



**HAROLD SHERMAN ADULT DAY CENTER**  
**P.O. BOX 1006**  
**OXFORD, NC 27565**  
**(919) 690-3273**

## Program Policy Statement

Granville Health System Mission and Vision:

<u>MISSION STATEMENT</u>	<u>VISION STATEMENT</u>
<p>The Mission of Granville Health System is to provide the community we serve with the very best health care delivered with compassion and pride.</p>	<p>Granville Health System will be the essential health care leader for the communities it serves, by coordinating resources with physicians and community providers to improve health and deliver exceptional care.</p>

### Philosophy and Purpose:

Granville Health System established the Harold Sherman Adult Day Center in July 1998 in response to the needs of the community. This program is designed to provide day care and day health services to adults age 18 and older with special needs. We help participants improve their quality of life and enable them to remain in their homes for as long as possible while providing caregivers with respite from their caregiving responsibilities. We are dedicated to facilitating optimum independence, while valuing human dignity in a safe and medically supervised environment.

### Our Goal:

The Harold Sherman Adult Day Center’s goal is to create a flexible and stimulating program which will meet the diverse and changing needs and interests of the participants. The Harold Sherman Adult Day Center program will use the following as guidelines:

- **Physical Well-being:** The Harold Sherman Adult Day Center will offer a pleasant environment, stimulating activities, nutritious breakfast, lunch, and snack, exercise opportunities, and nursing care. The care provided is tailored to the individual’s health needs based on ongoing assessments with staff, participant’s physician, and family caregivers.
  
- **Social Well-being:** The Harold Sherman Adult Day Center will offer the opportunity for contact with peers, caring staff, volunteers, and increase contact with others in the community to prevent social isolation.
  
- **Emotional Well-Being:** The Harold Sherman Adult Day Center will build on participant’s strengths and increase feeling of self-worth and dignity by encouraging participation in meaningful activities to provide individuals with purpose throughout the day.

## **Enrollment Criteria and Procedures:**

Eligibility for enrollment and participation is based on the prospective participant's needs, level of functioning, and the Harold Sherman Adult Day Center's capacity to meet those needs.

### **The following are criteria that each participant must meet:**

- Must be 18 years of age or older and would benefit from daytime supervision and activities
- Program serves disabled adults living in Granville, Vance Warren, Franklin, Durham and Wake counties. Participants living out of this service area will be considered on a case by case basis.
- Participant is able to adapt to group interaction and involvement
- Participant is functionally mobile and can bear own weight to assist staff in transferring (either independently or while using a cane, crutches, walker, and/or wheelchair)
- Has had a medical exam including a negative TB test (within 30 days of admission)
- Has had his/her physician complete the medical form supplied by the Program Director
- Bladder and Bowel incontinence will be evaluated by staff before admission
- Participant does not wander uncontrollably
- Participant is not combative, aggressive, or have dangerous, or disruptive behavior
- Does not have uncontrollable seizures (If history of seizures, must have note from physician stating seizures are under control; seizure activity and history will be evaluated by Healthcare Coordinator)
- Free of communicable diseases (TB, Venereal Disease, Impetigo, or other such condition)
- If needing oxygen, the tank must be portable, the filling and maintenance of the tank or use of an Oxygen Concentrator remains the responsibility of the caregiver
- If participant uses an electric wheelchair, staff will evaluate ability to use manual wheelchair. Electric wheelchairs are not allowed inside the program due to space limitations and safety issues.
- Nasogastric & Gastrostomy tubes will be evaluated by the Healthcare Coordinator to determine eligibility. If tracheotomy care is required, participants need to furnish own suction machine
- Must complete 30 day probationary period to determine if program is able to meet their needs
- Applicants will be considered without regard to race, color, sex, age, disability, or national origin
- Decisions concerning enrollment are made by Program Director, Health Care Coordinator, Activity Coordinator and Program Aides
- Continued program participation is based on the participant's changing needs and the program's ability to meet those needs
- A 14 - 30 day notice will be given if the program is unable to meet the participant's needs

### **Enrollment Procedure:**

- (1) Contact the Program Director to discuss needs over the phone or setup an interview or free trial day.
- (2) Complete the enrollment paperwork and have the primary care provider to complete the medical form.
- (3) Documentation of a negative tuberculin skin test must be completed within 30 days of enrollment.
- (4) Program Director will inform responsible party of enrollment availability and schedule days according to participant and caregiver needs.
- (5) Participants and families will communicate with adult day program staff on an ongoing basis to ensure changing needs are being met. Annual update of medical form is required for continued enrollment.

