



# Patient Handbook

1. *Welcome to Freedom Healthcare Services*
  - a. Philosophy of Treatment
  
2. *Intake Process/Program Eligibility*
  - a. Coordination of Care
  - b. Protocol for patients with prescriptions
  
3. *How Medication Works*
  
4. *Treatment Programs Available*
  - a. Medication Assisted Treatment
  - b. Intensive Outpatient Program
  - c. Drug-Free Program
  - d. Family Supportive Services
  
5. *Patient Services*
  - a. Management of Treatment Services
  
6. *Patient Responsibilities*
  - a. Rules
  - b. Identification
  - c. Take-home medication
  - d. Drug-testing policy
  - e. Payment of Services
  - f. Operational Hours
  - g. Patient Rights
  - h. Patient Supportive Services
  - i. Criteria for Completion
  
7. *Grievance and Appeals Process*
  - a. Reason & Process to File
  - b. Grievance Form
  
8. *Confidentiality of Patient's Information*
  - a. Patient Records
  
9. *Exceptions to Handbook*

# *Welcome to Freedom Healthcare Services*

Freedom Healthcare Services (F.H.S.) is a multi-faceted behavioral health treatment program specializing in recovery, addiction, and mental health services. Our program is established to provide those individuals suffering from substance dependency and behavioral health issues a comprehensive treatment experience. This includes the stabilization of the degenerative process of addiction, encouraging motivation to move forward in recovery and live a drug free lifestyle.

## **Philosophy of Treatment**

Freedom Healthcare Services believes that outpatient treatment when combined with effective individual, group, and family counseling can provide successful treatment for individuals who suffer from the physical and psychological manifestations of opiate dependence.

We further believe that medication assisted therapy is but a beginning and that it is our duty and responsibility to promote a drug-free existence with each individual that we treat. Therefore, we intend to maintain patients on pharmacological assistance for the shortest possible period of time, consistent with the individual's goals and approved medical practice.

Prior to achieving a drug-free existence, it is necessary to cease the use of all illicit drugs, and to drastically change a lifestyle that has been devoted to obtaining and using drugs. We view prescribed medications as a "tool" that will allow a patient to safely cease illicit drug use while providing the opportunity to make these necessary life style changes through participation in effective counseling.

Freedom Healthcare Services believes that successful treatment must be individualized. Our medical team will work with you to customize your recovery process based on your specific medical, psychological, social and spiritual needs. Our clinical team will act as your own Recovery Coach to encourage, educate, and empower you with the skills and tools necessary to guide you through the road to drug-freedom.

Collectively, our staff of dedicated professionals, have years of comprehensive knowledge of treatment and the recovery process for your successful completion of our program. If you are committed to regaining control, establishing a drug free lifestyle and evolving into a new direction in life, Freedom Healthcare Services can work for you.

# *Intake Process/Program Eligibility*

All prospective patients will undergo a two day intake process. Day I will consist of a pre-screening in which the individual will be given a questionnaire, prescriptions for blood work and a urine screening to be collected that day. An appointment will be given for the following day for an intake interview and a medical exam. On day II, the applicant will meet with a counselor who will review with the applicant the questionnaire, treatment history, treatment eligibility and all other intake paperwork. Next, the applicant will meet with one of our medical doctors who will conduct a thorough medical screening which will include but not be limited to the following:

- 1) Medical History
- 2) Physical Examination
- 3) Review of Blood Work
- 4) Review of Urine Screening
- 5) Tuberculosis Testing
- 6) HIV Screening
- 7) Psychological Examination.

Should an applicant be approved for admission, he/she will be assigned and introduced to their individual counselor. An initial counseling appointment will be scheduled and additional paperwork completed. Lastly, if an applicant is deemed appropriate for medication assistance, he or she will be introduced to the nursing staff who will administer an initial dosage, as determined by our Chief Medical Director. All patients are required to be monitored for a determined period of time by the nursing staff following an initial dose during this initial stabilization process. All further dosage adjustments will be coordinated through patient's individual counselor and/or medical staff.

FHS will maintain a high level of care and a professional atmosphere at our facility. FHS reserves the right to request additional information related to criteria for admission at anytime. FHS will comply with all Federal and State guidelines for treatment.

