



# Alpha Care Medical

## **Policies & Procedures Manual**



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**CONFIDENTIALITY**

This manual details policies and procedures relevant to Alpha Care Medical, LLC. Unauthorized copying and distribution are prohibited.



# Clinic Overview



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<b>Policy Name and Number:</b>	<b>1.1 Hours of Operation</b>
Date last reviewed:	
Approval or last revision:	
Approved by:	

Alpha Care Medical has adopted the following hours of operation:

<b><u>Millsboro site:</u></b>		<b><u>Harrington site:</u></b>		<b><u>Dover site:</u></b>	
Monday	9am – 5pm	Monday	9am – 5pm	Monday	9am – 5pm
Tuesday	9am – 5pm	Tuesday	9am – 5pm	Tuesday	9am – 5pm
Wednesday	9am – 5pm	Wednesday	9am – 5pm	Wednesday	9am – 5pm
Thursday	9am – 5pm	Thursday	9am – 5pm	Thursday	9am – 5pm
Friday	9am – 5pm	Friday	9am – 5pm	Friday	9am – 5pm

These hours of operation are identified for the purpose of patient scheduling and may not reflect the actual hours that the staff are required to work to ensure all job duties are performed.

**SCOPE**

This policy applies to all Alpha Care Medical patients, employees, volunteers and students.

**PROCEDURES**

1. Any change in hours of operations must be approved by the Clinical Oversight Committee.
2. Requests for changes in hours of operations must be submitted in writing and must include current hours of operations, proposed hours of operations, and reason for change in hours of operations.
3. Once approved, the new hours of operations must be updated on all appointment cards, brochures, advertisements, websites, and call service centers.
4. This policy must be reviewed yearly.

Alpha Care Medical re-affirms its commitment to ensure all accurate information be posted and available for patients and patients, including hours of operations. Furthermore, Alpha Care Medical ensures that the hours of operations is a fair balance between managing case volume with respected employee’s professional autonomy.



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<b>Policy Name and Number:</b>	<b>1.2 Mission, Goals, and Objectives</b>
Date last reviewed:	
Approval or last revision:	
Approved by:	

## Practice Mission

A thriving community is one that provides meaning, protection, and growth to the people that comprise it. It allows individual prosperity and improves their livelihoods, thus bettering their quality of life.

For a community to thrive, it's members must integrate their skills and talents and contribute to creating a larger, emergent entity. This entity only emerges with the summation of all integral roles working to, for, and with one another.

Alpha Care Medical strives to provide compassionate and cutting-edge medical care to the members of the local communities. We aim to improve the overall health and functioning of our patients by attending to their medical and behavioral needs. Our mission is to maintain individual quality of life and restore social integration and functioning. By doing so, we hope to promote a community that thrives, thus bettering the people that comprise it.

Nihar Gala, M.D.  
Medical Director  
Alpha Care Medical



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<b>Policy Name and Number:</b>	<b>1.3 Geographic Area to be Served</b>
Date last reviewed:	
Approval or last revision:	
Approved by:	

Alpha Care Medical will serve the following areas:

- 1) All counties that are within a 150-mile radius, regardless of state, from any and all current offices affiliated with Alpha Care Medical.

**SCOPE**

This policy applies to all Alpha Care Medical patients, employees, volunteers and students.

**PROCEDURES**

1. Any change in the geographic area to be served must be approved by the Clinical Oversight Committee.
2. Requests for changes geographic area to be served must be submitted in writing and must include current policy, proposed policy, and reason for change in policy.
3. Once approved, the new policy must be made available to all members that are within the scope of the policy.

Alpha Care Medical re-affirms its commitment to ensure all accurate information be posted and available for patients and patients.



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<b>Policy Name and Number:</b>	<b>1.4 Population(s) to be Served</b>
Date last reviewed:	
Approval or last revision:	
Approved by:	

Alpha Care Medical will serve the following population(s):

- 1) Ambulatory patients with co-occurring mental health disorder.
- 2) Ambulatory patients diagnosed with opioid dependence.
- 3) Ambulatory patients diagnosed with chronic pain syndrome.
- 4) Ambulatory patients seeking mental health counselling.
- 5) Ambulatory patients seeking primary care services.

**SCOPE**

This policy applies to all Alpha Care Medical patients, employees, volunteers and students.

**PROCEDURES**

1. Any change in the policy must be approved by the Clinical Oversight Committee.
2. Requests for changes in policy must be submitted in writing and must include current policy, proposed policy, and reason for change in policy.
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<b>Policy Name and Number:</b>	<b>1.5 Types of Services Offered</b>
Date last reviewed:	
Approval or last revision:	
Approved by:	

Alpha Care Medical will offer the following outpatient services:

- 1) Primary care services
- 2) Medication management
- 3) Interventional therapy
- 4) Functional medicine
- 5) Medication assisted treatment
- 6) Nutrition counselling
- 7) Mental health counselling
- 8) Diagnostic assessment
- 9) Psychotherapy
- 10) Individual therapy
- 11) Group therapy
- 12) Pharmacological treatment
- 13) Case management

**SCOPE**

This policy applies to all Alpha Care Medical patients, employees, volunteers and students.

**PROCEDURES**

1. Any change in the policy must be approved by the Clinical Oversight Committee.
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# Faculty



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<b>Policy Name and Number:</b>	<b>2.1 Positions and Staff</b>
Date last reviewed:	
Approval or last revision:	
Approved by:	

Alpha Care Medical staff will consist of the following positions:

- 1) Medical Director
- 2) Attending Physician
- 3) Mid-level Provider
- 4) Qualified Psychiatric Practitioner
- 5) Clinical Director
- 6) Mental Health Clinician
- 7) Associate Mental Health Clinician
- 8) Case Manager
- 9) Office Manager
- 10) Medical Assistant
- 11) Pharmacy Technician

**SCOPE**

This policy applies to all Alpha Care Medical employees, volunteers and students.

**PROCEDURES**

1. Any change in the policy must be approved by the Clinical Oversight Committee.
2. Requests for changes in policy must be submitted in writing and must include current policy, proposed policy, and reason for change in policy.
3. Once approved, the new policy must be made available to all members that are within the scope of the policy.



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<b>Policy Name and Number:</b>	<b>2.2 Training Requirements</b>
Date last reviewed:	
Approval or last revision:	
Approved by:	

Alpha Care Medical will require staff to be appropriately trained and in compliance with regulations according to this manual.

Medical Director:

Each Medical Director shall be a person with a Medical Degree or Doctor of Osteopathy degree; licensed to practice medicine in the state of Delaware and has completed (or is enrolled in or plans to enrol in) an accredited residency training program in psychiatry, internal medicine or family practice.

Attending Physician:

The Attending Physician shall be a person with a Medical Degree or Doctor of Osteopathy degree; licensed to practice medicine in the state of Delaware and has completed an ACGME accredited residency training program with an active Board Certification/Eligibility.

Mid-level Provider:

A Mid-level Provider shall be a person with a Nurse Practitioner or Physician's Assistant degree, licensed to practice medicine in the state of Delaware.

Qualified Psychiatric Practitioner:

Qualified Psychiatric Practitioners shall meet the criteria for Qualified Medical Personnel as defined in §3.0 of these standards AND have a minimum of three (3) years of documented clinical experience in the field of mental health.

Clinical Director:

Each individual hired or promoted to provide clinical supervision on or after the date these regulations become effective shall, at a minimum, meet the following criteria:

- A master's degree with a major in psychology, social work, counselling, nursing or a related field of study and six (6) years of clinical experience in human services, three (3) of which shall be in substance abuse treatment services
- OR
- A master's degree from an accredited college or university with a major in chemical dependency, psychology, social work, counselling, nursing or a related field of study and full certification as a Certified Co-Occurring Disorders Professional in the state of Delaware (CCDP)
- OR
- A master's degree from an accredited college or university with a major in chemical dependency, psychology, social work, counselling, nursing or a related field of study and full certification as a Certified Co-Occurring Disorders Professional by a nationally recognized body.
- OR
- A bachelor's degree from an accredited college or university with eight (8) years of clinical experience in human resources and medical office management.



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Clinical supervisor as defined in §6.1.3 will not meet the criteria for Clinical supervisor for a co-occurring treatment program.

### Mental Health Clinician:

Each individual hired or promoted to the position of Mental Health Clinician on or after the date these regulations become effective shall meet the following criteria at a minimum:

- A master's degree in psychology, counselling, social work, nursing, rehabilitation or related field of study from an accredited college or university.

### Associate Mental Health Clinician:

Individuals hired or promoted to the position of Associate Mental Health Clinician on or after the date these regulations become effective shall, at a minimum, meet the following criteria:

- Full certification as a Certified Co-Occurring Disorders Professional in the state of Delaware (CCDP)  
OR
- Full certification as a Certified Co-Occurring Disorders Professional by a nationally recognized body  
OR
- A bachelor's degree from an accredited college or university in psychology, social work, counselling, or nursing and five (5) years of documented clinical experience working in the field of mental health

### Case Manager:

Co-occurring treatment programs that employ Case Managers shall hire or promote staff on or after the date these regulations become effective that meet the following criteria:

- A bachelor's degree from an accredited college or university in chemical dependency, psychology, social work, counselling, or nursing and five (5) years of documented clinical experience working in the field of mental health and/or addictions counselling

### Office Manager:

The Office Manager shall be trained and proficient in computer basics, Microsoft office, Quickbooks, accounting, medical coding, medical billing, accounts receivable, payments processing, human resources, marketing, and medical practice management.

### Medical Assistant:

Each Medical Assistant shall be a person with knowledge of patient triage, obtaining medical history, obtaining vital signs, patient communication, HIPAA, computer basics, and general medical office operations.

All staff will undergo training consisting of initial orientation and annual Continuing Training Education (CTE).

### Initial Orientation

During initial orientation, all staff will be trained regarding the following items:

- HIPAA Compliance
- Policies and Procedures
- Electronic Medical Records use
- Professionalism
- Patient communication
- Blood-borne pathogens
- Safety training



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- Daily operations

### Annual CTE

Annually thereafter, all staff will be required to undergo the following:

- Ongoing training specific to co-occurring as part of the staff member's individualized training plan required in §5.1.7.2 of these standards.

100% CPR Certification must be maintained for physicians. A minimum of 50% of all other staff must maintain CPR Certification.

### **SCOPE**

This policy applies to all Alpha Care Medical employees, volunteers and students.

### **PROCEDURES**

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<b>Policy Name and Number:</b>	<b>2.3 Personnel Files</b>
Date last reviewed:	
Approval or last revision:	
Approved by:	

Alpha Care Medical will maintain accurate and complete Personnel Files that are complying to the regulations set forth in this manual.

The following documentation must be maintained for each faculty member:

- Resume/curriculum vitae or application for employment.
- Job description for position including job title, requisite skills, education and experience, tasks and responsibilities of the job. This should be signed and dated within one week of the start date, by both employer and employee.
- Verification of relevant previous employment and/or annual performance evaluation\*. Credentialing files will contain verification of two (2) prior employers. All required work experience respective to the positions in this manual must be verified. Credentialing files of staff employed more than one year but less than two (2) years will contain verification of two (2) prior employers, and the employee's most recent performance evaluation. Credentialing files of staff employed more than two (2) years will contain their two (2) most recent performance evaluations.

