

## CLIENT RIGHTS

### Complaints and Violations

You may file a complaint with Meridian and/or your Managed Care Organization and/or the Secretary of the United States Department of Health and Human Services if you feel that your privacy rights have been violated under HIPAA.

If you file a complaint, we will not take any action against you or change our treatment in any way. To file a complaint with Meridian, document your complaint in writing along with your full name, address, and phone number. A Client Problem Resolution form can be used for this purpose. This form is available at any Meridian facility or on Meridian’s website: [www.meridianbhs.org](http://www.meridianbhs.org).

Mail to:

Meridian Behavioral Health Services  
Attn: Compliance Officer  
154 Medical Park Loop  
Sylva, NC 28779  
Or contact via phone at (828) 631-3973

### THE CLIENT GRIEVANCE POLICY IS POSTED IN EACH FACILITY

If, at any time, or for any reason, you feel that you cannot get the information or help you need from staff at a Meridian facility you can get help from:

**Disability Rights North Carolina** 1-877-235-4210 (TTY 888-268-5535)

**Internet Location:** <http://www.disabilityrightsncc.org/>

**The N.C. Mental Health Consumer's Organization, Inc.** 1-800-326-3842

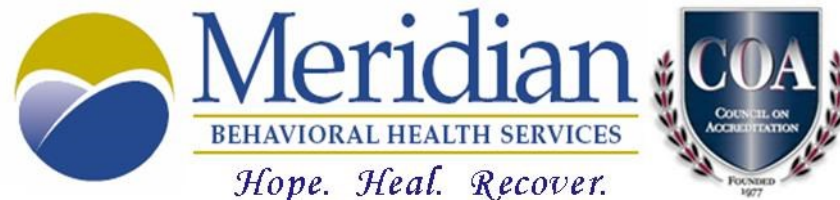
**The N.C. CARELINE** 1-800-662-7030

**You may also contact your local Department of Social Service Office:**

Clay County	1-828-389-6301	Haywood County	1-828-452-6620
Cherokee County	1-828-837-7455	Jackson County	1-828-586-5546
Graham County	1-828-479-7911	Macon County	1-828-349-2124
Swain County	1-828-488-6921	Transylvania County	1-828-884-3174

Office of Civil Rights: 202-307-0690 (Voice) or 202-307-2027 (TDD/TTY). U.S. Department of Justice (OCR), 810 7<sup>th</sup> Street, NW, Washington, DC 20531 or if hearing impaired or speech disabilities, may also contact OCR through the Federal Relay Services at 800-777-8339 (TTY), 877-877-8982 (Speech) or 800-845-6136 (Spanish)

These rights are from 10A N.C. Administrative Code, of the Division of Mental Health, Developmental Disabilities and Substance Abuse Services, North Carolina Department of Human Resources, Sections 14P, 14Q, 14R, 14S, 26B, 27D, 27E, 27G; HIPAA; 45 CFR; General Statute 122C 51, 53, 55 - 57; NC G.S. 90-21.5; Federal Substance Abuse Confidentiality Regulations (CFR 42, Part 2), Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFS, Parts 160 & 164.



## INTAKE BROCHURE

**Welcome and THANK YOU for choosing to visit Meridian today. This brochure includes important information about starting in services with Meridian. Please review the material thoroughly, as you will be asked to sign electronically that you have received this information. If you have any questions or concerns please do not hesitate to ask one of our Engagement Specialists at the front desk for assistance.**

This Intake Brochure includes:

- Contact information
- Our Mission, Vision & Values
- Consent for Services
- Notice of Privacy Practices
- Financial & Copayment Agreement
- Client Rights
- Client Grievance , References, & Policy

