Dear Patient, Family and Friends,

Hospital admissions are always stressful. We hope this handbook will answer some of your questions and lessen some of your concerns as you, your friend or family member enter treatment.

Here is some practical information that may be useful:

Telephone numbers:
- Hospital (937) 498-2311
- BHU Unit (937) 498-5578
- Toll-free 1-800-589-9641 extension 2000

Visiting hours:
- Monday – Friday 2:00 PM to 4:00 PM
- Tuesday and Thursday 6:00 PM to 8:00 PM
- Saturday and Sunday 2:00 PM to 5:00 PM

As an important part of their treatment, patients are involved in group and individual therapy throughout the day. So, please visit only during designated visiting hours.

Any Behavioral Health Unit staff member will be glad to answer your questions. Please reach them by telephone at the number listed above to discuss the program or any concerns you may have.

Unit Staff: Psychiatrist
- Medical Director
- Unit Director
- Social Worker
- Nursing Staff (RN, LPN)
- Mental Health Technician
- Activity Coordinator
- Community Liaison

Lastly, we are pleased to offer assistance to your family member and to you.

Sincerely,

Behavioral Health Unit Staff
INTRODUCTION

This handbook was developed specifically to acquaint you, your family members and significant others with the Behavioral Health Unit, and to provide information that will help you:

- Better understand our program.
- Be aware of certain policies and procedures important to the privacy and safety of all our patients.
- Participate in all the family portions of our treatment program.
- Know where to turn when you need help, have questions, or require further information.

Our goal is to maintain and improve the patient’s quality of life and enhance the patient’s self-respect and dignity. Consistent with our holistic treatment philosophy, equal emphasis is placed on the healing of mind, body and spirit.

Our Geriatric program is designed to diagnose and treat the complex problems of older adults. In our program each patient has a treatment team of medical and clinical professionals. They work together to pinpoint the nature of the problem and help the patient and their family begin the recovery process.

During the next few days, our staff will be evaluating the patient to determine his or her specific problems. Our evaluations require us to obtain accurate and detailed information about the patient’s physical, mental and emotional status in the past and present, and about the relationship that exists between the patient and family. Therefore, we place great value on family involvement in the treatment process.

We realize this is a difficult time for you. You are most likely feeling a bit relieved and a bit saddened. These feelings are normal. The staff of the Behavioral Health Unit want you to know, that we commit ourselves to help the patient and you to set aside fear and anxiety, to discover new and healthier ways of living, to return to a more productive way of life, and to live in hope.
ADMISSION TO THE BEHAVIORAL HEALTH UNIT

Upon your arrival you will be met by a staff member who will assist you with your belongings and help you get settled in your room. He or she will also be available to give you a tour of the unit.

After you are settled, a registered nurse will talk with you about the events and problems leading to your arrival and about the goals you have for your treatment. This will be the first step in planning your care.

You will be seen by a physician within 24 hours of admission.

During your stay you will be assigned a Social Worker, who will interview you to obtain a psychosocial history which will aid in formulating an individualized treatment plan which guides your recovery.

Scheduled therapeutic activities are a major part of your inpatient treatment. Below is an explanation of some of these activities.

1) Wake-up: Wake-up time has been scheduled at 6:30 AM for two reasons. A regularly scheduled time to wake up will help you develop a positive pattern. Secondly, you will have an opportunity for personal grooming and hygiene before daily scheduled activities begin.

2) Meals: Meals are served on the Unit at the following approximate times:

   8:00am – Breakfast
   12:00pm – Lunch
   5:00pm – Dinner

   Patients are to be present for all meals. Patients may be excused from meals only by the nurse in charge, if, in the nurse’s opinion the patient is too ill to go to the dining room. When a patient cannot eat in the dining area, provisions will be made for the patient to eat in his/her room. No other food is allowed in the patient’s room.

3) Vital signs: Temperature, pulse, respiration, and blood pressure will be taken at least once per nursing shift.

4) Medications: There shall be no use of a medication or prescription without the written approval of the staff physician. All medications are to be administered by our staff. If you require medication for any chronic condition such as diabetes, coronary problems, allergies, etc., this information will be verified by our medical staff and medications administered by a licensed nurse.
5) Group therapy: A major component in your recovery is group therapy. Through group, you will learn that others have similar problems. They, like you, are seeking recovery from their illness. It is in this highly important component of treatment that you begin to get well. It requires courage, honesty, and risk-taking. To aid in your recovery process, you must be in touch with your feelings. Only then will you learn to deal with your feelings.

All information shared in this group is to be kept strictly confidential. What you see or hear in group therapy is to stay within your group. Outside the group, you may talk about yourself to anyone you wish; however, you are not to discuss what another group member has shared in group. The group facilitator will be discussing information disclosed by you with other appropriate staff members for the sole purpose of receiving multi-disciplinary input into your individualized treatment plan.

6) Didactic: Lectures on some aspects of physical and mental health and/or personal growth will be a part of your recovery process. Such topics as medication and illness education will be provided by a Registered Nurse.

7) Activities: Various group activities will be provided with a focus on orientation to the environment, promoting socialization, stress management, coping skills, self-esteem and relaxation.

8) Individual Psychotherapy: One-on-one sessions with the trained professional will be a part of your treatment. Increased understanding and insight into the behavior is sought.

9) Psychological Testing: In order to aid in the assessment process and in appropriate treatment planning, psychological tests may be ordered. The type of psychological tests will be determined by the psychiatrist.

10) Family Therapy: Involvement of the patient’s family is an important aspect of our treatment. Close family members, as appropriate, may be asked to attend these sessions. The family members participate in a Group Therapy session with the patients and are asked to follow the confidentiality rule. All information shared in this family group is to be kept strictly confidential and is not to be discussed with anyone outside the group.

11) Dietary Service: Individual and group nutritional counseling and lectures by a registered dietician or qualified staff.

12) Physical Therapy: Physical Therapy rehabilitative services will be provided for patients whose concurrent physical problems require rehabilitation as part of their comprehensive treatment. This may include, as necessary, speech therapy and/or occupational therapy.
13) Pastoral Services: All patients are eligible to receive pastoral services, as desired and as available, within their individual treatment plan. You may have visitation from your own clergy who may visit you when you are not involved in a unit activity.

14) Medical Consultation and Treatment: Your medical status will be evaluated by the unit Medical Director or other designated physician. The physician will coordinate your medical care including any needed consultations.
To help you understand the roles and the different professionals and clarify who you should contact for specific information or help, the following list of staff roles is provided:

Psychiatrist: The psychiatrist directs the care you receive. The psychiatrist, in consultation with your medical doctor, determines necessary treatments and interventions, prescribes medications, orders testing and meets regularly with you.

Social Worker: The social worker provides individual therapy, facilitates group therapy, and is directly involved in treatment planning and discharge planning. The social worker also provides information and assistance for you on resources appropriate to your needs related to living arrangements, financial assistance, advocacy, and supportive services available within the community.

Nursing Staff: Each patient receives care directed by a registered nurse. The nurse provides medication education, didactic lectures, groups, and individual sessions.

Psychologist: A licensed psychologist will be available for diagnostic evaluations and treatment if ordered by the psychiatrist.

Activity Coordinator: The activity coordinator provides individual assessment and group activities.
GUIDELINES AND EXPECTATIONS

1. TREATMENT GROUPS
   Patients are expected to attend all treatment activities.

2. PHONE
   A portable phone is provided for patient’s use. The use of the phone
   should be during non-structured time.

3. ROOMS
   Patients will be encouraged, and assisted by staff as needed, to keep
   rooms neat and orderly.

4. TELEVISION
   There is a television in the activity room. The democratic process must be
   followed in selecting programs. TV watching is not to interfere with
   treatment activities.

5. BEDTIME
   All patients are asked to be in their rooms by 10:00 pm. If you have
   difficulty sleeping, please notify the nurse.

6. MEDICATIONS
   Medications will be dispensed by the nurse from the nurse’s station. You
   will be expected to participate in the Medication Education Groups to learn
   more about your prescribed medications, possible side effects and any
   precautions that might be indicated.

7. DRESS
   Recommended dress is casual clothing. Dress is to be appropriate at all
   times. Shoes or slippers must be worn. Staff will give feedback as to
   what is not appropriate. We request that you be dressed for breakfast
   and remain dressed until retiring for bed. We also ask that you use
   pajamas or gowns for bedtime.

8. MEALS
   Meals will be provided on the unit in the activity room.

9. LAUNDRY
   Patient laundry area and equipment is provided. Staff will assist patients
   as needed.
GUIDELINES AND EXPECTATIONS CONTINUED

10. VISITING
Visiting hours are daily. The times are: Monday through Friday 2:00 to 4:00 PM, Tuesday and Thursday 6:00 to 8:00 PM and Saturday and Sunday 2:00 to 5:00 PM. Visitors must be 14 years of age or older. Visitors must check in with the nurse. The number of visitors is limited to two at a time.

11. VALUABLES
All valuables, including home medications, are to be sent home. The hospital assumes no responsibility for jewelry, money, credit cards, or clothing that may be lost. We suggest you carry no more than $5.00. The hospital safe is also available for valuables.

12. MAIL
Mail may be left at the nurse’s station and will be sent out each afternoon. Patient mail will be given to the patient as it is received.

13. PERSONAL ITEMS
Personal care items may be supplied by you or your family. If personal care items are needed please inform staff.

14. PACKAGES
All packages brought to the unit must be checked as a safety precaution. Alcohol and drugs are not allowed.

15. CONFLICTS
If you have a problem with another patient, discuss it with a staff member.
UNIT RULES

In order to maintain a safe, healthy, and orderly environment in which the treatment program will be effective for each of the patients, all the patients must adhere to a set of rules governing their group living situation. This patient handbook will help you with these rules.

1. Patients are expected to adhere to the time schedule of planned activities, unless otherwise altered by the physician or nursing staff.

2. Patients must be appropriately dressed and ready for unit activities by 8:00 am. Appropriate, comfortable street clothes is the preferred dress.

3. Visitors are asked to avoid coming during non-visiting hours because of the unit activities in which the patients will be participating.

4. A phone for patient use will be provided as needed. Phone calls should only take place between 1:00 and 2:00 pm and 6:00 and 8:00 pm. Patients are asked to furnish the phone number to family and friends. Family member are asked not to use the patient phone.

5. Patients may not keep more than $5.00 on the unit. All items described as “valuable” should be sent home with family members or deposited with the hospital security for safekeeping. We assume no responsibility for valuables not placed in security.

6. Smoking is not permitted.

7. All patients have the right to a safe environment, free from fear that dangerous or potentially dangerous items are available on the unit that may be used to hurt themselves or others. For this reason, all items deemed as dangerous by staff members will be confiscated and stored. Such items may include, but is not limited to:

   a. Razor blades, straight razors, safety razors.
   b. Knives or any items that may be used as a knife
   c. Cigarette lighters and matches
   d. Medicines brought from home
   e. Nail files and clippers.
   f. Scissors.
   g. Glass items, except eyeglasses.
   h. Mirrors, including those in compacts.
   i. Needles, hooks, and pins
   j. Metal cans and breakable hard plastic items
   k. Rope, chain, corded items, and heavy jewelry.
   l. Shaving lotion, polish remover, and caustic liquids.
m. Alcohol and/or illicit drugs.
n. Cameras.
o. Tape recorders.
q. Plastic bags.

Daily grooming items may be checked out by the nursing staff and patients may use them while being supervised by a staff member. A luggage search will be performed upon admission and on occasions when the staff has reason to believe contraband may be on the unit. Patients will be informed and allowed to be present during the search. This procedure is for the protection of all patients and will be done respecting the privacy and dignity of the patient.

8. Electrical appliances may be kept only after a maintenance staff member has checked them and tagged them safe for use.

9. Patients should wear their identification bracelets throughout their stay.

10. Any changes in health or any injuries sustained on the unit must be reported to the nursing staff.

RULES FOR VISITING

1. No one under the age of 14 years is allowed on the Unit.

2. Only two (2) visitors per patient may visit the Unit.

3. If patients choose to visit in their rooms, the doors of the room must remain open at all times.

4. Any possessions brought for the patient must be handed to the staff at the door to the unit. Items will be given to the patient after visiting hours.

5. No person may bring a purse, bag, tote bag, etc. on the unit during visiting hours.

6. Visitors are not to have in their possession at any time sharp objects (knives, etc.) Visitors should not bring any type of medication on the Unit. This includes over the counter as well as prescription medications. Alcohol or any mood-altering substances are not allowed on the Unit.

7. Any visitor with the smell of alcohol on their breath or who is clearly under the influence of alcohol or mood-altering substances or drugs will be asked to leave the hospital at the staff’s discretion.

8. Any visitor found not abiding by the rules will be asked to leave at the staff’s discretion.

PLEASE ADHERE TO THESE RULES DURING VISITING HOURS. WE WANT YOUR VISIT TO BE A PLEASANT EXPERIENCE FOR BOTH YOU AND THE PATIENT.
CONFIDENTIALITY

Because our program is a behavioral health unit, all of our patients – including your family member – are protected by State and Federal laws concerning patient confidentiality. Consequently, there are limits to what we can share or disclose about a patient to families, friends, and others without the patient’s written consent.

We honor the patient’s right to confidentiality without exception. The protection of patient privacy and confidentiality is a responsibility we take seriously. Although we encourage patients, when appropriate, to share with family members what they have learned, we cannot force a patient to do so.

In a similar way, even though you, as a family member, are not our patient, we want to do all we can to insure your confidentiality. Although we would encourage you to share with the patient anything you share with us that has a bearing on the successful functioning of your family, we do not disclose to the patient, as a matter of course, everything you share with us.

Because you participate in formal treatment activities where patients aside from your family member are present, and because you participate in treatment with members from other families, we ask that you honor the State and Federal regulations concerning patient confidentiality. Please do not disclose to anyone the identity or presence of any patient or family member on the unit. Likewise, we ask that you do not disclose to anyone anything done or said by a patient or family member in groups you attend.

To protect the patient's confidentiality, any person calling or visiting must provide this identification number ___________. Without this identification number, the patient’s presence on our unit will not be acknowledged.

SAFETY

The goal of the Behavioral Health Unit is to promote a safe environment for patients and staff while providing and environment that is least restrictive.

However, there may be instances when restraints or seclusion are medically necessary.

Restraint or seclusion use is limited to emergencies in which there is an imminent risk of an individual physically harming themselves, other patients, staff members, or property, and non-physical interventions have been attempted and deemed ineffective.

When restraints or seclusion are used, the staff are committed to protecting the individual’s health and safety, and preserving his or her dignity, rights, and well-being. In addition, restraint or seclusion use is always ended at the earliest possible opportunity.

When clinically appropriate, family is always involved in the decisions and activities that relate to the use of restraint or seclusion. This is intended to promote communication with providers, and support and advocacy for the patient.
CONFIDENTIALITY OF PATIENT RECORDS

The confidentiality of patient records is protected by Federal Law and Regulations. Generally this program may not say to a person outside the program that a patient attends the program or disclose any information identifying someone as a patient of the program UNLESS:

1. The patient consents in writing
2. The disclosure is allowed by Court Order
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research; audit or evaluation.

Federal Law and Regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime. Criminal acts of this nature will be reported.

Federal Law and Regulations do not protect any information about suspected child abuse or neglect from being reported under State Law to the Division of Protective Services or to the District Attorney.

Violation of the Federal Law and Regulations by a program or a person is a crime. There is a criminal penalty for violation of Federal Law or Regulations requiring confidentiality of alcohol and drug abuse patient records: a fine of not more than $500 in the case of a first offense, and not more than $5,000 in the case of each subsequent offense.

Suspected violations may be reported either to the Director, National Institute on Drug Abuse or to the Director, National Institute on Alcohol Abuse and Alcoholism both at 50 Fishers Lane, Rockville Maryland 20857. Suspected violations may also be reported to the United States Attorney for the judicial district in which the violation occurs.

A. Ohio law provides specific safeguards for your rights while you are receiving inpatient treatment. This statement is designed to acquaint you and your family with those rights. Additional questions regarding your rights may be discussed with the staff or with your physician. The right to be informed within twenty-four hours of admission of the rights described in this policy, and to request a written copy of these rights. The right to receive information in language and terms appropriate for the patient’s understanding.
Basic Rights

A. You have the basic right to treatment regardless of race, religions, sex, ethnicity, age, or handicap. This is your fundamental right as a patient and your physician’s and the hospital’s fundamental responsibility to you.

B. The fact of your hospitalization does not affect your legal competency. You have the right to exercise your basic rights as a citizen provided you are legally competent.

C. If you are hospitalized involuntarily, you have the right to request a prompt hearing before the probate court. You have the right to be represented by an attorney at this hearing and to have an independent professional evaluation of your condition.

D. Your physician must maintain a current, written treatment plan (which is maintained by the hospital). You have the right to obtain information regarding that treatment plan in understandable terms.

E. You or your attorney have the right to request your treatment plan be provided to your attorney or private physician.

F. You should realize that you may not be deprived of any civil right or public or private employment on the basis of receiving services for a mental disability.

G. You have the right to request the opinion of a consultant at your own expense.

H. You have the right to be involved in the development of a current individualized service/treatment plan that addresses the needs and responsibilities of an individual that specifies the provision of appropriate and adequate services, as available, either directly or by referral; and the right to actively participate in the treatment plans with the staff including services necessary upon discharge.

I. No inpatient psychiatric service provider employee may be a person’s guardian or representative if the person is currently receiving services from said facility.

J. The right to have access to one’s own psychiatric, medical or other treatment records, unless access to particular identified items of information is specifically restricted for that individual patient for clear treatment reasons in the patient’s treatment plan. If access is restricted, the treatment plan shall also include a goal to remove the restriction.

Right to Treatment - You have a right to humane care and treatment including, but not limited to:

A. The right to a humane psychological and safe physical environment.

B. The right to the least restrictive environment consistent with your treatment needs.

C. The right to give full informed consent to services prior to commencement and the right to decline services absent an emergency. The right to decline or consent to restraint or seclusion. The right to be free from restraint or seclusion unless there is imminent risk of physical harm to self or others.
D. The right to carefully prescribed medication and treatment consistent with your individual requirements free from unnecessary or excessive medication.

E. The right to be free from restraints or isolation unless medically/psychologically necessary.

F. The right to periodic information concerning your condition, progress, and programs to ensure return to the community.

G. The right to prompt and adequate medical treatment if you become ill or injured.

H. The right to be informed of any treatment or therapy including expected physical and medical consequences.

I. The right to consult with an independent specialist, legal counsel, and Ohio Legal Rights Services (Ohio Legal Rights Services, 1-800-282-9181).

J. The right to give your informed consent for certain treatment procedures.

K. The right to reasonable protection from physical or emotional abuse or harassment.

L. The right to formulate advance directives, submit them to hospital staff, and rely on practitioners to follow them when within the parameters of the law.

M. The right to consent to or refuse the provision of any individual personal care activity and/or mental health services/treatment interventions.

N. The right, when on voluntary admission status, to decline medication, unless there is imminent risk of physical harm to self or others.

O. Each inpatient psychiatric service provider shall obtain the informed consent of a patient and/or when appropriate, a guardian, for all prescribed medications that have been ordered, except in an emergency, and for those medical interventions as referenced in and in accordance with section 5122.271 (A) of the Revised Code.

P. Each inpatient psychiatric service provider shall ensure that the patient and legal guardian, when legally appropriate, receives written and/or oral information in a language and format that may be standardized and that is understandable to the person receiving it.

Q. Information shall include the anticipated benefits and side effects of the intervention, including the anticipated results of not receiving the intervention, and of alternatives to the intervention.

R. Persons served shall be given the opportunity to ask questions, seek additional information and provide input before the intervention or medication is administered/dispensed.

S. Documentation shall be kept in the patient’s medical record regarding the patient’s participation in this process, including the patient’s response, objections, and decisions regarding the medication or medical intervention. Such documentation may be
accomplished through a notation from an appropriate professional staff person, signature of patient and/or guardian, or other mechanism.

T. For purposes of informed consent specific to medication, each psychiatric inpatient service provider shall ensure that the patient and parent or legal guardian when legally appropriate receives written and/or oral information from a physician, registered nurse and/or registered pharmacist.

U. The right when hospitalized by order of a probate or criminal court to decline medication unless there is imminent risk of harm to self or others, or through an order by the committing court, except that involuntary medication is not permitted, unless there is imminent risk of harm to self or others, for persons admitted for a competency evaluation under division (G) (3) of section 2945.371 of the Revised Code or admitted for sanity evaluation under division (G) (4) of section 2945.371 of the Revised Code. The inpatient psychiatric service provider shall provide the opportunity for informed consent.

V. Each inpatient psychiatric service provider shall ensure that patient and family education is an interdisciplinary and coordinated process, as appropriate to the patient’s treatment plan, consistent with patient confidentiality and documented in the medical record. Education shall incorporate appropriate members of the treatment team, types of materials, methods of teaching, community educational resources, and special devices, interpreters, or other aids to meet specialized needs.

If you are not physically able to receive the information required or are unable to understand it, the information may be provided to your guardian why may then give written consent.

Right to Communicate - You have the right to communicate freely with others, unless, specifically restricted in your treatment plan for clear treatment reasons. These reasons will be explained to you and your family. Your rights in this area include:

A. The right to receive visitors at reasonable times.

B. The right to have reasonable access to telephones and to make and receive confidential calls including a reasonable number of free calls if unable to pay for them and assistance in calling if necessary.

C. The right to have ready access to letter writing material, including a reasonable number of stamps without cost if unable to pay for them, and to mail and receive unopened correspondence and to receive assistance in writing if requested and needed.

D. You have the right to contact the Patient’s Rights Advocate/Specialist at extension 5542.

Personal Rights – You have the right to personal privileges consistent with health and safety considerations, including, but not limited to:

A. The right to wear personal clothing and maintain your personal effects.

B. The right to be provided with neat, clean and seasonable clothing if unable to provide your own.
C. The right to maintain your personal appearance according to individual taste, including head and body hair.

D. The right to keep and use personal possessions, including toiletry articles.

E. The right to have access to individual storage space for your private use.

F. The right to keep and spend a reasonable sum of money for expenses and small purchases.

G. The right to receive and possess reading materials without censorship, except when the materials create a clear and present danger to the safety of others.

H. The right to socialize with men and women, subject to supervision, unless specifically withheld in your treatment plan.

Others

A. The right to reasonable privacy, including periods and places of privacy. The right to reasonable privacy and freedom from excessive intrusion by visitors, guests and non-hospital surveyors, contractors, construction crews or others. The right to be advised of and refuse observation by techniques such as on-way vision mirrors, tape recorders, televisions, movies, or photographs, or other audio and visual recording technology. This right does not prohibit a hospital from using closed-circuit monitoring to observe seclusion rooms or common areas, which does not include patient bedrooms and bathrooms.

B. The right to free exercise of religious worship, including the right to services and religious materials within the capacity of the hospital to provide.

C. The right to refuse to perform labor which involves the operation, support, or maintenance of the unit or hospital.

D. The right to have your presence brought to the attention of your spouse, guardian, next of kin, or other responsible persons and physician.

E. If you are hospitalized on a voluntary basis, you have the right to receive assistance in making and presenting a request for release.

F. The right, if you are hospitalized on an involuntary basis, to apply for voluntary admission at any time.

G. You have the right to request for inspection:

1. the hospital license granted by the Ohio Department of Mental Health;
2. the names and addresses of the owners of the hospital;
3. the comprehensive plan of service; and
4. reports with patient volume, financial information regarding total charges, and length of stay information.
H. The Patient Financial Services has representatives who are available to answer questions about your hospital bill. It is your right to contact them (at extension 5321), if you have questions.

I. You have the right to services at no charge that assist patients, families, and significant others with deafness/hearing impairments. You also have access to interpreters at no charge.

J. You have the right to receive information regarding charges incurred for hospital services.

K. You have the right to receive information about visitation policies, visitation restriction and unit policies, informed consents, access to your medical record, requirements for completion of medical records.

L. You have the right to complete an evaluation of staff and services.

M. You have the right to participate in your treatment planning.

N. The right to exercise rights without reprisal in any form including the ability to continue services with uncompromised access. No right extends so far as to supersede health and safety considerations.

Rights to Involuntary Patients – If you are admitted involuntarily, you have the right to be informed of your rights and to be provided with a written statement of the following.

A. You have the right to receive information about visitation policies, visitation restriction and unit policies, informed consents, and access to your medical record. The right to make a reasonable number of telephone calls to obtain legal, medical, or psychological assistance. If you need help in making these calls, it will be provided.

B. You have the right to retain legal counsel and to have an independent expert evaluation of your condition. The Ohio Legal Rights Services, a state agency is available to provide information and other assistance to all patients. If you cannot provide counsel for yourself, you may ask the court to appoint one for you, who may obtain independent evaluation of your mental condition at public expense.

A. You have the right to request a prompt hearing to determine the validity of your hospitalization.

B. You have the right to pursue your release through a writ of habeas corpus.

C. You have the right to exercise your basic rights as a citizen. The fact of your hospitalization does not affect your legal competency.

Hearing Procedures – Involuntary patients have the right to request a hearing upon involuntary hospitalization and the right to various court hearings, including the following.

A. The right to have a hearing conducted within five (5) court days from the day which such hearing was requested after involuntary detention.
B. The right to waive this hearing in the presence of the judge, where upon the hearing will be held within thirty (30) days.

C. The right to a full hearing within ninety (90) days from the initial hearing, if you request such hearing.

D. The right to a mandatory hearing at least every two (2) years after the expiration of the first ninety (90) day period and on the initial application for continued commitment.

E. The right to attend all hearings.
Your rights while you are a Medicare hospital patient

- You have the right to receive all the hospital care that is necessary for the proper diagnosis and treatment of your illness or injury. According to Federal law, your discharge date must be determined solely by your medical needs, not by “Diagnosis Related Groups” (DRGs) or Medicare payments.
- You have the right to be fully informed about decisions affecting your Medicare coverage and payment for your hospital stay and for any post-hospital services.
- You have the right to request a review by a Quality Improvement Organization (QIO) of any written Notice of Noncoverage that you receive from the hospital stating that Medicare will no longer pay for your hospital care. QIOs are groups of doctors who are paid by the Federal government to review medical necessity, appropriateness, and quality of hospital treatment furnished to Medicare patients. The phone number and address of the QIO for your area is:

  Ohio KePRO  
  Rock Run Center, Suite 100  
  5700 Lombardo Center Dr.  
  Seven Hills, OH 44131  
  1-800-589-7337

Talk to your doctor about your stay in the hospital

- You and your doctor know more about your condition and your health needs than anyone else. Decisions about your medical treatment should be made between you and your doctor. If you have any questions about your medical treatment, your need for continued hospital care, your discharge, or your need for possible post-hospital care, don’t hesitate to ask your doctor. The hospital’s patient representative or social worker will also help you with your questions and concerns about hospital services.

If you think you are being asked to leave the Hospital too soon

- Ask a hospital representative for a written notice of explanation immediately, if you have not already received one. This notice is called a “Notice of Noncoverage.” You must have this Notice of Noncoverage if you wish to exercise your right to request a review by the QIO.
- The Notice of Noncoverage will state either that your doctor or the QIO agrees with the hospital’s decision that Medicare will no longer pay for your hospital care.
- If the hospital and your doctor agree, the QIO does not review your case before a Notice of Noncoverage is issued. But the QIO will respond to your request for a review of Notice of Noncoverage and seek your opinion. You cannot be made to pay for your hospital care until the QIO makes its decision, if you request the review by noon of the first work day after you receive the Notice of Noncoverage.
- If the hospital and your doctor disagree, the hospital may request the QIO to review your case. If it does make such a request, the hospital is required to send you a notice to that effect. In this situation the QIO must agree with the hospital or the hospital cannot issue a Notice of Noncoverage. You may request that the QIO reconsider your case after you receive a Notice of Noncoverage, but since the QIO has already reviewed your case once, you may have to pay for at least one day of hospital care before the QIO completes this reconsideration.
(continued)

If you do not request a review, the hospital may bill you for all the costs of your stay beginning with the third day after you receive the Notice of Noncoverage. The hospital, however, cannot charge you for care unless it provides you with a Notice of Noncoverage.

How to Request a Review of the “Notice of Noncoverage”

If the Notice of Noncoverage states that your physician agrees with the hospital’s decision

- You must make your request for review to the QIO by noon of the first work day after you receive the Notice of Noncoverage by contacting the QIO by phone or in writing.
- The QIO must ask for your views about your case before making its decision. The QIO will inform you by phone and in writing of its decision on the review.
- If the QIO agrees with the Notice of Noncoverage, you may be billed for all costs of your stay beginning at noon of the day after you receive the QIO’s decision.
- Thus, you will not be responsible for the cost of hospital care before you receive the QIO’s decision.

If the Notice of noncoverage states that the QIO agrees with the hospital’s decision

- You should make your request for reconsideration to the QIO immediately upon receipt of the Notice of Noncoverage by contacting the QIO by phone or in writing.
- The QIO can take up to three working days from receipt of your request to complete the review. The QIO will inform you in writing of its decision on the review.
- Since the QIO has already reviewed your case once, prior to the issuance of the Notice of Noncoverage, the hospital is permitted to begin billing you for the cost of your stay beginning with the third calendar day after you receive your Notice of Noncoverage even if the QIO has not completed its review.
- Thus, if the QIO continues to agree with the Notice of Noncoverage, you may have to pay for at least one day of hospital care.

NOTE: The process described above is called “Immediate Review”. If you miss the deadline for this review while you are in the hospital, you may still request a review of Medicare’s decision to no longer pay for your care at any point during your hospital stay or after you have left the hospital. The Notice of Noncoverage will tell you how to request this review.

Post Hospital Care

When your doctor determines that you no longer need all the specialized services provided in a hospital, but you still require medical care, he or she may discharge you to a skilled nursing facility or home care. The discharge planner at the hospital will help arrange for the services you may need after your discharge. Medicare and supplemental insurance policies have limited coverage for skilled nursing facility care and home health care. Therefore, you should find out which services will or will not be covered and how payment will be made. Consult with your doctor, hospital discharge planner, patient representative and your family in making preparations for care after you leave the hospital. Don’t hesitate to ask questions.

Acknowledgment of receipt: “My signature only acknowledges my receipt of the Message from Wilson Memorial Hospital on _____________ and does not waive any of my rights to request a review or make me liable for any payment.”

_________________________________________
Signature of beneficiary or person acting on behalf of beneficiary.
NOTICE OF PRIVACY 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.

The terms of this Notice of Privacy Practices apply to The Shelby County Memorial Hospital Association, dba Wilson Memorial Hospital, operating as a clinically integrated health care arrangement composed of Wilson Memorial Hospital, Wilson Memorial Hospital Home Health / Hospice, Wilson Care, Inc., Wilson Memorial Hospital Medical Staff and its affiliates. The members of this clinically integrated health care arrangement work and practice at Wilson Memorial Hospital and its subsidiaries. All of the entities and persons listed will share personal health information of patients as necessary to carry out treatment, payment, and health care operations as permitted by law.

We are required by law to maintain the privacy of our patients’ personal health information and to provide patients with notice of our legal duties and privacy practices with respect to your personal health information. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all personal health information maintained by us. You may receive a copy of any revised notices at all main entrances of the Hospital as well as all Wilson Care, Inc. offices or a copy may be obtained by mailing a request to Vice President of Finance, Wilson Memorial Hospital, 915 W. Michigan Street, Sidney, Ohio 45365.

USES AND DISCLOSURES OF YOUR PERSONAL HEALTH INFORMATION

Your Authorization and Consent. Except as outlined below, we will not use or disclose your personal health information for any purpose unless you have signed a form consenting to or authorizing the use or disclosure. You have the right to revoke that consent or authorization in writing unless we have taken any action in reliance on the consent or authorization.

Uses and Disclosures for Treatment. With your signed consent, we will make uses and disclosures of your personal health information as necessary for your treatment. For instance, doctors and nurses and other professionals involved in your care will use information in your medical record and information that you provide about your symptoms and reactions to plan a course of treatment for you that may include procedures, medications, tests, etc.

Uses and Disclosures for Payment. With your signed consent, we will make uses and disclosures of your personal health information as necessary for payment purposes. For instance, we may forward information regarding your medical procedures and treatment to your insurance company to arrange payment for the services provided to you or we may use your information to prepare a bill to send to you or to the person responsible for your payment.

Uses and Disclosures for Health Care Operations. With your signed consent, we will use and disclose your personal health information as necessary, and as permitted by law, for our health care operations which include clinical improvement, professional peer review, business management, accreditation and licensing, etc. For instance, we may use and disclose your personal health information for purposes of improving the clinical treatment and care of our patients.

Our Facility Directory. We maintain a patient visitor listing which lists your name and room number. Unless you choose to have your information excluded from this directory, the information will be disclosed to anyone who requests it by asking for you by name. We also maintain a clergy listing which lists your name, location, and religious affiliation. This information is provided to members of the clergy. We also maintain a hospital chaplain directory which includes your name, location, and religious affiliation. This information is provided to the hospital chaplains. You have the right during registration to have your information excluded from this directory and also to restrict what information is provided and/or to whom.
NOTICE OF PRIVACY PRACTICES (cont’d)

Family and Friends Involved In Your Care. With your approval, we may from time to time disclose your personal health information to designated family, friends, and others who are involved in your care or in payment of your care in order to facilitate that person’s involvement in caring for you or paying for your care. If you are unavailable, incapacitated, or facing an emergency medical situation, and we determine that a limited disclosure may be in your best interest, we may share limited personal health information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of care for you.

Business Associates. Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, legal services, etc. At times it may be necessary for us to provide certain of your personal health information to one or more of these outside persons or organizations who assist us with our health care operations. In all cases, we require these business associates to appropriately safeguard the privacy of your information.

Fundraising. We may contact you to donate to a fundraising effort for or on our behalf. You have the right to “opt-out” of receiving fundraising materials/communications and may do so by sending your name and address to Director of Foundation, Wilson Memorial Hospital, 915 W. Michigan Street, Sidney, Ohio 45365 together with a statement that you do not wish to receive fundraising materials or communications from us.

Appointments and Services. We 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. You have the right to request and we will accommodate reasonable requests by you to receive communications regarding your personal health information from us by alternative means or at alternative locations. For instance, if you wish appointment reminders to not be left on voice mail or sent to a particular address, we will accommodate reasonable requests. You may request such confidential communication in writing and may send your request to Central Scheduling Department, Wilson Memorial Hospital, 915 W. Michigan Street, Sidney, Ohio 45365. You also have the right to request that we not send you any future marketing materials and we will use our best efforts to honor such request. You may make the request by sending your name and address to Director of Marketing, Wilson Memorial Hospital, 915 W. Michigan Street, Sidney, Ohio 45365 with your request to be removed from our marketing mailing lists.

NEW Research. In limited circumstances, we may use and disclose your personal health information for research purposes. For example, a researcher may wish to compare outcomes of all patients that received a particular drug and will need to review a series of medical records. In all cases where your specific authorization is not obtained, your privacy will be protected by strict confidentiality requirements applied by an Institutional Review Board or privacy board which oversees the research or by representations of the researchers that limit their use and disclosure of patient information.

Other Uses and Disclosures. We are permitted or required by law to make certain other uses and disclosures of your personal health information without your consent or authorization.

- We may release your personal health information for any purpose required by law;
- We may release your personal health information for public health activities, such as required reporting of disease, injury, and birth and death, and for required public health investigations;
- We may release your personal health information as required by law if we suspect child abuse or neglect; we may also release your personal health information as required by law if we believe you to be a victim of abuse, neglect, or domestic violence;
- We may release your personal health information to the Food and Drug Administration if necessary to report adverse events, product defects, or to participate in product recalls;
- We may release your personal health information to your employer when we have provided health care to you at the request of your employer; in most cases you will receive notice that information is disclosed to your employer;
NOTICE OF PRIVACY PRACTICES (cont’d)

- We may release your personal health information if required by law to a government oversight agency conducting audits, investigations, or civil or criminal proceedings;
- We may release your personal health information if required to do so by a court or administrative ordered subpoena or discovery request; in most cases you will have notice of such release;
- We may release your personal health information to law enforcement officials as required by law to report wounds and injuries and crimes;
- We may release your personal health information to coroners and/or funeral directors consistent with law;
- We may release your personal health information if necessary to arrange an organ or tissue donation from you or a transplant for you;
- We may release your personal health information if you are a member of the military as required by armed forces services; we may also release your personal health information if necessary for national security or intelligence activities; and
- We may release your personal health information to workers’ compensation agencies if necessary for your workers’ compensation benefit determination.

RIGHTS THAT YOU HAVE

Access to Your Personal Health Information. You have the right to copy and/or inspect much of the personal health information that we retain on your behalf. All requests for access must be made in writing and signed by you or your representative. You may receive one copy free unless records are over a year old at which time we will charge you $0.50 per page if you request a copy of the information. Additional copies will charged at $0.50 per page. We will also charge for postage if you request a mailed copy and will charge for preparing a summary of the requested information if you request such summary. You may obtain an access request form from Medical Records Department, Wilson Memorial Hospital, 915 W. Michigan Street, Sidney, Ohio 45365, or your respective Wilson Care, Inc. Physician Office.

Amendments to Your Personal Health Information. You have the right to request in writing that personal health information that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. All amendment requests, in order to be considered by us, must be in writing, signed by you or your representative, and must state the reasons for the amendment/correction request. If an amendment or correction you request is made by us, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary. You may obtain an amendment request form from Medical Records Department, Wilson Memorial Hospital, 915 W. Michigan Street, Sidney, Ohio 45365 or your respective Wilson Care, Inc. Physician Office.

Accounting for Disclosures of Your Personal Health Information. You have the right to receive an accounting of certain disclosures made by us of your personal health information after April 14, 2003. Requests must be made in writing and signed by you or your representative. Accounting request forms are available from Medical Records Department, Wilson Memorial Hospital, 915 W. Michigan Street, Sidney, Ohio 45365 or your respective Wilson Care, Inc. Physician Office. The first accounting in any 12-month period is free; you will be charged a fee of $10.00 for each subsequent accounting you request within the same 12-month period.

Restrictions on Use and Disclosure of Your Personal Health Information. You have the right to request restrictions on certain of our uses and disclosures of your personal health information for treatment, payment, or health care operations on the consent form you sign when you become a patient. We are not required to agree to your restriction request but will attempt to accommodate reasonable requests when appropriate and we retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the
NOTICE OF PRIVACY PRACTICES (cont’d)

right to terminate, in writing or orally, any agreed-to restriction to sending such termination notice to The Medical Records Department, Wilson Memorial Hospital, 915 W. Michigan Street, Sidney, Ohio 45365, or your respective Wilson Care, Inc. Physician Office.

Complaints. If you believe your privacy rights have been violated, you can file a complaint in writing to the Corporate Compliance Officer, Wilson Memorial Hospital, 915 W. Michigan Street, Sidney, Ohio 45365, or you may call the Corporate Compliance / HIPAA Hotline at 937-498-5580. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington D.C. in writing within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

FOR FURTHER INFORMATION

If you have questions or need further assistance regarding this Notice, you may contact the Corporate Compliance Officer at Wilson Memorial Hospital, 915 W. Michigan Street, Sidney, Ohio 45365 or call 937-498-5580.

As a patient, you retain the right to obtain a paper copy of this Notice of Privacy Practices, even if you have requested such copy by e-mail or other electronic means.

EFFECTIVE DATE

This Notice of Privacy Practices is effective April 14, 2003.
## DAILY SCHEDULE

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:00 a.m.</td>
<td>Wake up &amp; AM care</td>
<td>Wake up &amp; AM care</td>
<td>Wake up &amp; AM care</td>
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<tr>
<td>7:00 a.m.</td>
<td>Goals</td>
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<tr>
<td>8:00 a.m.</td>
<td>Breakfast</td>
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<tr>
<td>8:30 a.m.</td>
<td>Reality Orientation</td>
<td>Reality Orientation</td>
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<tr>
<td>9:30 a.m.</td>
<td>Group Therapy</td>
<td>Group Therapy</td>
<td>Group Therapy</td>
<td>Group Therapy</td>
<td>Group Therapy</td>
<td>Group Therapy</td>
<td>Didactic Educ / Illness/Symptom Management</td>
</tr>
<tr>
<td>10:30 a.m.</td>
<td>Break</td>
<td>Break</td>
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<td>11:00 a.m.</td>
<td>Basic Communication</td>
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<tr>
<td>12:00 p.m.</td>
<td>Lunch</td>
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<td>1:30 p.m.</td>
<td>Personal Time</td>
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<td>2:00 p.m.</td>
<td>Visiting</td>
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<tr>
<td>3:00 p.m.</td>
<td>Visiting</td>
<td>Family group Session</td>
<td>Visiting</td>
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<tr>
<td>4:00 p.m.</td>
<td>Skills Therapy</td>
<td>Family group Session</td>
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<td>5:00 p.m.</td>
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<td>6:00 p.m.</td>
<td>Structured Free Time</td>
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<td>Structured Free Time</td>
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<tr>
<td>7:00 p.m.</td>
<td>Relaxation Group</td>
<td>Visiting</td>
<td>Relaxation Group</td>
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<tr>
<td>8:00 p.m.</td>
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<td>9:00 p.m.</td>
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<td>10:00 p.m.</td>
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