## Coordination of Care

In order to provide safe treatment of the highest quality, all patients who are being prescribed any medication(s) will need to sign the necessary release forms to allow coordination of care between FHS and all prescribing doctors. Methadone and/ or Suboxone cannot be safely prescribed for any patients who are not willing to allow this coordination of care. Copies of all medications, including over the counter medications, must be presented to the nursing staff to be documented and placed into your file. You will further need to inform your individual counselor of medications prescribed or changes to your current medications.

### **Protocol for patients prescribed benzodiazepines and or opiates (i.e., klonopin, xanax, atavin, vicodin, percocets etc.)**

Due to the potentially dangerous interactions of these medications and their potential for abuse, FHS requires signed consents for all treating/prescribing physicians. In addition, a written understanding and agreement to taper off the above medications as determined by consulting physicians is required. Understand, FHS, has the right to refuse treatment for refusal to allow coordination of care.

## *How Medication Works*

Your receipt of this handbook suggests you have met criteria to begin either our MMTP or Suboxone program. Depending on what medication you have been prescribed as part of your recovery process, you may be receiving a prescription for a narcotic medication and controlled substance. As such, we are providing you with a booklet and fact sheet called “About Methadone” and or “Suboxone” which should answer general questions and concerns about the medication. **PLEASE READ THE INFORMATION CAREFULLY.** This information will also be reviewed with you by your individual counselor during a scheduled counseling session.

As with other narcotics, **it is never safe to drink alcohol when using prescribed medications including methadone and/or suboxone.**

Therefore, FHS retains the right to not provide any medication to you if we believe you are under the influence of alcohol or any other non approved medication during your treatment. If FHS suspect you maybe under the influence of alcohol you will be subject to take a breathalyzer.

# ***Treatment Programs Available***

Freedom Healthcare Services understands and recognizes successfully treatment begins with you. Our goal is to establish a working relationship with you in order to assist you in achieving the goal of becoming drug free and recovering from the disease of addiction. It is our responsibility to evaluate, educate, provide treatment, and assist you in adapting and living a healthy lifestyle. We have created the following programs with that in mind.

## **Medication Assisted Treatment**

At FHS, we believe that the process of recovery can be aided by the use of prescription medications when such use is closely monitored by our medical team. Available options at FHS include Methadone treatment and Suboxone treatment. At the time of assessment, the counselor, clinical supervisor, and Chief Medical Director, will work together to determine the medication as well as the level of care most appropriate for your treatment. Medications prescribed are safe and effective if taken as directed. These medications are designed to help eliminate withdrawal symptoms and reduce cravings for those who have become substance dependent.

## **Intensive Outpatient Program**

At FHS, we realize that recovery is a process. Individuals who receive treatment may need various levels of intervention to assist them in achieving and maintaining sobriety. We have developed an Intensive Outpatient Program (IOP) designed to help those patients who may benefit from more frequent and structured groups. This program insures structure, support, and availability of a variety of treatments. The IOP will meet three times a week and includes Group Therapy, Individual therapy sessions, and other supportive interventions.

Groups will focus on issues such as relapse prevention, the disease concept of addiction, co-occurring disorders, family involvement, recovery support systems, craving management, and medication compliance. Individual session will further develop the relationship with you and your counselor in order to personally understand the recovery process. Intervention treatment includes psycho-education, psychotherapy, role-play, small group activities, worksheets, recovery games, videos, and informational journals.

## **Drug Free Program**

In order to provide a broad range of treatment options, FHS will also offer outpatient services for patients not seeking medication assistance. This program will offer drug and alcohol evaluations, individual therapy sessions, group therapy sessions, and IOP. Like all of our services, this program will help provide support, guidance, therapeutic intervention, and referrals to community resources to assist patients in establishing a healthy lifestyle.

## **Family and Support Services Programs**

At FHS we believe that family members, loved ones, co-workers and community members play an integral part of the recovery process for an individual. As a result, we offer multiple support groups that will focus on the concept of treatment. These groups will provide education regarding the disease of addiction, discussion of family and community roles in the recovery process of an individual, support and information for those offering support for persons suffering from the disease.

# ***Patient Services***

The Freedom Healthcare Services (F.H.S.) subscribes to a holistic approach to the treatment of addictive disorders, believing that much that understood about recovery is deeply rooted in the twelve- step principles. Our eclectic approach to counseling provides a wide array of counseling styles which can be varied based on a patient's need. The following methodologies or combination of treatment modalities are offered in order to assist the patient in obtaining their individual treatment goals:

- Individual Psychotherapy
- Group Psychotherapy
- Family Counseling
- Psycho-Educational Groups
- 12-Step Meeting Attendance
- Discussion Groups
- Diagnostic Evaluations

Our therapeutic approach to recovery will encompass each individual's specific medical, psychological, social and spiritual needs.

## **Managements of treatment services**

Our governing body has adopted written procedures for the management of treatment and rehabilitation services for the patients of Freedom Healthcare Services. The Program Director shall oversee the development, approval, monitoring, and evaluation of patient services. This includes review, upgrading, and proposing concepts from intake through discharge of patients.

## ***Patient Responsibilities***

Patients are expected to follow their treatment plans and present on time for scheduled services. While it is recognized that patients have the right to receive quality medical and therapeutic care, it should also be recognized that patients, in turn, have certain responsibilities to FHS in order to insure proper delivery of services. We believe successful treatment begins with trust, hard work, and a mutual understanding of the treatment process. FHS is committed to your overall treatment success! We further believe, "It is not how you act, it's how you react!"

## **RULES**

FHS has rules and regulations governing our facility, staff, and patients. These guidelines must be followed in order to insure safety to our staff and patients. Any violation of the rules and conditions of FHS may cause your inability to receive treatment. These rules apply to patients in our facility and are subject to change:

- 1) No sunglasses or any type of material covering the face (i.e. ski masks, hoods, scarves, etc)
- 2) No children are allowed on the premises.
- 3) No beverages are allowed to be brought into the facility.
- 4) Smoking is not allowed inside or outside the facility
- 5) Illicit drugs and alcohol are prohibited
- 6) Verbal and physical abuse of patients or staff will not be tolerated
- 7) Weapons of any kind are prohibited on facility grounds
- 8) All areas of FHS facility are protected by closed circuit/ video recorded monitoring
- 9) Loitering inside or outside the general area of the facility is not permitted
- 10) No recording devices and/or camera phones are permitted.
- 11) No exchange of drugs and/or paraphernalia inside or outside the facility.
- 12) No use of cell phones inside the building.
- 13) Any type of property destruction and/or theft of the facility are prohibited.

These are just some of the rules and conditions of FHS. Please refer to your patient contract and forms for further information. If you have any questions, please ask your counselor or staff member for more details. FHS retains the right to modify, change, or add additional rules and regulations at any time. Any changes to current policies will be made in writing and posted on at the patient information board in our lobby and made available online.

## **IDENTIFICATION**

Anyone seeking treatment will need to present a current photo identification card (acceptable to State guidelines), social security card, proof of insurance, and proof of income in order to participate in admission.

Upon admission, FHS will utilize a system of patient identification in order to properly identify each patient prior to any treatment services. Each patient will receive a photograph ID card that they will need to present for admission into the facility. This card will have a patient ID number in order for staff to access the patient's records. This ID card is also required to be presented at any nursing station, medical exam or upon request by any employee of F.H.S. in order to ensure proper treatment and security. A photograph of each patient will be taken upon intake and kept in each patient's file at FHS. Each file photo will be labeled containing the patient's ID number and include their name, date of birth, and any other relevant information to correctly identify an individual receiving services at FHS. FHS will update the photograph annually in order to ensure proper identification of each patient.

## **TAKE HOME MEDICATION**

It is the policy of Freedom Healthcare Services to not offer take home medication at this time. Those patients who may encounter a physical disability, hardship, require travel medication or guest dosing arrangements can discuss this with their individual counselor. All requests are subject to staff consultation with a final determination made by the Chief Medical Director.

## **Drug Testing Policy**

Freedom Healthcare Services (F.H.S.) shall complete an initial urine drug screening for each prospective patient in order to determine the type of drugs in the patient's system. Random drug screening will occur on each patient on a case by case basis.

***Please remember that testing is for your best interest. This process allows you the proper treatment in your recovery process. FHS stand by our “NO TOLERANCE” policy in order to provide the best possible treatment for your recovery.***

Testing will also include examination for possible adulteration.

FHS’s Medical Director, Program Director, and patient Counselor will request, as medically needed, more specific drug testing.

F.H.S. will utilize a collection policy which will ensure that the patient’s sample is not adulterated. Collection will occur for a randomly selected patient population on a weekly basis.

In each case, specimens will be observed by appropriate staff. F.H.S.’s staff has the right to request additional specimens at anytime from the patient in cases of suspected violation of program policies. The observed collection will be conducted in an ethical, professional manner, completely respecting the patient’s privacy.

## **Payment of Services**

FHS accepts cash payment. FHS will make every attempt to make financial arrangements with patients easy and affordable. All patients will be asked to provide income verification and insurance documents at time of intake. If a patient has financial problems or needs payment plans, a financial agreement will be placed in writing, signed by the patient, and authorized by the Program Director or the Chief Executive Officer.

## **Operational Hours**

**FHS offers convenient office hours 7 days a week.**

<b>Monday through Friday</b>	<b>7am to 4pm</b>	<b>Medication hours 7am to 11am</b>
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<b>Saturday, Sundays, and holidays</b>	<b>7am to 10am</b>	<b>Medication hours 7am to 10am</b>
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<b>Evenings</b>	<b>by appointment</b>	<b>Medication hours not available</b>
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**FHS after hours 24 hour emergency hotline is 412-722-2729. This line is for emergency situations only.** This line will be answered by a staff member of FHS who will instruct you what to do in cases of emergency including but not limited to natural disasters such as flood, hurricane, and fires.

***Patients with physical health emergencies should go to the nearest emergency room. When able always notify your individual counselor of any hospitalizations.***

## **Patient Rights**

We are pleased that you have called upon FHS for professional services. We will do our best to serve you well. As a patient of our program, you are both entitled to and welcome to:

1. Ask about our professional qualifications.
2. Ask about or comment on agency policies and procedures, including procedures for admission to and discharge from the program.
3. Ask to see and discuss our fee scale.
4. Know about our policies and procedures to protect your privacy to the fullest extent of the law.
5. Discuss any concerns with your counselor and, if you desire, have a three way conference including you, your counselor, and the supervisor.
6. Make suggestions as to how our policies and services can be improved.
7. Have explained procedures for receipt of emergency services.
8. Have information about other programs providing similar service when such information is requested.
9. Have a copy of any or all information release forms.
10. Treatment without being deprived of civil rights.
11. Services without discrimination.
12. Inspect your record.
13. Appeal any denial of access to your record.
14. Request deletion or correction of information in your record.
15. Insert your own statement in your record.
16. Submit a rebuttal of information in your record.
17. Request a review of discharge / termination criteria.
18. Request a review of involuntary discharge criteria.
19. Request all information about our formal grievance procedures for patients.

A patient will have read the above statement, have discussed it with their counselor, and understood its contents. A patient realizes that they may have a copy of this form for their personal records.

## **Patient Support Services**

It is the policy of Freedom Healthcare Services (F.H.S.) to assist patients in obtaining support services when appropriate. Service agreements will be obtained from local providers and updated every two (2) years.

1. A current "Where to Call" directory will be available to staff to assist in matching a patient's needs with appropriate service providers.

2. Specific types of support services will include, but be limited to:
  - A. Educational (Adult)
  - B. Vocational
  - C. Job Development and Placement
  - D. HIV Education
  - E. Legal
  - F. Recreational / Social
  - G. Dental
  - H. Additional Medical Needs

A request by a patient for support services will follow the Referral Policy and Procedure and will be documented on the Progress Notes and on the Discharge Plan by the Primary Care Counselor.

### **Criteria for Completion of Treatment**

A patient will be considered to have completed treatment when the following criteria are met:

1. A demonstrated understanding of the illness of addiction and how it has affected his / her life;
2. A demonstrated understanding and acceptance of the need for continued abstinence from all mood-altering substances;
3. The development of an after care plan to support ongoing recovery; and
4. Substantial achievement of the goals and objectives outlined in the treatment plan.

Individualized goals are based on the particular situations presented by the patient. Each issue chosen to be treated will have a treatment plan with goals and action plans. Treatment is completed when the patient has made substantial progress toward reaching both the basic goals of the program and the individualized goals of each treatment plan. Treatment may also be considered completed when there has been little or no progress, despite various treatment approaches by the staff. In this case, referral is made to another mode of treatment.

### **Involuntary Discharge / Termination**

A patient involuntarily terminated, except one who has committed acts of physical violence or threats of violence shall be afforded by Freedom Healthcare Services (F.H.S.) the opportunity to receive detoxification of at least seven (7) days. This detoxification may take place through F.H.S. or the patient can be referred to another licensed facility or hospital approved for these services.

An involuntary detox can be anywhere from seven (7) to twenty-one (21) days. If a patient is going to be involuntarily detoxed, a written notice will be given. The notice will state the start

date, reason, and an opportunity to request a delay of termination. Every patient has the right to request a delay and to meet with the Program Director to discuss this issue.

Only the FHS Physician may involuntarily terminate a patient from the program if it is deemed that the termination is in the best interest of the health or safety of the patient or others or finds any of the following to exist:

1. The patient has committed or threatened to commit acts of physical violence in or around the premises.
2. The patient possessed a controlled substance without a prescription or sold or distributed a controlled substance, in or around the premises.
3. The patient has been absent from the treatment program for 3 consecutive days or longer without cause.
4. The patient has failed to follow treatment plan objectives.

Your primary counselor will discuss all information again with you during the first few sessions. If you have any questions, please feel free to make an appointment with the program director to discuss in detail.

## **Re-admission**

If a patient requests re-admission after voluntary termination, he / she will be provided with an evaluation interview and be given a priority for appointment should the clinic have a waiting list. The decision to admit will be based on attitude, motivation, and the readiness of the patient to comply with program rules. Any past invoices must be brought to current in order to gain re-admission.

If a patient was involuntarily discharged, he / she will be treated as a new request for admission and subject to any new financial changes or increase in treatment costs. All admissions are assessed by the clinical team to determine suitability for received services.

## ***Grievance and Appeals Process***

Freedom Healthcare Services (F.H.S.) wants to provide you, the patient, with the best services we can so that you may find some relief from the problem with narcotics and other drugs. There may be times when you are dissatisfied with the service you are receiving from F.H.S. and would like to be able to discuss or appeal your situation in a more formal manner. We want the appeal process to be as easy as possible, so we have outlined the specific actions you may appeal, who

may file an appeal, and how to file your appeal. Please follow this process and you will receive a response to your concern within time frames outlined.

**You may appeal the following:**

1. **Length of Stay in Treatment** - This means that you may be dissatisfied with how long you were in treatment. You may have wanted to stay longer or you may have wanted to leave treatment sooner than your counselor recommended.
2. **Level of Care Recommendation** - This is the type of service you were referred to (i.e.: outpatient treatment, inpatient treatment, halfway house, etc.). You may not agree with the recommendation your counselor has developed for you.
3. **Length of Stay in Intensive Counseling / Treatment** - This means that you may not agree with the length of stay in counseling / treatment. You may feel that you need further case management services even though the counselor is ready to discharge you from treatment.
4. **Denial of Termination of Services** - This means that you may be denied services based upon the assessment and you do not agree with this decision.
5. **Result of Financial Liability Determination** - This means that you may not agree with the liability that was determined by the person doing the liability form.
6. **Other** - You may also appeal any other decision made by your counselor or the treatment center that you do not agree with.
7. **Violation of the Patient's Human and Civil Rights** - This shall include the right of the patient to not be discriminated against on the basis of disability, race, religion, national origin, income, gender, sexual orientation, or age.
8. **Recommendations of the Medical Director** – Patient can appeal treatment recommended by the Medical Director in which the patient feels their rights have been violated.

**To File an Appeal / Grievance with Freedom Healthcare Services (F.H.S.)  
Follow These Steps:**

This information will be necessary to assist in reviewing your appeal. Please provide this information at the time you file your appeal.

1. Your name
2. Your counselor's name

3. The name of the facility which you attended or to which you were referred for treatment
4. Date of your assessment
5. Date of the incident if something happened which you want to appeal
6. Description of the incident
7. Location of the incident

**With All of This Information, You Are Now Prepared to File Your Appeal.**

1. Discuss any grievance (complaints) with the counselor responsible for managing your case and attempt to get the problem resolved within ten (10) days of the problem occurring.
2. If you and the counselor do not agree on a satisfactory resolution, the Clinical Supervisor will be notified and attempt to resolve the problem to the mutual satisfaction of you and your counselor. This should occur within ten (10) working days of the problem of occurrence.
3. In the event that the problem is not settled in the first or second step, the issue will be referred to the Program Director. The Program Director will provide a decision, in writing, within ten (10) working days of the receipt of the written grievance. One (1) copy of the decision will be given to you, one (1) copy placed in the patient files, and one (1) sent to the clinical supervisor.
4. If a grievance remains unresolved, or if the original grievance is against the Medical Director, a copy of your written grievance will be submitted to a committee of the Board of Directors. The committee will render a decision, in writing, within fifteen (15) working days to the patient, Program Director, Clinical Supervisor, and the counselor with a copy of the case file. The decision of the board committee will be final.
5. Patient's opinions, recommendations, and grievances, should routinely be taken directly to his / her therapist for consideration or resolution at that level.
6. Should the patient choose to carry the grievance: to the Board of Directors (B.O.D), this option represents the last step in the grievance procedure. Again, the entry must be made in the patient's file. Every effort will be made to resolve the grievance to the satisfaction of all involved. The patient is entitled to be present at all grievances. The B.O.D must respond within 10 days of receiving the grievance. The patient, counselor Program Director, Clinical Supervisor and B.O.D members may be present to hear the grievance.
7. Freedom Healthcare Services will be supportive and encourage a patient advocacy group.

# *Confidentiality of Patient Records*

It is the policy of Freedom Healthcare Services (F.H.S.) to comply with all Federal and State laws pertaining to confidentiality of the drug and alcohol patients.

Federal laws and regulations prohibit the release of the identity or the disclosure of any information that may identify a patient as a drug and / or alcohol abuser. State and Federal laws maintained in this area include 42 CFR 2.22 (related to notice to patients of Federal confidentiality requirements) and 709.28 (relating to confidentiality). The release of the identity or the disclosure of any patient information is prohibited unless:

1. Written consent is given by patient;
2. A court order is obtained that would allow for the disclosure;
3. Disclosure is made to medical personnel in a medical emergency;
4. Disclosure is to qualified personnel for the purpose of audit, research, or program evaluation;
5. Patient commits a crime on the premise; and
6. Patient commits child abuse or neglect.

Information released with written consent to judges, probation or parole officers, insurance companies, health of hospital plans, or government officials is limited to the following:

1. Whether a patient is or is not in treatment;
2. The patient's prognosis;
3. The nature of the project;
4. A brief description of the patient's progress; and
5. A short statement as to whether the patient has relapsed and frequency of relapse.

Violations of any Federal laws and State regulations by FHS may be considered a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

Patients have the right at any time to revoke any written consents by informing the appropriate staff member of his intent.

1. The Consent for the Release of Information Form will be utilized by this program.
2. Originals will become part of the medical record.
3. The patient will be offered copy of all consents.

**Freedom Healthcare Services**

**Grievance Form**

Current Date/ Time: \_\_\_\_\_

Name and ID # of Person Making Grievance: \_\_\_\_\_

Date and time of Incident (if applicable): \_\_\_\_\_

Please write a short narrative description below of the incident that occurred (what happened? Who was involved? How did it affect you? What do you want to happen). If appealing a decision of the clinical team, please state why you feel the decision that was made is unfair (How does this decision violate your rights? In what way do you think this decision was unfair?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The following will be completed by the FHS staff:**

Narrative description of the Follow-up to the grievance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Determination: \_\_\_\_\_

\_\_\_\_\_

Conducted by: \_\_\_\_\_

Date: \_\_\_\_\_

Copy filed in: \_\_\_ patient file \_\_\_ grievance log book

## **Storage of Patient Records**

It is the policy of Freedom Healthcare Services (F.H.S.) to protect patient confidentiality by secure storage of all medical and patient records.

### **Procedure**

1. Active patient records shall be stored in the counseling area in locked file cabinets.
2. The security of these files shall be the responsibility of the counseling staff.
3. These file cabinets are to remain locked at all times when not being accessed.
4. Keys to these cabinets will be held by the Program Director and counseling staff.
5. Medical records for active patients shall be stored in a locked file cabinet within the nursing area.
6. The nurse who is designated as the Charge Nurse for the day is to handle request for a patient's record by having the staff member sign in and out the chart. Charts must be returned at the end of the work day.
7. Keys to these cabinets will be held by the Program Director and medical personnel.
8. Discharge patient records shall be stored in a central area of the clinic in locked file cabinets and shall be locked at all times until accessed.
9. Upon discharge, the medical records are combined with the clinical records to create one file.
10. The Program Director and Medical Director will have keys to these areas.

## **Exceptions to Patient Handbook**

Freedom Healthcare Services (FHS) does retain the right to request, at the time of application or any time thereafter, to request an exception from a specific regulation.

Freedom Healthcare Services will comply with the following if an exception is requested:

- 1) The request will shall be in writing and FHS will state who we will meet the intent of the regulation
- 2) FHS understands that the Department may withhold granting the request and may require FHS to be in operation to assess whether the exception is appropriate
- 3) FHS understands that the Department reserves the right to revoke any exception previously granted
- 4) FHS shall maintain documentation of the Department's approval of an exception
- 5) If the exception relates to a specific patient, FHS shall maintain documentation of the exception in the patient's record file.