**“EVERY JOURNEY  
Begins with a single step.”**

## CONTACT INFORMATION

### **Jackson County Location:**

Adults & Children: (828) 631-3973      *154 Medical Park Loop, Sylva, NC*

### **Haywood County Locations:**

Adults: (828) 456-8604      *131 Walnut Street, Waynesville, NC*

PSR/OS: (828) 452-9258      307 Broadview St., Waynesville, NC

ACTT: (828) 492-0660      *2 Church Street, Canton, NC*

Children: (828) 456-2997      *669 S. Haywood St, Waynesville, NC*

### **Macon County Locations:**

Adults: (828) 524-6342      *102 Thomas Heights, Franklin, NC*

Children: (828) 349-0001      *674 Highlands Rd, Franklin, NC*

### **Transylvania County Locations:**

Adults & Children: (828) 883-2708      *69 N Broad Street, Brevard, NC*

### **Cherokee County Locations:**

ACTT/PSR: (828) 837-7466      27 Bona Vista, Marble, NC

### **EMERGENCY / AFTER HOURS PHONE NUMNER:**

Adult: (828) 226-4818      Children: (800) 572-2079

## CLIENT RIGHTS

5. While receiving services, you have the right to be free from unnecessary medications and for medication not to be used for punishment, discipline or staff convenience. You have the right to receive treatment for physical ailments.
6. If you have asked to receive services you always have a right to agree to or refuse any specific treatment. If you refuse treatment, and have sought services voluntarily, you will be discharged from services. If you have been court ordered for treatment then the court may be informed. The only time you can be treated without your consent is: 1) in an emergency; 2) if your treatment has been ordered by the court; or 3) if you are under 18 years old, your parents may give permission even if you object.
7. With your permission, your next of kin/family member/designee can obtain certain information about your admission, care, transfer and/or discharge from treatment.
8. With your permission, information may be shared with an attorney.
9. We may share confidential information for purposes of research, administrative or financial audits if there is justifiable documented need.
10. Information can be exchanged to/from your Managed Care Organization for purpose of collecting payment or as they determine necessary to develop, manage, monitor or evaluate the provider network, the State Plan and the rules of the Secretary.

### **QUESTIONS?**

If there is any information here that you do not understand, please ask for help. You may ask...

- The staff, such as your therapist or physician
- The program supervisor
- Meridian's Compliance Officer

If you think that you have been denied your rights, you have the right to...

- contact a family member or friend;
- contact a client advocate or attorney;
- file a grievance with a staff member; or,
- contact the Meridian's Compliance Officer

### **Additional Policy & Procedure**

Meridian does not allow for search or seizure. If we believe this is necessary law enforcement will be called.

Meridian has a policy regarding suspension and expulsion from services. To obtain a copy of this policy please talk with your service provider.

## CLIENT RIGHTS

### **Client Rights and Confidentiality**

As a consumer of Meridian your rights are outlined in this brochure. This brochure was given to you today when you completed registration. It describes how Meridian can and cannot use your medical record information. If you have a concern regarding your privacy, please contact MBHS at PO Box 2187, Sylva, NC 28779 or call 828.631.3973 and ask for the Privacy Officer. A copy of our privacy practice is located at our website at [www.meridianbhs.org](http://www.meridianbhs.org). Meridian provides a form for you to complete called "Consumer Problem Resolution Form" if you have a complaint about services that you cannot resolve on your own.

NC TOPPS (Treatment Outcomes and Program Performance System) collects information on common consumer struggles and successes in order to help improve our services. As a recipient of State funds for services, MBHS is required to complete a NC-TOPPS form on all consumers.

I understand that as a minor in the State of North Carolina that I may give effective consent to a physician for medical services for the prevention, diagnosis, and treatment of substance abuse, and emotional disturbance.

I have read and understand the above, and freely consent and agree to all the foregoing conditions and information. I understand that this consent will remain in effect for the duration of treatment, and I may revoke it at any time except to the extent those services have already been provided.

### **Your Rights!**

When you receive services, you have certain rights.

1. You have the right to dignity, privacy, humane care, and freedom from cruel and unusual punishment, mental and physical abuse, neglect, and exploitation. As an adult client you shall retain each of your civil rights while in services.
2. You have a right to receive services, free of any discrimination (*based on race, color, national origin (including limited English proficiency), disability, religion, sex, gender identity, sexual orientation, or age*). You have the right to receive age-appropriate treatment for diagnosis(es).
3. A written treatment plan will be developed to guide services and will focus on your specific needs.
4. Before you agree to your treatment plan, you will be informed of the benefits or risk involved in services. You have the right to receive a copy of the plan. You can request a copy of your plan from your provider at any time during services.

## OUR MISSION, VISION & VALUES

### **Mission**

Meridian Behavioral Health Services provides evidence-based, best practices in behavioral health care, serving the community through compassion, staff excellence, a focus on the individual's whole well-being, and community partnerships.

### **Vision**

Meridian Behavioral Health Services will provide exceptional behavioral health care services, promote workplace excellence, empower its community to holistic wellness, and achieve sustainability for generations to come.

### **Core Values**

At Meridian, we believe:

- Recovery is possible for everyone
- Experienced, committed, and passionate staff are indispensable assets
- Fiscal strength and responsible stewardship are imperative to our sustainability
- Quality training and ongoing coaching are fundamental to success
- Teamwork is essential and creates extraordinary results

## NOTICE OF PRIVACY PRACTICES

### Our pledge to you:

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at our organization. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. This notice also describes your rights and certain duties we have regarding the use and disclosure of medical information.

### General Information

Meridian has access to your medical information in the following ways:

1. Meridian staff at any of our locations may assess, manage, authorize, and/or monitor your care as well as link you with community resources.
2. Meridian staff will be the billing/claims administrator for the services you receive at Meridian.
3. Meridian will provide and maintain a record of all services that you receive.