## **Hours of Operation: Monday through Friday from 7:15 AM – 5:15 PM.**

**Late Pickup Fee:** The program charges a late fee for participants picked up after 5:15PM. The fee is \$5.00 for the first 10 minutes and \$10.00 for every 10 minute increment after (or a \$1.00 per minute). If caregivers fail to contact the program regarding a late pick-up arrangement and have not arrived within 20 minutes after program closes, we will be obligated to contact the Department of Social Services to report possible abandonment. It is in the best interests of all parties that any anticipated late arrivals are discussed with staff as soon as possible.

**Holiday Closings:** New Year's Eve & Day, Martin Luther King, Jr. Day, Good Friday, Memorial Day, Independence Day (July 4<sup>th</sup>), Labor Day, Veteran's Day, Thanksgiving and the day after (Thursday and Friday), Christmas Eve & Christmas Day (depending on calendar).

**Inclement Weather:** In the event of inclement weather, the program will be closed when Granville County Schools are closed. The Program Director may close the program if there is high risk for participants to be exposed to extreme temperatures or unsafe conditions. In that event, we will make every attempt to notify families. Notification of closures or program operating hours will be communicated through the use of the telephone voicemail message. We urge caregivers to call the program by 6:00AM to hear any changes (hours or services) during times of inclement weather.

### **Services Provided:**

- Opportunity to develop friendships and interact with community members and volunteers.
- Enrichment activities including music, arts and crafts, indoor and outdoor recreation, education and volunteer service programs.
- Education and motivation for good personal care, along with monthly health education programs.
- Physical activity and exercises appropriate for each individual's abilities.
- Medication administration and monitoring as needed (with physician orders).
- Health care monitoring of vital signs, weight, nutrition, hygiene, and blood glucose monitoring (with physician orders).
- Assistance with activities of daily living including but not limited to feeding, ambulation, or toileting as needed by individual participants
- Person-centered care plans with goals to improve or maintain health conditions.
- First aid treatment provided as needed. Wound dressing changes as needed.
- Referrals for specialized services such as speech therapy, occupational therapy, physical therapy and counseling with service providers at GHS (needs physician orders).
- Balanced nutrition – breakfast and afternoon snack is offered daily. A hot lunch that provides at least one-third of adult's daily nutritional needs is served to participants.
- Staffing – 1 staff to no more than 6 participants at all times to ensure supervision and assistance.

### **Services Provided at Extra Cost:**

- **Transportation** – Transportation is the responsibility of the participant's family or other designated person(s) appointed by the family. If transportation is unavailable, transportation with KARTS (Kerr Area Rural Transportation Service) can be arranged. The cost for this service is determined by the service provider and is the responsibility of the participant/caregiver. The program will assist the participant with available resources to help with transportation costs whenever possible. **Someone must be at home during pick-up and drop off times when using KARTS.**
- **Baths-** Must arrive by 8:30 a.m. Charges for baths will be determined by an assessment of level of care and staffing required to complete bathing. Baths will be charged on the following month's bill.
- **Beauty Shop** – By appointment on Thursdays and Fridays at the Brantwood Salon. Inquire with Program Director about beautician's pricing and availability.

**Rates and Payments:**

Participants will be considered either “Day Care” or “Day Health” based on their need for nursing services. Rates are subject to change based on a participant’s change in status from Day Care to Day Health, or vice-versa. Financial assistance and grant funds may be available to offset costs for those who are eligible.

Day Care .....	\$50.00 per day
Day Health .....	\$55.00 per day
Respite Day rate .....	\$55.00 per day

Participants and/or responsible parties may bring or mail payments to the center. We accept checks, cash, money orders, or credit card payments. Checks should be made payable to: Harold Sherman Adult Day Center or HSADC.

Billing is done monthly on approximately the 21st for the next month’s charges. Payment is due by the first week of the month, and are past due on the 10th. **Vacation days or planned absences such as appointments are to be discussed ahead of time with the Director to ensure proper billing for days attended.** Participants are obligated to pay each scheduled day he/she has agreed to attend that month, regardless of attendance. Whenever a participant is absent, there will be no reimbursement for day(s) missed. However, make-up days can be arranged with the Program Director if there is availability.

**If a participant is not planning to return to the program, families must give one week notice to the Center.** The participant or family will be responsible for fees during this one week period. Participants who leave program for a period of time but wish to return will be placed first on waiting list for re-admission to program after recuperation. If a participant is removed from the program for any reason, the remainder of fee for days not attended (after one week notice of discharge) will be reimbursed.

