



Alabama Department
of Mental Health
connecting mind and wellness

Mary Starke Harper Geriatric Psychiatry Center

Patient and Family Handbook



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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 non-smokers 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, was 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 53 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, live 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 and able 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 on 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 are not allowed 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. Visitation is by appointment only, seven days a week, 8:00 a.m. – 1:30 p.m. Call (205) 366-3010, Monday thru Friday, to schedule an appointment. Upon entrance to the facility, a staff member will check in visitors for each visit and issue a name badge to be worn for the duration of the visit. Please refer to page 39 of handbook for Visitor Slip information that you will be asked to complete each time for visitation. Photo I.D. is required for each visitor. Visitors under 18 years of age must be pre-approved and accompanied with an adult. Patients have the right to refuse to see anyone who comes to visit. No food or drinks are allowed to be brought to the patient without prior authorization, and only for special circumstances, such as patient is not eating well. Clothing and other approved items brought for the patient are not allowed in the visitation room, but must be left with hospital staff for inventory check-in. Visitors are expected to behave responsibly and should, at all times, respect the rights of all patients and visitors.

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, with staff or a visitor, or go on a pass with his/her family, per order of the Psychiatrist. A patient should never leave the facility 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, phones for patient use are located on the patient units. 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. 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 these 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 risks-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 increased 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 any 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 and/or designee.

Speak Up: Help Prevent Errors in Your Care

Everyone has a role in making behavioral health care safe - including administrators, psychologists, and social workers. 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 (IOM) 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 you, 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 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

State of Alabama

Department of Mental Health

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this Notice of Privacy Practices ("Notice"), please contact:
ADMH Privacy Officer
Telephone: (334) 353-7283

Who Has Responsibility for Compliance?

This Notice describes the Alabama Department of Mental Health (hereafter referred to as "ADMH") Privacy Practices. Any workforce member authorized to create medical information referred to as protected health information (PHI) that may be used for purposes such as treatment, payment, and healthcare operations is required to comply with ADMH Information Practices. These workforce members may include:

- All departments and units of ADMH;
- Any member of a volunteer group;
- All employees, staff, and other ADMH personnel; and
- Any entity providing services under ADMH's direction and control will follow the terms of this notice. In addition, these entities, sites, and locations may share medical information with each other for treatment, payment or healthcare operations as described in this notice.

Our Pledge Regarding Medical Information

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at ADMH. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all the records of your care and records related to payment for that care, generated or maintained by ADMH, whether made by ADMH personnel or your personal doctor. This Notice will tell you about the ways in which we may use and disclose medical information about you. We also will describe your rights and certain obligations we have regarding the use and disclosure of medical information. We are required by law to:

- Make sure medical information that identifies you is kept private;
- Give you this Notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the requirements discussed in this Notice as long as those requirements are in effect.

How We May Use and Disclose Medical Information About You

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories.

- **Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, healthcare students, or other ADMH personnel who are involved in taking care of you at ADMH. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of ADMH also may share medical information about you to coordinate the different services you need, such as prescriptions, lab work, x-rays, and clergy. We also may disclose medical information about you to people outside ADMH involved in your medical care upon discharge from ADMH, such as family members or other healthcare professionals.