Information regarding your health care, including payment for health care is protected by these federal laws:

Health Insurance Portability and Accountability Act of 1996 (HIPAA) and 45 C.F.R. Parts 160 & 164 and Confidentiality Law, 42, C.F.R. Part 2. The current notice is posted in every Meridian facility and posted on our website at [www.meridianbhs.org](http://www.meridianbhs.org).

Meridian may use and disclose your protected health information for **health care operations, such as providing care and treatment and authorization and reviews**. Within our offices, clinical staff, and direct care staff are authorized to review medical records for the purposes of providing client care and treatment and facilitating service authorization and utilization review. Support and billing staff are authorized to review protected health information for the purposes of carrying out their routine jobs. Staff members conducting quality management activities such as individual case reviews and complaint resolution may access protected health information. Protected information may also be accessed by student interns who have signed a confidentiality agreement with us and are working with Meridian staff members to practice and improve their skills.

## FINANCIAL & CO-PAY AGREEMENT

### Insurance Declaration

I request in accordance with HIPAA. Meridian NOT contact my insurance carrier. I understand I will not be eligible for a reduced fee and will be responsible for payment in full at time of service.

### Acknowledgement of Responsibility

Your signature in our electronic health care record indicates that you:

- Have provided up to date and accurate information to the best of your knowledge.
- Understand it is your responsibility to provide updated financial information to Meridian staff when checking in for your appointment. If you do not provide updated information it may result in being responsible for any charges associated with your visit.
- If you do not have insurance coverage you may be eligible for a sliding scale discount. To qualify for a discount you must provide income verification documents.
- Understand you have the right to decline insurance billing for your services, which will result in being responsible for all charges for your visit.
- I have read Meridian's Financial / Co-Payment Agreement and understand that Meridian may charge a co-payment for applicable service(s) at time of check in. You agree to pay the required copayment when checking in for an appointment.

### Sliding Fee Scale

It is the policy of Meridian Behavioral Health Services that all Meridian clients not supported by alternate funding will be assessed a fee for services rendered. All services eligible for a fee reduction will be assessed on a sliding fee scale based on the current year's Federal Poverty Guidelines. Clients will not be denied services solely on the basis of an inability to pay.

Household Size	ANNUAL HOUSEHOLD INCOME					
	100% OR BELOW	101-130% FPL	131-170% FPL	171-200% FPL	201% -300%	301% +
1	\$12,140	\$12,141 - \$15,782	\$15,783 - \$20,638	\$20,639 - \$24,280	\$24,281 - \$36,420	\$36,421+
2	\$16,460	\$16,461 - \$21,398	\$21,399 - \$27,982	\$27,983 - \$32,920	\$32,921 - \$49,380	\$49,381+
3	\$20,780	\$20,781 - \$27,014	\$27,015 - \$35,326	\$35,327 - \$41,560	\$41,561 - \$62,340	\$62,341+
4	\$25,100	\$25,101 - \$32,630	\$32,631 - \$42,670	\$42,671 - \$50,200	\$50,201 - \$75,300	\$75,301 +
5	\$29,420	\$29,421 - \$38,246	\$38,247 - \$50,014	\$50,015 - \$58,840	\$58,841 - \$88,260	\$88,261 +

\*Add \$4,180 per year for each additional household member.

## FINANCIAL & CO-PAY AGREEMENT

### **Why are we asking you to sign a financial agreement?**

We need this information to ensure that the agency/company that is paying for your services has all the information they need. By providing this information and signing this form you give us permission to release your confidential medical information to this agency.

### **Direct Assignment for Insurance Payment**

I authorize Meridian Behavioral Health Services (Meridian), as service provider or billing administrator to file my third-party insurance benefits for services provided to me or to my dependent. I authorize that the insurance benefits be made payable directly to Meridian. If my policy prohibits assignment of benefits to a doctor or a treatment facility, I accept responsibility for all charges associated with my care, or the care of my minor child, and I understand that services provided are not eligible for a fee reduction. Further, I agree to pay any balance that remains after payment of insurance benefits. A photocopy or electronic version of the assignment shall be considered as effective as the original. I authorize the release of my protected health information, or that of my minor child, for the purpose of filing for my insurance benefits, including release of information relating to: diagnosis and/or treatment of alcohol or substance abuse as protected by Federal Substance Abuse Confidentiality Regulations, the diagnosis and/or treatment of psychiatric care and/or psychological assessment, and the diagnosis and/or treatment regarding human immunodeficiency syndrome (HIV) or AIDS-related conditions as protected under HIPAA. I further authorize the release of information to utilization review organizations or agencies that provide managed care services for my insurance benefits.

NOTE: As a courtesy Meridian Behavioral Health Services will file your insurance. However, you may be required to pay the co-payment at each visit and any unpaid balances after your insurance company has processed the claim.