**Attendance:**

It is important that each participant is signed in and out in the Attendance Book upon arrival. When transporting a participant to the center, do not assume that we know that the participant is here. Acknowledge program staff upon arrival and sign on the correct attendance sheet in the book.

**Scheduled Days** – A participant’s scheduled day(s) in the program cannot be reserved if they fail to attend for more than one (1) week. Therefore it is important for each participant and for family member to call the center when he or she expects to be absent in order to reserve his /her spot.

**Missed Days** – Families or participants are asked to notify the center as soon as possible if unable to attend on a regularly scheduled day. If absent with no notification, families will be contacted by Program Director or Health Care Coordinator. If an absence is anticipated after hours or on the weekend, caregivers may leave a voicemail message regarding the days anticipated for the absence.

**Make Up Days** – If a participant is unable to attend on a scheduled day, a make up day may be arranged (if available) by contacting the Program Director.

**Leave of Absence** – If a participant is hospitalized or has an extended illness and recuperation, it is the responsibility of the caregiver to notify the Program Director. The family and the Program Director will make arrangements and the participant will be placed at the top of the waitlist to return following recuperation (see rates and payments).

**Medical Form:**

Prior to enrollment, participants are required to have a medical form completed by the primary care physician. This information must be renewed on an annual basis as long as the participant remains enrolled. Families will receive a reminder 60 days prior to the due date for renewal of the medical form to allow time for making an appointment with the physician and completing the physical.

Any participant diagnosed with a communicable disease cannot attend the program while the disease process is active and potentially transferable to others in the program. They will need to take a leave of absence from the program until medically cleared to return. The logistics of the time out of program and the impact on their ability to have their place kept available for their return will need to be discussed and decided upon by the Program Director and Healthcare Coordinator on a case by case basis.

**Medications:**

Families/caregivers are responsible for providing a list of current medications taken at home or at the program, and must update the list as changes are made to medications or dosages. North Carolina State Adult Day Care Standards do not permit participants to self-administer their own medications while at the program. All medication must be received at the Harold Sherman Adult Day Center in properly labeled pharmacy bottles (ask your pharmacist for an extra labeled bottle). This includes over-the-counter medications. Medications must have either a pharmacy label and/or prescription outlining recommended dosages and times it is to be dispensed.

**The medication container(s) must be clearly marked with:**

- Participant's full name**
- Name and strength of the medication**
- Proper dosage and instructions for administration of the prescription**

The Harold Sherman Adult Day Center cannot offer or monitor medications that are not marked. Medications cannot be dispensed out of participant's pill minder boxes or other similarly unmarked containers. The Healthcare Coordinator will offer, monitor, and document each time any medication is required by a participant. All medications will be kept locked in the medicine cabinet(s) in the treatment room for all program participants.

**Emergencies and First Aid:**

The center will secure care for medical emergencies or first aid treatment for participants to include the perimeters of a DNR (Do Not Resuscitate) order. The DNR must be provided in an original form to be medically/legally binding (see below). Participants requiring emergency treatment will be transported via ambulance to Granville Medical Center. Family members will be contacted as soon as possible. The Program Director and/or Health Care Coordinator will complete and keep records of any emergencies or injuries that occur. Any unusual behavior changes are reported to the participant's family or responsible person(s) to address with the physician or seek further medical attention.

**Advance Directives:**

The center honors valid out-of-facility Do Not Resuscitate (DNR) orders. The staff and volunteers of the center will do everything possible to maintain the lives of our participants, consistent with their wishes and those of the surrogate decision maker, and with existing laws and regulations. A DNR Order is valid only if all of the following are true: the document is on the authorized form; the document is the original; the document bears the notarial seal; the document bears the signature of the physician; the document has the effective date which has not expired or states that it has no expiration date. Keeping Advance Directives or DNR paperwork current is the responsibility of the caregiver and their physician, not the center.

**Personal Possessions:**

Participants should not bring money, loose jewelry (i.e. necklaces, bracelets) or other valuables to the center. It is important that coats, hats, gloves, pocketbooks, etc., be labeled with participant's names. The center cannot be responsible for lost or missing valuables. We ask caregivers to provide a change of clothes seasonally for us to keep for when spills or incontinence episodes occur. We will store these items in a storage box with the participants name for only their use. Caregivers and participants are responsible for providing and replenishing any protective undergarments (i.e. Depends).

