

# MANATEE GLENS



MANATEE  
GLENS

## OUTPATIENT CLIENT FAMILY HANDBOOK

## **NOTICE OF HEALTH INFORMATION PRACTICES**

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.

### **Understanding Your Health Record/Information**

Each time you visit a hospital, physician or other healthcare provider, a record of your visit is made. Typically, the record contains your symptoms, examination and test results, diagnoses, treatment and a plan for future care or treatment. This information often is referred as your health or medical record, and serves as a:

Basis for planning your care and treatment; means of communication among the many health care professionals who contribute to your care; legal document describing the care you received; means by which you or a third-party payer can verify that services billed were actually provided; a tool in educating health care professionals; a source of data for medical research; a source of information for public health officials charged with improving the health of the nation; a source of data for facility planning and marketing; a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy; better understand who, what, when, where and why others may access your health information; make more informed decisions when authorizing disclosure to others. Examples of disclosures: for treatment, payment, and healthcare operations.

### **Your Health Information Rights**

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

Request restrictions on certain uses and disclosures of your information as provided by 45 CFR 164.522; (HIPAA) obtain a paper copy of the notice of information practices upon request; inspect and copy our health record as provided for in 45 CFR 164.524 and applicable Florida Statutes; amend your health record as provided in 45 CFR 164.528, request communication of your health information by alternative means or at alternative locations; revoke your authorizations to use or disclose health information except to the extent the action has already been taken.

All staff are trained to protect client rights guaranteed in FS 394.459 and Chapter 65E-5.

### **This Organization is required to:**

Maintain the privacy of your health information; provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you; abide by the terms of this notice; notify you if we are unable to agree to a requested restriction; accommodate reasonable requests you may have to communicate health information by alternative means or alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you supplied us. We will not use or disclose your health information without your authorization except as described in this notice.

If you have concerns regarding your privacy, please contact our privacy officer at 941-782-4299. If you believe your privacy rights have been violated, you can file a complaint with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

### **Being Prepared – Plan Ahead for Health Care:**

Florida law guarantees the right of every adult in Florida to make certain decisions concerning his or her medical treatment. The law also allows you to issue “advance directives” for your rights and wishes to be respected even

when you are too sick to make decisions yourself. If you would like more information about “Advance Directives”, please ask your counselor.

## **SUMMARY OF THE FLORIDA PATIENT’S BILL OF RIGHTS AND RESPONSIBILITIES**

Florida law requires that your health care provider or health care facility recognize your rights while you are receiving medical care and that you respect the health care provider’s or health care facility’s right to expect certain behavior on the part of patients. You may request a copy of the full text of this law from your health care provider or health care facility.

### **A patient has the right to:**

- Be treated with courtesy and respect, with appreciation of his or her individual dignity, and with protection of his or her need for privacy.
- A prompt and reasonable response to questions and requests.
- Know who is providing medical services and who is responsible for his or her care.
- Know what patient support services are available, including whether an interpreter is available if he or she does not speak English.
- Know what rules and regulations apply to his or her conduct.
- Be given by the health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.
- Refuse any treatment, except as otherwise provided by law.
- Be given, upon request, full information and necessary counseling on the availability of known financial resources for his or her care.
- Know upon request and in advance of treatment, whether the health care provider or health care facility accepts the Medicare assignment rate.
- Receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.
- Receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.
- Impartial access to medical treatment or accommodations, regardless of race, national origin, religion, physical handicap, or source of payment.
- Treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
- Know if medical treatment is for purposes of experimental research and to give his or her consent or refusal to participate in such experimental research.
- Express grievances regarding any violation of his or her rights, as stated in Florida law, through the grievance procedure of the health care provider or health care facility which served him or her and to the appropriate state licensing agency.
- Contact the Suncoast Region Substance Abuse & Mental Health program office at 813-337-5700 or Disability Rights Florida (800) 342-0823.
- Be free from abuse and neglect; privacy to report any possible abuse or neglect to Florida Abuse Hotline (800) 96-ABUSE, Florida Health Partners may contact the Area 6 Medicaid Office.

### **A patient is Responsible for:**

- Providing to the health care provider, to the best of his or her knowledge, accurate and complete information about presenting complaints, past illnesses, hospitalizations, medications, and other matters relating to his or her health.
- Reporting unexpected changes in his or her condition to the health care provider.
- Reporting to the health care provider whether he or she comprehends a contemplated course of action what is expected of him or her.
- Following the treatment plan recommended by the health care provider.
- Keeping appointments and when unable to do so for any reason notifying the health care provider or health care facility at least 24 hours before scheduled appointment. If you do not call, you may be charged for appointment.
- His or her actions if he or she refuses treatment or does not follow the health care provider’s instructions
- Assuring that the financial obligations of his or her health care are fulfilled as promptly as possible.
- Following health care facility rules and regulations affecting patient care and conduct including taking any medications prescribed.
- Keeping any personal information that is shared in group meetings confidential including names of other participants.