- **Payment.** We might use and disclose medical information about you so the treatment and services you receive at ADMH can be billed properly, whether payment is collected from you, an insurance company, or a third party. For example, we may tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- **Healthcare Operations.** We may use and disclose medical information about you for ADMH operations, and they are necessary to make sure that all our patients receive quality care. For example, we may use medical information to review our treatments and services and to evaluate the performance of our staff in caring for you. We also might combine medical information about many of ADMH's patients to decide what additional services ADMH should offer, what services are not needed, and whether certain new treatments are effective. We also might disclose information to doctors, nurses, technicians, healthcare students, and other ADMH personnel for review and learning purposes. We also may combine the medical information we have with medical information from other providers to compare how we are doing and see where we can make improvements in our care and service. We might remove information that identifies you from this set of medical information so others can use it to study healthcare and healthcare delivery without learning a patient's identity.
- **Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health & Related Benefits and Services.** We may use and disclose medical information to tell you about health and related benefits or services that could be of interest to you.
- **Authorizations Required.** We will not use your PHI for any purposes not specifically allowed by federal or state laws or regulations without your written authorization. Specifically, the following types of uses and disclosures of your medical information require an authorization: 1) disclosure of psychotherapy notes; 2) disclosures for marketing purposes; and 3) disclosures that constitute a sale of PHI. Other uses and disclosures not described in the Notice of Privacy Practices (NPP) will not be made unless an individual provides an authorization, and that authorization may be revoked prospectively at any time by written revocation.
- **Emergencies.** We may use or disclose your medical information if you need emergency treatment or if we are required by law to treat you but are unable to obtain your consent.
- **Communication Barriers.** We may use and disclose your health information if we are unable to obtain your consent because of substantial communication barriers and we believe you would want us to treat you if we could communicate with you.
- **Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member who is involved in your medical care, and we also may give information to someone who helps pay for your care, unless you object and ask us not to provide this information to specific individuals, in writing. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.
- **Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project could involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. All research projects are subject to an approval process involving an Institutional Review Board (IRB). The IRB evaluates proposed research projects and their use of PHI, balancing research needs and a patients' right to privacy. We may disclose PHI about you to people preparing to conduct a research project to help identify patients with specific medical needs. PHI disclosed during this process never leaves our control. We might ask for specific permission from you if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at ADMH.
- **As Required By Law.** We will disclose medical information about you when required to do so by federal, state, or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose your medical information when necessary to prevent a serious threat to the health and safety of the public or another person.
- **E-mail Use** E-mail will only be used for communications in accordance with this organization's current policies and practices and with your permission. The use of secured, encrypted e-mail is encouraged.

Special Situations

- **Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ, eye, and tissue procurement as necessary to facilitate donation and transplantation.
- **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We also might release medical information about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs.
- **Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following:
 - To prevent or control disease, injury, or disability;
 - To report births and deaths;
 - To report neglect;
 - To report reactions to medications or problems with products;
 - To notify people of recalls of products they may be using;
 - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and
 - To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement.** Under certain circumstances, we may release medical information if requested by a law enforcement official:
 - In response to a court order, subpoena, warrant, summons or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at ADMH; and
 - In emergency circumstances, to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release medical information about ADMH patients to funeral directors as necessary to carry out their duties.
- **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, foreign heads of state, or other authorized persons to conduct special investigations.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary for the correctional institution to provide you with healthcare, to protect your health and safety or the health and safety of others, as well as for the safety of the institution itself.

Confidentiality of Alcohol and Drug Abuse Records

The confidentiality of alcohol and drug abuse medical information maintained by ADMH is protected by Federal law and regulations. Generally, we may not say to a person outside of ADMH that you are a patient of ADMH, or disclose any information identifying you as an alcohol or drug abuser unless:

1. You consent in writing;
2. The disclosure is allowed by a court order; or
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the Federal law and regulations by ADMH is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. Federal law and regulations do not protect any information about a crime committed by you either at ADMH or against any person who works for ADMH or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected neglect from being reported under State law to appropriate State or local authorities. See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR part 2 for Federal regulations.

HIV Diagnosis/Treatment

Federal laws and regulations govern *all* protected health information (PHI) but doesn't afford special protections for PHI related to an HIV diagnosis or treatment. ADMH treats this information with the same privacy and security safeguards as any other health data. Written consent to disclose this information is needed unless the disclosure is for treatment, payment, health care operations, or required by law.

Psychotherapy Notes

Your authorization is needed prior to disclosure of psychotherapy notes *for any reason*, including a disclosure for treatment purposes to a health care provider other than the originator of the notes [See 45 CFR 164.508(a)(2)]. A notable exception exists for disclosures such as for mandatory reporting of abuse, and mandatory "duty to warn" situations regarding threats of serious and imminent harm made by the patient.

