



**New Directions
Northwest Inc.**

3425 13th Street, Baker City, OR 97814

Office: (541) 523-7400

Fax: (541) 523-4927

◆Crisis 24/7: (541) 519-7126◆

www.newdirectionsnw.org

Chief Executive Officer: Shari Selander

“Committed to serve and support the behavioral health needs of our communities.”

Outpatient Services

Crisis Line 24/7: (541) 519-7126

Teen2Teen Texting 4pm-10pm : Text to ‘839863’ and type ‘teen2teen’

Orientation Information Packet

October 27, 2021

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<input type="checkbox"/>	Declaration for Mental Health Treatment – State of Oregon <i>This form is a legal document that allows you to make decisions now about future mental health care in case you are unable to make your own care decisions. Only a court and 2 doctors can decide that you cannot make your own care decisions.</i>	28 pages
	<ul style="list-style-type: none"> • “Can I Plan Now for the Mental Health Treatment I Would Want if I were in Crisis”, revised December 2012, 9 pages • “Declaration for Mental Health Treatment”, 9 pages 	

👍 Like us on Facebook to get timely announcements!

<https://www.facebook.com/NewDirectionsNorthwest>

Baker House Women's Program
(541) 523-6581
Fax: (541) 523-9237

Baker House Men's Program
(541) 523-8320
Fax: (541) 523-8325

Recovery Village Centerl
(541) 523-4049 Fax 541-523-4062

**New Directions Program at
Powder River Correctional Facility**
(541) 523-9894 Fax: 541-523-8067

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. [45 CFR 164.520]
PLEASE REVIEW IT CAREFULLY.

1. Who We Are

- 1.1. This Notice describes the privacy practices of **New Directions Northwest, Inc.** (“NEW DIRECTIONS,” “we,” or “us.”)

2. Our Privacy Obligations

- 2.1. We are required by law to maintain the privacy of medical and health information about you (“Protected Health Information”) and to provide you with this Notice of our legal duties and privacy practices with respect to Protected Health Information. When we use or disclose Protected Health Information, we are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure).

3. Uses and Disclosures with Your Consent

- 3.1. Except in an emergency or other special circumstances (as a condition of treatment before providing treatment to you), we will ask you to read and sign a written consent to our use and disclosure of Protected Health Information for purposes of treatment provided to you, obtaining payment for services provided to you and for our health care operations (e.g., internal administration, quality improvement and customer service) as detailed below:

- 3.1.1. *Treatment.* We use and disclose Protected Health Information to provide treatment and other services to you (e.g., to diagnose and treat your illness or to help you resolve the issues that brought you to treatment). In addition, we may contact you to provide appointment reminders, information about treatment alternatives, or other health-related benefits and services that may be of interest to you.

- 3.1.2. *Payment.* We may use and disclose Protected Health Information to obtain payment for services that we provide to you (e.g., disclosures to claim and obtain payment from the Oregon Medicaid program or your health insurer, CCO, or other company that arranges or pays the cost of some or all of your health care to verify that your payer will pay for the services we provide to you.

- 3.1.3. *Health Care Operations.* We may use and disclose Protected Health Information for our health care operations, which include internal administration, planning, and various activities that improve the quality and cost effectiveness of the care that we deliver to you. For example, we may use Protected Health Information to evaluate the quality and competence of our staff.

4. Uses or Disclosures Only with Your Authorization

- 4.1. When we are using or disclosing certain Protected Health Information about you that is highly confidential information, we follow special procedures required by federal and Oregon law. We use and disclose highly confidential information only with your knowledge and limited by a particular purpose.
- 4.2. Highly confidential information includes psychotherapy notes and Protected Health Information about:
 - 4.2.1. Mental health services,
 - 4.2.2. Developmental disability services,
 - 4.2.3. Alcohol and drug abuse prevention, treatment and referral,
 - 4.2.4. HIV/AIDS testing,
 - 4.2.5. Venereal disease(s),
 - 4.2.6. Child abuse and/or neglect, and
 - 4.2.7. Sexual assault.

- 4.3. As described in Section 3 above, your consent only permits us to use Protected Health Information for purposes of treatment, payment and our health care operations. We may use or disclose Protected Health Information for any reason other than treatment, payment and health care operations only when:
- 4.3.1. You give us your authorization on our authorization form, or
 - 4.3.2. There is an exception described in Section 7 below.
- 4.4. Further, you may revoke your authorization, except to the extent that we have taken action in reliance upon it, by delivering a written revocation statement to the Privacy Office identified below.

5. Uses and Disclosures of Highly Confidential Information with Your Authorization

- 5.1. As discussed in Section 4 above, federal and Oregon laws impose additional limitations on our use and disclosure of highly confidential information even though you have already signed your consent. In order for us to use or disclose highly confidential information for a purpose other than a purpose permitted under these laws, we must obtain your written authorization.

6. Revocation of Your Authorization

- 6.1. You may revoke Your Authorization, except to the extent that we have taken action in reliance upon it, by delivering a written revocation statement to the Privacy Office identified below.

7. Uses and Disclosures Without Your Consent or Your Authorization

- 7.1. We may use or disclose Protected Health Information for purposes of treatment, obtaining payment and our health care operations without your consent or authorization under the following three circumstances:
- 7.1.1. When you require emergency treatment;
 - 7.1.2. When we are required by law to treat you and we attempt to obtain your consent, but are unable to obtain it; and
 - 7.1.3. When we attempt to obtain your consent but are unable to obtain it due to substantial barriers to communicating with you (e.g., you are unconscious or otherwise incapacitated), and you would have consented in the absence of the barriers.
- 7.2. We may disclose Protected Health Information for the following public health activities and purposes:
- 7.2.1. To report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability;
 - 7.2.2. To report child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports;
 - 7.2.3. To report information about products under the jurisdiction of the U.S. Food and Drug Administration;
 - 7.2.4. To alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; and
 - 7.2.5. To report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.
- 7.3. We may disclose Protected Health Information without Your Consent or Your Authorization if we reasonably believe you are a victim of abuse, neglect or domestic violence to a government authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence.



- 7.4. We may disclose Protected Health Information to a health oversight agency that oversees the health care system and/or ensures compliance with the rules of government health programs such as Medicare or Medicaid.
- 7.5. We may disclose Protected Health Information in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.
 - 7.5.1. Unless authorized by a court order, however, we may not use or disclose Protected Health Information identifying you as a recipient of substance abuse treatment or concerning such treatment if the purpose is to initiate or substantiate any criminal charges against you or to conduct any investigation of you.
- 7.6. We may disclose Protected Health Information to the police or other law enforcement officials as required by law or in compliance with a court order.
- 7.7. We may disclose Protected Health Information to a coroner or medical examiner as authorized by law.
- 7.8. We may use or disclose Protected Health Information to prevent or lessen a serious and imminent threat to a person's or the public's health or safety.
- 7.9. We may use and disclose Protected Health Information to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances.
- 7.10. We may disclose Protected Health Information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs.

8. Your Individual Privacy Rights

8.1. Right to Request Additional Restrictions

8.1.1. You may request restrictions on our use and disclosure of Protected Health Information

8.1.1.1. for treatment, payment and health care operations,

8.1.1.2. to individuals (such as a family member, other relative, close personal friend or any other person identified by you) involved with your care or with payment related to your care, or

8.1.2. While we will consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction.

8.1.3. If you wish to request additional restrictions, please obtain a request form from our Privacy Office and submit the completed form to the Privacy Office. We will send you a written response.

8.2. Right to Receive Confidential Communications

8.2.1. You may request, and we will accommodate, any reasonable [written] request for you to receive Protected Health Information by alternative means of communication or at alternative locations.

8.3. Right to Inspect and Copy Your Health Information

8.3.1. You may request access to your medical record file and billing records maintained by us in order to inspect and request copies of the records.

8.3.2. Under limited circumstances, we may deny you access to a portion of your records.

8.3.3. If you desire access to your records, please obtain a record request form from the Medical Records Specialist and submit the completed form to office.

8.3.4. If you request copies, you will need to complete NEW DIRECTIONS Access Request Form and you will be charged **\$1.00** for each page.



8.4. Right to Amend Your Records

- 8.4.1. You have the right to request that we amend Protected Health Information maintained in your medical record file or billing records.
- 8.4.2. If you desire to amend your records, please obtain an amendment request form from the Privacy Office and submit the completed form to the Privacy Office.
- 8.4.3. We will comply with your request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply.

8.5. Right to Receive an Accounting of Disclosures

- 8.5.1. Upon request, you may obtain an accounting of certain disclosures of Protected Health Information made by us during any period of time prior to the date of your request provided such period does not exceed six years and does not apply to disclosures that occurred prior to April 14, 2003.
- 8.5.2. If you request an accounting more than once during a twelve (12) month period, we will charge you **\$1.00** per page of the accounting statement.

8.6. Right to Receive Paper Copy of this Notice

- 8.6.1. Upon request, you may obtain a paper copy of this Notice, even if you agreed to receive such notice electronically.

9. Further Information and How to File a Complaint

- 9.1. If you desire further information about your privacy rights, are concerned that we may have violated your privacy rights, or disagree with a decision that we made about access to Protected Health Information, you may contact our Privacy Office.
- 9.2. You may also file written complaints with the Director, Office of Civil Rights of the U.S. Department of Health and Human Services.
- 9.3. Upon request, the NEW DIRECTIONS Privacy Office will provide you with the correct address for the Director of the Office of Civil Rights.
- 9.4. We will not retaliate against you if you file a complaint with us or the Director of the Office of Civil Rights.

10. Effective Date and Duration of This Notice

- 10.1. This Notice is effective on July 1, 2014.

11. Right to Change Terms of this Notice

- 11.1. We may change the terms of this Notice at any time.
- 11.2. If we change this Notice, we may make the new notice terms effective for all Protected Health Information that we maintain, including any information created or received prior to issuing the new notice.
- 11.3. If we change this Notice, we will post the new notice in waiting areas around NEW DIRECTIONS facilities.
- 11.4. You also may obtain any new notice by contacting the Chief Financial Officer.

12. Privacy Office

- 12.1 You may contact the NEW DIRECTIONS Integrity Officer at:
NEW DIRECTIONS NORTHWEST, INC., Attention: Integrity Officer,
3425 13th St, Baker City, Oregon 97814
Telephone Number: (541) 523-7400 Fax: (541) 523-4927
Email: khelman@ndninc.org

Your Rights as a Client of New Directions Northwest, Inc.

Individual Rights: (OARS 309-018-0115, 309-019-0115)

1. In addition to all applicable statutory and constitutional rights, every individual receiving services has the right to:
 - (a) Choose from available services and supports, those that are consistent with the Service Plan, culturally competent, provided in the most integrated setting in the community and under conditions that are least restrictive to the individual's liberty, that are least intrusive to the individual, and that provide for the greatest degree of independence;
 - (b) Be treated with dignity and respect;
 - (c) Participate in the development of a written Service Plan, receive services consistent with that plan, and participate in periodic review and reassessment of service and support needs, assist in the development of the plan, and receive a copy of the written Service Plan;
 - (d) Have all services explained, including expected outcomes and possible risks;
 - (e) Confidentiality and the right to consent to disclosure in accordance with ORS 107.154, 179.505, 179.507, 192.515, 192.507, 42 CFR Part 2 and 45 CFR Part 205.50;
 - (f) Give informed consent in writing prior to the start of services, except in a medical emergency or as otherwise permitted by law. Minor children may give informed consent to services in the following circumstances:
 - (A) Under age 18 and lawfully married;
 - (B) Age 16 or older and legally emancipated by the court; or
 - (C) Age 14 or older for outpatient services only. For purposes of informed consent, outpatient service does not include service provided in residential programs or in day or partial hospitalization programs.
 - (g) Inspect their Service Record in accordance with ORS 179.505;
 - (h) Refuse participation in experimentation;
 - (i) Receive medication specific to the individual's diagnosed clinical needs, including medications used to treat opioid dependence;
 - (j) Receive prior notice of transfer, unless the circumstances necessitating transfer pose a threat to health and safety;
 - (k) Be free from abuse or neglect and to report any incident of abuse or neglect without being subject to retaliation;
 - (L) Have religious freedom;
 - (m) Be free from seclusion and restraint;

Your Rights as a Client of New Directions Northwest, Inc. – Page 2

Individual Rights: (OARS 309-018-0115, 309-019-0115)

- (n) Be informed at the start of services, and periodically thereafter, of the rights guaranteed by this rule;
 - (o) Be informed of the policies and procedures, service agreements and fees applicable to the services provided, and to have a custodial parent, guardian, or representative assist with understanding any information presented;
 - (p) Have family and guardian involvement in service planning and delivery;
 - (q) Have an opportunity to make a declaration for mental health treatment, when legally an adult;
 - (r) File grievances, including appealing decisions resulting from the grievance;
 - (s) Exercise all rights set forth in ORS 109.610 through 109.697 if the individual is a child, as defined by these rules;
 - (t) Exercise all rights set forth in ORS 426.385 if the individual is committed to the Authority; and
 - (u) Exercise all rights described in this rule without any form of reprisal or punishment.
2. In addition to the rights specified in section (1) of this rule, every individual receiving residential services has the right to:
- (a) A safe, secure, and sanitary living environment;
 - (b) A humane service environment that affords reasonable protection from harm, reasonable privacy, and daily access to fresh air and the outdoors;
 - (c) Keep and use personal clothing and belongings and to have an adequate amount of private, secure storage space. Reasonable restriction of the time and place of use of certain classes of property may be implemented if necessary to prevent the individual or others from harm, provided that notice of this restriction is given to individuals and their families, if applicable, upon entry to the program, documented, and reviewed periodically;
 - (d) Express sexual orientation, gender identity, and gender presentation;
 - (e) Have access to and participate in social, religious, and community activities;
 - (f) Private and uncensored communications by mail, telephone, and visitation, subject to the following restrictions:
 - (A) This right may be restricted only if the provider documents in the individual's record that there is a court order to the contrary or that in the absence of this restriction, significant physical or clinical harm will result to the individual or others. The nature of the harm shall be specified in reasonable detail, and any restriction of the right to communicate shall be no broader than necessary to prevent this harm; and

Your Rights as a Client of New Directions Northwest, Inc. – Page 3

Individual Rights: (OARS 309-018-0115, 309-019-0115)

(B) The individual and his or her guardian, if applicable, shall be given specific written notice of each restriction of the individual's right to private and uncensored communication. The provider shall ensure that correspondence can be conveniently received and mailed, that telephones are reasonably accessible and allow for confidential communication, and that space is available for visits. Reasonable times for the use of telephones and visits may be established in writing by the provider.

(g) Communicate privately with public or private rights protection programs or rights advocates, clergy, and legal or medical professionals;

(h) Have access to and receive available and applicable educational services in the most integrated setting in the community;

(i) Participate regularly in indoor and outdoor recreation;

(j) Not be required to perform labor;

(k) Have access to adequate food and shelter; and

(L) A reasonable accommodation if, due to a disability, the housing and services are not sufficiently accessible.

(3) The provider shall give to the individual and, if appropriate, the guardian, a document that describes the applicable individual's rights as follows:

(a) Information given to the individual shall be in written form or, upon request, in an alternative format or language appropriate to the individual's need;

(b) The rights and how to exercise them shall be explained to the individual, and if appropriate, to her or his guardian; and

(c) Individual rights shall be posted in writing in a common area.

Revised: 3-14-2018

Supercedes: 7/25/2017; 6/28/2016

NDN Policy No. 2.040 Individual Rights



**New Directions[®]
Northwest Inc.**

3425 13th Street, Baker City, OR 97814

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www.newdirectionsnw.org

Chief Executive Officer: Shari Selander

“Committed to serve and support the behavioral health needs of our communities.”

Filing A Complaint/Grievance

Any individual, or person acting on their behalf, has the right to file a written grievance with the Program Director who will cause an investigation of the facts to be made supporting or disproving the written grievance. However, it is expected that the individual will try to verbally resolve the matter prior to taking this action. It is asked that whenever possible, the individual should talk with the Program Director prior to filing the grievance. Action will be initiated within five working days on substantiated grievances. However, grievances deemed as frivolous will be dismissed without further action.

Each individual is notified in writing and verbally during intake which describes the grievance process. The individual will follow the chain of command listed below but should they be uncomfortable at any level they have the right to address their concern with any level of authority. The lowest level is encouraged.

- Primary Counselor
- Program Director/Manager
- Clinical Director
- CEO
- Assigned CCO
- Oregon Health Authority

The agency, CCO or Division will complete an investigation within 10 working days of filed grievance. The individual will be notified if the investigation will not be completed and a decision made within the above timeframe that a delay of up to 30 calendar days may be necessary to resolve the grievance. Should such extension be necessary, the specific reasons for additional time will be identified.

Grievances may be reported in a written format or verbally. Replies and decisions will be given in same manner that the grievance was filed. All grievances will be reported to the Clinical Director unless he/she is listed as a concern in the complaint within 48 hours of initial complaint.

Expedited Grievances: In the event that it is deemed harmful for individuals to wait 10 days for the results of the grievance, they may request an expedited process. New Directions Northwest, Inc. will respond within *48 hours of receipt* of the grievance.

New Directions Northwest, Inc.	541-519-4037	Privacy/Integrity Officer
EOCCO-GOBHI	1-541-298-2101	
Department of Human Services Addictions and Mental Health Division		1-503-945-5763
Governor’s Advocacy Office	1-503-945-6904	1-800-442-5238
Disability Rights Oregon	1-503-243-2087	1-800-452-1694
TTD	1-503-323-9161	1-800-556-5357
Health Share of Oregon	1-503-416-8090	

Posted: 3.20.2019

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**New Directions[®]
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GRIEVANCE FORM

- | | |
|---|---|
| <input type="checkbox"/> Baker House Women’s Program | <input type="checkbox"/> Developmental Disabilities |
| <input type="checkbox"/> Baker House Men’s Program | <input type="checkbox"/> Trans House |
| <input type="checkbox"/> NDN Outpatient – Mental Health | <input type="checkbox"/> RVC – Crisis Respite |
| <input type="checkbox"/> NDN Outpatient - Addictions | <input type="checkbox"/> RVC – Medical Detox |

Client Name: _____ Date: _____

Complaint*: _____

*Attach additional sheets if necessary. (Have copies made)

Date of Incident or Action: _____

Does this complaint involve an urgent situation that cannot wait? Yes No

What would you like to have happen in this matter?

Signature of Individual or Designee

Date

Signature NDN Staff

Date

Name and Title of NDN Staff Signing

Baker House Women’s Program
(541) 523-6581
Fax: (541) 523-9237

Baker House Men’s Program
(541) 523-8320
Fax: (541) 523-8325

Recovery Village Center
(541) 523-4049 Fax 541-523-4062

**New Directions Program at Powder
River Correctional Facility**
(541) 523-9894 Fax: 541-523-8067



OFFICE USE ONLY: Staff to complete

Resolved? Yes No

Date Resolution Resolved:

Action Plan:

Individual has been informed of the action plan.

Signature of Individual or Designee

Date

Name of Individual

Signature of NDN Staff

Date

Name of and Title of NDN Staff Signing

Reference: NDN Policy & Procedure: 2.037

Shared drive:\Forms\Grievance Form – updated 2.26.2019

New Directions Northwest, Inc. Policies & Procedures

Individual Grievances and Appeals

POLICY NUMBER: 2.37

POLICY: In accordance with 309-018-0210 and 309-019-0215 Grievances and Appeals:

- (1) Any individual receiving services or the parent or guardian of the individual receiving services may file a grievance with the provider, the individual's managed care plan, or the Division.
- (2) The provider's grievance process shall:
 - (a) Notify each individual or guardian of the grievance procedures by reviewing a written copy of the policy upon entry;
 - (b) Assist individuals and parents or guardians, as applicable, to understand and complete the grievance process and notify them of the results and basis for the decision;
 - (c) Encourage and facilitate resolution of the grievance at the lowest possible level;
 - (d) Complete an investigation of any grievance within 30 calendar days;
 - (e) Implement a procedure for accepting, processing, and responding to grievances including specific timelines for each;
 - (f) Designate a program staff person to receive and process the grievance;
 - (g) Document any action taken on a substantiated grievance within a timely manner; and
 - (h) Document receipt, investigation, and action taken in response to the grievance.
- (3) The provider shall post a Grievance Process Notice in a common area stating the telephone numbers of:
 - (a) The Division;
 - (b) Disability Rights Oregon;
 - (c) The applicable coordinated care organization; and
 - (d) The Governor's Advocacy Office.
- (4) **Expedited Grievances:** In circumstances where the matter of the grievance is likely to cause harm to the individual before the grievance procedures outlined in these rules are completed, the individual or guardian of the individual may request an expedited review. The program administrator shall review and respond in writing to the grievance within 48 hours of receipt of the grievance. The written response shall include information about the appeal process.

New Directions Northwest, Inc.

Policies & Procedures

POLICY NUMBER: 2.037

Individual Grievances and Appeals – pg 2

(5) A grievant, witness, or staff member of a provider may not be subject to retaliation by a provider for making a report or being interviewed about a grievance or being a witness. Retaliation may include but is not limited to dismissal or harassment; reduction in services, wages or benefits; or basing service or a performance review on the action.

(6) The grievant is immune from any civil or criminal liability with respect to the making or content of a grievance made in good faith.

(7) Individuals and their legal guardians, as applicable, shall have the right to appeal entry, transfer, and grievance decisions as follows:

(a) If the individual or guardian is not satisfied with the decision, the individual or guardian may file an appeal in writing within ten working days of the date of the program administrator's response to the grievance or notification of denial for services as applicable. The appeal shall be submitted to the Division as applicable;

(b) If requested, program staff shall be available to assist the individual;

(c) The Division shall provide a written response within ten working days of the receipt of the appeal; and

(d) If the individual or guardian is not satisfied with the appeal decision, they may file a second appeal in writing within ten working days of the date of the written response to the Division Director.

PROCEDURE for Policy No. 2.037 Individual Grievances and Appeals:

Each individual is notified in writing and verbally during intake which describes the grievance process. The individual will follow the chain of command listed below but should they be uncomfortable at any level they have the right to address their concern with any level of authority. The lowest level is encouraged.

- Primary Counselor
- Program Supervisor
- Program Director/Manager
- Clinical Director
- CEO
- Assigned CCO
- Oregon Health Authority

The agency, CCO or Division will complete an investigation within 10 working days of filed grievance. The individual will be notified if the investigation will not be completed and a decision made within the above timeframe that a delay of up to 30 calendar days may be necessary to resolve the grievance. Should such extension be necessary, the specific reasons for additional time will be identified.

New Directions Northwest, Inc. Policies & Procedures

POLICY NUMBER: 2.037

Individual Grievances and Appeals – pg 3

Grievances may be reported in a written format or verbally. Replies and decisions will be given in same manner that the grievance was filed. All grievances will be reported to the Integrity Officer unless he/she is listed as a concern in the complaint within 48 hours of initial complaint. [see GRIEVANCE form]

Expedited Grievances

1. In the event that it is deemed harmful for individuals to wait 10 days for the results of the grievance, they may request an expedited process.
2. NDN will respond within 48 hours of receipt of the grievance.
 - See GRIEVANCE FORM.

Approved by NDN Board on 2/26/2019; Supercedes 6/28/2015; 7/22/2014;

[original signed 2/26/2019]

Linda Noble, President

New Directions Northwest, Inc. Policies & Procedures

NOTICE TO RIGHT TO AN EXPEDITED GRIEVANCE

FORM: 1075

Date: _____

Individual Name: _____

Client ID #: _____

This notice informs you about your right to file an expedited grievance

_____ You are receiving this notice because we are denying your request for a fast (expedited) decision about our request for a service.

_____ You are receiving this notice because we are denying your request for a fast (expedited) appeal for a service.

Your request has been transferred to our regular processing time frame.

You can file an expedited grievance whenever we do not provide a fast decision about your initial request for a service, or your request to appeal our denial service.

This notice informs you about your right to file an expedited grievance.

_____ You are receiving this notice because we need to take extra days (take an extension) to decide on your request for a service.

_____ You are receiving this notice because we need to take extra days (take an extension) to consider your appeal for a service.

An extension allows up to 14 additional calendar days to make our decision about your request.

What happens during the expedited grievance?

We must decide within 24 hours if our decision to deny or delay making an expedited decision in your case puts your life or health at risk.

If we determine that we should have expedited your request, we will do so immediately and notify you of our decision.

Please call us if you want to file an expedited grievance, or want more information:

(541) 523-7400

Outpatient

***(541) 541-4184**

Residential – Baker House Men’s Program

***(541) 541-519-6327 or 519-1116**

Residential – Baker House Women’s Program

*updated 10/15/21

2.26.2019, Supersedes 7-22-14

New Directions Northwest, Inc. Policies & Procedures

Individual “No Show” and Cancellation Policy

POLICY NUMBER: 3.028

POLICY: It is the policy of New Directions Northwest, Inc. (NDN) that it will seek ways to discourage individuals from missing appointments without good reason. A “no show” individual is defined as an individual who does not show up for a scheduled appointment and does not provide 24-hour prior notification of their intent to miss the appointment. NDN recognizes that individuals with a “no show” history do not do as well in treatment and are more likely to relapse into past behaviors.

PROCEDURES:

1. NDN will charge self-pay individuals for the time missed at the regular rate if 24-hour notice has not been given. Emergency exceptions may be considered with appropriate verification (see Treatment Fee Agreement in intake packet).
 - A. All individuals will be advised of this policy during their intake.
 - B. All individuals will sign the Treatment Fee Agreement documenting their understanding of this policy.
2. Individuals that “No Show” or cancel an “Assessment” appointment (Mental Health, Addiction, Psychiatric or other) will not be allowed to re-schedule another “Assessment” appointment until they have met with a Case Manager to address any issues/barriers that may exist.
3. Individuals with three (3) “No Shows” within the same episode of care, will not be allowed to schedule another individual counseling appointment until they have met with a Case Manager to address the issues/barriers involved in making their appointments. Individuals may still access services through open access hours. Should the individual fail to meet with a Case Manager within 14 business days, notification of case closure will be sent to the individual.
4. Individuals with five (5) “Cancellations” within the same episode of care, will not be allowed to schedule another individual counseling appointment until they have met with a case manager to address the issues/barriers involved in making their appointments. Individuals may still access services through open access hours. Should the individual fail to meet with a case manager within 14 business days, notification of case closure will be sent to the individual.

Approved by NDN Board on 2/25/2020; supercedes 7-22-14

[original signed 2/25/2020]

Fred Warner, Board Vice-President

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New Directions Behavioral Health and Wellness

Rules and Expectations for Substance Use Disorder Treatment – Page 1 of 2

- I agree to abstain from the use of alcohol and all other mood-altering drugs/gambling.
- Use of alcohol and/or drugs and/or gambling will result in a review of my case with possible discharge from the program or recommendation for a higher level of care (includes all treatment levels, DUII and MIP). Abstinence is defined as providing urine, oral swabs, breathalyzer and/or other approved tests, **free from all non-prescribed, non-facility approved medications, alcohol and all other mood-altering drugs.**
- If Marijuana is a prescribed medication please complete and follow the Medical Marijuana Treatment Agreement and Policy. Consistent with OAR 309-019-0195 DUII treatment cannot begin until abstinence is verified. All positive tests for medications will be considered positive and unauthorized until a prescription or prescription bottle with the individual's name on it is provided for photocopying by staff. Consistent with ORS 813.200 Medical Marijuana does not qualify as an allowable intoxicant/medication and cannot be used during DUII treatment/diversion.
- Use or attempted use of foreign substances or body fluids other than the individual being tested will result in documentation of the event, possible report to referring agency, possible increase in level of care, and/or possible discharge from the program.
- I will participate in all sessions and be on time with all required homework/packets completed.
- I agree to make up any sessions I miss.
- I will contact New Directions at (541) 523-7400 a minimum of one hour *before* group to inform staff if I am not going to be able to attend.
- If I miss a scheduled one-on-one with my counselor, I may be contacted by phone by my counselor and charged for a consult. When possible, I will give 24 hour notice before missing my appointment.
- If I am a no-show for any scheduled appointment or group without PRIOR approval I may be held financially responsible for that appointment and my referring agency may be contacted as applicable.
- I agree to a breathalyzer test at staff request. If I fail to take the test or refuse I may be asked to leave the building. I understand that this will be treated as a positive result.
- I agree to submit a urine/saliva sample at staff request. If I fail to leave a sample or refuse I understand that this will be treated as a positive result. I also understand that a dilute sample is a positive result.



New Directions Behavioral Health and Wellness

Rules and Expectations for Substance Use Disorder Treatment – Page 2 of 2

- I understand that I am required to call the UA Line every week day and if I am required to test I will provide a UA sample at the outpatient office between the hours of 8:00 AM and 10:00 AM or 4:00 pm to 6:00 pm that same day (8:00 AM and 10:00 AM or 4:00 pm to 5:00 pm Friday). **Failure to provide a sample will be considered as a positive test result.** The UA line phone number is (541) 249-7203.
- I understand that any break of confidentiality may result in termination from treatment.
- I understand that abusive and/or violent behavior will not be tolerated and will result in my immediate termination.
- I understand that three (3) unexcused absences may result in my termination from the program.
- I understand that building romantic relationships with other treatment participants is prohibited and could result in my termination from treatment.

Payment is due at the time of service, prior to attending an assessment or treatment session. If you have private insurance we can help you check your copay, coinsurance and/or deductible. You will be required to provide payment at usual and customary rates prior to receiving any services. If you are court ordered to mental health treatment are required to provide usual and customary court ordered fees prior to receiving treatment. If you **do not** have insurance coverage you may qualify for the indigent sliding fee scale.

I have read the above rules and expectations and understand their intent. I agree to abide by these expectations and have received a copy of them for future reference.

Individual (Signature)

Individual (print name)

Date

Parent or Guardian (Signature)

Parent or Guardian (print name)

Date

NEW DIRECTIONS Staff (Signature)

NEW DIRECTIONS Staff (print name)

Date