program, sponsored by the Joint Commission, urges individuals to get involved in their care, treatment or services. Such efforts to increase consumer awareness and involvement are supported by the Centers for Medicare and Medicaid Services. This initiative provides simple advice

on how you, as the individual being served, can make your care a positive experience.

To help prevent health care errors, individuals are urged to “Speak Up.”

**1. *Speak up if you have questions or concerns, and if you don't understand, ask again.***

- Your well being is too important to worry about being embarrassed if you don't understand something that your direct care staff tells you.
- Don't be afraid to ask about safety.
- Don't be afraid to tell your direct care staff if you think you are about to receive the wrong medication.
- Don't hesitate to tell the behavioral health care professional if you think he or she has confused you with another individual.

**2. *Pay attention to the care you or your loved one is receiving. Make sure you're getting the right treatment, care or services by the right behavioral health care professionals. Don't assume anything.***

- Tell your direct care staff or their supervisor if something doesn't seem quite right.
- Know what time of day you normally receive a medication. If it doesn't happen, bring this to the attention of your direct care staff.
- Make sure your direct care staff confirms your identity, that is, asks your name, before he or she administers any medication.

**3. *Educate yourself about your / your family member's or significant other's treatment, care or service plan.***

- Ask direct care staff about their qualifications.
- Gather information about your / your family member's or significant other's condition or problem from people who have had similar experiences. Good sources include direct care staff, the library, respected web sites and support groups.
- Write down important facts direct care staff tells you, so that you can look for additional information later. Ask the staff if they have any written information you can keep.



- Thoroughly read all forms and make sure you understand them before you sign anything. If you don't understand, ask the staff to explain them.

**4. Ask a trusted family member or friend to be your advocate.**

- Your advocate can ask questions that you may not think of while you are under stress.
- Your advocate can also help remember answers to questions you have asked and speak up for you if you cannot.
- Review consents for treatment, care or service with your advocate before you sign them and make sure you both understand exactly what you are agreeing to.
- Make sure your advocate understands the type of treatment, care or services you will need when you get home. Your advocate should know what to look for if your needs change and whom to call for help.

**5. Know what medications you take and why you take them.**

***Medication errors are the most common health care mistakes.***

- Ask about the purpose of the medication and ask for written information about it, including its brand and generic names. Also, inquire about the side effects of the medication.
- If you do not recognize a medication, verify that it is for you. If you're not well enough to do this, ask your advocate to do this.
- Whenever you are going to receive a new medication, tell your doctor about allergies you have, or negative reactions you have had to medications in the past.
- If you are taking multiple medications, ask your doctor or pharmacist if it is safe to take those medications together. This holds true for vitamins, herbal supplements and over-the-counter drugs, too.
- Make sure you can read the handwriting on any prescriptions written by your doctor. If you can't read it, the pharmacist may not be able to either.

**6. Use a behavioral health care facility, program or service that has undergone a rigorous on-site evaluation against established, state-of-the-art quality and safety standards, such as that provided by the**

### ***Joint Commission.***

- Ask about the behavioral health care organization's experience in serving people with your needs, problem or condition.
- If you have more than one behavioral health care facility, program or service to choose from, ask your primary care provider which one offers the best care for your needs.
- Before you leave the behavioral health care facility, ask about continuing treatment, care or services and make sure you understand instructions on how to access follow-up treatment, care or services.
- Go to Quality Check at [www.jointcommission.org](http://www.jointcommission.org) to find out whether your behavioral health care organization is accredited.

### ***7. Participate in all decisions about your treatment, care or service. You are the center of the behavioral health care team.***

- You and your direct care staff should agree on the steps and anticipated time frame of your treatment, care or service.
- Know who will be taking care of you and the expected goals or outcomes of your treatment, care or service.
- Speak up about your personal goals. These may be in addition to the goals and outcomes outlined by your care or service providers.
- Keep copies of your plan of care, treatment and services with you.
- Don't be afraid to seek a second opinion. If you are unsure about the nature of your condition and the best treatment, care or service, consult with one or two additional specialists. The more information you have about the options available to you, the more confident you will be in the decisions made.

# Notice Of Information Practices

## Alabama Department of Mental Health

Effective Date: April 14, 2003

### *For your Protection:*

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

### *Your Health Information is Private:*

Similar to a visit you make to a general hospital, physician, dentist, or other health care provider, the Alabama Department of Mental Health (also known as ADMH and “the department”) likewise obtains information about you. In addition to the typical information obtained such as your health history, current symptoms, examination and test results, diagnoses, medications and treatment, the department may also obtain psychiatric, social and other information. This information, often referred to as your medical record, serves as a basis for planning your care and treatment, communicating with health professionals who contribute to your care, and as a means by which you or a third-party payer can verify that you actually received the services that were billed on your behalf.