All employment verifications must verify, at minimum:

- Information that is congruent with the resume/curriculum vitae or application
- Position held
- Dates of employment, including month and year
- Job responsibilities (This information should be obtained whenever possible, especially when the position title is unclear. If this information cannot be obtained the reason should be noted.)
- Employment verifications must come from a representative from human resources, supervisor / director equivalent, or person of clear authority from the previous employer. This person's name, title and relationship the employee must be documented
- A provider may accept employment verifications in the form of letters if all of the above information is present, and the authenticity of the letter is verified

\* Files for employees contracted through a third party (e.g. staffing agency) must contain the current employment contract, indicating the effective dates and position(s) for which the person is contracted. This may be in lieu of a performance evaluation.

- Current valid licenses and/or certifications, when applicable (e.g. BSC, Clinical Psychologist, etc.)
- Confirmation of minimal educational degree status for current job position. A transcript must be included if the degree does not indicate the field of study (e.g. "Master of Education" instead of "Master of Education in Counselling Psychology"). Providers are encouraged to make transcript reviews routine.
- Evidence of degree verification of all foreign-trained staff by an accredited educational verification agency (e.g., Education Commission on Foreign Medical Graduates, World Educational Service, or other National Association of Credential Evaluation Services members). The degree standards must satisfy the credentialing requirements for U.S. obtained degrees.



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- Delaware State Criminal History Report, and when applicable, Delaware Child Abuse Clearance and FBI Criminal History Report. (See Appendix A)
- Evidence of the completion of mandatory initial & ongoing trainings. (See Appendix B)
- National Practitioner Data Bank query (updated every five (5) years) for all Licensed Behavioral Specialist Consultants, physicians, physician assistants, and certified nurse practitioners.
- Insurance Requirements:
  - For all Physicians, Certified Registered Nurse Practitioners and Independent Practitioners\*
    - General Liability of \$2,000,000 per occurrence and \$2,000,000 aggregate.
    - Professional Liability of \$500,000 per occurrence and \$1,500,000 in the aggregate along with evidence of participation in the DE Medical Care Availability and Reduction of Error (MCARE) fund or \$1,000,000 per occurrence and \$3,000,000 aggregate if not approved for MCARE.
    - If any employee is not named under the provider's insurance policy, a copy of the insurance face sheet must be available for review.

\*An independent practitioner is defined as a sole practitioner who, as an individual, is understood to assume all risks and liabilities for clinical practice as indicated by professional liability insurance.

- Additional Documentation for Psychiatrists
  - Board certification, when required.
  - Residency diploma in the field of psychiatry.
  - At the discretion of the provider, details about the residency or fellowship appearing on the CV may be accepted in lieu of a diploma.

### **SCOPE**

This policy applies to all Alpha Care Medical employees, volunteers and students.

### **PROCEDURES**

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2. Requests for changes in policy must be submitted in writing and must include current policy, proposed policy, and reason for change in policy.
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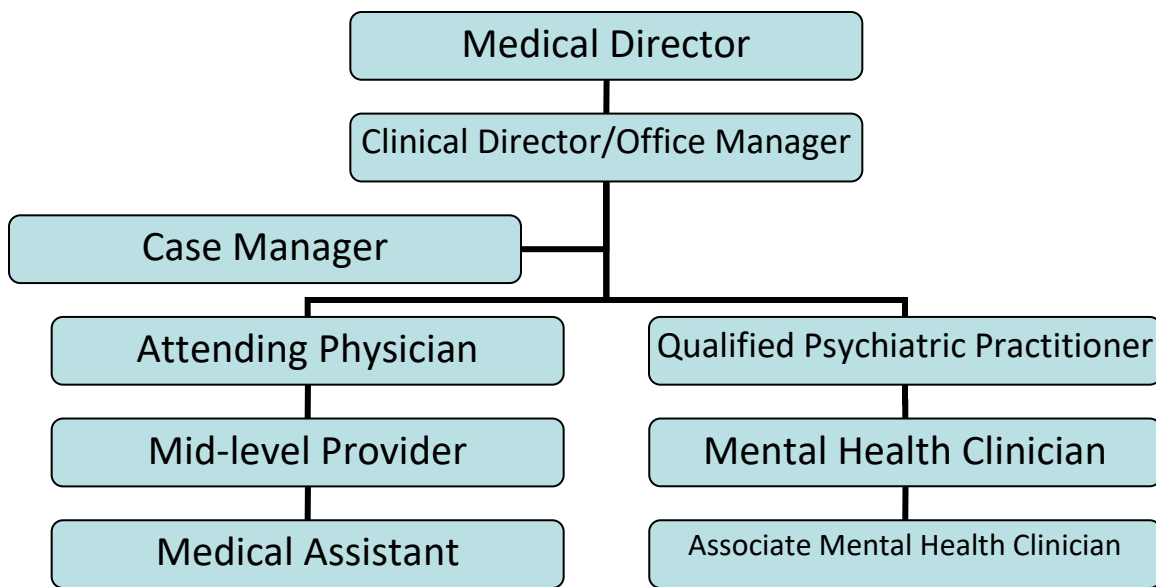


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<b>Policy Name and Number:</b>	<b>2.4 Organizational Chart</b>
Date last reviewed:	
Approval or last revision:	
Approved by:	

The following Organizational Chart is an overview of faculty hierarchy:



**SCOPE**

This policy applies to all Alpha Care Medical employees, volunteers and students.

**PROCEDURES**

1. Any change in the policy must be approved by the Clinical Oversight Committee.
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3. Once approved, the new policy must be made available to all members that are within the scope of the policy.



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<b>Policy Name and Number:</b>	<b>2.5 Equity and Inclusion</b>
Date last reviewed:	
Approval or last revision:	
Approved by:	

Alpha Care Medical re-affirms its commitment to building a Medical Practice which is equitable and inclusive. This means that in all aspects of its operations and at all levels of the organization, Alpha Care Medical works to ensure that there is no discrimination on the basis of, but not limited to, ethnicity, language, race, age, ability, sex, sexual or gender identity, sexual orientation, family status, income, immigrant or refugee status(1), nationality, place of birth, generational status(2), political or religious affiliation.

- (1) Alpha Care Medical recognizes that barriers to employment and services may exist due to immigration or refugee status based on legislation and/or contractual funding obligations
- (2) Generational status is intended to protect individuals with Canadian citizenship who are first, second or third generation immigrants from discrimination.

Alpha Care Medical further recognizes that the increasing diversity among local residents has added cultural, social and economic benefits to our community. It is also sensitive to the fact that oppressed groups experience marginalization and encounter barriers to full access and participation in the community. Alpha Care Medical seeks to increase access and participation, especially for those who are marginalized, disadvantaged or oppressed.

Alpha Care Medical encourages individuals to participate fully and to have complete access to its services, employment, governance structures (board of directors, committees of the board and any board working groups that may be convened) and volunteer opportunities. It shall make every effort to see that its structure, policies and systems reflect all aspects of the total community and to promote equal access to all. To this end, Alpha Care Medical strives to ensure that:

- Discriminatory or oppressive behaviors are not tolerated
- Individuals who engage with Alpha Care Medical for service are valued participants who have opportunities to shape and evaluate our programs
- Community programs and services are developed and delivered to give priority to individuals in marginalized communities and are sensitive to the needs of diverse groups
- Programs are delivered in such a way that systemic barriers to full participation and access are eliminated and so that positive relations and attitudinal change towards marginalized groups are promoted
- Services are provided with sensitivity to the influence of power and privilege in all relationships, including service relationships, and are delivered in keeping with anti-oppression principles
- Communication materials present a positive and balanced portrayal of people's diverse experiences.

This policy is intended to act as a positive force for equity and the elimination of oppression.

**SCOPE**

This policy applies to all Alpha Care Medical patients, employees, volunteers and students.

**PROCEDURES**



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1. Alpha Care Medical has and will continue to work to embed the principles detailed in this policy within all relevant Alpha Care Medical policies and procedures to ensure that equity and inclusion guides Alpha Care Medical in all its endeavours.
2. Individuals who believe that they have experienced harassment or discrimination in an Alpha Care Medical context are encouraged to use the following policies and procedures to have their concerns or complaints addressed:
  - Patients and community members may refer to the *Service User and Community Member Complaints* policy
  - Employees, volunteers and students may refer to the *Harassment and Discrimination* policy
  - Unionized employees may elect to use the *Harassment/Discrimination* provisions of the *Collective Agreement*
3. Alpha Care Medical staff, volunteers and students may also refer to the *Discriminatory Requests for Service* policy for guidance in addressing patients or community members who make such requests.



# Conduct, Rights, and Responsibilities



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<b>Policy Name and Number:</b>	<b>3.1 HIPAA Regulations</b>
Date last reviewed:	
Approval or last revision:	
Approved by:	

Alpha Care Medical staff must abide by all HIPAA policies and procedures set forth in this manual.

**Personal Health Records** consist of the patient’s personal health information provided to and obtained by Alpha Care Medical. If such records are used to make health care related decisions, provide care services, or document observations, actions or instructions, then the records will be considered part of the **Designated Record Set**.

The following are excluded from the Designated Record Set: Administrative data, such as audit trails, appointment schedules and practice guidelines that do not imbed PHI. Also excluded are quality assurance data, vital certificate worksheets, and derived data such as accreditation reports, anonymous patient data for research purposes, public health records and statistical reports.

The Designated Record Set is to be retained according to state and federal regulations and following Facility or company retention procedures.

Disclosure of PHI will only be allowed with a properly completed and signed authorization except:

- When required or allowed by law
- For continuing care (treatment)
- To obtain payment for services (payment)
- For the day-to-day operations of the practice and the care given to the patients (health care operations)

Disclosure of PHI will be handled through Alpha Care Medical management staff and carried out in accordance with all applicable legal requirements and in accordance with company policy. Each office will be responsible for researching and abiding by applicable state laws and regulations. Original Medical Records will not be removed from the premises, except when ordered by subpoena or by other court order.

The following procedures are to ensure the appropriate use of the email system when transmitting Protected Health Information (PHI):

1. E-mail users will be set up with a unique identity complete with unique password and file access controls.
2. E-mail users may not intercept, disclose or assist in intercepting and disclosing e-mail communications.
3. Resident specific information regarding highly sensitive health information must not be sent via e-mail, even within the internal email system (i.e. information relating to AIDS/HIV, drug and alcohol abuse and psychotherapy notes).
4. Users will restrict their use of email for communicating normal business information such as information about general care and treatment of residents, operational and administrative matters, such as billing.
5. Users should verify the accuracy of the email address before sending any PHI and, if possible, use email addresses loaded in the system address book.
6. PHI may be sent unprotected via e-mail within a properly secured, internal network of the organization. When sending PHI outside of this network, such as over the Internet, every effort should be made to



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secure the confidentiality and privacy of the information. Sample security measures include password protecting the document(s) being sent or encrypting the message.

7. All e-mail containing PHI will contain a confidentiality statement (see sample below).
8. Users should exercise extreme caution when forwarding messages. Sensitive information, including resident information, must not be forwarded to any party outside the organization without using the same security safeguards as specified above.
9. Users should periodically purge e-mail messages that are no longer needed for business purposes, per the organization's records retention policy.
10. Employee e-mail access privileges will be removed promptly following their departure from the organization.
11. Email messages, regardless of content, should not be considered secure and private. The amount of information in any email will be limited to the minimum necessary to meet the needs of the recipient.
12. Employees should immediately report any violations of this guideline to their supervisor, Administrator or Facility Privacy Official.