Your Rights Regarding Medical Information About You

You have rights regarding your medical information. If you have a court-appointed guardian, your guardian may exercise these rights for you. Your healthcare agent in a valid advance directive may exercise these rights for you if your advance directive says so. You have the following rights regarding medical information we maintain about you:

- **Right to Access, Inspect, and Copy.** You have the right to access, inspect, and copy the medical information that may be used to make decisions about your care, with a few exceptions. Usually, this includes medical and billing records, but may not include psychotherapy notes.
 - If we maintain your information electronically you may request a copy of your records via a mutually agreed upon electronic format. If we fail to agree upon an electronic format for delivery of electronic copies we will provide you with a paper copy for your records. If you request a copy of the information in either paper or electronic format, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.
 - We may deny your request to inspect and copy medical information in certain very limited circumstances. If you are denied access to medical information, in some cases, you may request that the denial be reviewed. Another licensed health care professional chosen by ADMH will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
 - We will provide a copy or a summary of your health information, usually within 30 days of your request.

- **Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may request that we amend the information. You have the right to request an amendment for as long as the information is kept by or for ADMH. In addition, you must provide a reason that supports your request.
 - We may deny your request for an amendment if it is not in writing or does not include a reason to support the request or for other reasons. Typical reasons for denial of an amendment request include if you ask us to amend information that:
 - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 - Is not part of the medical information kept by or for ADMH;
 - Is not part of the information which you would be permitted to inspect and copy; and
 - Is accurate and complete.
- **Right to an Accounting of Disclosures.** You have the right to request an "Accounting of Disclosures." This is a list of the disclosures we made of medical information about you. We will include all the disclosures except for those about treatment, payment, health care operations, and disclosures you asked us to make. Your request must state a time which may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper or electronically, if available). The first list you request within a 12-month period will be complimentary. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for payment or healthcare operations. We require that any requests for use or disclosure of medical information be made in writing. In some cases, we are not required to agree to these types of requests, however, if we do agree to them we will abide by these restrictions. We will always notify you of our decisions regarding restriction requests in writing. We will not comply with any requests to restrict use or access of your medical information for treatment purposes.
 - You have the right to request, in writing, a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a diagnosis that could be considered sensitive to your spouse. In your request, you must tell us what information you want to limit, whether you want to limit our use, disclosure, or both, and to whom you want the limits to apply. You have the right to request a restriction on the use and disclosure of your medical information about a service or item to your health plan. This right only applies to request for restrictions to a health plan and cannot be denied. The service or item requested for restriction from the health plan must be paid in full and out of pocket by you before the restriction will be applied. We are not required to accept your request for this type of restriction until you have completely paid your bill (zero balance) for the item or service. It is your responsibility to notify other healthcare providers of these types of restrictions. We are not required to do so.
- **Right to Receive Notice of a Breach.** We are required to notify you by first class mail of any breaches of Unsecured Protected Health Information as soon as possible, but in any event, no later than 60 days following the discovery of the breach. "Unsecured Protected Health Information" is information that is not secured via a methodology identified by the Secretary of the U.S. Department of Health and Human Services (HHS) that renders the protected health information unusable, unreadable, and indecipherable to unauthorized users. The notice is required to include the following information:
 - A brief description of the breach, including the date of the breach and the date of its discovery, if known;
 - A description of the type of Unsecured Protected Health Information involved in the breach;
 - Steps you should take to protect yourself from potential harm resulting from the breach;
 - A brief description of actions we are taking to investigate the breach, mitigate losses, and protect against further breaches; and
 - Contact information, including a toll-free telephone number, e-mail address, website, or postal address where you can ask questions or obtain additional information.