**Participants Rights:**

The following is a statement of the rights of persons enrolled in and attending the Harold Sherman Adult Day Program. These rights will be followed and enforced by all staff at the center:

- The right to be treated as an adult, with respect and dignity.
- The right to participate in a program of services and activities that promote positive attitudes on one's usefulness and capabilities.
- The right to participate in a program of services designed to encourage learning, growth and awareness of constructive ways to develop one's interests and talents.
- The right to be encouraged and supported in maintaining one's independence to the extent that conditions and circumstances permit, and to be involved in a program of services designed to promote personal independence.
- The right to self-determination within the day care setting, including the opportunity to: participate in developing one's plan for services; decide whether or not to participate in any given activity; be involved to the extent possible in program planning and operation.
- The right to be cared about in an atmosphere of sincere interest and concern in which needed support and services are provided.
- The right to privacy and confidentiality.
- If denied service on inability to pay, the right to be referred elsewhere.

**Non-Discrimination:**

The Harold Sherman Adult Day Center operates in accordance with federal law and the USDA policy which prohibits discrimination on the basis of race, color, sex, age, disability, or national origin.

**Smoking:**

The Harold Sherman Adult Day Center (and Granville Health System) is a smoke-free facility/campus. There is no smoking or use of tobacco products in the program by staff, volunteers, caregivers or participants on the hospital campus since October 1, 2008. The program encourages participants that use tobacco products to look into alternative substitutes that will allow them to continue their attendance without any discomfort. A consistent disregard or violation of this policy will be grounds for dismissal.

**Waiting List:**

When the program is at maximum capacity and no spaces are available, a waiting list will be established. Participants will be added on a first come, first serve basis except in the case of participants returning from short term medical leave. If a space becomes available the Program Director will contact the first on the list. If a family declines or participant does not meet the criteria, the next family will be notified. When a participant leaves the program for an extended illness his/her name will be placed on the top of the list for return after recuperation.

**Discharge Criteria, Termination or Withdrawal from program:**

Due to the nature of the long term illness or aging process, it may become necessary to discharge a participant from the program. This may occur if continued enrollment is no longer beneficial to the participant, his/her behavior is psychologically or physically harmful to others, he/she is too physically frail (unable to stand and bear weight for proper toileting and transferring assistance without use of a lift) or other conditions arise which are beyond the management of program staff. The Program Director reserves the right to discharge a participant immediately if his/her behavior is deemed a risk to the health, safety and welfare of self or other participants.

Participants may be discharged for the following reasons:

- Program can no longer meet participant’s needs or can no longer provide care safely at the center
- Non-payment of fees for more than 60 days of service
- Participant has a contagious disease or infection
- Participant puts self or others at safety risk due to extreme, unmanageable behaviors.
- Participant or family chooses to withdraw voluntarily

If the decision to discharge is not based upon immediate protection or safety issues, a 30 day notice will be given for families to make other arrangements. The Program Director will assist the family/responsible party to find other resources for the participant as needed. If the participant is removed from the program for any reason, the remainder of the fee for days not attended (after 1 week notice) will be reimbursed.

**Confidentiality:**

The Harold Sherman Adult Day Center abides by the Health Insurance Portability and Accountability Act (HIPAA) to maintain all data in the strictest confidence. All records containing protected health information will be maintained securely in files accessible only to Granville Health System staff members. Requests for releases of medical records must be signed by the participant or their legal guardian/Power of Attorney in order for the program to release protected health information. The Program Director can provide the form to request records in writing. By law, the organization has 30 days to produce requested medical records.

**Reporting Suspected Abuse or Neglect:**

Harold Sherman Adult Day Center Staff and Volunteers are responsible for reporting any alleged or suspected instances of participant abuse or neglect. The Program Director will report allegations of participant abuse, neglect, misappropriations of participant property, and injuries of unknown source within twenty-four hours to the Department of Social Services.

**Grievances:**

Our facility will assist program participants, their responsible parties other interested family members, or advocates in filing grievances or complaints when such requests are made. The Program Director will make every attempt to resolve any compliant and grievance brought to our attention. If the compliant has not been sufficiently resolved and further action is requested, the compliant/grievance may be sent to:

Granville Medical Center  
P.O. Box 947  
Oxford, NC 27565  
Attn: Chief Compliance Officer

Granville County Department of Social Services  
P.O. Box 966  
Oxford, NC 27565  
Attn: Adult Day Services Coordinator

## **Caregiver Acknowledgement of Program Policies**

This is to acknowledge that I have received and understand the Harold Sherman Adult Day Center's Program Policies. I have read the following sections and have had the opportunity to ask questions:

(Please Initial)

- \_\_\_\_\_ Enrollment Criteria and Procedures
- \_\_\_\_\_ Late Pickup Fee
- \_\_\_\_\_ Inclement Weather
- \_\_\_\_\_ Services provided / Services provided at extra cost
- \_\_\_\_\_ Rates and Payments
- \_\_\_\_\_ Attendance
- \_\_\_\_\_ Medical Form / Medications
- \_\_\_\_\_ Emergencies and first aid
- \_\_\_\_\_ Advanced directives
- \_\_\_\_\_ Personal possessions
- \_\_\_\_\_ Discharge criteria, termination, or withdrawal from program
- \_\_\_\_\_ Reporting suspected abuse or neglect
- \_\_\_\_\_ Grievances

### **Family Caregiver Partnership Agreement**

I recognize that the Harold Sherman Adult Day Center is a support program for family caregivers and in order to provide the best care for participants, lines of communication and cooperation between caregivers and program staff must remain open. The Healthcare Coordinator will send participant updates each quarter or more frequently as needs change.

As the family caregiver, I agree to respond to staff communication (letters, phone calls, requests for assistance) regarding my participant's needs and to notify program staff of any changes in health status, medication changes, or other updates.

Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_



GRANVILLE HEALTH SYSTEM  
OXFORD, NORTH CAROLINA  
PRIVACY NOTICE

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.

**I. HOW GRANVILLE HEALTH SYSTEM MAY USE OR DISCLOSE YOUR HEALTH INFORMATION**

Federal law requires Granville Health System to maintain the privacy of individually identifiable health information and to provide you with notice of its legal duties and privacy practices with respect to such information. Granville Health System must abide by the terms and conditions of this Privacy Notice, as Granville Health System may revise this Privacy Notice from time to time.

**A. USES OR DISCLOSURES OF HEALTH INFORMATION FOR TREATMENT, PAYMENT & HEALTH CARE OPERATIONS**

Granville Health System may use your individually identifiable health information for treatment, payment and health care operations. Examples of treatment, payment and health care operations include:

- “Treatment” could include consulting with or referring your case to another health care provider. The type of health information that Granville Health System could use or disclose includes, but is not limited to, such health conditions as blood type, diagnosis of your condition or pregnancy status.
- Granville Health System may use or disclose your individually identifiable health information for its own provision of treatment activities of another health care provider.
- “Payment” could include Granville Health System’s efforts to obtain reimbursement from you or a responsible third party for services that Granville Health System has provided to you. Granville Health System may use or disclose your individually identifiable information for its own payment or for the payment and activities of another health care provider or health plan or health care clearinghouse.
- “Health care operations” could include activities such as quality assessment and improvement activities and audits of the process of billing you or a third party for health care services Granville Health System provides to you. As part of Granville Health System’s treatment of you and its operations, Granville Health System may contact you, by phone or by mail, to provide appointment reminders or to provide information about treatment alternatives or other health-related services that may be of interest to you. Granville Health System may also contact you for fundraising purposes. Granville Health System may use or disclose your individually identifiable health information for its own health care operations or for limited health care operations of a health plan, health care clearinghouse, or health care provider that is subject to certain federal health information privacy laws. The entity which receives this information must have or have had a treatment relationship with you and the information we disclose must pertain to that relationship. Limited health care operations include various quality assessment and improvement activities, credentialing and training activities, and health care fraud and abuse detection or compliance activities.

**B. USES OR DISCLOSURES GRANVILLE HEALTH SYSTEM MAY MAKE WITHOUT YOUR AUTHORIZATION**

In addition to treatment, payment and health care operations, and unless this Privacy Notice recites a more stringent restriction in Section C, the law permits or requires Granville Health System to make, use and/or disclose individually identifiable health information without your written authorization: (a) for certain public health activities and purposes, including reporting of adverse product events to the Food and Drug Administration, (b) to report suspected abuse, neglect or domestic violence, (c) to submit information to health oversight agencies for oversight activities, such as audits, authorized by law, (d) in the course of judicial and administrative proceedings, (e) for law enforcement purposes, (f) to a medical examiner, coroner, or funeral director, (g) to assist an organ procurement organization or organ bank in facilitating organ or tissue donation and transplantation, (h) to further research, provided that Granville Health System complies with federal requirements, (i) to avert a serious and imminent threat to public health safety, (j) for specialized government functions, including activities related to the military, veterans, or national security, (k) to comply with worker’s compensation or similar laws. Granville Health System will make the above uses and/or disclosures of information in accordance with applicable law.