We will not use or disclose your health information without your or your authorized designee’s authorization, except as described in this notice or as otherwise required by law. The department understands that information we collect about you and your health is personal. Keeping your health information private is one of our most important responsibilities. The department is committed to protecting your health information and following all laws regarding the use of your information.

You have the right to discuss your concerns about how your health information is shared. Federal law says:

- I. The department must keep your health care information from others who do not need to know it.

2. You have the right to request that the department not share certain health care information. In some instances, the department may not be able to agree to your request. See “Your Legal Rights” section for additional detail.

### ***Who Sees and Shares Your Health Information?***

Based on regulatory consent, or in some cases with your written consent, we will use your health information for treatment. For example, physicians, physicians’ assistants, nurses, therapists, social workers, counselors or other members of your health care team will record information in your medical records to diagnose your condition and determine a plan of treatment and care for you.

The primary caregiver will give orders and document treatments he or she expects other members of the health care team to provide. Those other members will then document the actions they took and their observations. In that way, the primary caregiver will know how you are responding to treatment.

We may also provide other health professionals who treat you, provide second opinions, or others who may treat you with copies of your records to assist them with your treatment/care.

### ***Could Your Health Information be Released, or Seen by Others, without Authorization or Permission?***

Based on regulatory consent, we will use your health information for payment purposes. For example, we may send a bill to you or to a third-party payer, such as Medicare, Medicaid, an insurance company, and/or the state of Alabama that will include information that identifies you and may show tests provided, opinions of such tests, your diagnosis, or recommended treatment, treatment received, supplies used and the like.

Based on regulatory consent, we will use your health information for health care operations. For example, members of the staff and other authorized agents of the department will use information in your health record and other documents related to your safety and treatment to assess the care and outcomes in your case and the competence of the caregivers. We will use this information in an effort to continue to improve the quality and

effectiveness of the health care and services that we provide to you, and the environment in which they are provided.

We may obtain assistance from, and through, others to provide health care and other services for your benefit. Examples include other physicians, hospitals, diagnostic tests, second opinions, a copy service to make copies of medical records, a transcription service to transcribe medical information dictated by health care professionals into your medical record and the like.

The department operates video surveillance cameras and tapes activity in common areas on an ongoing basis to help ensure a safe environment. The department also contracts with others to provide food, housekeeping, pest control, maintenance, repairs, cost reports, legal defense, and the like who may happen to see you and or information about you while performing the required services. When we obtain or request assistance from others, we require them to protect your information.

Other examples of disclosures include, but are not limited to:

1. Emergencies, such as when you or your designee cannot assist with your treatment.
2. To your family and/or friends who are involved in your health care. We will share your health information as needed to enable them to help you unless you tell us in writing that we cannot.
3. Disclosure to health oversight agencies. We are legally required to disclose specific health information to certain federal and state agencies, accreditation and certification entities and/or organizations.
4. Disclosures to child protection agencies.
5. Other disclosures that include, but are not limited to:
  - a. Pursuant to a court order
  - b. To public health authorities
  - c. To law enforcement officials in some circumstances
  - d. To correctional institutions regarding inmates
  - e. To federal officials for lawful activities
  - f. To coroners, medical examiners, and funeral directors
  - g. To researchers involved in approved research projects

## ***Confidentiality of Alcohol and Drug Abuse Client Information.***

If you are receiving alcohol or drug abuse services from the department or its facilities, information that would identify you as a person getting help for a substance use disorder is protected under a separate set of federal regulations known as Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.P.R. Part 2. Under certain circumstances, these regulations provide your health information additional privacy protections beyond those that have already been described.

While there are exceptions, in general, information identifying you as someone with a substance use disorder cannot be shared without your written authorization (see second paragraph below). For example, before your substance abuse health related information can be released to family, friends, law enforcement, judicial and corrections personnel, public health authorities, and/or other providers of medical services, we are required to ask for your written authorization.

The regulation, 42 C.P.R. Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records, does, however, allow a health care provider to report suspected child abuse or neglect. Child abuse and neglect authorities may also pursue a court order to obtain the information without your or your designee's written permission.

As stated above, there are exceptions to the use of your health information. One exception is court orders that require release of your health information. Additionally, your health information may be released to entities and individuals so you can receive appropriate services, so that you can be transferred to a more appropriate environment (e.g., out-placed), and so that the department may receive payment.

This includes, but is not limited to, volunteers and staff within the department (e.g., data management, accounting, quality assurance, performance improvement and contractors), as well as to those outside the department such as hospitals, doctors, community mental health, community intellectual disability, and community substance use disorder programs; qualified and approved persons conducting reviews, audits, analyses, and/or evaluations of your program to ensure that you receive necessary and

appropriate services (e.g., the Joint Commission, contractors, approved researchers, etc.).

In those instances where you or your designee authorizes us to release your substance use disorder related health information, the release will be accompanied with a notice prohibiting the individual or organization receiving your health information from re-releasing it unless permitted under the regulations 42 C.P.R., Confidentiality of Alcohol and Drug Abuse Patient Records.

Thus, in general, before specific information pertaining to the care you are receiving for your substance use disorder may be released, you/your designee must authorize the release in writing.

### ***What if my health information needs to be sent somewhere else?***

For certain other releases, you/your designee may request or be asked to sign a separate form, called an Authorization Form allowing your health care information to go somewhere else. The Authorization Form tells us what, where and to whom your information may be sent. You/your designee can later cancel or limit the amount of information sent at anytime by letting us know in writing. A fee will be charged for the copies made to comply with your request.

### ***May I See my Health Information?***

You have the right to see your record. We will allow you to review your record unless a clinical professional determines that it could create a risk of harm to you or someone else, or negatively affect your treatment. If access is denied, you may submit a written request to have the denial reviewed by another clinician with comparable qualifications.

If another person provided information about you to our clinical staff in confidence, that information may be removed from the record before it is shared with you. We may also delete any protected health information in your record about other people. You will be provided with copies as specified in your written request. You will be charged a fee for the copies.



## ***Your Legal Rights***

- **Right to request alternate communications.** You/your designee may request, in writing, that communication to you outside the facility, such as reminders, bills or explanations of health benefits be made in a confidential manner. We will accommodate reasonable requests, in writing, as long as you provide a means for us to process any required payment transactions.
- **Right to request restrictions on use and disclosure of your information.** You/your designee have the right to request restrictions, in writing, on our use of your protected health information for particular purposes, or our disclosure of that information to certain third parties. Although we are not obligated to agree to a requested restriction, we will consider your request.
- **Right to revoke an Authorization.** You/your designee may revoke a written Authorization for us to use or disclose your protected health information. The revocation will not affect any previous use or disclosure of your information. Your revocation must be in writing.
- **Right to “amend” your health information record.** If you/your designee believe your record contains an error, you may ask in writing that correct or new information be added. If there is a mistake, a note will be entered into your record to correct the error. If not, you will be told and allowed the opportunity to add a short written statement to your record explaining the reason you believe the record is not accurate.

This information will be included as part of your record and shared with others if it might affect decisions they make about your treatment. You may ask, in writing, that the corrected or new information be sent to others who have received your health information from us. The right to “amend” is not absolute. In certain situations, such as when the information came from someone else, we cannot change their information or work.

- **Right to an accounting.** You/your designee have the right to an accounting (e.g., a listing) of the non-routine disclosures of your protected health information made to third parties. This does not include disclosures



authorized by you, or disclosures that occur because of treatment, payment, health care operations or as required by law. Federal law requires us to provide an accounting (listing) of non-routine disclosures that occur after April 14, 2003. Information only about the non-routine disclosures occurring after April 14, 2003; must be maintained for six years. Thus, non-routine disclosures will not be maintained after six years. Note: disclosures requested by law enforcement authorities that are conducting a criminal investigation will not be reported or accounted for. Your request for an accounting must be in writing.

### ***May I Have a Copy of This Notice?***

You may have and keep a copy of this notice.

### ***Questions: How Do I Request or Obtain Your Access to My Information or How Do I Request an Accounting?***

If you/your designee have questions, want to make or revoke an Authorization, request an amendment, request copies, request access to your information, or request an accounting of non-routine disclosures of your information, you or your designee should contact your facility's advocate for information and referral or contact your facility's privacy officer. Information to contact these individuals is readily available in the admissions area and from the staff in your area.

To make or revoke an Authorization, request an amendment, request copies, request access to your information, or to request an accounting, you or your designee must submit the request in writing.

If you feel that your privacy rights have been violated or you want to make a complaint, you or your designee should contact your facility's advocate for information and referral, or your facility's privacy officer.

Information to contact these individuals are readily available in the Admissions area and from the staff in your area.

You may also complain to the federal government by writing to:

Secretary of Health and Human Services  
200 Independence Ave., SW  
Washington, DC 20201

or by calling the United States Office of Civil Rights at 866-627-7748.

### ***What if This Notice of Information Practice Changes?***

The department reserves the right to make changes to this Notice of information Practices. If there are important changes made and you are still in one of the department's facilities, you or your designee will get new notice within sixty (60) calendar days of the change.

### **Five Points to Remember**

1. Read your rights in this handbook carefully. If you have questions about them, ask your social worker or your advocate to explain.
2. Read your responsibilities and the rules of conduct in this handbook carefully and make sure you do what is expected of you.
3. Cooperate with your advocate. Your advocate will make sure your rights are respected.
4. Do not feel threatened when reporting violations of your rights and be sure to report them as soon as they happen.
5. Cooperate with staff and others providing your treatment and care because they care about helping you. You play the most important role in making your treatment successful.

Harper Center Patient / Family Handbook  
Revised 03/2017

**Mary Starke Harper Geriatric Psychiatry Center  
VISITOR'S SLIP AND INVENTORY LIST**

(Please Print)

Original: Unit Staff  
Yellow: BHPD  
Pink: Visitor

<b>Issued by:</b>		<b>Date:</b>	<b>Time:</b>
<b>PATIENT INFORMATION</b>			
<b>Patient's Last Name:</b>		<b>First:</b>	
<b>Patient's #:</b>		<b>Unit:</b>	
<b>Visitor's Last Name:</b>		<b>First:</b>	
<b>Street Address:</b>		<b>Home Phone # : (    )</b>	
		<b>Cell Phone # : (    )</b>	
<b>City:</b>		<b>State:</b>	<b>ZIP Code:</b>
<b>Name of Visitor:</b>		<b>Relationship to Patient:</b>	<b>Package:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Name of Visitor:</b>		<b>Relationship to Patient:</b>	<b>Package:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Name of Visitor:</b>		<b>Relationship to Patient:</b>	<b>Package:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Name of Visitor:</b>		<b>Relationship to Patient:</b>	<b>Package:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>WILL YOU VISIT THE PATIENT?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>WILL THIS BE AN OFF CAMPUS VISIT?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>POLICE DEPARTMENT AND UNIT STAFF USE ONLY</b>			
<b>Item Description/Comments on Item</b> (Please make sure each item is listed and initialed by the unit staff for confirmation of items).		<b>Initial</b>	<b>Influenza Risk Evaluation</b> (Please respond to each of the following questions indicating yes or no).
			Have you traveled anywhere flu has been reported during the last 2 weeks? <input type="checkbox"/> Yes <input type="checkbox"/> No
			Have you had close contact with an ill person with a history of recent travel to areas where flu has been reported? <input type="checkbox"/> Yes <input type="checkbox"/> No
			<b>Do you currently have any of the following symptoms:</b>
			Do you have a fever (>100°F)? <input type="checkbox"/> Yes <input type="checkbox"/> No
			Productive cough? (Does anything come up when you cough?) <input type="checkbox"/> Yes <input type="checkbox"/> No
			Sore throat? <input type="checkbox"/> Yes <input type="checkbox"/> No
			Diarrhea and/or vomiting? <input type="checkbox"/> Yes <input type="checkbox"/> No
			*Muscle joint aches or pains? <b>(may visit if no other symptoms noted)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SIGNATURES</b>			
<b>Patient's Signature ( if applicable):</b>			<b>Date:</b>
<b>Visitor's Signature:</b> (Signature verifies that <b>ALL</b> items brought to the patient and Influenza Risk Evaluation have been disclosed).			<b>Date:</b>
<b>Unit's Signature and Title/Position:</b>			<b>Date:</b> <b>Time:</b>
<b>Note disposition of any items returned to visitor or Bryce Police Department:</b>			
<p align="center"><b>Mary Starke Harper Center Visiting Hours</b></p> <p align="center"><b>Daily 8:00 am to 8:00 pm</b></p> <p><i>Visitors must show a valid photo ID. Children under age 19 must have prior approval of treatment team to visit and be accompanied by an adult at all times.</i></p> <p><b>MHC-G071 Form Established: June 2009</b></p>		<p><b><u>Food items brought for patients must be approved by the Unit staff and consumed during visit.</u></b></p> <p><b>If you would like to leave MONEY for a patient after business hours, it should be given to the Bryce Police Department or sent to the address below with patient's name.</b></p> <p align="center"><b>Mary Starke Harper Center Business Services P.O. 21231 Tuscaloosa, AL 35402</b></p>	



**CONFIDENTIAL**  
**Unauthorized Disclosure or Copying is Prohibited**

MARY STARKE HARPER  
GERIATRIC PSYCHIATRY CENTER  
115 Harper Court  
Tuscaloosa, AL 35401  
(205) 366-3010

EMBOSSER CARD

## NATURAL DEATH FORM

Page 1 of 2

**In the event of cardiac or respiratory arrest this is an authorization to withhold (or if initiated) to discontinue cardiopulmonary resuscitation, also known as DNR [Do Not Resuscitate]**

Complete the steps in the relevant column below and sign:

<p><b>A. For patients currently CAPABLE of informed consent:</b></p> <hr/> <p>Signature of Patient</p> <hr/> <p>PRINT NAME</p> <hr/> <p>DATE</p> <hr/> <p>Signature of Witness</p> <hr/> <p>PRINT NAME</p> <hr/> <p>DATE</p> <p><i>Once above signatures completed, physicians are to complete below</i></p>	<p><b>B. For patients that do NOT have capacity for informed consent but have a previously existing Living Will filed in the medical record showing that NO Health Care Proxy has been named to make decisions:</b></p> <p><i>The Living Will is to be reviewed and if a DNR, the physicians are to complete below.</i></p>	<p><b>C. For patients that do NOT have capacity for informed consent but have an existing <u>Agent</u> such as: a Health Care Proxy named in a Living Will to make decisions, a Guardian, a Durable Power of Attorney for Health Care or a *Qualified relative ----- <b>Go to the next page</b></b></p> <p><i>[If patient is incapable of informed consent and has NO advance directive and NO qualified relative can be located: <u>guardianship</u> needs to be sought]</i></p>
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\*Qualified relative in the following priority: spouse-unless legally separated or party to divorce, reasonably available adult children, parent/s, adult sibling, nearest living adult relative. [If consent given by phone, write 'phone consent' on signature line on the next page and fill in name and date]

**NAME TERMINAL/IRREVERSIBLE CONDITION/S:** \_\_\_\_\_

**PSYCHIATRISTS' STATEMENT:** I have a bona fide physician/patient relationship with this patient. I have documented on the status of the patient's capacity for health care decisions. I attest that he/she has a terminal condition/s and that he/she or a person authorized to consent on the patients behalf has directed that resuscitation procedures be withheld or withdrawn in the event of cardiac or respiratory arrest.

\_\_\_\_\_  
*Physician Signature*                      *Print Name*                      *Date*

**SECOND PHYSICIAN'S OPINION:** I, the undersigned physician, attest that this patient has a terminal medical condition(s) and that resuscitation measures are, in reasonable medical judgment, considered ineffective in these circumstances or are otherwise not in the best interests of the patient.

\_\_\_\_\_  
*Signature of second physician*                      *Print Name*                      *Date*

Once this form is completed and filed under the Legal section of the chart, an order to 'label the chart as DNR', is to be placed on the Physicians Order Sheet. **Verbal orders are not allowed.**

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**MARY STARKE HARPER**  
**GERIATRIC PSYCHIATRY CENTER**

**NATURAL DEATH FORM**

Page 2 of 2

EMBOSSER CARD

This section to be used only when a terminally ill patient does NOT have the capacity to consent but has an Agent as noted on the previous page.

**Writing 'No' is an authorization to withhold of if initiated to discontinue that treatment**

	<b>'Yes' or 'No'</b>	<b>Initial</b>
<b>CPR –cardiopulmonary resuscitation</b>		
<b>Ventilator</b>		
<b>Tube feeding</b>		
<b>IV fluids</b>		
<b>Renal Dialysis</b>		
<b>Blood transfusions</b>		
<b>*Transfer to a General Medical Hospital for treatment</b>		

\*If Transfer to Medical Hospital for treatment is declined, the patient's medical condition/s, which may ordinarily be treated at a general medical facility, will be treated at the Harper Center, to focus on alleviating pain and providing comfort.

**Other:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
*Phone number [if phone consent]*

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

**NAME TERMINAL/IRREVERSIBLE CONDITION (S):** \_\_\_\_\_

**PSYCHIATRIST'S STATEMENT:** I have a bona fide physician/patient relationship with this patient. This patient does not have the capacity for health care decisions. I attest that he/she has a terminal condition/s and that a person authorized to consent on the patients behalf has directed that life sustaining procedures be withheld or withdrawn as noted above.

\_\_\_\_\_  
*Physician Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

**SECOND PHYSICIAN'S OPINION:**

I, the undersigned physician attest that this patient has a terminal medical condition/s and that resuscitation measures and any other life sustaining measures declined above are, in reasonable medical judgment, considered ineffective in these circumstances or are otherwise not in the best interests of the patient

\_\_\_\_\_  
*Signature of second physician*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

*Once this form is completed and filed under the Legal section of the chart, an order to 'label the chart as DNR'[if applicable] is to be placed on the Physicians Order Sheet. Verbal orders are not allowed.*