In the event the breach involves 10 or more patients whose contact information is out of date, we will post a notice on the home page of our website or in a major print or broadcast media. If the breach involves more than 500 patients in the state or jurisdiction, we will send notices to prominent media outlets. If the breach involves more than 500 patients, we are required to immediately notify the Secretary. We also are required to submit an annual report to the Secretary detailing a list of breaches that involve more than 500 patients during the year and maintain a written log of breaches involving less than 500 patients.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or send mail to a different address. We will not ask you the reason for your request but will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to a Paper Copy of this Notice.** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy. You may obtain a copy of this Notice at our website <https://mh.alabama.gov/division-of-administration/>. To exercise the above rights, please contact the Alabama Department of Mental Health **Privacy Officer** at **334-353-7283** to obtain a copy of the relevant form you will need to complete to make your request.

Changes To This Notice

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in our organization as well as on our website. In addition, each time you register, are admitted, or receive inpatient or outpatient services from ADMH, we will offer you a copy of the most current Notice.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with ADMH or with the Secretary of the Department of Health and Human Services (DHHS). You can file a complaint with the DHHS by sending a letter to 200 Independence Avenue, S.W., Washington, D.C., calling 1-877-696-6775, or visiting <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>. To file a complaint with ADMH, contact the Privacy Officer at the number listed on the first page of this Notice. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to you will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Organized Healthcare Arrangement (OHCA)

ADMH, the independent contractor members of its medical staff (including your physician), and other healthcare providers affiliated with ADMH have agreed, as permitted by law, to share your health information among themselves for purposes of treatment, payment, or healthcare operations, enabling us to better address your healthcare needs. Providers participating in an Organized Healthcare Arrangement may share the same NPP.

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 04/2023

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

(Please complete info requested in highlighted areas)

Original: Unit Staff
Yellow: Harper Admin
Pink: Visitor

Staff Signature:		Date:	Time:
PATIENT / VISITOR(S) INFORMATION:			
Patient's Last Name:		Patient's First Name:	
Patient's Record #:		Patient's Unit:	
Visitor's Name:		Visitor's Relationship to Patient:	
Street Address:		Home Phone #: ()	
City:		Cell Phone #: ()	
State / Zip Code:		Item(s) brought for patient: <input type="checkbox"/> Yes <input type="checkbox"/> No (Staff receiving items list description below)	
Name of 2nd Visitor:		Relationship to Patient:	
Name of 3rd Visitor:		Relationship to Patient:	
Name of 4th Visitor:		Relationship to Patient:	
Name of 5th Visitor:		Relationship to Patient:	
WILL YOU: VISIT WITH THE PATIENT? <input type="checkbox"/> Yes <input type="checkbox"/> No; OFF CAMPUS VISIT? <input type="checkbox"/> Yes <input type="checkbox"/> No; or, PATIENT DISCHARGE? <input type="checkbox"/> Yes <input type="checkbox"/> No			
ADMINISTRATION AND UNIT STAFF USE ONLY:			
Item(s) Description: (Please make sure each item is listed and initialed by receiving staff for confirmation)		Staff Initials	Influenza Risk Evaluation: (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
			Do you currently have any of the following symptoms:
			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
SIGNATURES:			
Visitor's Signature: <small>(Signature verifies ALL items brought to the patient are presented to receiving staff and Influenza risks have been disclosed)</small>		Date:	
Unit Staff Signature/Title/Position:		Date:	Time:
Note disposition of any items returned to visitor:			
<p align="center">Mary Starke Harper Center Visiting Hours: Daily: 8:00 a.m. until 2:30 p.m.</p> <p><i>ALL Visitors must show a valid photo ID.</i></p> <p>Children under age 19 must have prior approval of Treatment Team to visit and must be accompanied by an adult at all times.</p> <p>MHC-G071; Form Established: 6/2009; Revised 8/2014; 3/2017; 1/2023</p>		<p align="center"><u>NO FOOD or DRINKS PERMITTED WITHOUT PRIOR APPROVAL.</u></p> <p>If you would like to leave monies for a patient after regular business hours, it should be given to the Nursing Supervisor or mailed to the address below with patient's name:</p> <p align="center">Mary Starke Harper Center Attn: Business Services P.O. 21231 Tuscaloosa, AL 35402</p>	

CONFIDENTIAL
Unauthorized Disclosure or Copying is Prohibited

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

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

*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.