In addition, Granville Health System may use and/or disclose your individually identifiable health information as follows:

- **Business associates:** There are some services provided by Granville Health System through contracts with business associates which are vendors, professionals and others who perform some treatment, payment of health care operations function on behalf of Granville Health System or who otherwise provide services and have access to or use your protected health information. Examples include physician services in the emergency department and radiology, certain laboratory tests, and a certain copy service we use when making copies of

health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information by requiring that they enter into an appropriate agreement with Granville Health System.

- **Directory:** Unless you object, we will use your name, location in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name. If you are unable to object, we may use and disclose this information consistent with your prior expressed preference, if known, and the health professional's judgment.
- **Notification:** Unless you object, health professionals, using their best judgment, may use or disclose information to notify or assist in notifying a family member, personal representative, or any person responsible for your care, your location, and general condition. If you are unable to object, we may exercise our professional judgment to determine if a disclosure is in your best interest and disclose only information that is directly relevant to the person's involvement with your health care.
- **Communication with family:** Unless you object, health professionals, using their best judgment, may use or disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care. If you are unable to object, we may exercise our professional judgment to determine if a disclosure is in your best interest and disclose only information that is directly relevant to the person's involvement with your health care.
- **Disaster Relief:** We may use or disclose information for disaster relief purposes.
- **Incidental Uses and Disclosures:** We are permitted to use and disclose information incident to another use or disclosure of your protected health information permitted or required by law.
- **Limited Data Sets:** We may use or disclose a limited data set (i.e., in which certain identifying information has been removed) of your protected health information for purposes of research, public health, or health care operations. Any recipient of that limited data set must agree to appropriately safeguard your information.

#### **C. MORE STRINGENT PROTECTION FOR YOUR HEALTH INFORMATION**

In certain cases, North Carolina law provides more stringent privacy protections of your health information than this Privacy Notice recites above. Specifically, the following:

- **If you are a patient with AIDS or HIV infection or a communicable disease or condition subject to public health reporting requirements,** Granville Health System will only disclose information regarding your AIDS, HIV or communicable disease status with your written permission except (a) if you cannot be identified from the information, (b) as disclosure is required or permitted under communicable disease law or laws specifically authorizing or requiring disclosure of AIDS information or records, (c) if a subpoena or court order requires disclosure, or (d) if release is necessary to protect public health. If Granville Health System reveals your information for treatment, payment or health care operations purposes, or for any other reason, then you must sign a different permission form.
- **If you are a nursing home patient,** then the nursing home will not reveal your confidential information to anyone, unless you give permission in writing. If the nursing home discloses information for any purpose, you must sign a permission form. However, please note that the nursing home may reveal information without your written consent if the law requires the nursing home to do so or if the communication is to family members, provided that you do not object, or in other limited circumstances.
- **If you provide confidential information to a social worker,** the social worker will not reveal that information to anyone unless you give permission in writing. If the social worker reveals your information for any purpose, then you must sign a permission form. However, please note that the social worker may reveal information you have given to the social worker without your written permission if the law requires the social worker to do so or if not revealing the information may present a clear and imminent danger to you or others.
- **If you provide personal information to an optometrist, dentist or podiatrist,** they will not reveal that information to anyone, unless you give permission in writing. If the optometrist, dentist or podiatrist reveals your information for any purpose, then you must sign a permission form. However, please note that they may reveal the information without your written permission if the law requires them to do so.
- **If you provide confidential information to a substance abuse professional,** the substance abuse professional will not reveal that information to anyone, unless you give permission in writing. If the substance abuse professional reveals your information for any purpose, then you must sign a permission form. However, please note that they

may reveal the information without your written permission if there is a clear and imminent danger to you or to others; in a medical emergency, but then only to an appropriate professional or to public authorities; or, when the law requires them to disclose the information.

- **For adult day care and adult day health program patients**, Granville Health System will not disclose confidential information to anyone unless you name a person in writing. You will need to provide Granville Health System with written permission to disclose your confidential information each time Granville Health System needs to disclose the information, unless the law requires Granville Health System to disclose the information.
- **If you are seeking treatment and rehabilitation for drug dependence**, Granville Health System will not reveal your name to law enforcement officers or agencies, unless you provide us with written permission. Granville Health System will also not reveal your name in any court, grand jury or administrative proceeding without your written permission, unless the law compels Granville Health System to reveal your name.
- **For patients of nursing home facilities or ambulatory surgery facilities**, you have the right to object in writing to Granville Health System's disclosing your individually identifiable health information to the North Carolina Department of Health and Human Services during an inspection.
- **If you are an unemancipated minor under North Carolina law**, then Granville Health System physicians will not disclose, without your consent, information related to your health status regarding treatment for venereal disease, pregnancy (except in the case of an abortion), abuse of drugs or alcohol or emotional disturbance to a parent, legal guardian, person standing in loco parentis or a legal custodian who has legal authority to provide permission for your medical or psychiatric care. However, the physician may notify these individuals if, in the physician's opinion, the notification is essential to your life or health. In addition, the physician may give such information if your parent, legal guardian, person standing in loco parentis or legal custodian contacts the physician concerning your treatment.
- **For patients receiving mental health, developmentally disabled or substance abuse services:**

Except as described in these paragraphs, Granville Health System may only use or disclose your confidential information if you give your written permission or sign an authorization that specifies the name of the persons to whom Granville Health System may disclose the information. Your written permission or authorization must also state the specific time period during which the release is valid.

If a court has adjudicated you incompetent or you are a minor, Granville Health System will not disclose your health information to a person acting as an external client advocate on your behalf, unless both you and your legally responsible person have executed a written permission or authorization.

Granville Health System may also disclose your health information, without your permission or authorization, in the following circumstances: (a) to other health care providers treating you, as necessary to meet an emergency, provided that we attempt to obtain your permission after the emergency; (b) to health oversight agencies for oversight activities (e.g., audits); (c) to internal client advocates to monitor services that Granville Health System is providing to you and to serve as an advocate; (d) to provide law enforcement agencies and other persons with information regarding your escape from, breach of condition of release from and/or return to a 24-hour facility, in order to assure your expeditious return and to protect the public; (e) to an attorney, upon your request, or to your personal representative; (f) to comply with the provisions of a court order; (g) to the court, certain attorneys and/or other interested parties in connection with certain legal proceedings (including involuntary commitment, guardianship, criminal cases, and others) where your confidential information is relevant to the proceeding; (h) in some circumstances, to attorneys representing Granville Health System or its employees; (i) as the law requires, including laws requiring reporting of abuse or neglect; (j) to a correctional institute to facilitate your treatment; (k) to avert an imminent and serious threat to the health or safety of yourself or another individual; (l) to business associates who perform services for Granville Health System and who have a contract with Granville Health System that prohibits the business associate from further disclosing the information; (m) in certain cases, limited information, such as the act of admission or discharge, certain transfers, decision to leave against medical advice, referral and appointment information for treatment after discharge to certain individuals you designate, your next of kin, and/or certain other family members, to provide them with basic information related to your treatment. Granville Health System will not disclose more detailed information about your treatment to these individuals (e.g., diagnosis, prognosis, medications prescribed, dosage, side effects, progress and additional information), unless you have given your permission or authorization. However, please note that Granville Health System can disclose your health information to these individuals only if your health care professional deems the disclosure to be therapeutically beneficial to you.

NOTE: References in this Privacy Notice to health care professionals include only those professionals that Granville Health System.

#### D. **MARKETING**

We will need your written authorization to use and disclose your protected health information for marketing purposes, except if the marketing is a face-to-face communication or if it involves a promotional gift of nominal value. "Marketing" includes a communication about a product or service that encourages you to purchase or use the product or service. It also includes an arrangement whereby Granville Health System discloses your protected health information to another entity, in exchange for compensation, and the other entity communicates about its own product or service to encourage purchase or use of that product or service. Marketing does not include our describing a health-related product or service (or payment for such product or service) that we provide. Marketing also does not include our communication for your treatment, or to direct or recommend to you alternative treatments, therapies, health care providers, or settings of care.

#### **E. NO OTHER USES OR DISCLOSURES WITHOUT YOUR WRITTEN AUTHORIZATION**

Granville Health System may not make any other uses and disclosures of your individually identifiable health information without your written authorization. You may revoke your authorization at any time if you provide written notice to Granville Health System.

#### **II. YOUR RIGHTS**

Federal and state law protects your right to keep your individually identifiable health information private.

**Your Right to Receive Confidential Communications and to Request Restrictions.** You may request that you receive communications from Granville Health System regarding individually identifiable health information by alternative means or at alternative locations. You must make your request for confidential communications in writing and must submit this request to the office listed below. Granville Health System reserves the right to condition your request on the receipt of information regarding how you wish Granville Health System to handle payment and/or on the availability of an alternative address or method of contact that you may request. You may request other restrictions on certain uses and disclosures of protected health information for purposes of treatment, payment, and health care operations; however, the law does not require Granville Health System to agree to the requested restrictions unless the restriction request is a reasonable restriction on communication.

**Your Right to Inspect and Copy.** You have the right to inspect and obtain a copy of any individually identifiable health information in your medical record unless your attending physician has determined that there is a sound medical reason to deny you access or unless the law restricts Granville Health System from disseminating the information.

**Your Right to Amend.** You also have the right to amend your individually identifiable health information, unless Granville Health System did not create such information or unless Granville Health System determines that your medical record is accurate and complete in its existing form.

**Your Right to an Accounting of Disclosure.** You have the right to request and receive an accounting of disclosures of your individually identifiable health information that Granville Health System has made in either the six (6) years prior to the request date, or during the period between the request date and the date that federal law required Granville Health System to comply with federal privacy regulations, whichever is more recent. Such an accounting may not include disclosures made to carry out treatment, payment or health care operations, to create an accurate patient directory or notify persons involved in your care, to ensure national security, to comply with the authorized requests of law enforcement, to inform you of the content of your medical records, or those disclosures which you have previously authorized pursuant to a validly executed authorization form.

If you would like more information on how to exercise these rights, please contact Granville Health System's Privacy Officer at 919-690-3000, Ext. 3295.

#### **III. GRIEVANCES OR FURTHER INQUIRIES**

If you believe that Granville Health System has violated your privacy rights with respect to individually identifiable health information, you may file a complaint with Granville Health System and/or the Department of Health and Human Services. To file a complaint with Granville Health System, please contact Heather Rivers, **Privacy Officer** at 919-690-3000, Ext. 3295. Granville Health System will not retaliate against you for filing a complaint. You may also contact the above office for a copy of this Privacy Notice or for further information regarding its contents.

#### **IV. AMENDMENTS**

Granville Health System reserves the right to amend the terms of this Privacy Notice at any time and to apply the revised Privacy Notice to all individually identifiable health information that it maintains. If Granville Health System amends this Privacy Notice, you will be provided with a revised copy at your next visit to Granville Health System or upon request. The revised Privacy Notice will also be available on Granville Health System's web site, [www.qhsHospital.org](http://www.qhsHospital.org)

This Privacy Notice is effective on April 14, 2003.  
This Privacy Notice was revised on March 19, 2019

## **10 Ways To Convince Your Loved One To Come To The Harold Sherman Adult Day Center**

1. It will be fun. (A place to meet new friends. Look at activity calendar to match interests with events.)
2. They need your help. (Suggest they volunteer their time to help others at the Center.)
3. The doctor thinks it would be good for you. (Sometimes you can get doctors to prescribe Adult Day Services.)
4. A place to go for “therapy”. (We do exercise programs, dance & music therapy, mentally, physically and spiritually stimulating programming.)
5. The nurse can check your blood pressure and minor any health concerns. (She can do blood sugar and blood pressure checks, breathing treatments, medication dispensing and wound care.)
6. You will learn new and current information on a variety of health issues.
7. You will be safe. (You know how I worry when I am at work. I can concentrate on my job knowing that you are safe.)
8. Do it for me. (This will give me time to do my errands so I will have more time with you later in the day.)
9. You can enjoy being with people your own age and share similar interests.
10. A reason to get up in the morning and a purpose for your day.

**Call Program Director, Rachel Pennington, MS at (919) 690-3273**

**Or visit us at:  
Harold Sherman Adult Day Center  
1038B College Street  
P.O. 1006  
Oxford, NC 27565**

## **Harold Sherman Adult Day Center**

Before you arrive for your first day at the Center, make sure you have the following:

- All paperwork is complete and has been given to the Program Director or Healthcare Coordinator.
- Physical Exam is complete.
- Bring at least one set of extra set of clothing to be kept in program. At change of seasons you may want to change out clothing for weather appropriate wear.
- Adult incontinent pads or undergarments- enough to address the daily needs of your loved one.
- Mark all items that can be “taken off” with participant’s name- i.e., clothing, coats, hats, scarves, sweaters, eye glasses. We urge you to not send purses or wallets with your loved one. If you do, we cannot be responsible for lost items. Keep important documents and money at home.
- Medications to be taken in program must have current pharmacy label, including: Participant’s name, name and strength of medication; dosage and instructions. All over-the-counter medications must also have a Dr.’s prescription or pharmacy label.