### **Sample Confidentiality Statement**

*The information contained in this e-mail is legally privileged and confidential information intended only for the use of the individual or entity to whom it is addressed. If the reader of this message is not the intended recipient, you are hereby notified that any viewing, dissemination, distribution, or copy of this e-mail message is strictly prohibited. If you have received and/or are viewing this e-mail in error, please immediately notify the sender by reply e-mail, and delete this e-mail from your system. Thank you.*

Protected Health Information may be disclosed pursuant to judicial or administrative process without the written authorization of the patient, or the opportunity for the patient to agree or object, subject to certain conditions. Alpha Care Medical will disclose PHI in the course of judicial or administrative process in response to a court or administrative tribunal order. Alpha Care Medical will disclose PHI in response to a subpoena, discovery request, or other lawful process that is not accompanied by a court order, subject to the conditions set forth in this procedure. In either case, **Alpha Care Medical will disclose only that PHI expressly authorized by the subpoena, discovery request, other lawful process, or court order.** (Alpha Care Medical may contact its legal counsel to review and verify the legality of a subpoena requesting PHI served.)

### **SCOPE**

This policy applies to all Alpha Care Medical employees, volunteers and students.

### **PROCEDURES**

1. Any change in the policy must be approved by the Clinical Oversight Committee.
2. Requests for changes in policy must be submitted in writing and must include current policy, proposed policy, and reason for change in policy.
3. Once approved, the new policy must be made available to all members that are within the scope of the policy.



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<b>Policy Name and Number:</b>	<b>3.2 Patient Privacy, Confidentiality &amp; Release of Information</b>
Date last reviewed:	
Approval or last revision:	
Approved by:	

**POLICY**

In the course of delivering its services and programs, Alpha Care Medical collects personal information from its patients. Personal information means any information that could be used on its own, or with other information, to establish the identity of a patient, the patient's service provider or the patient's substitute decision maker. Personal information also includes any other information about a patient including information that is contained in a patient record.

Alpha Care Medical collects, uses and shares patient's personal information for the following purposes:

- Providing quality programs and services to patients
- Providing information to other people or organizations with patient consent (for example, making a referral for service)
- Contacting patients, donors and members to evaluate Alpha Care Medical service and work
- Conducting research to understand the kinds of issues our patients are facing
- Contacting individuals about our fundraising and membership activities
- Reviewing patient files to ensure high quality of service and documentation

Alpha Care Medical may also collect, use and share personal information with consent or as permitted or required by law.

Alpha Care Medical is committed to protecting the privacy of its patients and ensuring that:

- the personal information it receives from patients is kept safe, secure, confidential, accurate and up to date
- patients understand why their personal information is collected by Alpha Care Medical
- Alpha Care Medical obtains patient consent before collecting, using, sharing or releasing patient information, except as set out in this policy or permitted or required by law
- only the personal information necessary for the purposes listed above is collected from patients, unless otherwise consented to by the patient or permitted or required by law
- access to patient information is limited to the Alpha Care Medical employees, volunteers and students involved in delivering services to patients
- any external agents to whom Alpha Care Medical releases information have a need to know and only use and disclose patient information for the purposes for which it was originally provided
- patients are able to withdraw their consent at any time to the collection, use and disclosure of their personal information
- patients have access to their record, except where Alpha Care Medical is entitled to refuse an access request, and are able to copy or correct their record and ask questions about Alpha Care Medical privacy policies and procedures
- complaints about Alpha Care Medical privacy policies and procedures are handled efficiently and effectively
- all legal and regulatory requirements regarding patient information are met and maintained



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Only a person who provides a provincially funded health resource to an individual may require the individual to produce his or her health card. Alpha Care Medical personnel may ask patients to voluntarily provide their health card number in order to facilitate referrals to provincially funded health resources.

### SCOPE

This policy applies to all Alpha Care Medical employees, students and volunteers.

### PROCEDURES

1. Obtaining Consent
  - a. As Alpha Care Medical services often involve collaboration and consultation among employees, Alpha Care Medical employees will discuss the following with new patients:
    - the nature and extent of consultation and collaboration in the Alpha Care Medical program or service which the new patient is accessing
    - the personal information that Alpha Care Medical may collect
    - the purposes for which Alpha Care Medical collects, uses and shares personal information, as listed above
  - b. Patient's rights and responsibilities including rights related to keeping patient's personal information private will be reviewed with all new patients at their first appointment following intake
  - c. Patients will be asked to use a form indicating that the organization's privacy policies have been discussed and that the patient consents to the collection use and sharing of personal information for the purposes listed in this policy.
  - d. The signed forms will be maintained by the program (e.g., in the patient's paper record, filed centrally within the program). A note will be made in the patient's electronic record that the form has been signed.
  - e. In cases where it is not possible or practicable to obtain the patient's written acknowledgment (e.g., telephone only service), verbal acknowledgment that the organization's privacy practices have been explained to, and accepted by, the patient will be recorded in an activity note in the patient's record.
  - f. Consent will be that of the individual and must be knowledgeable, relate to the personal information and not be obtained through deception or coercion. A consent to the collection, use or sharing of personal health information about an individual is knowledgeable if it is reasonable in the circumstances to believe that the individual knows, (a) the purposes of the collection, use and/or disclosure, as the case may be; and (b) that the individual may give or withhold consent.
  - g. In the event that employees are concerned that a patient does not have the capacity to consent to the collection, use and disclosure of his or her personal information, employees should:
    - Consider whether the patient understands the decision they are being asked to make
    - Question whether the person understands the reasonably foreseeable consequences of the decision or lack of decision
    - Consult with their supervisor
2. Patient Withholding, Limiting or Withdrawing Consent
  - a. Patients have the right to stipulate who will have access to their personal information. This means that they can withhold, limit or withdraw their consent to the collection, use or disclosure of personal information. The request may cover all or a specific part of a patient's record. When this happens, staff will implement the following "lock-box" procedure.





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- b. Electronic records: The Alpha Care Medical employee receiving the patient's request to withhold, limit or withdraw their consent will:
    - Record the verbal instructions by the patient in an activity note in the patient's electronic record
    - Scan any written instructions by the patient into the patient's electronic record
    - Notify the Information Technology (IT) Department of the patient's instructions and the IT Department will limit access to the electronic record in compliance with the patient's request (e.g., closing access to the record; limiting access to the individuals specified by the patient to be allowed access).
  - c. Paper records: If the patient also has a paper file:
    - The patient's file (either in whole or in part depending on the patient's instructions) to which access is to be limited will be placed inside an envelope that will be sealed with the instructions from the patient stapled to the outside of the file. If the patient's request is to withdraw consent, the file will be safeguarded by Alpha Care Medical Privacy Officer. If the patient's request is to withhold or limit consent, the supervisor responsible for the program will determine how best to comply with the patient's request.
  - d. In cases where the withholding, limiting or withdrawal of consent will limit or prevent Alpha Care Medical from continuing to deliver services, employees will discuss with the patient the consequences of their withholding, limiting or withdrawal of consent.
3. Higher Levels of Confidentiality (Use of Aliases)
    - a. Alpha Care Medical serves patients periodically that require a higher level of confidentiality. For example: public figures; staff of Alpha Care Medical funder; former staff, students and volunteers, who may not wish it to be known that they are accessing Alpha Care Medical services.
    - b. In such situations, programs will provide patients an opportunity to select and use an alias. The alias will be used in the patient record and in the patient's interactions with Alpha Care Medical.
    - c. A list of the aliases, patients' real names and file numbers will be confidentiality maintained by a designated person in each department with a copy to the Alpha Care Medical Privacy Officer.
    - d. A higher level of confidentiality designation does not invalidate the normal legal limits to confidentiality, which includes subpoenas, search warrants and the right of government funders to audit patient records. Patients must be informed of these limitations on confidentiality.
    - e. The Human Resources Department will provide names of new staff members, volunteers and students to the Alpha Care Medical Privacy Officer so that a check of the patient database can be completed. If the individual has received service from Alpha Care Medical in past, an alias will be assigned to the record in order to maintain the privacy of the new staff member, volunteer or student.
  4. Disclosure without Consent Including Responding to Summons/Subpoenas/Court Orders and Requests from Police
    - a. Alpha Care Medical will not disclose the personal information of patients without their consent, except where:
      - It is believed the patient or someone else is in imminent danger of serious physical harm (see *Duty to Warn* policy)
      - A child under the age of 16 is at risk of or has been abused or neglected (see *Child Abuse Reporting and Documentation* policy)
      - Alpha Care Medical is subpoenaed or is otherwise served with a court order, summons, warrant or a similar requirement issued by a person who has jurisdiction to compel the production of information in a proceeding



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- It is otherwise permitted or required by law.
- b. If Alpha Care Medical employee, student or volunteer is served with a warrant, summons, subpoena, order or similar requirement issued in a proceeding, the individual must immediately notify their supervisor, who will provide advice and direction as to how to respond. Alpha Care Medical employees, students or volunteers should follow the same procedure in response to requests by police officers for patient information.
- c. In general, where an order, summons, warrant, subpoena or other requirement to produce documents has been served on Alpha Care Medical, Alpha Care Medical will:
  - Make every attempt to respond in a way that is respectful of the order or other requirement, while at the same time taking steps to preserve the patient's right to confidentiality
  - Make an exact copy of the file to remain at Alpha Care Medical and deliver the documents to the court or other proceeding in a sealed enveloped marked "private and confidential".
- d. Where Alpha Care Medical discloses personal information without the patient's consent, the patient will be notified of such disclosure as soon as reasonable, practical, safe and/or legally possible in the circumstances.

### 5. Release of Information with Patient Consent

5.1 Subject to Section 4, personal information, whether all or part of a patient record, will not be released to third parties without the written consent of the patient or the patient's substitute decision maker, where applicable. Patients are required to complete the Alpha Care Medical *Authorization to Request or Release Information Form*, depending on the nature of the request. Consents provided on these forms are valid for one year, unless otherwise limited or withdrawn by the patient in advance of that date. Alpha Care Medical may disclose a patient's personal information, provided that the disclosure, to the best of Alpha Care Medical knowledge, is for a lawful purpose.

5.2 Reports from third parties contained in a patient record may not be released without the written consent of the third party. Patients will be encouraged to pursue access to this information directly with the third party.

5.3 In exceptional circumstances, where written consent is not possible, the oral consent of the patient to the release of personal information will be accepted and will be recorded in the patient's file.

5.4 In response to requests to release information to third parties, the Alpha Care Medical service provider will ensure that the patient understands the purpose for which the information is being released and to whom the information is being released. The Alpha Care Medical service provider will also explain that Alpha Care Medical cannot guarantee the confidentiality of the information once it has been released.

### 6. Safeguarding of Personal Information

6.1 Patient information stored electronically is protected by password. Access to the Alpha Care Medical electronic database is limited on a need to know basis for added security.

6.2 Patient information collected in hard copy form is stored in locked cabinets accessible only by the counsellors or other Alpha Care Medical employees, students and volunteers providing service to the patient, and the relevant program managers.

6.3 Access to patient information will be limited to those who need to know the information for the purposes set out in the patient's consent or as otherwise permitted or required by law.

6.4 Alpha Care Medical employees will never leave patient personal information, in paper or electronic form, unattended or exposed to anyone other than the patient.



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6.5 Alpha Care Medical will not send confidential personal information to patients by email without the patient's prior consent. Personal information sent to patients or about patients will employ secure email. (Note that secure e-mail ensures messages are encrypted. Alpha Care Medical regular e-mail program is not secure email.)

6.6 Web-based counselling will use an encrypted website to protect patient privacy and confidentiality.

6.7 Alpha Care Medical requires external agents, such as third party auditors, to maintain the confidentiality of patient information and to refrain from using patient information for any purpose other than the purposes for which consent was provided by the patient. Where appropriate and necessary, Alpha Care Medical will obtain the consent of the patient to disclosure of information to external agents. (External agents are persons or companies with which Alpha Care Medical has contracts and that may come into contact with personal information.)

6.8 When disposal is permitted or required, records of patient personal information will be disposed of in a secure manner such that reconstruction of the records is not reasonably foreseeable in the circumstances.

### **7. Notice to Patients of Theft, Loss, Unauthorized Access, Use or Disclosure of Personal Information**

7.1 Employees are required to report to their supervisor and to the Alpha Care Medical Privacy Officer any theft, loss, unauthorized access, use or disclosure of personal information of Alpha Care Medical patients. In programs where funders require it, managers will file a serious occurrence report in this situation.

7.2 In the event of such theft, loss, unauthorized access, use or disclosure of personal information of a Alpha Care Medical patient, Alpha Care Medical will notify the patient as soon as possible.

7.3 Oral contact with the patients will be logged in the patient record and will be followed up by a letter, which will be included in the patient record.

7.4 In the case of former patients, contact will be made orally, if possible, and also in writing, at the last known address for the patient recorded in Alpha Care Medical database.

### **8. Patient Access to and Correction of Personal Information**

8.1 Patients wishing to review their records should contact the Alpha Care Medical service provider, relevant program manager or Privacy Officer.

8.2 Within 30 days of any such request, an appointment will be made for the patient to review his/her personal information in a confidential manner on Alpha Care Medical premises, in the presence of a Alpha Care Medical employee, unless Alpha Care Medical is entitled to refuse the request, in which case written notice will be given. Patients may bring a support person to this appointment if they wish. Up to 60 days may be required in the case of complex searches for records. In exceptional circumstances (e.g., a patient is unable to come to the Alpha Care Medical office due to health issues), a copy of the record may be sent to the individual with consent.

8.3 Alpha Care Medical is required to retain patient personal information that is the subject of a request for access for as long as necessary to allow the patient to exhaust any recourse under the *Personal Health Information Protection Act, 2004* that he or she may have with respect to the request. This may require Alpha Care Medical to maintain the record for longer than the typical patient record retention period.

8.4 Patients who wish an explanation of their records may contact their Alpha Care Medical service provider, the relevant program manager or the Alpha Care Medical Privacy Officer.

8.5 Patients will not be permitted to access third party records without the consent of the third party. In such cases, the Alpha Care Medical service provider will direct the patient to obtain the requested information directly from the third party.



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8.6 Patients wishing to correct information in their file shall provide the correction in writing to Alpha Care Medical. The written correction will be included in the patient's record and, within three weeks of receipt, Alpha Care Medical will notify the patient of its response to the correction.

### 9. Appointment of Privacy Officer

9.1 The Privacy Officer for Alpha Care Medical is Allen Harris.

9.2 The name and contact information for the Privacy Officer is available on the Alpha Care Medical website, in the *Patient Rights and Responsibilities Statement* and in the Alpha Care Medical Employees Directory.

9.3 The duties of the Privacy Officer include:

- Maintaining knowledge of privacy legislation and regulations
- Ensuring that all employees and volunteers have training on the privacy policy
- Monitoring employee compliance with Alpha Care Medical privacy policy
- Responding to privacy-related complaints and concerns
- Responding to requests for access and correction
- Responding to inquiries from the public about Alpha Care Medical privacy practices
- Liaising with other organizations, the public and government, as necessary, on privacy-related issues

### 10. Inquiries and Complaints

10.1 Questions, comments or complaints about the Alpha Care Medical privacy policies and procedures or about the collection, use or disclosure of personal information will be directed to the Privacy Officer.

10.2 The Privacy Officer will follow the procedures set out in the *Service User and Community Member Complaints* policy in responding to, resolving and recording privacy-related complaints.

10.3 If the patient is not satisfied with the response provided by the Privacy Officer, the patient may contact the *Office of the Information and Privacy Commissioner*, in writing, at Alpha Care Medical 1000 Midway Drive Suite #3, Harrington, DE 19952.



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## **AUTHORIZATION TO REQUEST OR RELEASE INFORMATION**

Patient's Name:

Patient's Address:

Date of Birth (day/month/year):

I hereby authorize the following designated office or person of Alpha Care Medical to release or request the following personal information about me:

\_\_\_ Request verbal report(s) from: \_\_\_\_\_

\_\_\_ Request written report(s) from: \_\_\_\_\_

\_\_\_ Release verbal information to: \_\_\_\_\_

\_\_\_ Release written information to: \_\_\_\_\_

(agency, organization, school, hospital, professional, etc.)

The following information:

For the purpose of (specify):

This authorization can be terminated at any time in writing.

This authorization is valid for the duration of involvement, up to one year

Signed: \_\_\_\_\_ Date \_\_\_\_\_ Witness \_\_\_\_\_  
(Patient 12 years of age and older)

Signed: \_\_\_\_\_ Date \_\_\_\_\_ Witness \_\_\_\_\_  
(Parent or legal guardian)



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<b>Policy Name and Number:</b>	<b>3.3 Patient Rights &amp; Responsibilities</b>
Date last reviewed:	
Approval or last revision:	
Approved by:	

**POLICY**

Individuals receiving service at Alpha Care Medical have both rights and responsibilities. Patients and participants will be educated about their rights and responsibilities in a variety of ways (e.g., posters in service locations, in written form, by staff through the intake and assessment process).

**SCOPE**

This policy applies to staff of Alpha Care Medical who serve patients and participants with the exception of Alpha Care Medical that will have separate patient rights statements particular to the requirements of their setting (e.g., in the case of the Seniors/Youth/Children/Etc. Program the wording of the statement is dictated by legislation).

**LIMITATIONS**

Patients have the right to ask for a change of provider however, the request will only be granted when it is reasonable and an alternative exists. Requests that are discriminatory in nature will not be granted.

**PROCEDURES**

1. Staff will explain to patients their rights and responsibilities as a regular part of the intake and assessment process.
2. Program Managers will ensure the patient rights and responsibilities statement (below) is available in written form to patients and participants and in the patient's preferred language.
3. Staff will ensure they are familiar with Alpha Care Medical privacy policies and procedures so that they can answer patient questions and assist patients in exercising their rights in regard to their record.

➤ See next page for a sample patient form



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## YOUR RIGHTS AND RESPONSIBILITIES AS A PATIENT OF ALPHA CARE MEDICAL

Welcome to Alpha Care Medical.

We hope that we can give you the kind of support and help that you are looking for.

**When you receive services from Alpha Care Medical you have the right to:**

- Receive high-quality service
- Be treated with respect and courtesy
- Have your information kept private and confidential except as described in Alpha Care Medical *privacy statement*
- Be listened to and have staff work with you to make a plan to address your concerns and needs
- Receive service in offices that are safe, clean and accessible
- Get information and support to help you make decisions to improve your situation
- Be served without discrimination
- Discuss your service with staff to identify if it is working for you and express any questions or complaints that you may have
- Request a change of staff member if there is another staff person available who can address your issues and your request is reasonable -- you should know that discriminatory requests will not be considered

**This is what we ask from you:**

- Treat the staff and others at Alpha Care Medical with courtesy and respect
- Let Alpha Care Medical know 24 hours before if you can not come to an appointment.

**Notice of Privacy Practice:**

The privacy of your health information is important to us. We will maintain the privacy of your health information and we will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so. We are required to provide you with the attached Notice of Privacy Practices and to request that you sign the attached written acknowledgement that you received a copy of the Notice. The Notice describes how we may use and disclose your protected health information to carry out treatment, payment for health care operations and for other purposes that are permitted or required by law. This Notice also describes your rights regarding health information we maintain about you and a brief description of how you may exercise these rights.

**Privacy Officer**

The Privacy Officer for Alpha Care Medical can be contacted at [privacy@alphacaremedical.net](mailto:privacy@alphacaremedical.net).



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<b>Policy Name and Number:</b>	<b>3.4 Staff Rights &amp; Responsibilities</b>
Date last reviewed:	
Approval or last revision:	
Approved by:	

**POLICY**

Alpha Care Medical is committed to providing a safe, just, learning environment for all its employees. No person may cause or allow to cause conditions which are unfair, without dignity or violate human rights of any other employee of the organization.

**SCOPE**

This policy applies to all Alpha Care Medical employees.

**LIMITATIONS**

Alpha Care Medical personnel may not:

1. Employ people without a position description and means of systematic evaluation.
2. Violate the terms of the organization's collective agreement or any other employment contract.
3. Promise or imply employment that cannot be terminated with reasonable notice.
4. Deploy employees who regularly fail to demonstrate the attitude, knowledge and skills required for their position.
5. Allow personnel to work in an unsafe work environment.
6. Prevent employees from grieving in situations where a violation of policy has occurred.
7. Fail to take appropriate, timely action in response to formal or informal allegations of racism, homophobia, sexual harassment or any other form of discrimination, or other contract violations.

**RIGHTS**

All employees, volunteers, students and contractors have the right to:

- Know about any risks or dangers in the workplace
- Participate in making the workplace safe
- Refuse unsafe work (Section 43, Occupational Health & Safety Act)





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<b>Policy Name and Number:</b>	<b>3.5 Volunteer Rights &amp; Responsibilities</b>
Date last reviewed:	
Approval or last revision:	
Approved by:	

**POLICY**

Alpha Care Medical recognizes volunteers as integral to the organization’s ability to achieve its goals and objectives. Volunteers will be treated with the same professionalism and respect as paid staff and in turn will be expected to act professionally and respectfully at Alpha Care Medical.

**SCOPE**

This policy applies to volunteers and to staff and students who are working with them.

**RIGHTS**

Alpha Care Medical volunteers have the right to:

- Be screened using processes that are equitable, fair and free from discrimination
- Tasks appropriate to their skills and interests
- The necessary facilities, equipment and space to perform their duties
- Respect and recognition as a valued team member
- A clearly written position description
- An orientation to the organization, their position and the location where they will volunteer
- A copy of the organization’s volunteer policies and any other organizational policies that are relevant to their work
- Sufficient initial training to accomplish their tasks and on-going training as appropriate to the role
- Supervision and support in their role
- Feedback about their volunteer work
- The opportunity to provide feedback and input
- Recognition for their contributions
- Work in a healthy and safe working environment
- Have their confidential personal information dealt with in accordance with Alpha Care Medical privacy and confidentiality policies
- Adequate liability insurance coverage
- Reimbursement for out-of-pocket expenses incurred on behalf of the organization

**RESPONSIBILITIES**

Alpha Care Medical volunteers have the responsibility to:

- Adhere to relevant Alpha Care Medical policies and procedures
- Maintain confidentiality and privacy with regards to organizational, patient and other information of a confidential nature
- Work within the limits of their qualifications, education and skills
- Value, support and respect the rights of others
- Complete and return all Alpha Care Medical registration documents as indicated on the orientation checklist
- Maintain an accurate record of their volunteer hours
- Be punctual and notify their supervisor of absences as much in advance as possible



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- Carry out volunteer tasks specified in the position description responsibly
- Maintain a professional attitude toward their tasks
- Represent the organization accurately and positively to other organizations and individuals
- Request support when needed
- Participate in evaluations when asked
- Address areas of conflict or concern in accordance with Alpha Care Medical policies
- Attend any designated training or orientation assigned by their supervisor
- Report any health and safety concerns to their supervisor
- Provide notice of intention to leave the organization or program



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<b>Policy Name and Number:</b>	<b>3.6 Student Rights &amp; Responsibilities</b>
Date last reviewed:	
Approval or last revision:	
Approved by:	

**POLICY**

Alpha Care Medical is committed to providing meaningful learning opportunities to students in order to contribute to the fields represented by students, to build community capacity and to encourage learning within the organization. Students placed at Alpha Care Medical have rights and responsibilities associated with their learning placement.

**SCOPE**

This policy applies to students and Alpha Care Medical staff.

**RIGHTS**

Alpha Care Medical students have the right to:

- Be screened using processes that are equitable, fair and free from discrimination
- An orientation to the organization, their position and their work location
- A copy of the organization’s student policies and any other organizational policies that are relevant to their work
- A clearly written learning agreement with goals appropriate to their skills and interests
- Sufficient initial training to accomplish their tasks and on-going training as appropriate to the role
- The necessary facilities, equipment and space to perform their duties
- Work in a healthy and safe working environment
- Supervision and support in their role
- Feedback about their work
- Evaluation of their performance in accordance with the academic institutions requirements
- The opportunity to provide feedback and input
- Have their confidential personal information dealt with in accordance with Alpha Care Medical privacy and confidentiality policies
- Reimbursement for pre-approved out-of-pocket expenses incurred on behalf of the organization
- Adequate liability insurance coverage
- Respect and recognition as a valued team member
- Recognition for their contributions

**RESPONSIBILITIES**

Alpha Care Medical students have the responsibility to:

- Read, sign and honour the organization’s confidentiality and conflict of interest agreements
- Complete a criminal reference check and a vulnerable sector search, if required
- Complete any other required paperwork
- Meet regularly with their field instructor for supervision
- Provide the field instructor with all necessary documentation from the respective educational institution
- Read and follow all organizational relevant policies and procedures
- Read and follow all policies and procedures from the relevant professional college
- Complete documentation of their work according to Alpha Care Medical standards



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- Notify the supervisor as soon as possible if unable to report to Alpha Care Medical due to health or other reasons
- Participate in performance evaluation
- Complete their placement as agreed



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<b>Policy Name and Number:</b>	<b>3.7 Patient Autonomy</b>
Date last reviewed:	
Approval or last revision:	
Approved by:	

**POLICY**

Services provided by Alpha Care Medical are patient-directed. The service plan responds to a patient's stated needs and is developed in consultation with him/her.

As active partners in their service, patients have the right to make decisions regarding their well-being, to state their preferences and to refuse service(s). Alpha Care Medical will respect the patient's choice unless there is a concern that the patient's ability to make decisions is impaired and that this decision will result in imminent harm to the patient or others. In addition, Alpha Care Medical reserves the right to refuse requests that are discriminatory (see *Discriminatory Requests for Service* policy).

**SCOPE**

This policy applies to all Alpha Care Medical staff, volunteers and students.

**PROCEDURES**

1. Patients have the right to state their preference to a service provider within the confines of available resources and the organization's service approach. Alpha Care Medical will strive to match patient preference to service provider within reasonable limits.
2. Staff will attempt to maintain connections with hesitant or resistant patients but, at the same time, will respect the wishes of the patient.
3. If the patient decides to end service during treatment, this decision should be respected. If appropriate, the patient should be asked if the provider can follow up in the future.
4. When a patient drops out of treatment, cancels or fails to show up for an appointment, staff will attempt to make direct contact with the patient to clarify the situation. This should not be an attempt to persuade the patient to return to treatment but to make it safe for the patient to express his/her views and receive validation. This contact should include acceptance of any feedback that the work was not helpful in whole or in part.
5. If the patient no longer wants the service or does not want a particular treatment that has been recommended by the provider, the discussion will be recorded in the electronic medical records.



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<b>Policy Name and Number:</b>	<b>3.8 Harassment and Discrimination</b>
Date last reviewed:	
Approval or last revision:	
Approved by:	

**POLICY**

Alpha Care Medical recognizes the dignity and worth of every person and is committed to a policy of equal rights and opportunities without discrimination or harassment. Every individual has the right to work in an environment free from discrimination and harassment. No personnel may be discriminated against or harassed on the basis of the following prohibited grounds: race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, age, record of offences, marital status, same-sex partnership status, family status, physical/mental /intellectual disability or economic status.

Alpha Care Medical seeks to create a climate of understanding and mutual respect. Discrimination, harassment and racist incidents or behavior will not be tolerated. All supervisors shall ensure that this policy is communicated to personnel within their team(s).

All individuals have the right to file a complaint with the State Human Rights Commission. This right is not limited in any way by this policy. As required by the Code, Alpha Care Medical will investigate all allegations of harassment and discrimination.

**SCOPE**

This policy applies to all management, unionized and excluded employees. Bargaining unit employees may elect to have their complaints resolved through either this policy or may elect to use the procedures in the *Collective Agreement*.

**DEFINITIONS**

**Workplace Discrimination:** Discrimination includes, but is not limited to, unequal treatment based on one or more of the prohibited grounds under this policy.

Workplace discrimination can be intentional, unintentional, direct or indirect and can take many forms including:

- refusal of employment
- employment/contracting requirements, which are not essential to the performance of the job, which have an adverse impact on members belonging to a protected group under this policy
- refusal of promotion or workplace opportunities
- creating and contributing to or condoning a poisoned work environment
- failure to provide appropriate employment accommodation
- failure of management to respond to allegations of harassment

**Workplace Harassment:** Harassment is a form of discrimination. Harassment means engaging in a course of comment or conduct which is known or ought reasonably to be known to be unwelcome. Harassment can be one or a series of unwanted, unsolicited remarks, behaviors, or communications in any form, via any medium, that is directed toward a member of a group protected under this policy. The following are some examples of harassment:

- abusive behavior, racist or homophobic comments, demeaning jokes
- displaying or distributing pornographic or hate-based pictures or email



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- unwelcome sexual attention, contact or comments; sexual innuendoes or gestures; unsolicited physical contact
- taunting about a person's clothes, customs, accent
- refusing to converse or work with a service user or organization personnel because of his or her racial/ethnic background or gender/sexual orientation or disability
- interfering with, threatening or intimidating an individual for exercising their rights under this policy

**Poisoned Work Environment:** The presence of behavior, comments or a work environment that ridicules, belittles or degrades people or groups identified by one or more of the prohibited grounds of this policy. A poisoned work environment could result from a series and/or a single event, remark or action and need not be directed at a particular individual.

### PROCEDURES

1. While personnel cannot be required to report experiences of discrimination and harassment, they are strongly encouraged to bring forward complaints regarding violations of this policy.
2. If an individual believes they are being harassed or discriminated against, they can talk to the person on their own or with the support of a peer or supervisor.
3. The individual should notify the first level of management not involved in the complaint (free of bias or conflict of interest).
4. The individual can seek information or assistance from the Human Resources (HR) Department in bringing a complaint to management's attention. The HR Department is committed to responding neutrally and confidentially to any individual's request for information about this policy and aspects of managing workplace discrimination and harassment issues.
5. **Supervisor's Responsibilities:** In responding to allegations of discrimination and harassment, all Alpha Care Medical supervisors are responsible for:
  - informing the relevant program director of the complaint as soon as possible
  - acting quickly and appropriately
  - determining the method by which to deal with the allegations based on the nature and complexity of the issue, needs, interests and goals of the parties involved -- possible methods include direct management action, informal or formal dispute resolution (i.e., mediation, investigation), and may involve both internal and external "service providers" (i.e., mediators, investigators)
  - recognizing that harassment and discrimination conflicts often involve power imbalances between the parties and ensuring that the power can be balanced in the process selected
  - ensuring contracted service providers have the required expertise
  - exercising proactive, prevention-oriented and cost-effective practices
  - effectively managing workplaces in which there are possible policy violations
  - declaring a potential conflict of interest in relation to an allegation where the supervisor is, or may be perceived to be, either condoning or directly involved with the allegation; in such a case, another supervisor will be appointed to respond to the complaint
  - consulting with the HR Department regarding administering and enforcing this policy
  - ensuring discrimination and harassment responses/remedies that aim to correct identified problems, prevent repeated violations and restore the workplace
  - imposing penalties, as appropriate to the circumstances of each case, up to and including termination of employment
6. **Mediation:** The following situations may not be appropriate for mediation:
  - a significant power imbalance exists between the parties (e.g., status, position, authority, knowledge, resources)



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- one or both parties has revenge or punishment as a primary goal
  - hostility is so high that communication and problem-solving is impossible
  - there is little desire to establish or mend a working relationship
  - there is a need to have a determination of guilt or innocence, such as where the alleged offender has a history of similar behavior or where discipline is an obvious remedy
7. **Timeframes:** While every effort must be made to comply with the following, failure to do so does not void the process.
- a. Unless the situation warrants immediate referral for formal dispute resolution or investigation, supervisors will attempt to resolve complaints themselves (in consultation with HR) within 30 days of becoming aware.
  - b. Dispute resolution must be completed within 15 days after assignment of a service provider, unless extenuating circumstances exist.
  - c. An investigator must be assigned within 15 days after management's decision that the complaint will be investigated.
  - d. An investigation must be completed and final report submitted to management within 60 working days after assigning a complaint to an investigator, unless there are extenuating circumstances.
  - e. Parties and managers involved must be notified of the outcome of an investigation within 30 days of receiving the final report; and where an allegation is upheld, a statement regarding discipline imposed and/or other appropriate action taken.
8. **Penalties/Discipline:** Individuals found to have violated this policy will receive penalties/discipline, as appropriate to the circumstances of each case, up to and including termination of employment.
9. **Confidentiality and Privacy:**
- During the resolution of possible violations, all information must remain confidential subject to the rules below, except where sharing information is required by law.
  - Complainants, respondents (the person against whom the complaint is made) and witnesses have access to statements they have made and information that they have provided.
  - Respondents and complaints must have access to enough information about the allegations and responses of other parties and witnesses to enable them to make a defence or rebuttal.
  - If a complaint is found to be unsupported, provided the complaint was not made in bad faith, no documentation will be placed on the personnel files of the individuals involved.





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<b>Policy Name and Number:</b>	<b>3.9 Causes for Disciplinary Action</b>
Date last reviewed:	
Approval or last revision:	
Approved by:	

**POLICY**

Certain standards of performance and conduct must be maintained in any work group. Disciplinary action should be taken in situations including, but not restricted to, misconduct such as the following:

- **INSUBORDINATION OR REFUSAL TO WORK** - Physical or verbal resistance to authority and work direction. Those who disregard instructions or refuse to comply with directions are considered insubordinate.
- **ALCOHOL/DRUGS** – possession, use, sale, or distribution of alcoholic beverages or unauthorized drugs.
- **UNDER INFLUENCE OF ALCOHOL OR NARCOTICS** - Under the influence of alcohol or unauthorized drugs on the job. Bringing liquor or unauthorized drugs on agency property.
- **THEFT OR DISHONESTY** - Theft of agency-owned property or property belonging to an employee or patient. Dishonest actions such as falsification of records, improperly completing the application form, time records, production reports, shipping or receiving records or other agency records.
- **CONFLICT OF INTEREST** - employees are prohibited from engaging in any activity, practice, or act which may conflict, or give the appearance of conflict with the interests or business of the agency, its customers or patients. Situations which create an actual conflict of loyalty or interest, or even the appearance of such conflict must be avoided.
- **PROPERTY DAMAGE OR UNAUTHORIZED USE** - Willful damage or unauthorized use of agency property.
- **PHYSICAL, FIGHTS, ASSAULT, OR HARASSMENT** - Employees engaged in fighting, wrestling or similar encounters. Physical or verbal harassment including all racial, ethnic, religious and gender –based insults.
- **FIREARMS/WEAPONS** - Possession of firearms or other weapons on agency property.
- **TARDINESS /ABSENTEEISM** - Repeated absenteeism, tardiness or unauthorized absences.
- **DISCOURTEOUS** treatment or abuse of patients, co-workers, visitors or customers.
- **INCOMPETENCY**, inefficiency, inaccuracy.
- **INTERFERENCE** with the job performance of other employees.
- **INEXCUSABLE** neglect of work or duty.
- **GAMBLING** on agency property or other work sites.
- **STOPPING WORK**, loitering, or leaving work during working hours without permission.
- **WILLFUL VIOLATION OF SAFETY RULES** - Any conduct which risks injury to persons or property.
- **NEGLECT**, waste, or mishandling of equipment or supplies.
- **DISTRIBUTION** of literature or solicitation for any cause during working hours without permission.
- **OBSCENE** and abusive language, malicious gossip.
- **CONVICTION** of a felony.
- **CONVICTION** of misdemeanor involving moral depravity or relating to job responsibilities.
- **UNPROFESSIONAL** conduct.
- **FRAUD** in securing employment.
- **VIOLATIONS** of Challenge policies or regulations.



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- ANY other activity that is deemed to be unacceptable behavior.

This list is for purpose of example and may not be all-inclusive for disciplinary action

**SCOPE**

This policy applies to all Alpha Care Medical staff, volunteers and students.



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<b>Policy Name and Number:</b>	<b>3.10 Employee Safety and Health</b>
Date last reviewed:	
Approval or last revision:	
Approved by:	

**POLICY**

Safety is of great concern to Alpha Care Medical. It is important that we all keep safety foremost in our minds to ensure that our work environment is as safe as possible. Safety can only be achieved through teamwork. Each employee, supervisor, and official must practice safety awareness by being alert, anticipating unsafe situations, and reporting unsafe conditions immediately. Please observe the following precautions:

- Notify your supervisor of any emergency situations. If you are injured or become sick at work, no matter how slightly, you must inform your supervisor immediately.
- The use of alcoholic beverages, illegal drugs, or the abuse of legal drugs during work hours will not be tolerated. Possession of alcohol or any illegal drugs on Barrington property is prohibited.
- The use, adjustment, and/or repair of machines or equipment are to be performed by you only if you are trained and qualified.
- Get help when lifting or pushing heavy objects.
- Understand your job fully and follow instructions. If you are not sure of a safe procedure for performing work, ask your supervisor.
- Know locations, contents, and intended use of all first aid and firefighting equipment.
- Wear personal protective equipment as directed in accordance with the job you are performing.
- Understand and practice all safety procedures when handling, loading, or transporting hazardous materials.
- All job descriptions include keeping our facilities and lots clean and safe. Every employee must participate in this effort. Violations of safety precautions may lead to disciplinary action, up to and including termination.

**WORKPLACE VIOLENCE**

Unfortunately, violence in the workplace has become a reality for many employers. We hope that we never have to face this growing problem. Alpha Care Medical therefore prohibits employees from bringing weapons on our premises, including our parking lots. Moreover, violence and verbal or physical threats of violence of any kind in the workplace will not be tolerated, and employees engaging in such conduct will be subject to discipline, up to and including separation from employment. Responsive action may also include notifying the police or other law enforcement and prosecuting violators of this policy.

**SCOPE**

This policy applies to all Alpha Care Medical staff, volunteers and students.



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<b>Policy Name and Number:</b>	<b>3.11 Alcohol and Drug Policy</b>
Date last reviewed:	
Approval or last revision:	
Approved by:	

**POLICY**

Alpha Care Medical is committed to providing a safe work environment that is free from the effects of drugs and alcohol.

Drug and alcohol use in the workplace can create health, safety, and security issues for our employees, patients, and visitor. Alpha Care Medical is committed to providing a safe work environment that is free from the effects of drugs and alcohol.

Alpha Care Medical prohibits the following conduct:

- the manufacture, distribution, sale, dispensation, possession, storage, or use of a controlled substance, unauthorized prescription drug, or drug paraphernalia at any time on Barrington premises, on Barrington business, or during working hours
- use, possession, storage, manufacture, distribution, dispensation, or sale of alcohol at any time while on Barrington premises, on Barrington business, or during work hours
- reporting to work or otherwise working under the influence of drugs or alcohol, or under the influence of legal drugs that may impair your ability to safely perform your job functions
- reporting to work in a condition that is not fit for work. In addition to being under the influence as mentioned above, other indications of a lack of fitness for duty are smelling of alcohol, appearing to be hung over, or otherwise appearing or being unable to effectively interact with citizens, visitors and co-workers and work safely and properly without impairment
- failing to submit to a required fitness for duty exam

Alpha Care Medical also maintains the following reporting requirements:

- Any employee who is taking medication that may impair his or her ability to safely perform job functions must inform his or her supervisor immediately, and must not perform any work until authorized to do so by Barrington.
- If any employee is involved in drug misconduct (including the use or possession of illegal drugs or unauthorized prescription drugs) on premises or while working for Alpha Care Medical, the company reserves the right to report the incident to law enforcement authorities
- If any person observes an employee exhibiting behavior that may be indicative of impairment by drug or alcohol use, he or she should immediately report the behavior to his/her supervisor or if it involves the supervisor or there has been no action taken reporting to local authorities.

**INVESTIGATION AND SEARCHES**

When Alpha Care Medical determines that there is reasonable cause to suspect that an employee has violated this policy, Alpha Care Medical reserves the right to inspect, without prior notice, lockers, work areas, desks, cabinets, purses, bags, briefcases, other belongings, and vehicles brought on the premises or at locations where work-related activities are being conducted. Cause to suspect shall be solely in the judgment and discretion of the Company.



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### **VIOLATIONS OF THIS POLICY**

Employees must, as a condition of employment, abide by the terms of this policy. Violations of this policy will result in disciplinary action, up to and including termination, and may also have legal consequences.

### **FITNESS FOR DUTY EXAMS**

Alpha Care Medical reserves the right to require any employee to submit to a fitness for duty exam when there is a reasonable basis for Barrington to believe that the employee may be under the influence of alcohol or drugs or may be otherwise unfit for duty. Fitness for duty exams may include, but not be limited to, tests for the presence of drugs or alcohol. Employees must consent to fitness for duty exams as a condition of employment. The cost of any such fitness for duty exams will be covered by Barrington NH. Within Barrington's discretion, an employee may be placed on paid or unpaid administrative leave or suspension pending the results of a fitness for duty exam.

### **SCOPE**

This policy applies to all Alpha Care Medical staff, volunteers and students.



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<b>Policy Name and Number:</b>	<b>3.12 Smoking Policy</b>
Date last reviewed:	
Approval or last revision:	
Approved by:	

**POLICY**

Alpha Care Medical is committed to providing a safe, healthy, and smoke-free work environment for our employees, visitors, and vendors. Consistent with our commitment and state law, we have declared a no smoking policy within our building and in Barrington vehicles, except in a designated smoking area. No smoking is allowed in any areas of Alpha Care Medical buildings, except in the designated smoking area. Anyone wishing to smoke must do so only during authorized breaks in the designated area. Alpha Care Medical hopes and expects that our employees will comply with the non-smoking policy. If you have a concern or complaint with respect to any employee, visitor, or vendor violating this policy, please report such concern or complaint to the Medical Director. If an employee fails to comply with these rules, the employee will be subject to disciplinary action, up to and including termination.

**SCOPE**

This policy applies to all Alpha Care Medical staff, volunteers and students.



# Intake Procedures



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<b>Policy Name and Number:</b>	<b>4.1 Clinical Records</b>
Date last reviewed:	
Approval or last revision:	
Approved by:	

**POLICY**

Alpha Care Medical shall maintain a record for each patient that is accurate, legible, and signed by the staff member who provided the services. Furthermore, Alpha Care Medical shall maintain a standardized patient record-keeping system, with patient records that are uniform in format and content such that the system

1. permits easy identification of and access to individual patient records by authorized program staff
2. complies fully with the provisions of 42 U.S.C. § 290dd-2 and 42 CFR Part 2 and HIPAA 45 CFR parts 160 and 164
3. updates each record within 24 hours of a delivery of a service unless otherwise specified in these regulations

A record shall be established for each patient upon admission and include:

1. A Consent to Treatment Form signed by patient, and, if the patient is a minor, the patient’s parent or guardian, except as provided in 16 Del.C. §2210(b).
2. Documentation, signed by the patient:
  - a. Acknowledging receipt of the notice of patients’ rights
  - b. Acknowledging his/her understanding of the agency’s agreement with the confidentiality requirements of §7.1.2.1.9
  - c. Acknowledging receipt of the program’s procedures when an emergency occurs outside of the program’s hours of operation
3. Copies of laboratory reports and drug tests ordered by the program
4. Informed Consent regarding prescribed pharmacotherapy obtained from the patient prior to delivery of the medication prescription
5. Copies of all correspondence related to patient
6. Documentation of a physical exam by qualified medical personnel of Alpha Care Medical within 90 days prior to admission (may require consultation if not readily available)
7. Clinical supervision in accordance with §6.1.5.3 by the Clinical Supervisor

Alpha Care Medical will provide a minimum of 12 months of records up until and including the expiration date of the current license for the purposes of licensure audit.

Alpha Care Medical will follow all federal and local rules, guidelines, and regulations regarding the use of controlled substances in the treatment of certain patient populations.

**SCOPE**

This policy applies to all Alpha Care Medical staff, volunteers and students.

**PROCEDURES**

1. Prior to intake, the patient must obtain and provide information sufficient to complete the Face Sheet
2. While checking in during initial visit, Patient will fill out “New Patient Forms” packet, including
  - a. Consent to Treatment





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- b. Patient-Clinician Agreement
  - c. Notice of Patients' Rights
  - d. Emergency Procedures
  - e. Adult Intake Questionnaire
3. Clinical Supervisor will review all clinical records monthly to assess for completeness and accuracy while providing notices to all Clinical Staff of missing or incomplete documentation.
4. Clinical records will be maintained through the Electronic Medical Records Software, AdvancedMD, using their cloud-based EMR software.
5. All requests for medical records will be reviewed by the Clinical Supervisor and shall be executed once deemed sufficient for the release of the appropriate corresponding records.



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<b>Policy Name and Number:</b>	<b>4.2 Face Sheet</b>
Date last reviewed:	
Approval or last revision:	
Approved by:	

**POLICY**

Alpha Care Medical will obtain, record, and maintain an up-to-date face sheet that includes the patient's:

- Name
- Address
- Telephone Number
- Gender
- Date of Birth
- Significant Medical History
  - Current medical conditions
  - Any medications the patient is currently prescribed
  - Any medications the patient is currently taking
  - Allergies
- Emergency Contact Information
- Consent to Release Information Forms
- Name, Address, and Telephone Number of most recent Primary Care Provider

**SCOPE**

This policy applies to all Alpha Care Medical staff, volunteers and students.

**PROCEDURES**

1. Using information obtained from the Adult Intake Questionnaire from initial visit, the Case Manager will organize and formulate the Face Sheet using the attached Face Sheet Template.
2. The Clinical Supervisor will ensure all Face Sheets are accurate and complete within 30 days of admission.
3. The Face Sheet will be uploaded to the patient's EHR on AdvancedMD cloud-based software, thus will be readily available and easily accessible.



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## PATIENT FACE SHEET

Date of Admission \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell (Self/Parent): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Responsible Party if Pt. is Minor: \_\_\_\_\_

Emergency Contact Name and Number: \_\_\_\_\_

Primary Care Provider: \_\_\_\_\_ Phone #: \_\_\_\_\_

PCP Address: \_\_\_\_\_

Medication and Prescriber: \_\_\_\_\_

Medical Issues: \_\_\_\_\_

Referral Source: \_\_\_\_\_

Patient's Insurance Company: \_\_\_\_\_ Card #: \_\_\_\_\_

Initial Copay/Extended Copay: \_\_\_\_\_

Subscriber: \_\_\_\_\_ Subscriber's DOB: \_\_\_\_\_

Subscriber's Social Security #: \_\_\_\_\_ Subscriber's Relation to Patient: \_\_\_\_\_

Subscriber's Address if different than patients: \_\_\_\_\_

Subscriber's Employer: \_\_\_\_\_

Authorization #: \_\_\_\_\_ # of Sessions: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Total # Session Per Yr Benefit: \_\_\_\_\_

If there is secondary insurance, Ins. Co. Name: \_\_\_\_\_

Card Number: \_\_\_\_\_



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**I hereby authorize by my signature that:**

1. \_\_\_\_ (Y/N) My therapist may contact and coordinate my treatment with my Primary Care Physician.
2. \_\_\_\_ (Y/N) As insured or authorized person, I hereby assign any insurance benefits to Colony Care and authorize them to furnish any necessary information needed to submit and process claims to my insurance company.

Patient/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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<b>Policy Name and Number:</b>	<b>4.3 Diagnostic Assessment</b>
Date last reviewed:	
Approval or last revision:	
Approved by:	

**POLICY**

Diagnostic Assessment will be in accordance with §8.1.2.1.7 and will be performed within thirty (30) days of admission. The results of the patient's diagnostic assessment will include:

- Psychiatric history
- Medical history (including allergies)
- Education
- Work history
- Criminal justice history
- Substance use history, including:
  - Types
  - Quantity
  - Route
  - Frequency of substances used
  - Age of first use
  - Date of last use
  - Periods of abstinence
  - Past supports and resources that were effective in previous recovery attempts
  - Previous treatment episodes and type of discharge
  - Reasons for seeking treatment
  - Identification and evaluation of the patient's needs
  - History of other addictive disorders
- Family history, including:
  - Psychiatric history
  - Use of alcohol and other drugs by family and significant others
- Primary language
- Cultural background
- Attitudes towards alcohol and other drug use
- Spiritual or religious beliefs
- Signature of counselor completing assessment, clinical supervisor

Diagnostic Assessment summary of the patient's status will address the patient's:

- Strengths
- Barriers to treatment
- Goals
- Areas of concern to be treated, deferred, or referred

**SCOPE**

This policy applies to all Alpha Care Medical staff, volunteers, students, and patients.

**PROCEDURES**



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1. Using information obtained from the Adult Intake Questionnaire from initial visit, the Mental Health Clinician and Clinical Supervisor will complete a Diagnostic Assessment
2. The Clinical Supervisor will ensure all Diagnostic Assessments are accurate and complete within 30 days of admission.
3. The Diagnostic Assessment will be uploaded to the patient's EHR on AdvancedMD cloud-based software, thus will be readily available and easily accessible.



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**CLINICAL INTAKE**

**Diagnostic Assessment Form**

Name: \_\_\_\_\_ SS# \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Highest Grade Completed: \_\_\_\_\_ Religion: \_\_\_\_\_

Ethnicity: White \_\_\_\_ Hispanic \_\_\_\_ Black \_\_\_\_ Asian \_\_\_\_ Native American \_\_\_\_ Other \_\_\_\_

**Emergency Contact person:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Employment**

\_\_\_\_\_



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Last Employer

Address

---

Job Title

Last Date Worker

**Referred by:**

DYFS \_\_\_\_\_

Friend \_\_\_\_\_

Other \_\_\_\_\_

Housing \_\_\_\_\_

Family \_\_\_\_\_

Probation \_\_\_\_\_

Detox \_\_\_\_\_

Self \_\_\_\_\_

Court \_\_\_\_\_

**Living Conditions**

Who do you live with? \_\_\_\_\_

Are you married?    Yes or No    Separated, Divorced, Living together, Single

Do you have children?    Yes or No    How Many \_\_\_\_\_    Ages \_\_\_\_\_

Who cares for your children? \_\_\_\_\_

Do you live with anyone that uses drugs or alcohol?    Yes or No

What is your relationship to this person(s)? \_\_\_\_\_

Substance	Age of 1 <sup>st</sup> Use	Date of Last use	Method of use	Amount per
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				day/week
Alcohol				
Cocaine/Crack				
Marijuana (THC, HASH)				
Heroin				
Pills Uppers-Downers				
Hallucinogens Acid, LSD, PCP,				
Inhalants				
Methadone				
Other Drugs Including Prescription				



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Any periods of Abstinence: Yes or No Length of Abstinence: \_\_\_\_\_

Did you participate in any AA, NA, CA or other 12 step support groups? Yes or No

If yes, did you have a sponsor? Yes or No Have you been in treatment before? Yes or No

If yes, where and when? \_\_\_\_\_

\_\_\_\_\_

Do any of your family members have a history of alcohol or drug abuse? Yes or No

**Who?** \_\_\_\_\_

Family Members (Parents, Brothers, Sisters, Grandparents, Uncles, Aunts)

<b>Name &amp; Relationship</b>	<b>Age</b>	<b>Living or Deceased</b>	<b>Medical/Mental Issues</b>



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**Legal**

Have you ever been arrested before? Yes or No

Is yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Age of 1<sup>st</sup> Arrest: \_\_\_\_\_ Number of Arrests: \_\_\_\_\_ Years Incarcerated: \_\_\_\_\_

Any pending cases: Yes or No If yes, what charges and where? \_\_\_\_\_

\_\_\_\_\_

Are you on probation? Yes or No? If yes, name, address and number of probation officer: \_\_\_\_\_

Is DCF involved in this case? Yes or No? If yes, name, address and number of assigned worker:

\_\_\_\_\_

Names, ages and living arrangements of children under DCF care:

Name	Age	Living with whom



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**MENTAL STATUS EXAM**

**Circle the Most Appropriate**

**APPEARANCE:** CALM. INAPPROPRIATE. THREATENING

OTHER \_\_\_\_\_

**GROOMING  
DRESS.**

WELL DRESSED. CLEAN. DIRTY DISHEVELED.

**MOTOR.  
BEHAVIOR  
FLACID**

NORMAL. AGITATED. CATATONIC TREMULOUS.

RESTLESS. PACING. DELAYED

**PHYSICAL  
CONDITION.  
OTHER** \_\_\_\_\_

WELL NOURISHED. EMACIATED.

**RAPPORT.** GOOD. FAIR. POOR

**SPEECH.** NORMAL. UNDERPRODUCTIVE. PRESSURED

HESITANT. MUTE. MONOTONE.

OTHER \_\_\_\_\_

**THOUGHT.  
PROCESS.  
ASSOCIATIONS**

NORMAL. BLOCKED. TANGENTIAL. LOOSE.

CIRCUMSTANTIAL. FLIGHT OF IDEAS.

OTHER \_\_\_\_\_

**MOOD.  
IRRITABLE** NORMAL. ANXIOUS DEPRESSED. EUPHORIC.

**AFFECT.** CONGRUENT. INAPPROPRIATE. LABILE. BLUNTED



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CONSTRUCTED.      OTHER \_\_\_\_\_

**SUICIDAL IDEATION.**                      YES.      or      NO              If yes conduct a Risk Assessment

**HOMICIDAL IDEATION.**                      YES.      or      No

**DELUSIONS.**                      NONE.      IDEAS OF REFERENCE.      THOUGHT BROADCASTING

PARANOID                      THOUGHT. INSERTION.      THOUGHT WITHDRAWAL.

**HALLUCINATIONS.**  
DEFINE \_\_\_\_\_

---

**Orientation      TIMES.**                      1.              2.              3

**MEMORY      REGISTRATION.**                      OF 3.      OBJECTS

**5 MINUTE RECALL.**                      OF.      3.      OBJECTS

**REMOTE.**                      GOOD.      FAIR.      POOR

**INSIGHT.**                      GOOD.      FAIR.      POOR

**JUDGEMENT.**                      GOOD.      FAIR.      POOR

<b>THE SHORT PORTABLE MENTAL STATUS QUESTIONNAIRE (SPMSQ) Question</b>	<b>Response</b>	<b>Incorrect Responses</b>
1. What are the date, month, and year?		
2. What is the day of the week?		
3. What is the name of this place?		



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4. What is your phone number?
5. How old are you?
6. When were you born?
7. Who is the current president?
8. Who was the president before him?
9. What was your mother's maiden name?
10. Can you count backward from 20 by 3's?

Has patient ever received mental health services if so when and where:

---

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Summary of patient's mental health status:

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**Medical Issues**

Do you have any medical issues: Yes or No? Is yes, please explain:

---

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Are you currently taking any medications: Yes or No? Is yes, what medications?

---



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Have you ever been hospitalized? Yes or No? If yes, please explain:

---

Have you ever been involved in high risk behaviors such as sharing needles, prostitution, unprotected sex, violent behaviors? Yes or No? If yes, please explain:

---

Have you ever had thoughts of suicide? Yes or No?      Did you have a plan? Yes or No?

Please describe most recent suicide thoughts, etc.

---

Have you ever been treated for psychiatric problems? Yes or No?

If yes, where and when:

---

---

What do you feel are your strengths?

---

---

What do you feel are your weaknesses?

---

---

How have these strengths or weaknesses helped and/or hindered you in the past?

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---

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Please describe your religious, spiritual and cultural views and how they may interfere and/or contribute to your strengths and/or weaknesses

---

---

Please describe your personal, professional and other goals \_\_\_\_\_

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---

---

In your own words describe your progression of addiction?

---

---

---

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---

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AXIS I \_\_\_\_\_

AXIS II \_\_\_\_\_

AXIS III \_\_\_\_\_

AXIS IV \_\_\_\_\_

AXIS V \_\_\_\_\_

Assessment and Recommendation including patient's view of issues, strengths, weaknesses, etc.

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<b>Policy Name and Number:</b>	<b>4.4 Recovery Plans</b>
Date last reviewed:	
Approval or last revision:	
Approved by:	

**POLICY**

An individualized Recovery Plan, developed in partnership with the patient, shall be completed no later than the time required in these regulations for the modality for which the program is licensed. Recovery plans shall be reviewed and revised by the patient and his/her counselor, and no less often than the intervals specified for the modality for which the program is licensed and shall address the issues remaining to be treated as derived from recovery plan review.

In accordance with §8.1.2.1.8, recovery planning must occur within thirty (30) days of admission or by the fourth (4th) counseling session, whichever occurs first.

In accordance with §8.1.2.1.10, recovery plan review/revision will occur as needed based on changes in functioning for each patient and at a minimum every ninety (90) days after the effective date of the first treatment plan.

The recovery plan shall

- Identify the date the plan is to be effective
- Identify the patient's:
  - Strengths
  - Barriers to Treatment
  - Goals
- Address the goals, as derived from the assessment process, to be treated
- Identify objectives that:
  - Address the goals
  - Are specific
  - Are measurable
  - Are time limited
  - Specify the treatment regimen including:
    - Which services and/or activities will be used to meet the goals/objectives
    - The frequency of each service and/or activity to meet the goals/objectives
    - Goals/objectives to be referred
    - Goals/objectives to be deferred
- Be signed by:
  - The patient
  - The staff who developed the recovery plan
  - The clinical supervisor

**SCOPE**

This policy applies to all Alpha Care Medical staff, volunteers and students.

**PROCEDURES**



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1. Using information obtained from the Adult Intake Questionnaire from initial visit as well as the Diagnostic Assessment Summary, the Clinical Supervisor will organize and formulate the Recovery Plans in partnership with the patient.
2. The Clinical Supervisor will ensure all Recovery Plans are complete within within thirty (30) days of admission or by the fourth (4th) counseling session, whichever occurs first.
3. The Recovery Plans will be uploaded to the patient's EHR on AdvancedMD cloud-based software, thus will be readily available and easily accessible.



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<b>Policy Name and Number:</b>	<b>4.5 Patient-Provider Agreement</b>
Date last reviewed:	
Approval or last revision:	
Approved by:	

**POLICY**

All patients who receive controlled substances for the treatment of chronic pain syndrome or opioid-use disorder must sign a specific Patient-Provider Agreement to their treatment.

**SCOPE**

This policy applies to all Alpha Care Medical staff, volunteers, students, and patients.

**PROCEDURES**

1. During check-in at all visits, the patient will be presented a patient-provider agreement form specific to their form of treatment.
2. The patient will be asked to carefully read the patient-provider agreement.
3. The patient will have ample opportunity to ask any questions that may arise after reading the patient-provider agreement.
4. The patient will be asked to sign the patient-provider agreement once all questions have been answered.
5. The digital or electronically signed patient-provider agreement will automatically be uploaded to the patient's electronic health records.



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<b>Policy Name and Number:</b>	<b>4.6 Clinical Supervision</b>
Date last reviewed:	
Approval or last revision:	
Approved by:	

**POLICY**

The clinical supervisor shall review each individual patient record with the patient's counselor as often as necessary, and in conjunction with recovery plan review and revision and no less than at the intervals specified by each modality for which the program is licensed.

The clinical supervisor shall provide specific, written clinical recommendations on how to proceed with the case.

The clinical supervisor shall sign the recovery plan review/revision.

**SCOPE**

This policy applies to all Alpha Care Medical staff, volunteers and students.



# Ongoing Assessments



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<b>Policy Name and Number:</b>	<b>5.1 Progress Notes</b>
Date last reviewed:	
Approval or last revision:	
Approved by:	

**POLICY**

Each contact with or on behalf of the patient in accordance with interventions prescribed on the recovery plan shall be documented in the patient file and be written to include:

- The type(s) of service provided
- The date of the service(s) provided
- The length of service(s) provided
- A description of patient's response to the session including:
  - Facts a (description of service and/or activity and patient's participation in the service and/or activity)
  - Clinical impressions (the counselor's assessment of the patient's response or lack of response to the service and/or activity and the patient's progress or lack of progress toward achieving the objectives prescribed in the recovery plan)
  - Plan for future sessions (anticipated implementation, by the counselor, of services and/or activities as prescribed in the recovery plan).

Each progress note shall be dated and signed by the faculty member providing the service.

**SCOPE**

This policy applies to all Alpha Care Medical staff, volunteers and students.

**PROCEDURES**

1. Progress notes will be documented on prepared progress note template forms after the service has been provided.
2. The Clinical Supervisor will ensure all Progress notes are complete on a monthly basis.
3. The Progress notes will be uploaded to the patient's EHR on AdvancedMD cloud-based software, thus will be readily available and easily accessible.



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<b>Policy Name and Number:</b>	<b>5.2 Psychiatric Evaluations</b>
Date last reviewed:	
Approval or last revision:	
Approved by:	

**POLICY**

A Qualified Psychiatric Practitioner shall conduct an initial psychiatric evaluation (Diagnostic Assessment) within 30 days of admission to include:

- Psychiatric history
- Medication history
- Mental status
- DSM V Axis Diagnosis

Qualified Psychiatric Practitioners shall meet with patients for regularly scheduled appointments at intervals determined to be most beneficial for the patient, but not less than every six months. A Qualified Psychiatric Practitioner's progress note shall be completed after each meeting with a patient and include but not limited to:

- The patient's report of progress
- The content of the meeting
- The QPP opinion of the patient's status
- Current DSM V Axis Diagnosis
- Continuation of the plan of treatment in conjunction with the patient's treatment plan

Qualified Psychiatric Practitioners shall review each patient's record annually and provide documentation of:

- A clinical review of the patient's progress over the year
- Any changes noted
- Mental status exam
- Observations
- Impressions
- DSM V Axis Diagnosis
- Plan

**SCOPE**

This policy applies to Qualified Psychiatric Practitioner and patients.

**PROCEDURES**

1. The initial Diagnostic Assessment summary will be completed and uploaded to the EHR within 30 days of admission.
2. The Clinical Supervisor will ensure all ongoing evaluations are complete on a monthly basis.
3. The Progress notes will be uploaded to the patient's EHR on AdvancedMD cloud-based software, thus will be readily available and easily accessible.





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<b>Policy Name and Number:</b>	<b>5.3 Medication Monitoring</b>
Date last reviewed:	
Approval or last revision:	
Approved by:	

**POLICY**

Clinical providers will explain to the patient the rationale for each medication prescribed as well as the risks/benefits:

- Informed consent shall be obtained for each medication prescribed at the time it is prescribed.

Rationale for all changes in medication orders shall be documented in the Electronic Health Records.

All medication orders in the patient’s case record shall include:

- Name of the medication
- Dosage
- Route of administration
- Frequency of administration
- Signature of the Clinical Provider prescribing the medication
- All known allergies

Medication orders shall be documented on a medication order form, and include:

- Date of initiation
- Date of discontinuance
- Name of medication
- Route of administration
- Frequency of administration
- Signature of the person documenting the orders

All medication orders shall be reviewed at each face-to-face meeting with the patient and the review shall be reflected in the progress notes written by the Clinical Provider at the time of the patient’s visit.

**SCOPE**

This policy applies to all Clinical Providers and patients.

**PROCEDURES**

1. The initial Diagnostic Assessment summary will be completed and uploaded to the EHR within 30 days of admission.
2. The Clinical Director will ensure all ongoing evaluations are complete on a monthly basis.
3. The Progress notes will be uploaded to the patient’s EHR on AdvancedMD cloud-based software, thus will be readily available and easily accessible.



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<b>Policy Name and Number:</b>	<b>5.4 Staff Monitoring</b>
Date last reviewed:	
Approval or last revision:	
Approved by:	

**POLICY**

Staff shall monitor and document patient tolerance, compliance in following prescribed medication treatment and medication side effects to include the following:

- Laboratory studies for all medications which require laboratory monitoring as recommended in the most current Physician's Desk Reference
  - Results of laboratory studies shall be reviewed and signed by a Qualified Psychiatric Practitioner or RN within 2 days of receipt
  - Results of laboratory studies shall be documented in chart within 30 days
- AIMS (Abnormal Involuntary Movement Scale) performed no less than annually for patients whose medications includes tardive dyskinesia as possible side effects of the medication

Monitoring vital signs at each visit with a Qualified Psychiatric Practitioner shall include:

- Temperature
- Blood pressure
- Pulse
- Respiration

**SCOPE**

This policy applies to all Alpha Care Medical staff and patients.



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<b>Policy Name and Number:</b>	<b>5.5 Psychoeducation and Counselling</b>
Date last reviewed:	
Approval or last revision:	
Approved by:	

**POLICY**

Alpha Care Medical shall provide psycho-education for all patients and family members on:

- The efficacy of medication used for mental health diagnosis and the effects of substances on these medication
- The treatment and maintenance of co-occurring disorders

When appropriate, programs shall provide counseling that includes

- Group therapy that will support maintenance and stability of the patient's psychiatric and substance use disorder
- Individual therapy to address all therapeutic issues that will support maintenance and stability of the patient's psychiatric and substance use disorder
- Family therapy to address all therapeutic issues that will support maintenance and stability of the patient's psychiatric and substance use disorder

Co-occurring treatment programs shall offer ample opportunity to patients to attend community support groups that will enhance treatment for both mental health diagnosis and substance use disorders. Groups shall include but not be limited to:

- In-house support groups provided by the co-occurring treatment program
- Linkage to-12 step groups that support dual recovery for mental health diagnosis and substance use disorders (e.g. "Double Trouble")
- Linkage to faith-based or other community networks including education programs, physical fitness programs, etc... that support dual recovery for mental health diagnosis and substance use disorders

**SCOPE**

This policy applies to all Alpha Care Medical staff and patients.



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<b>Policy Name and Number:</b>	<b>5.6 Case Management</b>
Date last reviewed:	
Approval or last revision:	
Approved by:	

**POLICY**

Based on needs of the patient, case management coordination shall include:

- Coordination of medical services with the patient's PCP when needed
- Linkage to medical services when a PCP has not been identified
- Coordination of Crisis intervention and stabilization services as appropriate
- Assistance with achieving goals for independence as defined by the patient
- Linkage to resources and opportunities through support groups including but not limited to:
  - Sober support groups that meet the needs of co-occurring patients
  - Peer support/peer mentoring networks
  - Social support networks
  - Social skills training networks
  - Family support networks
  - Other community services as needed
- Safe/decent/affordable house when needed
- Entitlements
- Education and vocational services
- Transportation to and from the program
- Other activities carried out in collaboration with the patient.

**SCOPE**

This policy applies to all Alpha Care Medical staff and patients.



# Terminating Care



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<b>Policy Name and Number:</b>	<b>6.1 Discharge Summary</b>
Date last reviewed:	
Approval or last revision:	
Approved by:	

**POLICY**

In anticipation of successful completion or planned interruption of a patient's treatment, the treatment staff and patient shall jointly develop a discharge plan. For every patient that is discharged, the program shall complete a discharge summary within 72 hours of a planned discharge and within 96 hours of an unplanned discharge.

The narrative discharge summary shall include the patient's:

- Name
- Discharge address
- