Patient & Family Guide
Welcome to Carrier Clinic. We understand that entering the hospital can be a difficult and confusing experience for the patient and family. I want to take this opportunity to assure you that we are committed to providing the best care with compassion and respect.

Delivering the highest quality healthcare is a partnership that involves the patient, family and our dedicated team of psychiatrists, nurses, social workers, healthcare professionals and support staff. Your treatment will be tailored to your individual needs and we encourage you and your family to be active participants in the decisions regarding your care.

Carrier Clinic takes pride in the advanced care and expert treatment we have provided to patients throughout our history of over 100 years. We strive to provide the highest quality care possible and we welcome feedback. Please let us know how we’re doing by emailing communityrelations@carrierclinic.com.

Our patient handbook is designed to introduce you to our programs, staff and facility and to answer questions you may have. We hope this information will help explain what you can expect, and to ensure your stay will be as comfortable and as positive as possible.

We know you have a choice in selecting where you will receive treatment and we thank you for choosing Carrier Clinic for your care. We look forward to serving you.

Sincerely,

Donald J. Parker
Our Mission:
To inspire hope & recovery through expert treatment, education, compassionate care, and outstanding service.

Our Vision:
Building on our century of compassionate care, shaping the future of behavioral health

Our Values:
Compassion  Respect  Integrity  Innovation  Safety

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Patient Satisfaction

Every member of the staff at Carrier is here because we care about you. It is our mission to provide you with the very best care and treatment.

You may notice the “I CARE” symbol around the hospital, on employee badges, bulletin boards or publications. It is the logo representing our service excellence initiative. With this initiative we aim to achieve the highest level of quality service and care through the individual investment of every employee at Carrier Clinic.

We are all committed to creating a pleasant, positive, productive and therapeutic environment focusing on the five elements embodied in the I CARE logo: IMAGE, COMMUNICATION, ACCOUNTABILITY, RESPONSIVENESS, and EFFECTIVE TEAMWORK.

If, at any time, we are not meeting your needs, please let us know as we are here to give you the expert care and attention you deserve.

Patient Advocate & Patient Concerns

Patients have the right to ask questions or report concerns to any member of the treatment team, nursing staff or the unit director. If your concerns are not resolved you are encouraged to contact the Patient Advocate at 908-281-1308. Your concerns may include your treatment, physical discomfort, financial matters or other issues.

Family members, those attending outpatient services and visitors may also submit their concerns to the Patient Advocate. If you wish to voice your concerns anonymously, you can call the Patient Advocate at 908-281-1308 and identify your call as a significant concern.
Access Center - Carrier Clinic’s Access Center (800-933-3579) is open 24 hours, seven days per week, providing access to all of Carrier Clinic’s programs and services. Anyone can call for information or to schedule an anytime evaluation.

Adolescent Psychiatric Services - offers inpatient services to adolescents, ages 12 -18, who suffer from emotional, psychiatric, behavioral and/or dual disorders.

Adult Acute Care Psychiatric Services offers both voluntary and involuntary patients treatment for acute psychiatric conditions within a healing and supportive environment. The Acute Care Unit is made up of two 20-bed wings (East/West). Each bedroom has its own bathroom.

Adult Psychiatric & Addiction Services provides short term stabilization for adults experiencing psychiatric and/or substance dependence through specialized treatment programs during the acute phase of their illness.

General Adult Unit - for voluntary and involuntary patients ages 18-64 who are dealing with Acute psychiatric illness. The majority of patients are from the Carrier Diversion Programs which are designed to keep patients who have been hospitalized in the past from going to long-term psychiatric facilities.

Older Adult/Senior Psychiatric Services offers two short-term evaluation and specialized treatment programs for patients 60 years and older.

The Acute Geriatric Program offers specialized treatment for those experiencing an acute phase of a psychiatric illness or behavioral disturbances related to dementia.

The Active Seniors Program offers a specialized treatment program for seniors who are experiencing acute disturbances from mood, anxiety and/or substance use disorders.

Addiction Services - The Blake Recovery Center at Carrier Clinic is a freestanding, NJ-licensed residential alcohol and substance abuse treatment program, which provides detoxification and rehabilitation treatment for adults with substance dependence or coexisting addictive diagnoses. Carrier Clinic also offers an Intensive Outpatient Program for substance abuse to assist individuals with recovery and relapse prevention skills while maintaining their occupational and home life. For more information about this program, call 908-281-1361.

Electroconvulsive Therapy (ECT) - ECT is a very effective (80-90% improvement rate) and safe treatment for depression, bipolar disorder, schizophrenia and other psychiatric illnesses. Offered on an inpatient and outpatient basis, an ECT treatment series usually consists of 6-12 treatments, given three times a week. The attending psychiatrist monitors the patient each day and determines
the number of treatments the patient will need. Maintenance and transitional treatments are often recommended as a means of maintaining a stable mood and preventing a recurrence of symptoms. For further information and education regarding ECT please contact the ECT Coordinator at 908-281-1438 or the Registrar at 908-281-1440.

**East Mountain School** - East Mountain School is a co-educational school for students grades 7-12 established to meet the special education needs of adolescents with emotional and behavioral problems.

**East Mountain Youth Lodge** - The East Mountain Youth Lodge at Carrier Clinic is a co-educational, residential treatment program providing comprehensive 24-hour clinical, therapeutic and educational treatment for adolescents aged 13 to 18 with psychiatric, behavioral, emotional, and/or substance abuse difficulties.

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**Inpatient Treatment Team**

**Welcome to Carrier Clinic.** During your stay, we will work hard to provide you with very good care. A multidisciplinary team will be working with you to assure that your treatment needs are met.

**Your treatment team consists of four professionals:**

1. **The Licensed Independent Practitioner (LIP).** This individual will be a psychiatrist or advanced practice nurse.

   The LIP is responsible for:

   - A comprehensive psychiatric assessment.
   - Discussion of medications, symptoms, diagnosis and prognosis.
   - Provision and supervision of medication management
   - Directing the other team members on your treatment plan

   You will be seen by an LIP seven days a week. You will be assigned your primary LIP on the next business day after admission. Your family members, loved ones, or outpatient providers can contact the LIP if you have given explicit written consent.

   **continued**
2. Registered Nurse. *He/she will:*

- Give information on and administer medications as prescribed by the LIP.
- Assess your mood and physical status then provide assistance accordingly.
- Along with mental health technicians, monitor, anticipate and meet your needs on the unit.

*A nurse will be assigned to you 24 hours a day. You will meet with your nurse at your time of admission and at least once every shift thereafter while you are awake. Nurses change shift three times a day.*

3. Social Worker/Licensed Professional Counselor

*This individual will:*

- Assist in the assessment of your psychosocial needs.
- Contact your family members, loved ones or outpatient providers to review the treatment plan.
- Connect you to appropriate aftercare plans upon discharge from the hospital.
- Conduct family meetings with the LIP as necessary.

*You will meet with a Social Worker/Counselor within 72 hours of admission. Your SW/C will be assigned to you the next business day after admission. The SW/C will only contact family members, loved ones or outpatient providers with your explicit written consent. Your family members will be contacted after the initial meeting. The Social Worker or Counselor will meet with you at least twice weekly.*

4. Group Counselor

The Group Counselors lead discussion and psycho educational groups that cover a variety of topics such as anger, depression, assertiveness, self esteem, identifying triggers and exploring coping skills. Your Group counselors could be trained as Art Therapists, Music Therapists, Addictions Counselors, and Occupational Therapists. The majority of your group time will be facilitated by these professionals.
Carrier’s community services provide support for family members and friends to help them gain a better understanding of their loved one’s psychiatric, addiction or emotional illness.

- **Free Weekend Codependency Program**: Carrier Clinic provides a six-session therapeutic educational and guidance program for family members and friends whose lives are impacted by another’s addiction. Program components include educational lectures, discussion groups, informational videos, and the opportunity to meet with addiction treatment professionals. **Participants have a choice of attending Saturday or Sunday 10 a.m. - 1 p.m.** in the Atkinson Amphitheater (registration begins at 9:30 a.m.). **For those visiting a loved one at Blake Recovery Center, the program runs until 2:30 p.m.**

- **Bright Futures for Kids**: The Bright Futures for Kids program serves children (ages 4-12) of families affected by addiction. The program is designed to help children to express their feelings while learning coping skills, cooperation, responsibility, maintaining a drug-free lifestyle, resisting peer pressure, and using positive communication. **This group meets Sundays, 11 a.m. - 1 p.m., Classroom #3, Atkinson Amphitheater at Carrier Clinic.**

- **Parents Support Group**: This group helps parents to understand and cope with their children’s disease of addiction to drugs and alcohol. This group is facilitated by The Parent Support Groups of New Jersey, Inc. **Held every Monday from 7-8:30 p.m. in the Chapel.**

- **Mood Disorder Support Group**: This support group is intended as an informal forum for education, support and socialization among patients diagnosed with depression, bipolar disorders or related mood disorders; their family and friends, and others interested in learning about the illness and offering support. This group is a peer-led group facilitated by the Depression and Bipolar Support Alliance of Middlesex County, NJ. **Meetings are held every Thursday from 7:30-9:15 p.m. in the Amphitheatre.**
• **Al-Anon Family Group:** The Al-Anon Family Groups are a fellowship of relatives and friends of alcoholics who share their experience, strength, and hope in order to solve their common problems. Group members believe alcoholism is a family illness and that changed attitudes can aid recovery. This group is facilitated by Al-Anon. **Held every Thursday at 7 p.m. in the Chapel.**

• **Blake Recovery Center Alumni Meeting:** This alumni chapter is to support Blake and IOP graduates in making the transition from treatment into recovering life by providing fellowship and encouragement. This is not to replace a Twelve Step program, but rather to enhance recovery. This group typically meets on the last Wednesday of every month. **Please contact BlakeAlumni@carrierclinic.org for meeting details.**

• **Educational Programs:** Carrier Clinic continually serves our communities’ needs with a variety of free mental health and addiction programs and screenings throughout the year.

• **Free Depression & Alcohol Screenings:** Throughout the year, Carrier Clinic conducts free, confidential screenings for depression, anxiety and alcohol addiction onsite at its Belle Mead campus.

Contact the Community Relations Department at (908) 281-1513 or communityrelations@carrierclinic.com or visit our website at CarrierClinic.org for more information about programs and screenings.

**Like us on Facebook:** Facebook.com/CarrierClinic

**Follow us on Twitter:** @CarrierClinic
**Standard Precautions** - “Standard Precautions” are special measures in all hospitals by all caregivers for all patients. These precautions, which are approved by the Centers for Disease Control, protect caregivers and patients from infections spread through blood and other body fluids. On occasion, it may be necessary for your caregivers to take precautions in addition to the routine Standard Precautions. If this is necessary, your nurse or physician will explain them to you. If you have any questions or concerns, please discuss them with your nurse or physician.

**Patient Safety** - Carrier Clinic participates in a variety of initiatives to improve your safety as a patient here. You will be an invaluable help if you alert our staff to any safety concern, whether it is a slippery floor, uncertainty about the medication you are being offered or anything else that would appear dangerous to you. Your attention to this is greatly appreciated. If you prefer, you can report safety concerns, or ideas you may have to improve safety, directly to Carrier Clinic’s Patient Safety Officer, at ext. 1360.

**Fire Drills** - Our staff is trained in fire safety and emergency management. For your protection, the hospital regularly conducts fire and disaster drills on all shifts. If a drill occurs during your hospital stay, please be sure to follow directions from our trained staff, who will keep you informed of developments during the drill.

**Safe Environment** - Carrier Clinic is committed to ensuring the safety and security of its patients, residents, students, visitors and employees. For the safety and security of our patients, students and residents, in common areas, all patients, residents and students shall not be permitted to approach or intermingle with other patients who are not part of their individual program.

To avoid potential health hazards that may endanger the comfort, health or safety of staff, patients, and visitors, feeding of non-domesticated stray animals or wildlife on the grounds of Carrier Clinic/East Mountain Hospital is strictly prohibited. Additionally, visitors and patients are not permitted to bring pets on Carrier Clinic grounds. This is to ensure the safety of your pet and/or any persons here at Carrier Clinic.
As all of us at Carrier Clinic are very concerned with your future and continued treatment, it is strict policy that employees not engage in personal relationships with patients. In the event that you have questions regarding your follow-up instructions, please contact your treatment team directly within 30 days of discharge. Please do not make attempts to contact individual Carrier Clinic staff for social purposes. These forms of contact include but are not limited to telephone, email, internet networking, social media, postal mail, etc.

**Valuables and Personal Items** - Jewelry, cash, credit cards, cell phones and other valuables should be sent home with a family member. All valuables, identification and cash exceeding $40.00 that are not sent with a family member will be inventoried and placed in the hospital safe. Please be particularly careful with your personal items such as dentures, hearing aids, glasses, and prosthetics. Do not wrap any personal belongings in tissues or napkins, or leave them on the meal tray, as this may cause them to be inadvertently discarded. Ask your nurse to give you a special container for your belongings.

Carrier Clinic will not accept responsibility for the loss of valuables or personal items retained during your stay. **Valuables that are stored in the hospital safe can be retrieved by presenting your valuables receipt upon your discharge.**

**Smoking Policy**

**Smoking** - As part of Carrier Clinic’s ongoing commitment to providing a safe and healthy environment for everyone, smoking is restricted to outdoor designated areas on the Carrier Clinic campus for patients, visitors, and employees. There are proper receptacles provided for your use in these areas which are located in the unit courtyards as well as across the driveway from the main entrance. Please discuss your wish to smoke with the unit staff and they will explain to you the proper safety and protocols of smoking of your unit. Please note that patients under the age of 19 are not permitted to smoke.

*For the safety of the wildlife and our environment, please use smoking receptacles placed in the designated smoking area.*

*Thank you.*
Smoking Policy (continued)

We want to make your stay here as comfortable as possible. For your convenience we have provided a designated area for smoking (please see map below). This allows Carrier Clinic to provide patients, residents, students, visitors and employees with a smoke-free environment.

Smoking on Carrier premises is regulated to the designated area. Carrier strives to be in compliance with both the New Jersey Residential Substance Abuse Facilities regulations regarding tobacco use and the New Jersey Smoke-Free Air Act.

The New Jersey Smoke-Free Air Act (P.L. 2005 c383) prohibits smoking in indoor public places and workplaces to protect employees and the public from secondhand smoke. The Act specifically states that Health care facilities, patient waiting rooms and nursing homes are included within the regulation.

A note for those in Adolescent Services:
- Patients in Adolescent Services are prohibited from smoking on Carrier Clinic grounds.
- Adolescent Services, as defined by inpatient, outpatient, residential and school programs, have developed procedures and protocols to address smoking cessation programs and consequences for adolescents found smoking on grounds.

Improving For You…

Carrier Clinic recently completed the largest construction and renovation project in our 100-plus year history. As we continue to build the future of behavioral healthcare, we hope you will consider a tax-deductible donation.

There are naming opportunities available on campus. Opportunities at all levels. For more information, contact: FundDevelopment@CarrierClinic.com or call 908-281-1495.
Medical Care

Carrier Clinic provides care to anyone presenting on our campus with an emergent medical condition, regardless of ability to pay. Patients presenting with an emergency medical condition are entitled to a medical screening, stabilization of the condition within the capabilities of Carrier Clinic services and staff, and transfer to an appropriate hospital if necessary.

Certain Carrier Clinic staff are currently trained and certified in first aid, cardiopulmonary resuscitation and the use of Automatic Defibrillators. In the case of a cardiopulmonary emergency, staff members will respond, call 911 and initiate CPR and AED as indicated. Emergency medical technicians from the Montgomery Rescue Squad will provide transportation to the local emergency room.

Pain Management

Everyone has the right to effective pain management. People can handle pain differently, and there are many factors that influence how we experience pain.

As a patient at Carrier Clinic, you can expect to have an initial evaluation of any pain you may be experiencing, and regular assessments, thereafter. Since you are the only one who knows how much pain you have, you will be asked to describe your pain to the staff. You will be asked to rate your pain on a scale of 1 to 10, and/or by using the “faces” scale. When it is indicated, Carrier staff will provide you with pain management, using an interdisciplinary group of health care professionals that may include physicians, nurses, pharmacists, and physical therapists.

Within our scope of service as a Psychiatric/Substance Abuse hospital, we will provide you with various methods for relief, which may include analgesic medications, behavioral treatments and physical therapy. If you have experienced difficulty with the abuse of substances, your treatment team will help you develop a treatment plan which will best serve your needs. Please assist us with your pain management by telling your physician or nurse if your pain is not relieved and/or any concerns you have about taking pain medication.
Mission Statement for Pain Management

Every patient has the right to appropriate assessment and management of pain as per Carrier Clinic policy.

Optimal pain management will provide both physiologic and psychological benefits.
Safe Patient Handling

Carrier Clinic is committed to providing the safest care possible. As part of our Safe Patient Handling Program, we use various assisted patient handling equipment and aids to help prevent injuries to patients and staff.

What is the Safe Patient Handling Program?
During their stay at Carrier Clinic, a patient may not be able to walk or move safely without assistance from staff. An important part of providing patients with safe care is how we help a patient move or transfer from one place to another. To insure the safety of patients and staff, various assisted patient handling devices or aids will be used.

Who requires safe patient handling equipment or aids?
Each patient will be assessed during the admission interview, to determine how much assistance is needed for lifting and moving. A reassessment will be performed if there are any changes to the level of assistance a patient requires.

The assisted patient handling equipment and aids will assist with transferring or moving a patient safely and comfortably. Patients have the right to refuse the use of assisted patient handling equipment or aids.

What are the assisted patient handling equipment or aids that may be used?
While receiving care at Carrier Clinic, we use a variety of assisted patient handling equipment and aids in order to insure a patient’s safety in the environment. This equipment may include:

- Grab bars
- Gait belts
- Adjustable Electric Beds
- Recliner Chairs
- Tub Bathing System
- Shower Bathing System
- Shower Chairs
- Walkers
- Wheelchairs
- Mechanical Total Body Lifts

Questions or Concerns?
Our top priority is to ensure that you and your family feel informed, comfortable and safe with the care provided.

Please feel free to speak with your nurse if you have any questions or concerns regarding our Safe Patient Handling Program.
The Intensive Outpatient Program at Carrier Clinic offers comprehensive addiction and dual diagnosis treatment to patients and their families when the severity of addictive disease does not require residential treatment. The treatment approach is based on the 12–Step philosophy in tandem with an individualized evaluation and treatment plan for his or her specific needs—one that focuses on understanding the disease concept of addiction, and the need for relapse prevention skills.

The IOP meets on Monday, Tuesday & Thursday evenings from 6:30-9:30 p.m. in the Conference Center at Carrier Clinic. Participants are expected to comply with random urine drug screening and blood alcohol level testing to ensure honesty in the recovery process. Carrier's IOP is covered by most insurance plans.

To schedule an evaluation for admission to Carrier’s IOP, please call an IOP Coordinator at 908-281-1361.

Triggr Health is a mobile platform designed to give you the support you need when you need it. Find local meetings, manage your recovery plan, and stay connected to those who understand your unique road to recovery.

Blake Recovery Center is pleased to bring you this cutting-edge technology as another support for you along your road to recovery. Free, unlimited access to Triggr Health is included in your Blake Recovery Center program.

After discharge, your care manager will help you get started with the next step of your treatment program—Triggr Health. Please make sure you have a family member bring your charged cell phone to you at discharge (or bring your cell phone charger), so you are able to take advantage of this incredible technology.

For more information about Triggr Health, visit TriggrHealth.com
Carrier Clinic values patient and family education as an important part of each patient’s treatment and understanding of their diagnosis, medications and ongoing care. The needs, learning abilities and age, are considered when developing an individualized education plan. Cultural and religious issues, communication and physical barriers, are also taken into consideration.

We offer a variety of educational tools for patients and family members such as videos, group, individual classes, and written information. Education is provided by the psychiatrist, the Social Worker/Licensed Professional Counselor, nurses, dieticians, and other counselors.

Topics covered may include: Diagnosis understanding, treatment options, coping skills, pain management, medication management, grief counseling, dietary concerns, smoking cessation, AA/NA, and aftercare. Carrier Clinic believes education is a key ingredient in providing comprehensive treatment. We encourage all patients and families to participate in this process.

*Please see our other free community support groups offered on pages 9-10 in this handbook, or visit CarrierClinic.org.*
Carrier Clinic's mission is to inspire hope and recovery through expert treatment, education, compassionate care, and outstanding service. It is the mission of the Pastoral Care Department to support all patients in this goal and foster holistic care by addressing needs for spirituality.

A certified Clinical Pastoral Education Supervisor and Chaplain is on site on Wednesdays from 9 a.m. - 1 p.m. Interns are onsite throughout the week. Chaplains are also available for counseling by scheduled appointment. The Chaplain can be contacted by phone at 908-281-1235 or by email at chaplain@carrierclinic.com.

Sometimes people wonder why they may want to talk with the Chaplain. Sometimes people don't consider themselves as "religious" or "spiritual." Sometimes people have had bad experiences with organized religion. The Chaplain is an understanding ear that wants to hear about what is important to you: your philosophy of life and what it means to you to be at Carrier.

The Pastoral Care Department is also available to assist in contacting specific faith-based community members (e.g. a Priest or Rabbi).

Spirituality groups are held on various units, to assist patients in exploring their faith traditions and/or discovering a conscious contact with a “Higher Power.”

An up-to-date worship schedule is posted outside the chapel for regular services.
Food and Nutrition Services

While you are with us we will work hard to provide the very best quality meals.

The menu selections are prepared fresh by our Carrier Clinic chefs under the supervision of the Executive Chef. We use the freshest ingredients and include locally grown produce when available. The menu includes home-style favorites, seasonal specials and international cuisine.

The menu is designed to meet the Healthy American Dietary Guidelines. The food is mildly seasoned without salt to meet the needs of our patients; additional seasonings are available in the dining room. Snack items such as fruit, beverages and yogurt are available on your unit along with an evening snack.

We have several Registered Dietitians available to offer education and diet information. If you have a religious or cultural need please ask to speak to a dietitian. The dietary department values your opinion. If at any time you feel you are not receiving the very best service please ask to speak to a dietary manager.

Dining Room Hours

**Breakfast**
7:30-9 a.m.

**Lunch***
11 a.m. - 1:30 p.m.

**Dinner**
5-6 p.m.

*Snacks and beverages available for purchase 1:30-5 p.m.

Visitors may use Dining Room during hours of operation. The Dining Room accepts cash only.
While you are with us we will work hard to provide the very best quality service. Housekeepers will clean and sanitize your room everyday of your stay here at Carrier Clinic.

**Between the hours of 7 a.m. and 3 p.m., a housekeeper will:**

1) Empty and wipe down your trash can.
2) Clean and sanitize the shower and bathroom with a hospital approved, environmentally safe disinfectant.
3) Wipe down furniture and spots on the walls.
4) Dust all sills, ledges and lights with microfiber dusters.
5) Thoroughly dust mop and wet mop your floor with a state-of-the-art microfiber mopping system. Microfiber flat mops are more effective and save about 15 gallons of water per housekeeper per day.

**In order for our housekeepers to provide the best possible service, we ask that you please observe the following:**

1) Do not eat, drink, store or dispose of food in your room.
2) Keep belongings, clothes, etc. off the floor.
3) Remove your used towels and washcloths to a linen hamper after showering.

**Linen Service**

Upon arrival, you will find your bed made up with a fitted and top sheet, blanket, pillowcase and comforter. Clean linen is available from the nursing staff whenever you request to have your linen changed. During your stay at Carrier Clinic you will also be provided with fresh towels and washcloths each day. These are also available from the nursing staff whenever you need them.
Your Health Benefits

Carrier Clinic accepts Medicare, and most commercial insurance plans. Due to Federal regulations, Carrier Clinic is unable to accept adult Medicaid patients between the ages of 21-64. Understanding your coverage can be confusing and it is important to know what your plan covers.

Here are some helpful hints that may help you and your loved one better understand your health coverage:

- In 2010 a federal law was passed that requires most insurance plans to provide coverage for mental health and addiction issues in the same way that other diseases are covered. This law is referred to as the “Parity” law. This law prohibits a limitation on coverage for behavioral health diagnoses. Although not all plans or employers are required to cover behavioral health services, if the plan offers treatment for mental health and addiction, it should be covered the same as any other disease. Not all employers are subject to this law as well, for instance, if there are 50 or fewer employees in a company, the Parity law may not apply to the employer’s benefits.

- Be your own or your family member’s best advocate. Call your insurance company and ask about your benefits. This number can often be found on your insurance card. Take notes of the call and the name of the person who gave you the information. Ask if there is a review process and what that means. Ask about the appeals process and your rights to appeal. Often, using your benefits to their fullest potential is subject to “medical necessity” guidelines. Ask for the difference between “in-network” and “out of network” providers, and what the out of pocket expense might be for each. Ask if your plan is subject to the “Parity” law as described above. Ask if Chapter 28 applies to your carrier for addiction services.

- Ask to meet with the Patient Services Representative at Carrier Clinic if you have any questions about your coverage or projected out of pocket expenses. Carrier Clinic staff verify benefits with your insurance company and seek medical necessity authorization on your behalf. If a denial of coverage is obtained for any reason, you will be informed of the denial, the appeal process, if applicable, and any financial responsibility that you may have, if applicable. The Patient Services Representative at Carrier Clinic can be reached at (800) 933-3579 x1624 or x1347.
Financial Information

We understand that hospitalization places physical and emotional strain on you and your family, which may include financial pressures. The following information can help you understand your financial obligations and where you can obtain assistance.

**Patient Services Representative** - Financial counseling is available to all patients in need of assistance with financial arrangements and who have questions concerning insurance benefits. If you have any questions or concerns (while in the hospital), please call (800) 933-3579, ext. 1624 or ext. 1347. Office hours are Monday through Friday 9 a.m. to 4 p.m.

**Insurance** - Please assist us in billing your insurance company by providing full information to the hospital registration staff. Copies of insurance cards are of the utmost importance. Report any changes in insurance enrollment to the Financial Counselor immediately. Payment for services rendered is contingent upon the participant’s current health benefit eligibility status, co-payments and available mental health/substance abuse benefits. Please be aware that changes in benefit and/or coverage can occur due to employment termination, dependent child age limitation or marital status changes. Please notify the Patient Services Representative (800-933-3579, ext. 1624 or 1347), if there are any changes described above or name, address or phone number change during your hospitalization. Following discharge, please contact Patient Financial Services (800-933-3579, ext. 1539).

**Coordination of Benefits (COB)** - Coordination of benefits (COB) applies to a person who is covered by more than one health plan. Your claim can be denied due to incomplete or inaccurate COB information on file with the insurance company. When this occurs, please contact your insurance company immediately to update their records. A hospital claim will remain in the unpaid status until Complete COB information is received by the insurance company. The COB provision and regulations require that all health plans coordinate benefits to eliminate duplication of payment and assist patients in receiving the maximum benefit to which they are entitled. Please assist us by providing all insurance to the registration staff. It is your responsibility to disclose, if any, multiple insurance policies; this information may eliminate any out of pocket expenses on your part.

*continued*
Insurance Claim Filing - If you have provided us with complete and accurate insurance information, Patient Financial Services will bill your insurance. We cannot accept responsibility for disputed claims; the guarantor on the account is ultimately responsible for payment. If you have any questions related to insurance payments, please contact your insurance company or call our Patient Financial Services Department at 800-933-3579 ext. 1539.

Hospital Bill & Physician Bill - You will receive one bill which will include hospital and physician services. You may also receive bills for consulting specialists. Please contact the individuals who are billing you with questions about those bills.

Notification will be sent to you in situations where your insurance is not in compliance with Prompt Pay Regulations set forth by the Department of Banking and Insurance. When this occurs, please contact your insurance company immediately to expedite payment.

Hospital Payment Policy - Please pay bills on time; payments are due within 30 days after receipt of statement. We accept checks, Visa, MasterCard, American Express, Discover Card or money orders. If you are unable to pay in full, please contact our Patient Financial Services Dept. (800-933-3579, ext. 1539) upon receipt of your bill. Accounts not paid within 120 days will be referred to an outside collection agency.

<table>
<thead>
<tr>
<th>Deposit Requirements</th>
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<tbody>
<tr>
<td><strong>Insurance Type</strong></td>
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<tr>
<td>HMO, PPO, Commercial Insurance</td>
</tr>
<tr>
<td>Medicare with No Medigap Coverage</td>
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<tr>
<td>Limited Insurance Benefit</td>
</tr>
<tr>
<td>Policies with Pre-Existing Clause</td>
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<tr>
<td>No Health Insurance</td>
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</tbody>
</table>
Application for Hospital Based Charity Care Program

Carrier Clinic Charity Care Program is available to patients who have demonstrated limited income and resources are substantiated by required financial documentation. Eligibility is limited to individuals whose adjusted total household income does not exceed the current federal poverty guideline as established by the United States Department of Health and Human Services. Applications are available from the Financial Counselor (800-933-3579 ext. 1624 or ext. 1347) or Patient Financial Services Dept. (800-933-3579 ext. 1539).

Questions About Your Bill?

If you have questions concerning your hospital or physician bill, please call 800-933-3579 ext. 1539.

Office hours are Monday through Friday, 8:30 a.m. to 4:30 p.m. Patient Financial Services staff will be happy to assist you.

Medical Records

The Health Information Management Department is happy to provide all patients with prompt access to information in their medical record pending:

1. Complete authorization from the patient (patients age 14 or over);
2. Physician authorization stating the information requested is not detrimental to the patient’s health; and
3. Reasonable and customary fee is paid according to New Jersey State Law.

There is no fee for medical records sent to your care provider, however, charges apply for a copy of your records for your personal use, not to exceed a maximum of $200. Additional charges apply for Attorney and Insurance requests. Requests will be honored within 30 days.

To request your records please call (908) 281-1479, email him@carrierclinic.com, or go to CarrierClinic.org, click on FAQ’s, then Regarding...Discharge: How can I access my Medical Records. Download the form, fill it out and fax it to (908) 281-1671.
“Effective July 2012, hospitals and doctor’s offices are required to post and provide information to patients regarding a third level of appeal for insurance denials that is offered through the State Department of Banking and Insurance (DOBI). Although not all denied services may be eligible for this third level of appeal, it is important to know our benefits and your right to access all levels of appeal in order to use your health insurance to the fullest extent possible. Below, please see the information on this third level of appeal, called the Independent, Health Care Appeals Program, or IHCAP. The following information is provided directly from the New Jersey Department of Banking and Insurance (DOBI) website: http://www.state.nj.us/dobi/division_insurance/managedcare/ihcap.htm.”

**Independent Health Care Appeals Program**

The Independent Health Care Appeals Program (IHCAP) is an external review program administered by the Department of Banking and Insurance (Department). The external review program is intended for the purpose of reviewing adverse utilization management determinations made by carriers with respect to any health benefits plan for which the carrier uses utilization management features, whether prospective, concurrent, or retrospective.

The Department contracts through the State of New Jersey procurement process with multiple Independent Utilization Review Organizations (IURO) to perform both the preliminary and full reviews of the cases presented to the IHCAP. The cost of reviews is fixed through the procurement process. Carriers bear the costs of both the preliminary and full review, and once a preliminary or full review is initiated, the carrier is responsible for the associated costs of that portion of the review, even if the carrier elects to reverse its own decision prior to the IURO rendering a decision on the matter, or the individual, or health care provider, as appropriate, elects to withdraw the appeal.

The Department performs a cursory review of requests submitted for the IHCAP. The Department will not forward an appeal to an IURO if it is clear that:

1. The individual is covered under a self-funded welfare plan, Medicare, or a Medicare Advantage product;
2. The individual is covered under a contract delivered in another state;
3. The services at issue were not covered under the terms of the health benefits plan;
4. When the appeal is submitted by a health care provider, the health care provider lacked consent of the covered individual to make the appeal;
5. The filing fee is not included; or

*continued*
6. The internal appeal process has not been completed, unless the carrier failed to meet the timeframes for the stages of appeal, waived its right to perform an internal review, or the individual and/or provider applied for an expedited external review at the same time as applying for an expedited internal review.

The Department may consult with the individual or the health care provider, as appropriate, to try to obtain more information when reasonable or appropriate.

Cases forwarded by the Department are assigned to the IUROs on a random basis, except as may be necessary to avoid any actual or perceived conflicts of interests.

Preliminary Review
Upon receipt of the appeal from the Department, the IURO will conduct a preliminary review of the appeal, and accept it for processing if it determines that:

1. The individual had coverage in effect under a health benefits plan at the time of the action on which the appeal is based;
2. The service that is the subject of the complaint or appeal reasonably appears to be a covered service under the terms of the contract at issue for purposes of the appeal;
3. The internal appeal process was appropriately completed, or approval to by-pass some portion of the process was received by the Department; and
4. The individual, or health care provider acting on behalf of the individual with the individual's consent, has provided all information required by the IURO and the Department to make the preliminary determination, including: the appeal form, a copy of any information provided by the carrier regarding the unfavorable utilization management determination, and a fully-executed release to obtain any necessary medical records from the carrier and any relevant health care provider. (The medical release is included in the Consent to Representation in Appeals of Utilization Management Determinations and Authorization for Release of Medical Records in UM Appeals and Independent Arbitration of Claims or the IHCAP appeal form.)

The IURO will complete the preliminary review and notify the individual and/or health care provider, as appropriate, in writing of whether the appeal has been accepted for processing within 5 business days of receipt of the request from the Department. If the appeal is not accepted, the reason(s) why it was not accepted will be included in the written notice. The IURO shall additionally notify the individual and/or provider of his or her right to submit in writing, within five (5) business days of the receipt of acceptance of the appeal, any additional information to be considered in the IURO's review.
4. Full Review

If, after the preliminary review, the appeal appears acceptable, the IURO will conduct a “full review” to determine whether an individual has been inappropriately denied medically necessary covered services by the carrier. When performing the full review, the IURO relies on all information submitted by the parties to the matter that is deemed appropriate by the IURO, including: pertinent medical records, consulting physician reports, and similar such documents submitted by the parties; any applicable, generally-accepted practice guidelines developed by the federal government, and national or professional medical societies, boards and associations; and, any applicable clinical protocols and/or practice guidelines developed or used by the carrier. The IUROs typically use consultant medical professionals to review cases, but all decisions must be approved by an IURO's medical director.

The IURO may uphold, reverse or modify the utilization management decision of the carrier. A modification means that the IURO upholds a portion of the carrier's utilization management decision, and reverses a portion of it. The IURO cannot recommend that services other than those at issue in the appeal be provided. The written decision of the IURO, and the reasons for the decision, is sent to the covered individual and/or health care provider, as appropriate, as well as to the carrier, and to the Department.

The IURO's decision is binding on the covered individual and carrier, except to the extent that other remedies are available to either party under State or Federal law.

Before You Mail Your Appeal to the Independent Health Care Appeals Program:

♦ Attach the filing fee of $25.00. Make the Check or Money Order payable to "New Jersey Department of Banking and Insurance." Send a check or money order only. DO NOT SEND CASH! (Note: The filing fee will be waived if you submit evidence of participation in one of the following: Pharmaceutical Assistance to the Aged and Disabled, Medicaid, NJ FamilyCare, General Assistance, SSI, or New Jersey Unemployment Assistance.)

♦ Attach a copy of the Stage 1 and/or Stage 2 written decision from the carrier.

♦ Attach a copy of the summary of coverage from your member handbook, certificate of coverage or other evidence of coverage issued by your carrier.

♦ If a health care provider filing on behalf of a member, attach a copy of the member's consent to have an appeal of the adverse utilization management decision made on his or her behalf. Whenever possible, please use Consent to Representation in Appeals of Utilization Management Determinations and Authorization for Release of Medical Records in UM Appeals and Independent Arbitration of Claims.

continued
Attach a copy of all medical records and correspondence to be reviewed by the Independent Health Care Appeals Program.

**IMPORTANT:** Send only copies of any requested documents, because originals WILL NOT be returned.

Confidentiality and Semi-Annual Reports

The information related to, and the outcome of, any specific case is confidential, and is not subject to release by the IURO or the Department. However, the Department does produce a semi-annual report regarding the activities of the IHCAP for a six-month period, typically ending in February and August.

The Independent Health Care Appeals Reports, generated for the Legislature and Governor, are posted as they become available for release. The information contained in the semi-annual reports never identifies any individual, nor any details about any specific case. The information is presented in the aggregate, and provides information about the number of appeals processed, and the number of appeals upheld and reversed.

Community Health Needs Assessment & Implementation Strategy

Internal Revenue Code section 501(c)(3), established by the Affordable Care Act, requires charitable hospitals to conduct a Community Health Needs Assessment (CHNA) at least once every three years and to adopt an Implementation Strategy to meet the identified needs. The requirement applies to organizations that operate a facility required by a state to be licensed, registered or otherwise recognized as a hospital and are determined to have hospital care as their primary function or purpose for exemption. Both the CHNA and Implementation Strategy must be adopted by the governing body of the hospital, and must be made available for public viewing on the organization’s website. Within these guidelines, Carrier Clinic has completed and adopted its most recent CHNA and Implementation Strategy in December 2016, and has made it available on its website at CarrierClinic.org.

Hard copies can be requested by contacting Carrier Clinic’s Community Relations Department at 908-281-1513 or communityrelations@carrierclinic.com.
Frequently Asked Questions

What type of service does Carrier Clinic provide?
Carrier Clinic provides a short-term, acute-care hospitalization for psychiatric illness and substance abuse for adolescents 12-18, adults 18-65 and older adults. The decision to admit a patient to the hospital depends primarily on the severity of the patient’s illness. No one is sent to the hospital who can better be treated in a less restrictive setting, such as an outpatient therapist’s office.

What happens during the Admission Process?
Preliminary demographic information is generally collected during the first phone call, when the appointment for assessment is scheduled. Upon arriving at Carrier Clinic, a thorough examination and psychiatric assessment will be conducted by an Access Center clinician and LIP (Licensed Independent Practitioner), which could be a physician or an Advanced Practice Nurse to ensure that the patient meets inpatient criteria and is medically cleared. Once the assessment has determined the need for inpatient treatment, the patient will be admitted to the unit that best suits their needs.

What is the approximate length of stay?
The length of stay depends on a variety of factors and is different in every situation. Length of stay in an acute psychiatric hospital is contingent on medical necessity and the individual treatment plan. Because of this, the length of stay tends to be short, ranging from 3 to 10 days. Please limit belongings to one suitcase.

What is done with valuables and personal belongings?
Jewelry, cash, credit cards and other valuables should be sent home with a family member or secured in the hospital safe during your loved one’s stay. Hospital policy limits the amount of cash one person can have in their possession at $40. Special containers can be made available for personal items such as dentures, hearing aids, glasses and prosthetics.
Are linens provided? What about laundry?
Fresh towels and wash clothes will be distributed to patients every morning. Washers and dryers are available on each unit for laundering of personal items, but family members are encouraged to bring laundry home with them. Please limit belongings to one suitcase.

What should I expect after I leave the hospital?
You and your treatment team, including the psychiatrist, psychiatric nurse, addiction counselor, Social Worker/Licensed Professional Counselor and mental health technician, will work together to determine an appropriate aftercare plan.

What time is discharge?
Discharge time is 1 p.m., unless other arrangements have been made in advance with the treatment team. Family members and friends picking up patients are asked to be at the hospital at discharge time.

How can Medical Records be accessed?
You may call our Medical Records Department at 908-281-1479 for assistance, or you may visit our website at CarrierClinic.org, click on “FAQ” in the menu bar and scroll down to “Discharge” and look for “how can I request my medical records?” Downloaded forms can then be filled out and faxed to (908) 281-1671.

Can I reach my loved one by phone?
Pay phones are located on all units, except for Blake Recovery Center, for use by patients at specific break times during the day. Once admitted, your loved one can share with you the phone number and appropriate time to call him/her. We recommend patients bring a phone card with them for convenience.

Please remember: If anyone calls Carrier Clinic asking for information about a patient, their presence here will neither be confirmed nor denied. Patients must give written consent to allow the treatment team to release information. Patients are asked to keep confidential the knowledge of the presence of other persons in treatment, both during treatment and after. Visitors are also asked to respect the confidentiality of others here at Carrier. Thank you.
Can family call to get updates on a patient's progress?
Families are encouraged to actively participate in their loved one's treatment, including getting progress reports. One family member should be designated to call for updates and then have this individual share the information with other family members. *Please remember, a Release of Information* form must be signed by the patient allowing clinical staff to disclose any information. During normal workday hours, the Social Worker/Licensed Professional Counselor assigned to the patient can assist with this; after 5 p.m. and on weekends, the Nursing Supervisor must be contacted at 908-281-1000.

*Release of Information:*
At the time of admission, patients are able to complete a form that asks them to identify specific individuals (a family member, physician, agency, etc.) who may receive information regarding that patient's status and treatment.

How often will my loved one meet with the Clinical Staff?
In the hospital, patients will meet with their psychiatrist, APRN or other LIP once per day. Patients will meet with their social worker/counselor two to three times a week. On the Blake unit, patients do not usually meet with a psychiatrist. They will meet with an addiction-trained physician upon admission and prior to discharge and for other reasons if necessary during their stay.

How can I get information regarding my loved one's treatment?  
A *Release of Information form must be signed by the patient allowing clinical staff to disclose any information*. During business hours, the social worker/counselor assigned to the patient can assist with this; after 5 p.m. and on weekends, the Nursing Supervisor must be contacted at 908-281-1000. If no one has contacted you, you may call 908-281-1000 and ask to leave a message for the Physician's secretary. These messages are always forwarded to the assigned social worker/counselor, who can only call you back if the patient has given consent.

Who do I speak to about the medications my loved one is taking?  
You may speak to the Doctor, Nurse or social worker/counselor to discuss medications if a Consent for Release of Information has been assigned to you.
## Helpful Resources

**2-1-1**

By Dialing **2-1-1 from any landline or cell phone**, you can reach a specialist who will provide information and referral services about a variety of issues including: Basic Human Needs Resources, Support for Seniors and Persons with Disabilities, Support for Children, Youth and Families, Physical and Mental Health Resources and Employment Supports. [www.nj211.org](http://www.nj211.org); (instant messaging also available online); 211

### Alcoholics Anonymous, Al-Anon, Narcotics Anonymous

**Alcoholics Anonymous** states that its primary purpose is to stay sober and help other alcoholics achieve sobriety, through a supportive community and following a 12-step Program. [www.aa.org](http://www.aa.org). To find a meeting in NJ, visit [www.nnjaa.org](http://www.nnjaa.org) or call **800-245-1377**. At **Al-Anon** Family Group meetings, the friends and family members of problem drinkers share their experiences and learn how to apply the principals of the Al Anon program to their individual situations. To find a meeting, visit [www.al-anon.org](http://www.al-anon.org) or call **888-4AL-ANON (888-425-2666)**. At **Narcotics Anonymous**, we offer recovery from the effects of addiction through working a twelve-step program, including regular attendance at group meetings. To find a meeting, visit [www.na.org](http://www.na.org), or call **800-992-0401**.

### American Foundation for Suicide Prevention

The American Foundation for Suicide Prevention (AFSP) is the only national not-for-profit organization exclusively dedicated to understanding and preventing suicide through research and education, and to reaching out to people with mood disorders and those affected by suicide. [www.afsp.org](http://www.afsp.org);

**American Foundation for Suicide Prevention-New Jersey Chapter-** (732) 462-5267 (Central NJ), (201) 916-1994 (Northern NJ)

* IF YOU ARE IN CRISIS, PLEASE CALL: 1 800-273-8255 *

### Collaborative Support Programs of New Jersey

As a mission-based, consumer/survivor driven organization, CSP-NJ exists to provide consumer driven mental health services that support recovery and promote community living. CSP-NJ has created a consumer driven alternative to the traditional mental health system. [www.cspnj.org](http://www.cspnj.org); (732) 780-1175

### Community Health Law Project

Provides legal and advocacy services, training, education, and related activities to persons with disabilities and to organizations representing their interests, with an emphasis on those most vulnerable and needy. [www.chlp.org](http://www.chlp.org); (973) 275-1175
Helpful Resources

Depression and Bipolar Support Alliance
The Depression and Bipolar Support Alliance (DBSA) supports research to promote more timely diagnosis, develop more effective and tolerable treatments and discover a cure for mood disorders. The organization works to ensure that people living with mood disorders are treated equitably. DBSA holds a support group at Carrier Clinic every Thursday at 7:30 p.m. in the Amphitheatre. www.dbsalliance.org; (800) 826-3632

Department of Children and Families, Children’s System of Care
Formerly The Division of Child Behavioral Health Services (DCBHS), CSOC serves children and adolescents with emotional and behavioral health care challenges and their families. They are committed to providing these services based on the needs of the child and family in a family-centered, community-based environment. www.nj.gov/dcf/about/divisions/dcsc/; (877) 652-7624

Division of Child Protection & Permanency
Child Protection and Permanency, CP&P (formerly the Division of Youth and Family Services, DYFS), is New Jersey's child protection and child welfare agency within the Department of Children and Families. Its mission is to ensure the safety, permanency and well-being of children and to support families. CP&P is responsible for investigating allegations of child abuse and neglect and, if necessary, arranging for the child's protection and the family's treatment. www.nj.gov/dcf/about/divisions/dcpp/; (800) 332-9227

Division of Mental Health and Addiction Services
The Divisions of Addiction Services and Mental Health Services were merged to form the Division of Mental Health & Addiction Services (DMHAS). DMHAS utilizes data from emerging science to offer effective, outcome-oriented treatment and use its resources to support consumers in achieving wellness and recovery. www.state.nj.us/humanservices/dmhas/home/

Mental Health Association in New Jersey
The Mental Health Association in New Jersey strives for children and adults to achieve mental health through advocacy, education, training, and services. www.mhanj.org; (800) 367-8850

National Alliance on Mental Illness New Jersey
NAMI NEW JERSEY provides education, support and systems advocacy to empower families and persons with mental illness. Affiliate self-help and grassroots advocacy groups located in each county offer emotional support, information and advice about treatment and community resources. www.naminj.org; (732) 940-0991
## Helpful Resources

**NJ Association of Mental Health & Addiction Agencies**
www.njamhaa.org; (609) 838-5488

**NJ Connect for Recovery**
This is the only call line in New Jersey dedicated to providing counseling specifically to individuals and families who are coping with addiction to heroin and prescription painkillers. **Toll-free:** (855) 652-3737 (TTY: 877-294-4356); www.njconnectforrecovery.org

**NJ Domestic Violence Hotline:** (800) 572-SAFE (7233)

**NJ Helps**
The NJ Helps DHS Services Home Page is designed to give consumers a one-stop shopping resource for the wide range of programs and services provided by the Department of Human Services and its partners, to assist individuals, families and communities in New Jersey. **www.njhelps.org (online only)**

**NJ Mental Health Cares**
New Jersey's mental health information and referral service. Mental health professionals use their experience and understanding of mental health system to connect you to the information and services you need. **www.njmentalhealthcares.org; (866) 202-4357**

**NJ Self-Help Group Clearinghouse**
The New Jersey Self-Help Group Clearinghouse provides information, support, guidelines and training services for persons interested in finding or forming self-help groups throughout New Jersey. **www.njgroups.org; (800) 367-6274**

**N.J. State Department of Education: Special Education**
www.state.nj.us/education; (877) 900-6960

**N.J. Statewide 24/7 Suicide Hotline**
www.njhopeline.com; (855)654-6735

**Parents Support Group of New Jersey Inc.**
This organization helps mothers and fathers understand and cope with addiction. **www.psgnjhomestead.com; (800) 561-4299; (973) 533-9070**

**Statewide Parent Advocacy Network**
The mission of the Statewide Parent Advocacy Network is to empower and support families and inform and involve professionals and others interested in the healthy development and education of children and youth. **(800) 654-SPAN; (973) 642-8100**
**Visitors**: Visitors are encouraged to visit on the days/hours posted below. In special circumstances, arrangements will be made for visitation at other times with the physician’s approval, as appropriate to the patient’s clinical condition. **Visitors should not bring their cellphones onto the units**.

Visitors are encouraged to abide by the established visitor limits on page 39 and including: bringing only factory sealed food and drinks onto the units. *Visiting hours are subject to change.*

### Telephone Policy

**LOCATION** | **PAY PHONE NUMBERS**
--- | ---
Adolescent Unit | Payphones are not available in AU.
ACU East
ACU West
Acute Care Unit | East: 908-281-1743
908-281-1744
West: 908-281-1753
908-281-1754
*Phones cannot be used during group times.*

APA:
Dual Diagnosis &
General Adult Population | 908-359-9158

GAU:
General Adult Unit
Carrier Diversion Program | Payphones are not available in GAU.

OAU:
Active Seniors Program &
Acute Geriatric Program | 908-359-9131

Blake Detoxification &
Rehabilitation Center | Payphones are not available at Blake Recovery Center. It is essential that the patient focus on themselves and participate fully in the program and not communicate with others who are not in the program during this short time period.
Visitors are encouraged to visit on the days/hours posted below. In special circumstances, arrangements will be made for visitation at other times with the physician’s approval, as appropriate to the patient’s clinical condition. Visitors should not bring their cellphones onto the units. Visitors are encouraged to abide by the established visitor limits on page 39 and including: bringing only factory sealed food and drinks onto the units.

*Visiting hours are subject to change.*

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>PAY PHONE NUMBERS</th>
<th>PHONE HOURS</th>
<th>VISITING DAYS/HOURS</th>
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</thead>
<tbody>
<tr>
<td>Adolescent Unit</td>
<td>Payphones are not available in AU.</td>
<td>Mon-Fri 6-7:30 p.m.</td>
<td>6-7:30 p.m.</td>
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<td></td>
<td>Sat &amp; Sun 1-2 p.m. &amp; 6-7:30 p.m.</td>
<td>1-2 p.m. &amp; 6-7:30 p.m.</td>
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<td>PARENTS/GUARDIANS ONLY. SPECIAL ARRANGEMENT CAN BE MADE IF THERE IS A DOCTOR’S ORDER. ONLY 2 VISITORS AT A TIME.</td>
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<td>Mon &amp; Fri 2-4:45 p.m.</td>
<td>Mon &amp; Fri 2-4:45 p.m.</td>
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<td>T-Th 6-8 p.m.</td>
<td>T-Th 6-8 p.m.</td>
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<td>Sat &amp; Sun 2-4:45 p.m. &amp; 6-8 p.m.</td>
<td>Sat &amp; Sun 2-4:45 p.m. &amp; 6-8 p.m.</td>
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<td>Mon-Sat 6-8 p.m.</td>
<td>Mon-Sat 6-8 p.m.</td>
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<td></td>
<td>Sunday 5:30-7 p.m.</td>
<td>Sunday 5:30-7 p.m.</td>
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<td>DUAL DIAGNOSIS VISITORS ARE STRONGLY ENCOURAGED TO ATTEND THE WEEKEND CO-DEPENDENCY PROGRAM. The program is held in the Atkinson Amphitheatre from 10 a.m. - 1:30 p.m.</td>
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<td>Mon, Fri, Sat, Sun 2-4:45 p.m.</td>
<td>Mon, Fri, Sat, Sun 2-4:45 p.m.</td>
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<td>Tue, Wed, Thurs 6-8 p.m.</td>
<td>Tue, Wed, Thurs 6-8 p.m.</td>
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<td>VISITORS MUST BE 18 OR OLDER. IMMEDIATE FAMILY MEMBERS ONLY. ALL OTHER VISITORS REQUIRE A DOCTOR ORDER.</td>
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<td>8-10 a.m.</td>
<td>8-10 a.m.</td>
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<td>OAU: Active Seniors Program &amp; Acute Geriatric Program</td>
<td>12 noon-2 p.m.</td>
<td>12 noon-2 p.m.</td>
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<td>4-9 p.m.</td>
<td>4-9 p.m.</td>
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<td>Phones cannot be used during group times.</td>
<td>Phones cannot be used during group times.</td>
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<td>Tues &amp; Thurs 12:30-2 p.m.</td>
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Community Resources ~ Pharmacies

Walgreens • 706 US Highway 206, Hillsborough NJ 08844 • (908) 281-6539  
Rite Aid • 601 US Highway 206, Hillsborough, NJ 08844 • (908) 281-9223  
CVS • 220 Triangle Road, Hillsborough, NJ 08844 • (908) 369-1762

Carrier’s Alcohol and Drug Policy for Patients and Families

- Any use of alcoholic beverages and/or non-prescribed or illegal drugs or any chemicals are forbidden on and off hospital grounds while an individual is an inpatient at Carrier Clinic.

- All medications and any items such as lotions or hair spray that contain alcohol as an ingredient will be sent home at the time of admission or kept in the pharmacy.

- In order to ensure a drug-free environment, patients being admitted for treatment for any form of drug abuse will have their body and belongings searched by staff at time of admission. Personal possessions will be checked by nursing staff before returning to patient.

- Patients may not keep any medication in their room. All medications taken while in residence must be ordered by your doctor at Carrier Clinic.

- Patients known to have taken non-prescribed medications or illegal drugs or drinking any substance containing alcohol will be subject to clinical review and may be discharged for violation of Carrier Clinic policy.

- Patients suspected of having taken any alcoholic substance, or any non-prescribed or illegal drugs will be subject to urinalysis under supervision, blood analysis, and/or breath analysis.

- Patients waiting for discharge for these violations, or any clinically associated reason, may be transferred to a more secure unit until time of discharge.

- Any visitor found in possession of an illicit drug, or who gives or sells such drug to a patient, will be prosecuted to the full extent of the law.

Form #270 (Rev 4/03)
Notice of Patient Visitation Rights

Carrier Clinic is a short term, crisis stabilization facility for the treatment of behavioral and substance abuse disorders, dedicated to providing quality care to our patients and support to their families.

There shall be no restriction, limitation or denial of visitation privileges implemented on the basis of race, color, national origin, religion, sex, gender identity or expression, sexual orientation, financial status or disability. All visitors will enjoy full and equal visitation privileges, consistent with the patient’s preferences, as set forth in the hospital policy.

Patients have the right to have a support individual of the patient’s choice present unless the individual’s presence infringes on others’ rights, safety or is medically or therapeutically contraindicated. The patient has the right, subject to his or her consent, to receive the visitors whom he or she designates, orally or in writing, including but not limited to, a spouse, a domestic partner, another family member or a friend. The patient also has the right to withdraw or deny such consent at any time, orally or in writing.

**VISITORS:** Each program schedule will identify designated visiting hours to allow for patients to have support individual (s) of their choice available for emotional support during the course of their stay. The number of visitors per patient at the same time will be identified by each program. Visitors are encouraged to abide by the established visiting hours and visitor limits, including: bringing only factory sealed food and drinks, and not bringing cellphones onto the units.

Due to the intense nature of acute psychiatric illness, visitation on the patient care units is limited to persons of 18 years of age or older. Exceptions to the age limit may be authorized by the attending LIP or the Nursing Supervisor for clinically appropriate reasons.

**VISITORS UNDER THE AGE OF 18:** Visitors under the age of 18 may visit patients with ‘Dining and Grounds’ or ‘Grounds with Supervision’ privileges in specified common areas.
Important Family Information

We realize that it is very difficult to leave a loved one in the hospital. We recognize the importance of communication and providing reassurance to you. The following pertinent information will help you understand what to expect:

CONTACTING CARRIER: Calls can be made to (908) 281-1000. If you need to get a message to a patient or staff member, the operator will advise you or transfer you to the appropriate extension.

TREATMENT TEAM/FAMILY REPRESENTATIVE: The main contact person with the family is the social worker/counselor. You may expect a call from the SW/C after he/she has met with the patient, provided the patient has given permission. We ask that one family member be the representative for the patient in order to facilitate communication with the patient’s treatment team.

CONFIDENTIALITY: Although it can be frustrating, staff at Carrier Clinic cannot confirm or deny if a patient is at our facility, unless that patient has signed a consent that allows the staff to speak with that specific family member. Federal and State regulations set this strict standard and Carrier Clinic is committed to protecting the confidentiality of our patients and adhering to regulations. However, without confirming the presence of the person, our staff can accept information or messages that can be communicated to the appropriate individuals, if the person is at our facility.

CONCERNS: If you have concerns about treatment, physical comfort, or any other issues which cannot be resolved by the Treatment Team or Unit Director, you may issue a complaint with the Patient Advocate. You may contact the Patient Advocate at (908) 281-1308.

VALUABLES: Carrier Clinic will not accept responsibility for the loss of valuables or personal items retained during the patient’s stay. It is encouraged that patients send their valuables and medications home at the time of admission. Patients may have up to $40 for the purchase of snacks or to make phone calls (please bring change).
PAY PHONES: Patients have access to pay phones on all adult units, except for Blake Recovery Center. It is best for the patient to make calls when he/she is clinically able and/or according to the program rules rather than having friends and family calling pay phones. Please note that phones are not available when patients are in therapy groups. Communication with the patient is available via the pay phones per the unit schedule on pages 36-37.

Blake is considered a detox unit for some and the detox length of stay varies from 3 to 6 days. During this ‘black-out’ time, the patient’s focus is to detox and begin the important first steps of recovery. It is essential that the patient focus on themselves and participate fully in the program and not communicate with others who are not in the program during this short time period. We thank you for your understanding.

DISCHARGE: Once a date has been established for discharge, the discharge time is 1 p.m. Please make arrangements to be at the hospital by the set discharge time. Thank you.

Your Rights as a Carrier Clinic Hospital Patient

We consider you a partner in your hospital care. You help make your care as effective as possible when you are well-informed, participate in treatment decisions and communicate openly with your doctor and other health professionals.

While you are a patient in the hospital, your rights include the following:

- You have the right to confidentiality, considerate and respectful care, privacy and dignity. In accordance with hospital policy, State Law and Federal Law, notably the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as well as 42 C.F.R. Part 2, all employees are bound to protect patient confidentiality and all patient health information in its various forms. If you feel your confidentiality has been breached, you have the right to speak to the Patient Advocate regarding your concerns. Federal Law also requires that hospitals provide each patient with a Notice of Privacy Practices. This Notice describes what the hospital’s policies are regarding the use of an individual’s health information in order to provide treatment, operate their facility and programs and obtain payment for services. The Notice must be acknowledged in writing by all patients and kept in the files of the hospital. You will be asked to sign this acknowledgement of the receipt of the Notice of Privacy Practices. The notice is also available at CarrierClinic.org and in the Access area of the hospital.
Your Rights as a Carrier Clinic Hospital Patient

- You have the right to wear your own clothing, keep and use your personal possessions except those restricted by regulations*, to have access to private individual storage space, to keep and spend a reasonable sum of your own money, to have access to letter writing materials, and to mail and receive unopened correspondence.

- You have the right to regular physical exercise and to go outdoors, clinical condition permitting.

- You have the right to communicate with your physician, attorney or the courts, to have suitable opportunities to interact with members of the opposite sex, to have reasonable access to telephones to make and receive private calls, and to receive visitors each day except as restricted by your physician.

- You have the right to practice your religion or abstain from religious practice.

- You have the right to be informed of available resources for resolving problems, conflicts or ethical concerns as outlined in the Problem Resolution Procedure.

- You have the right to consent to or refuse a treatment and to be free from unnecessary or excessive medication, as permitted by law.

- You have the right to be verbally informed about your illness, reasons for admission, and to know the names and roles of the people treating you. You have the right to know the objective of your treatment and the possible side effects of recommended treatment. Any rights you have may be denied only in certain circumstances and only if it is imperative to do so.

- You have the right to contract directly with a New Jersey licensed registered professional nurse of your choosing for private professional nursing care during your hospitalization. Upon request the hospital will provide you with a list of local non-profit nurse association registries that refer nurses for private professional nursing care.

- You have the right to be free from physical abuse, punishment, physical restraint and isolation except in emergency situations and to be treated in the least restrictive conditions necessary.

- You have the right to consent or decline to take part in research, electroconvulsive therapy, psychosurgery or sterilization.

- You have the right to give Carrier Clinic staff 48 hours notice of your intention to leave the hospital.

- You have the right to a writ of habeas corpus and to be free from corporal punishment.

*continued
Your Rights as a Carrier Clinic Hospital Patient

- You have the right to expect that the hospital will give you necessary health services to the best of its ability.
- You or your family have the right to request transfer to another facility or transfer may be necessary when we are unable to provide you with the care you need.
- You have the right to the services of a translator or interpreter if you need one to help you communicate with the hospital's healthcare personnel.
- You have the right to be represented by an attorney, and if unrepresented or unable to afford one, the right to be provided one through the appropriate government agency. An attorney representing you will have the right to inspect and copy your medical record.
- You have the right to treatment without discrimination based on age, religion, national origin, sex, sexual preferences, handicap, diagnosis, ability to pay or source of payment, and to exercise all your constitutional civil and legal rights.
- You have the right to know about hospital rules that affect you and your treatment, and about charges and payment methods.
- You are responsible for providing information about your health including past illnesses, hospital stays, and use of medication.
- You are responsible for asking questions when you do not understand information or instructions.
- You are responsible for telling your doctor if you believe you cannot follow through with your treatment.
- You have the responsibility to show respect and consideration for other patients and staff.
- You have the responsibility to keep confidential any information shared by others in groups.
- You are responsible to take only the medications prescribed by your physician in the hospital and to refrain from giving medications to others.
- You have the responsibility not to bring alcohol, illegal drugs or weapons into the hospital.
- You are responsible for providing information for insurance and for working with the hospital to arrange payment when needed.
Your Rights as a Blake Recovery Center Patient

a. In accordance with the Division of Mental Health and Substance Abuse Services regulation 10:161A-17.2 “Rights of each client”. All Blake Recovery Center patients shall have the following.

1. The right to be informed of these rights, as evidenced by the client's written acknowledgment or by documentation by staff in the clinical record that the client was offered a written copy of these rights and given a written or verbal explanation of these rights in terms the client could understand;

2. The right to be notified of any rules and policies the facility has established governing client conduct in the facility;

3. The right to be informed of services available in the facility, the names and professional status of the staff providing and/or responsible for the client's care, fees and related charges, including the payment, fee, deposit and refund policy of the program, and any charges for services not covered by sources of third-party payment or the facility's basic rate.
   i. Clients shall sign a form verifying that they have been advised of the facility's fee policies. This signed form shall be maintained on file with a copy provided to the client;

4. The right to be informed if the facility has authorized other health care and educational institutions to participate in his or her treatment, the identity and function of these institutions and the right to refuse to allow the participation of other institutions in his or her treatment;

5. The right to receive from his or her physicians or clinical practitioner(s) an explanation of his or her complete medical/health condition or diagnosis, recommended treatment, treatment options, including the option of no treatment, risks(s) of treatment, and expected result(s), in terms that he or she understands.
   i. If this information would be detrimental to the client's health, or if the client is not capable of understanding the information, the explanation shall be provided to a family member, legal guardian or significant other, as available.
   ii. Release of information to a family member, legal guardian or significant other, along with the reason for not informing the client directly, shall be documented in the client's clinical record.

continued
iii. All consents to release information shall be signed by the client or for adolescents their parent, guardian or legally authorized representative. All consents to release information shall comply with Federal statutes and rules for the Confidentiality of Alcohol and Drug Abuse Client Records at 42 U.S.C. §§ 290dd-2 and 290ee-2, and 42 CFR Part 2 and the provisions of HIPAA;

6. The right to participate in the planning of his or her care and treatment, and to refuse medication and treatment.

i. A client's refusal of medication or treatment shall be verified by staff by way of the client's signature and documented as such in the client's clinical record;

7. The right to participate in experimental research only when the client gives informed, written consent to such participation, or when a guardian or legally authorized representative gives such consent for an incompetent client in accordance with law, rule and regulation;

8. The right to voice grievances or recommend changes in policies and services to program staff, the governing authority, and/or outside representatives of his or her choice either individually or as a group, free from restraint, interference, coercion, discrimination, or reprisal;

9. The right to be free from mental, sexual and physical abuse, exploitation, coercive acts by staff and other clients and from the use of restraints unless restraints are authorized pursuant to N.J.A.C. 10:161A-6.5.

i. A client's ordered medications shall not be withheld for failure to comply with facility rules or procedures, unless the decision is made to terminate the client in accordance with this chapter; medications may only be withheld when the facility medical staff determines that such action is medically indicated and the determination of such has been documented in the client's medical record and clinical record;

10. The right to confidential treatment of information about the client.

i. Information in the client's clinical record shall not be released to anyone outside the program without the client's written consent to release the information in accordance with Federal statutes and rules for the Confidentiality of Alcohol and Drug Abuse Client Records at 42 U.S.C. §§ 290dd-2 and 290ee-2 and 42 CFR Part 2 and the provisions of HIPAA, unless the release of the information is required and

continued
permitted by law, a third-party payment contract, a peer review or the information is needed by DMHAS for statutorily authorized purposes.

ii. The facility may release data about the client for studies containing aggregated statistics only when the client's identity is protected and de-identified;

11. The right to be treated with courtesy, consideration, respect, and with recognition of his or her dignity, individuality, and right to privacy, including, but not limited to, auditory and visual privacy.

i. The client's privacy also shall be respected when a facility and clinical staff are discussing the client with others;

12. The right to not be required to perform work for the facility, unless the work is part of the client's treatment, is performed voluntarily, the therapeutic benefit is documented in the treatment plan, and is otherwise in accordance with local, State and Federal laws and rules.

i. A client maintains the right to refuse to perform work for the facility even in those instances in which work activities are a part of the client's treatment and identified as such in the treatment plan;

13. The right to exercise civil and religious liberties, including the right to independent personal decisions.

i. No religious beliefs or practices, or any attendance at religious services, shall be imposed upon any client;

14. The right to not be discriminated against because of age, race, religion, sex, nationality, sexual orientation, disability (including, but not limited to, blind, deaf, hard of hearing) or ability to pay; or to be deprived of any constitutional, civil and/or legal rights;

15. The right to be transferred or discharged only for medical reasons, for the client's welfare, that of other clients or staff upon the written order of a physician or other licensed clinician or for failure to pay required fees as agreed at time of admission (except as prohibited by sources of third-party payment).

i. Transfers and discharges, and the reasons therefor, shall be documented in the client's clinical record.
ii. If a transfer or discharge on a non-emergency basis is planned by the facility, the client and his or her family shall be given at least 10 days advance notice of such transfer or discharge, except as otherwise provided for in this chapter;

16. The right to be notified in writing, and to have the opportunity to appeal, an involuntary discharge;

17. The right to have access to and obtain a copy of his or her clinical record, in accordance with the facility's policies and procedures and applicable Federal and State laws and rules;

18. The right to retain and use personal clothing and possessions, unless to do so would be unsafe or would infringe on the rights of other clients in the facility.

   i. If the client has property on deposit with the facility, he or she will have daily access to such property during specific periods established by the facility.

   ii. All client belongings shall be returned to the client when the client is discharged or decides to leave treatment within 30 days; and

19. The right to be allowed visiting time at reasonable hours in accordance with the client treatment plan and, if critically ill, to be allowed visits from his or her family or legally authorized representative at any time, unless medically contraindicated and documented by a physician in the client's medical record.

   i. Members of the clergy shall be notified by the facility at the client's request. The hours of visitation by clergy shall be established by the facility.
Your Responsibilities as a Patient

As a patient, you have specific rights guaranteed by New Jersey State Law. Along with these rights exist the following responsibilities:

- We ask that you provide your treatment team with a complete medical history including previous illnesses, hospital stays and medication history. This will help us to provide you with very good care.

- Please ask for clarification if you do not understand information or instruction regarding your treatment.

- Let us know if you feel you are unable to follow through with your treatment. This will allow us to make changes as needed.

- You have the responsibility to show respect and consideration for other patients and staff so that we can focus on the healing process.

- You have the responsibility to not make verbal threats or display any form of physical violence toward staff or other patients.

- Please keep confidential all information shared by others.

- To avoid any medication interactions, do not take any medications other than what has been ordered for you by a Carrier physician.

- You have the responsibility not to bring alcohol, illegal drugs or weapons into the hospital.

- You are responsible for providing information for insurance and for working with the hospital to arrange payment when needed.
This document explains your rights to make decisions about your own health care under New Jersey law. It also tells you how to plan ahead for your health care if you become unable to decide for yourself because of an illness or accident. It contains a general statement of your rights and some common questions and answers.

Your Basic Rights

You have the right to receive an understandable explanation from your doctor of your complete medical condition, expected results, benefits and risks of the treatment recommended by your doctor, and reasonable medical alternatives. You have the right to accept or refuse any procedure or treatment used to diagnose or treat your physical or mental condition, including life-sustaining treatment.

What happens if I’m unable to decide about my health care?

If you become unable to make treatment decisions, due to illness or an accident, those caring for you will need to know about your values and wishes in making decisions on your behalf. That’s why it’s important to write an advance directive.

What is an advance directive?

An advance directive is a document that allows you to direct who will make health care decisions for you and to state your wishes for medical treatment if you become unable to decide for yourself in the future. Your advance directive may be used to accept or refuse any procedure or treatment, including life-sustaining treatment.

What type of advance directives can I use?

There are three kinds of advance directives that you can use to say what you want and who you want your doctors to listen to:
A **PROXY DIRECTIVE** (also called a “durable power of attorney for health care”) lets you name a “health care representative”, such as a family member or friend, to make healthcare decisions on your behalf.

An **INSTRUCTIVE DIRECTIVE** (also called a “living will”) lets you state what kinds of medical treatments you would accept or reject in certain situations.

A **COMBINED DIRECTIVE** lets you do both. It lets you name a health care representative and tells that person your treatment wishes.

**Who can fill out these forms?**

You can fill out an advance directive in New Jersey if you are 18 years or older and you are able to make your own decisions. You do not need a lawyer to fill it out.

**Who should I talk to about advance directives?**

You should talk to your doctor, family members, close friends, or others you trust to help you. Your doctor or a member of our staff can give you more information about how to fill out an advance directive.

**What should I do with my advance directive?**

You should talk to your doctor about it and give a copy to him or her. You should also give a copy to your health care representative, family member (s), or others close to you. Bring a copy with you when you must receive care from a hospital, nursing home, or other health care agency. Your advance directive becomes part of your medical records.

**What if I don’t have an advance directive?**

If you become unable to make treatment decisions and you do not have an advance directive, your close family members will talk to your doctor and in most cases, may then make decisions on your behalf. However, if your family members, doctor, or other caregivers disagree about your medical care, it may be necessary for a court to appoint someone as your legal guardian. (This also may be needed if you do not have a family member to make decisions on your behalf.) That’s why it’s important to put your wishes in writing to make it clear who should decide for you and to help your family and doctor know what you want.
**Will my advance directive be followed?**

Although Carrier Clinic will honor your advance directive, New Jersey Law does allow for an individual physician or nurse, on the basis of conscience, to decline to participate in the withholding or withdrawing of measures utilized to sustain life. The physician or nurse must act in good faith and in accordance with sincerely held personal or professional convictions.

In the event there is a conflict between your treating physician and your particular advance directive, your physician will notify you. This matter will then be brought to the attention of the treatment team, the Clinical Director of Patient Services and the Medical Director. If after the consultation, irreconcilable differences remain, then your care will be transferred to another attending physician. If you have any questions in this regard, please discuss them with your attending physician or with the Patient Advocate.

If you have any complaints regarding the advance directive procedure implemented by Carrier Clinic, you may speak with the Patient Advocate or you may file a complaint with the Department of Health, Bureau of Licensing, CN 360, Trenton, NJ 08625.

**What if I change my mind?**

You can change or revoke any of these documents at a later time.

**Will I still be treated if I don’t fill out an advance directive?**

Yes. You don’t have to fill out any forms if you don’t want to and you will still get medical treatment. Your insurance company also cannot deny coverage based on whether or not you have an advance directive.

**What other information and resources are available to me?**

Your doctor or member of our staff can provide you with more information about our policies on advance directives. You also may ask for written informational materials and help. If there is a question or disagreement about your health care wishes, we have an ethics committee or other individuals who can help.
This notice is distributed at the time of admission to every patient and accompanying family members. It is posted on every patient unit.

Inpatients, family members or visitors who have suggestions or concerns about the patient’s care at Carrier Clinic, or any other issues, are encouraged to discuss their concerns with their attending psychiatrist and treatment team. In the event that problems remain unresolved after consulting with the treatment team, the patient would be referred to the Unit Director. The patient, family member or visitor may also submit the complaint in writing to the office of the Patient Representative or by telephone at extension 1308.

Inpatients residing on closed units without grounds privileges who wish to access the Patient Representative for purposes of conveying a suggestion or concern are to approach their Unit Secretary and request that the Patient Representative or his/her designee see them within 24 hours, excluding weekends and holidays. A verbal or written response will be provided to the patient or family member within seven (7) business days unless the patient or family member has indicated he/she does not wish to have a response.

If the patient or family member are dissatisfied with the decision reached by the treatment team or Patient Representative, the decision may be appealed to the CEO. The CEO/designee will review the initial written report and recommendation, the Patient Representative’s decision, as well as the complainant’s written response to the same, arrange interviews as appropriate and will respond to the complainant within five (5) business days.

If the complainant wishes to further pursue his/her complaint or concern, he/she is to contact the New Jersey Division of Mental Health, Office of Public Defender, CN 850, Trenton, New Jersey 08625, Phone (609) 292-1780; or the New Jersey Division of Mental Health and Hospitals, Department of Health, Capital Center, CN 727, 3rd Floor, Trenton, New Jersey 08625, Phone (609) 777-0700. The Long-Term Care Ombudsman for the Institutionalized Elderly’s address is PO Box 852. Trenton, NJ 08625-0852, Phone: 1-877-582-6995 (Hotline). Grievances specifically concerning discrimination are to be communicated to Minority Concerns Specialist, Department of Health, Division of Mental Health and Hospitals, CN 727, Trenton, New Jersey 08625, Phone: (609) 777-0654 or the Federal Office for Civil Rights, 26 Federal Plaza, Room 3312, New York, New York 10278, Phone: (212) 264-3313.
PUBLIC NOTIFICATION ON NON-DISCRIMINATION POLICY

It is the policy of the Division of Mental Health and Hospitals not to discriminate on the basis of race, creed, national origin, age, handicapping condition or sex in its mental health programs, activities, and employment policies, as required by law. Any person who believes he or she has been discriminated against should contact:

NAME: Pamela Cipparulo
DEPT: Patient Advocacy
ADDRESS: Carrier Clinic
         PO Box 147
         Belle Mead, New Jersey 08502
         908-281-1308

Inquiries regarding compliance with appropriate laws including Title VI and Section 504 may also be directed to:

OFFICE: Minority Concerns Specialists
ADDRESS: New Jersey Division of Mental Health and Hospitals
          CCN-727-Third Floor
          Trenton, New Jersey 08625
PHONE: 609-777-0688
Inquiries regarding compliance with appropriate laws including Title IX and Section 504 may also be directed to:

**OFFICE:** Director, New Jersey Office of Equal Opportunity  
**ADDRESS:** Affirmative Action  
CN 700  
Trenton, New Jersey 08625  
**PHONE:** 609-777-0664-Personnel Office

Or to:

Federal Office of Civil Rights  
26 Federal Plaza, Room 3312  
New York, New York 10278  
**PHONE:** 212-264-3313

Inquiries regarding the institutionalized elderly may be directed to:

**OFFICE:** Long Term Care Ombudsman for the Institutionalized Elderly  
**ADDRESS:** PO Box 852  
Trenton, NJ 08625-0825  
**PHONE:** 1-877-582-6995 (HOTLINE)  
**EMAIL:** ombudsman@ltco.nj.gov,  
**FAX:** (609) 943-3479

Inquiries regarding patient care and safety may be directed to: The Joint Commission, 1-800-994-6610.
1. THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT The Health Information Privacy Officer (Director of Health Information Management), Privacy Official (VP & Compliance Officer), or the Patient Advocate. This notice describes our hospital’s practices and that of: Any health care professional authorized to enter information into your hospital chart; All departments and units of the hospital; Any member of a volunteer group we allow to help you while you are in the hospital; All members of our workforce, including employees, staff and other hospital personnel.

2. WE HAVE A LEGAL OBLIGATION TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).
   a. We are legally required to protect the privacy of your health information. We call this information “protected health information,” or “PHI” for short and it includes information that can be used to identify you that we’ve created or received about your past, present, or future health or condition, the provision of health care to you, or the payment of this healthcare. We must provide you with this notice to explain our privacy practices, when and why we use and disclose your PHI. With some exceptions, we may not use or disclose any more of your PHI than is necessary and relevant to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this notice.
   b. However, we reserve the right to change the terms of this notice and our privacy policies at any time. Any changes will apply to the PHI we already have. Before we make an important change to our policies, we will promptly change this notice and post a new notice on designated Patient Units and the Access Center Reception Area. You can also request a copy of this notice from the contact person listed in Section 6 & 7 below at any time and can view a copy of the notice on our Web site at CarrierClinic.org.

3. HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION.

4. The following are categories or special situations that describe the different ways that we may use and disclose your PHI. For each of the categories we will explain what we mean and provide some examples. Not every use or disclosure in a category will be listed. However, all of the

continued
ways we are permitted to use and disclose your PHI will fall within one of the categories.

a. During your treatment at Carrier Clinic, there may be instances in which your PHI may inadvertently be disclosed to others on the hospital grounds due to the nature of services that we provide. Some examples of such incidental disclosures that you should be aware of are:

1) The nature of the treatment rendered at Carrier Clinic may reveal information about a patient, for example: Group therapy is utilized at Carrier Clinic as part of the therapeutic process. Personal health information is often disclosed in therapeutic groups in which many patients participate.
2) Luggage and some other personal belongings are labeled and stored in a locked, secured area. When patients are provided access to this area, it may be possible to view the names labeled on the luggage or other personal belongings being stored.
3) If you have grounds privileges, there are parts of the hospital outside of the therapeutic units that are considered to be “common areas,” and shared by other patients, residents, students and visitors, such as the dining room, library, hallways, Access Center, gym, and the surrounding outside areas.
4) Carrier Clinic has on its grounds two hospitals, residential facilities and a day school for adolescents. The “common areas” described above may be shared by residents and students as well as patients of either hospital. In addition, community programs are also offered on the campus for example, Alcoholics Anonymous, Weekend Co-Dependency Programs and other related treatment programs.

b. We use and disclose health information for many different reasons. For some of these uses or disclosures, we need your prior consent or specific authorization. Below, we describe the different categories of our uses and disclosures and give you some examples of each category.

4. PERMISSIBLE USES AND DISCLOSURES WITHOUT YOUR WRITTEN AUTHORIZATION. We will not disclose your PHI without an authorization, except as set forth in this Section 4.

a. Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations. We may use and disclose your PHI for the following reasons:

1) For treatment. We may use and disclose your PHI to physician and, nurses, medical students, technicians, and other health care professionals who are involved in your care. For example, if you were being treated by a physician or therapist prior to this hospitalization, we may disclose your PHI to your outside physician or therapist in order to coordinate your care. We may also disclose your
PHI to other providers and health care professionals when making a referral for your aftercare. Different departments of the hospital also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to other providers outside the hospital who may be involved in your treatment.

2) To obtain payment for treatment. We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you. For example, we may provide portions of your PHI to our billing department and your health plan to get paid for the health care services we provided to you. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We may also provide your PHI to our business associates, such as billing companies, claims processing companies, and others that process our healthcare claims.

3) For health care operations. We may use and disclose your PHI for our hospital operations. These uses and disclosures are necessary to run the hospital and make sure that all of our patients receive quality care. For example, we may use your PHI in order to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided health care services to you.

We may also disclose PHI to another facility to which you have been transferred or referred when such PHI is required for them to treat you, receive payment for services they render to you, or conduct certain health care operations, such as quality assessment and improvement activities, reviewing the quality and competence of health care professionals, or for health care fraud and abuse detection or compliance.

b. Special Situations.
   When a disclosure is required by federal, state or local law, judicial or administrative proceedings, or law enforcement. For example, we make disclosures when a law requires that we report information to government agencies (including a social service or protective services agency) and law enforcement personnel about victims of abuse, neglect, or domestic violence; or when the safety of you or another person is at risk; or when required as part of an involuntary commitment process.
For public health activities. For example, we report information about births, deaths, and various diseases, to government officials in charge of collecting that information, and we provide coroners, medical examiners, and funeral directors necessary information relating to an individual’s death.

For Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

For Research Purposes. We may disclose your PHI to researchers when their research has been approved by an Institutional Review Board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI. We will ask for specific permission (an authorization) or we will ask the Institutional Review Board to waive the requirements to obtain an authorization from you. A waiver of authorization will be based upon assurances from the review board that the researchers will adequately protect your PHI.

Business Associates. There are some services provided in our organization through contracts with business associates. Examples include our medical records transcription services, consultants, accountants and attorneys. When these services are contracted, we may disclose your PHI to our business associates so that they can perform the job we’ve asked them to do. To protect your health information, however, we require that the business associates appropriately safeguard your information.

To Avoid Harm. We may release information regarding your criminal conduct at the hospital or against its personnel or when a threat is made to commit such a crime. Reporting is limited to the circumstances of the incident.

For Specific Government Functions. We may disclose PHI of military personnel and veterans in certain situations. We may disclose PHI for national security purposes authorized by law.

For Worker’s Compensation Purposes. We may provide PHI in order to comply with workers’ compensation law.
Appointment Reminders and Health-Related Benefits or Services. We may use your PHI to provide appointment reminders or give you information about treatment alternatives, or other health care services or benefits we offer.

Organ and Tissue Donation. If you are an organ donor, we may release your PHI to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court order.

Response to Certain Court Orders. We may release medical information if required to do so by a law enforcement official in response to certain court orders.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Fundraising. We may contact you to provide you with information about our sponsored activities, including fundraising programs, as permitted by applicable law. If you do not wish to receive such information from us, you may opt out of receiving the communications by sending an e-mail to funddevelopment@carrierclinic.com stating that you wish to Opt Out of these types of communications.

Disclosures to family, friends, or others. We may use or disclose your PHI to a family member, other relative, a close personal friend or any other person identified by you when you are present for, or otherwise available prior to, the disclosure, if we (1) obtain your agreement; (2) provide you with the opportunity to object to the disclosure and you do not object; or (3) reasonably infer from the circumstances that you do not object to the disclosure. [164.510(b)]
If you are not present, or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interests. If we disclose information to a family member, other relative or close personal friend, we would disclose only information that we believe is directly relevant to the person’s involvement with your health care or payment related to your health care. We may also disclose your PHI in order to notify (or assist in notifying) such persons of your location, general condition or death.

5. **USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION.** This Section 5 describes when we must obtain your written permission to use or disclose your PHI.

a. **Use or Disclosure with Your Authorization.** For any purpose other than the ones described above in Section 4 and in this Section 5, we only may use or disclose your PHI when you grant us your written authorization on our authorization form (“AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION”). For instance, you will need to complete and sign an authorization form before we can send your PHI to your life insurance company or to the attorney representing the other party in litigation in which you are involved.

b. **Confidentiality of Alcohol and Drug Abuse Patient Records Requires Authorization.** The confidentiality of alcohol and drug abuse patient records maintained by Carrier Clinic (Including Carrier Clinic, Blake Recovery Center and East Mountain Youth Lodge), is protected by Federal law and regulations. Generally, we may not say to a person outside our facilities that a patient attends our substance abuse program (s), or disclose any information identifying a patient as an alcohol or drug abuser unless:

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

Violation of the Federal law and regulations by us is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. Federal law and

continued
regulations do not protect any information about a crime committed by a patient either at our premises or against any person who works for us or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities. (See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR part 2 for Federal regulations.)

c. **Marketing.** We must also obtain your written authorization prior to using your PHI to send you any marketing materials. (We can, however, provide you with marketing materials in a face-to-face encounter, or in the form of a promotional gift of nominal value, without obtaining your authorization.

d. **HIV/AIDS Related Information.** Your Authorization must expressly refer to your HIV/AIDS related information in order to permit us to disclose your HIV/AIDS related information. However, there are certain purposes for which we may disclose your HIV/AIDS information, without obtaining Your Authorization: (1) your diagnosis and treatment; (2) scientific research; (3) management audits, financial audits or program evaluation; (4) medical education; (5) disease prevention and control when permitted by the New Jersey Department of Health and Senior Services; (6) pursuant to a court order under certain circumstances; and (7) when required or otherwise authorized by law, to the Department of Health and Senior Services or another entity.

e. **Genetic Information.** Except in certain cases (such as a paternity test for a court proceeding, anonymous research, newborn screening requirements, or pursuant to a court order), we will obtain your special written consent prior to obtaining or retaining your genetic information (for example, your DNA sample), or using or disclosing your genetic information for treatment, payment or health care operations purposes.

We may use or disclose your genetic information for any other reason only when Your Authorization expressly refers to your genetic information or when disclosure is permitted under New Jersey State law (including, for example, when disclosure is necessary for the purposes of a criminal investigation, to determine paternity, newborn screening, identifying your body or as otherwise authorized by a court order.

f. **Venereal Disease Information.** Your Authorization must expressly refer to your venereal disease information in order to permit us to disclose any information identifying you as having or being suspected of having a venereal disease. However, there are certain purposes for
which we may disclose your venereal disease information, without obtaining Your Authorization, including to a prosecuting officer or the court if you are being prosecuted under New Jersey law, to the Department of Health and Senior Services, or to your physician or a health authority, such as the local board of health. Your physician or a health authority may disclose your venereal disease information only if he/she/it deems it necessary in order to protect the health or welfare of you, your family or the public.

g. **Tuberculosis Information.** Your Authorization must expressly refer to your tuberculosis information in order to permit us to disclose any information identifying you as having tuberculosis or refusing/failing to submit to a tuberculosis test if you are suspected of having tuberculosis or are in close contact to a person with tuberculosis. However, there are certain purposes for which we may disclose your tuberculosis information, without obtaining Your Authorization, including for research purposes under certain conditions, pursuant to a valid court order, or when the Commissioner of the Department of Health and Senior Services (or his/her designee) determines that such disclosure is necessary to enforce public health laws or to protect the life or health of a named person.

**Other Uses of Medical Information.** Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

6. **COMPLAINTS.** If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of the Department of Health and Human Services in writing. To file a complaint with the hospital, contact The Patient Advocate, Health Information Privacy Officer (Director of Health Information Management) and Privacy Official (VP & Corporate Compliance Officer). All complaints must be submitted in writing. You will not be penalized for filing a complaint.

If you have any questions about this notice or any complaints about our privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please...
7. **RIGHTS YOU HAVE REGARDING YOUR PHI.** You have the following rights regarding medical information we maintain about you:

   a. **The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask that we limit how we use and disclose your PHI. Any request to limit the disclosure of your PHI would be made in writing and identify the information to be restricted, the type of restriction being requested (i.e., on the use of information, the disclosure of information, or both) and to whom the limits would apply. We will consider your request but are not legally required to accept it unless you have paid for services out-of-pocket in full and request that we do not disclose your PHI to your health plan. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.

   b. **The Right to Choose How We Send PHI to You.** You have the right to ask that we send information to you to an alternate address (for example, sending information to your work address rather than your home address) or by alternate means (for example, e-mail instead of regular mail). We must agree to your request so long as we can easily provide it in the format you requested.

   c. **Right to Inspect and Copy.** You have the right to inspect and request a copy of medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Director Of Health Information Management or the Health Information Management Department. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

       1) In certain very limited situations, we may deny your request to inspect and obtain a copy of your PHI. We will respond to you within 30 days after receiving your written request. If we deny your request, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the hospital will review your request and the decisions made by our designated privacy official.
denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

d. **The Right to Get a List of the Disclosures We Have Made.** You have the right to get a list of instances in which we have disclosed your PHI. The list will not include uses or disclosures for treatment, payment, or health care operations, or uses or disclosures pursuant to an authorization that you have already provided. The list also won’t include uses and disclosures made for national security purposes, to corrections or law enforcement personnel, or disclosures made on or before April 13, 2003.

   1. We will respond within 60 days of receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. We will provide the list to you at no charge.

e. **The Right to Correct or Update Your PHI.** If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we attach an explanation provided by you explaining your desired correction to the record as a medical record is considered a legal document. You must provide the request and your reason for the request in writing. We will respond within 60 days of receiving your request. We may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by us, (iii) not allowed to be disclosed, or (iv) not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you don’t file one you have the right to request that your request and our denial be attached to all future disclosures of your PHI. If we approve your request, we will make the change to your PHI, tell you that we have done it, and tell others that need to know about the change to your PHI.

f. **Right to a Paper Copy of This Notice.** Upon request, you have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website, CarrierClinic.org.
g. **The Right to Get This Notice by E-Mail.** You have the right to get a copy of this notice by e-mail. Even if you have agreed to receive notice via e-mail, you also have the right to request a paper copy of this notice.

8. **CHANGES TO THIS NOTICE.** We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the hospital. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at or are admitted to the hospital for treatment or healthcare services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

9. **EFFECTIVE DATE OF THIS NOTICE.**
This notice went into effect on April 14, 2003.

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**Notes**

Carrier Clinic complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

If you speak a different language, language assistance services, free of charge, are also available to you. Call 1-800-933-3579.

View our language assistance tagline document for this information in more languages at: https://carrierclinic.org/resources/non-discrimination-policy/
Carrier Clinic complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Carrier Clinic does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

**Carrier Clinic:**
- Provides free aids and services to people with disabilities to communicate effectively with us, such as TTY line.
- Provides free language services to people whose primary language is not English, such as free access to language line for interpretation purposes.

If you need these services, contact the Corporate Compliance Officer at 908-281-1000.

If you believe that Carrier Clinic has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Corporate Compliance Officer, 252 Route 601, Belle Mead, NJ 08502 or via telephone: 800-933-3579. If you need help filing a grievance the Corporate Compliance Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

**U.S. Department of Health and Human Services**
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.
Nondiscrimination statement:

English: Carrier Clinic complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Español: Carrier Clinic cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

한국어: Carrier Clinic 은(는) 관련 연방 공민권법을 준수하며 인종, 피부색, 출신 국가, 연령, 장애 또는 성별을 이유로 차별하지 않습니다.

Polski: Carrier Clinic postępuje zgodnie z obowiązującymi federalnymi prawami obywatelskimi i nie dopuszcza się dyskryminacji ze względu na rasę, kolor skóry, pochodzenie, wiek, niepełnosprawność bądź płeć.

Italiano: Carrier Clinic è conforme a tutte le leggi federali vigenti in materia di diritti civili e non pone in essere discriminazioni sulla base di razza, colore, origine nazionale, età, disabilità o sesso.

العربية: يلتزم Carrier Clinic بالحقوق المدنية الفردية المعمول بها ولا يميز على أساس العرق أو اللون أو الأصل الوطني أو السن أو الإعاقة أو الجنس.
Tagalog: Sumusunod ang Carrier Clinic sa mga naaangkop na Pederal na batas sa karapatang sibil at hindi nandidiskrimina batay sa lahi, kulay, bansang pinag-mulan, edad, kapansanan o kasarian.

Русский: Carrier Clinic соблюдает применимое федеральное законодательство в области гражданских прав и не допускает дискриминации по признакам расы, цвета кожи, национальной принадлежности, возраста, инвалидности или пола.

Kreyòl Ayisyen: Carrier Clinic konfòm ak lwa sou dwa sivil Federal ki aplikab yo e li pa fè diskriminasyon sou baz ras, koulè, peyi orijin, laj, enfimite oswa sèks.

हिंदी: Carrier Clinic लागू होने योग्य संघीय नागरिक अधिकार न्याय ने कायम करता है और जाति, रंग, राष्ट्रीय मूल, आयु, बिंकलांगता, या लिंग के आधार पर भेदभाव नहीं करता है।

Tiếng Việt: Carrier Clinic tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.

Français: Carrier Clinic respecte les lois fédérales en vigueur relatives aux droits civiques et ne pratique aucune discrimination basée sur la race, la couleur de peau, l'origine nationale, l'âge, le sexe ou un handicap.

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Electronic Prescribing

Electronic prescribing is defined as a physician’s ability to electronically send an accurate, error free, and understandable prescription directly to a pharmacy from the point of care. Congress has determined that the ability to electronically send prescriptions is an important element in improving the quality of patient care. Electronic Prescribing greatly reduces medication errors and enhances patient safety. In order to provide the best care for our patients, this facility participates in Electronic Prescribing.

The Medicare Modernization Act (MMA) of 2003 listed standards that have to be included in an Electronic Prescribing Program. These include:

- **Formulary and Benefit Transactions** - This gives the prescriber information about which drugs are covered by the benefit drug plan,

- **Medication History Transactions** - This provides the physician with information about medications the patient is already taking in order to minimize the number of adverse drug events.

- **Fill Status Notification** - This allows the prescriber to receive an electronic notice from the pharmacy telling them if the patient’s prescription has been picked up, not picked up or partially filled.

**Special Considerations for Electronic Prescribing**

Prescriptions for medications for the treatment of Substance Abuse, HIV, Sexually Transmitted Diseases or other Sensitive Health Information require patient consent. You will have the option to either:

- **Agree to have your prescriptions electronically sent to the pharmacy regarding any medications used for the treatment of Substance Abuse, HIV, Sexually Transmitted Diseases, or other sensitive health information.**

- **OR-**

- **Disagree to have your prescriptions electronically sent to the pharmacy regarding any medications used for the treatment of Substance Abuse, HIV, Sexually Transmitted Diseases, or other sensitive health information.**
Did you know that…

- Every year 1 in 5 adults suffers from a treatable, diagnosable mental illness.
- Mental disorders are the leading cause of disability in the United States and Canada.
- Today 15 million Americans are caring for someone with Alzheimer’s or dementia.
- Untreated addictions cost Americans $400 billion every year.
- In an average high school classroom of 30 students, 6 will struggle with depression and 3 will attempt suicide.
- Suicide is the third leading cause of death in 10-24 year olds and the second leading cause of death in 25-34 year olds.

Carrier Clinic responds to this national crisis in our community every year by…

- Handling more than 100,000 phone calls from people who are seeking our help.
- Admitting over 6,000 patients to our hospital for mental health and addiction services.
- Providing compassionate, therapeutic care to 90 teenagers who live with us for up to 18 months.
- Educating 125 students in our fully accredited special needs school.
- Treating over 600 older adults in our hospital for Alzheimer’s disease and other forms of dementia, as well as depression, anxiety, and other mental illnesses.
- Supporting & educating patients and their families through recovery.

We know you have a choice…
Thank you for choosing Carrier Clinic!
Supporting Carrier Clinic

When a patient and their family asks, “Is there something I can do?”

It is our privilege to provide excellent, compassionate care to you or your loved one. But many times patients and their families will ask our staff if there is a way that they can somehow recognize and acknowledge the wonderful care they or their loved one received here at Carrier Clinic.

As an independent, not-for-profit behavioral healthcare system specializing in psychiatric and addiction treatment for adolescents, adults, and older adults, Carrier Clinic depends on financial gifts from within the community to continue the work that we do every day on our campus.

Whether you would like to recognize a healthcare provider, honor a loved one, or wish to support Carrier Clinic for the next person who will need our help, your gift, regardless of the size, will make a difference!

For over a century, Carrier Clinic has provided hope when it seemed there was none. Today, Carrier Clinic holds true to the values of compassion, respect, safety, integrity, and innovation.

As we plan for our future, we thank you for considering financial support of this important work.

For more information or to make a donation, please contact the Director of Fund Development at 908-281-1495 or via email at:

funddevelopment@carrierclinic.com

To make a secure donation online with a credit card, please visit our website at CarrierClinic.org.

Thank you for your support!
Important Phone Numbers

Access Center: 1-800-933-3579

Carrier Clinic Main Number: 1-908-281-1000
Community Relations Department: 1-908-281-1513
ECT Outpatient Services: 1-908-281-1440/ 1438
Addiction Intensive Outpatient Services: 1-908-281-1361
Medical Records: 1-908-281-1479
Patient Financial Counselor: 1-908-281-1624
Billing: 1-908-281-1539
Patient Advocate: 1-908-281-1308
Medical Staff Office: 1-908-281-1371
Social Work Office: 1-908-281-1606
Pastoral Care: 1-908-281-1235
Acute Care Unit Director: 1-908-281-1335
Adult Psych & Addictions Unit Director: 1-908-281-1642
Adolescent Unit Director: 1-908-281-1351
General Adult Unit Director: 1-908-281-1731
Older Adult Unit Director: 1-908-281-1642
Blake Unit Director: 1-908-281-1412
Security Manager: 1-908-281-1388

Carrier Clinic
P.O. Box 147
252 County Road 601
Belle Mead, NJ 08502
CarrierClinic.org