### **Meridian Fee Policy**

It is the policy of Meridian that all Meridian clients not supported by alternate funding will be assessed a fee for services rendered. All services eligible for a fee reduction will be assessed on a sliding fee scale based on the current year's Federal Poverty Guidelines. Clients will not be denied services solely on the basis of an inability to pay.

### **Meridian's full standard fees are as follows:**

Individual Therapy	\$110.00
Family Therapy	\$110.00
Group Therapy	\$75.00
Clinical Assessment	\$175.00
Medication Evaluation	\$228.00
Medication Follow-up	\$228.00

## NOTICE OF PRIVACY PRACTICES

### **Your Privacy Rights**

Meridian will only share the minimum information necessary for coordination of care and services, services not contingent upon such consent, unless treatment is court ordered.

In the state of North Carolina the General Statutes 122 C also protects your information. Under these laws, Meridian may not disclose to any person outside our agency that you are a client, nor may we disclose any information identifying you as a client except as permitted by federal and state law. We are permitted to share in the following circumstances:

1. Under HIPAA you have the right to request restrictions on certain uses and disclosures of your health information. Meridian is not required to agree to any limits you request, but if we do agree then we are bound by that agreement and may not use or disclose any information that you have limited except as necessary in a medical emergency or as required by law.
2. You have the right to request that we communicate with you by other means or at another location. We will agree to such requests that are reasonable and will not request an explanation from you. For example: you may wish us to call you at different telephone number.
3. You have the right to review your record. Reviews will be scheduled with your primary provider and in some circumstances requests may be denied. You also have a right to request a personal copy of your record. A fee may be assessed due to the volume of records requested. Meridian must respond to your request within 30 days.
4. You have the right, with some exceptions to amend health care information maintained in our records. All requests for amendments must be made in writing. Meridian must respond to your request within 60 days.
5. You have the right to request and receive a list of disclosures of your health-related information made by Meridian during the six years prior to your request. We are required to provide a listing of all disclosures except the following: for your treatment, billing and collection of payment, health care operations made to or requested by you or that you authorized, occurring as a result of permitted uses and disclosures made to individuals involved in your care, allowed by law or if the information released did not identify you.

For further information regarding your Privacy Rights please contact the Privacy Officer at 828-631-3973.

## NOTICE OF PRIVACY PRACTICES

Under state and federal laws, no one can share information with another about the services you receive without your consent. Meridian will only share the minimum information necessary for coordination of care and services, services are not contingent upon such consent, unless treatment is court ordered. These same laws, however, allow us to share information in the following situations:

1. If you are under 18, your parents may be informed about your care when it is in your best interest and not considered to be harmful
2. If you have a court assigned advocate to work on your behalf, the advocate may review your record.
3. If we are ordered by a court to release your record.
4. If our attorney needs to see your file because of a law suit, a commitment proceeding, or guardianship proceeding.
5. If, in your best interest, to file a petition for involuntary commitment, competency or guardianship purposes.
6. To fulfill responsibilities for the evaluation, management, supervision and treatment of commitment for outpatient treatment.
7. If you are involuntarily committed and we need to share information about you in order to manage your care.
8. If you become imprisoned, we may share your file with prison officials.
9. If there is a medical emergency, we may share information with another professional treating you.
10. If your care is transferred to another program or facility.
11. Upon request, and if determined that disclosure is in your best interest, we may share admission/discharge information with your next of kin/designee.
12. We may share information within Meridian to others involved with your care and with the physician or psychologist that referred you.
13. To establish financial benefits when there is reason to believe that you are eligible for financial benefits.
14. To ensure treatment is provided in accordance with advance instruction for mental health care.
15. To coordinate care within Meridian or with a provider of support services when there is written agreement that the provider will safeguard and not further share your information.
16. If we believe you are a danger to yourself or to others or if there is likelihood of a felony or violent misdemeanor to be committed.
17. Meridian can disclose information without your consent for legal or financial purposes, or to another medical facility to provide health care to you, as long as there is a business associate agreement in place.

## NOTICE OF PRIVACY PRACTICES

Before we can use or disclose any information about you in a manner not described in the items above we must obtain your specific written authorization. Any such written authorization may be revoked by you in writing except to the extent action has already been taken.

Meridian may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. If you choose not to be contacted please advise your service provider.

### Informed Consent

I consent to receive services from Meridian or I consent for my child, youth, or dependent adult to receive services. If I, or my child/dependent adult need emergency care while receiving services, I give permission for Meridian to obtain such care and I agree to be financially responsible for the services. Furthermore, when clinically indicated, I agree to being evaluated or having my child or dependent evaluated by a physician or appropriately licensed or qualified health practitioner, for the purpose of determining whether psychotropic medication would be therapeutically beneficial. I agree that service(s) may be provided via telemedicine as warranted. If medication is prescribed, I understand that I will be made aware of the risks, benefits, and alternatives to the prescribed medication.