**The following statements apply to clients who live in any Manatee Glens residences.**

**You have the responsibility to:**

- Make reasonable use of telephones so as to allow others the chance to make calls;
- Show respect for the privacy of others;
- Not to use alcohol or drugs other than prescribed medications;
- Maintain the schedule;
- Keep your living area clean and neat;
- Maintain appropriate personal cleanliness.

### **Client's Responsibility Regarding Medication**

**You have the responsibility to:**

- Take the medication which has been prescribed for you according to the instructions given by the physician;
- During your appointment, tell your physician and nurse about any reactions to the medications you take;
- Tell the physician all you know about any physical health problems and about your medication history, which includes bad reactions or allergies to medicines;
- Tell us about any physical health problems.

**Emergencies:**

- For all medical emergencies please dial 911
- National Suicide Prevent Lifeline 1-800-273-8255.
- Emergency Assessments (may be defined as a person feeling they could be a threat to self or others) are available 24/7 through our Access Center located at 2020 26<sup>th</sup> Ave. East, Bradenton, FL (941) 782-4617
- For clients receiving services at North Port or Sarasota locations please contact Coastal Crisis Support 941-364-9355, Sarasota Memorial Hospital 941-917-8555

**If you are 18 years of age or older**, you have the right to request services.

If you are under 18 years of age, you must have the permission of a parent or legal guardian to receive services unless:

- The services provided are in the area of drug or alcohol addiction.
- You are over thirteen years of age and in a crisis
- Have a complaint against a hospital or healthcare professional, call the Consumer Assistance Unit at 888-419-3456.

### **Infectious Diseases:**

Florida law prohibits health care facilities from discriminating against persons with infectious diseases who are in need of mental health or drug treatment services. Therefore, Manatee Glens facilities may occasionally admit persons with various infectious diseases including HIV, which is a factor in AIDS. Facility personnel follow strict procedures to minimize the potential to spread disease to our clients and our staff. You can protect yourself and help avoid the spread of any infectious diseases by following these guidelines:

- Refrain from sexual activity with any person at the facility
- Do not touch another person's bodily fluids, open sores or mucous membranes
- Do not share eating utensils, toothbrushes, drinking cups, or cigarettes

If you have any questions regarding these instructions, please discuss them with your doctor, a facility nurse or your case coordinator.

## CLIENT COMPLAINT & GRIEVANCE PROCEDURE

### Client Complaint:

A complaint is any verbal or written expression of dissatisfaction with any aspect of Manatee Glens' service which is not immediately resolved to your satisfaction.

- Complaints may be given to any Manatee Glens employee who will forward the complaint to the Client Services Representative for the facility.
- Complaints will be reviewed with input from the appropriate manager and you will receive a response within thirty (30) working days.
- If the complaint cannot be resolved within thirty (30) working days, a mutually agreeable extension is decided upon and a letter is sent to you upon resolution. If you do not agree with the resolution, you may file a grievance, preferably within fourteen (14) days.

### Client Grievance:

A grievance is defined as any complaint, which is not resolved to your satisfaction, or any allegations of illegal or unethical behavior.

- Grievances may be given to any Manatee Glens employee who will forward the grievance to the Grievance Coordinator.
- The Grievance Coordinator works with senior management to resolve your grievance within five (5) working days but has up to sixty (60) working days from the initial notification date to resolve the grievance.
- If the grievance cannot be resolved in five (5) working days, the Grievance Coordinator will contact you to establish a mutually agreed upon extension.
- When the grievance is resolved, you will receive a copy of the resolution.

### If you are not satisfied with the resolution you may:

- Send the grievance to the Manatee Glens Client Grievance Committee for review. Within ten (10) days a report with recommendation(s) will be sent to the President/CEO. Within five (5) working days of receipt of the committee report the President/CEO will reach a decision. You will receive a copy of the decision and a copy will be sent to the Department of Children and Families Service Representative or external advocate when applicable.
- Send an additional appeal to the Board of Directors of Manatee Glens. The Chairperson of the Board will send you a response following the Board's next regularly scheduled monthly meeting. A copy of the Board's decision will be forwarded to the President/CEO of Manatee Glens, the Department of Children and Families Service Representative or external advocate when applicable. The President/CEO will relay the Board's written decision to you within five (5) working days of receipt. The decision of the Board of Directors is final.
  - To request a complaint form, see any Manatee Glens staff.

**When an individual has concerns about client care & safety in the organization, they may contact their current service provider, program manager, or our grievance coordinator at 941-782-4100.** They may also contact The Joint Commission by calling 800-994-6610 or email [complaint@jointcommission.org](mailto:complaint@jointcommission.org) for any concerns the organization has not addressed.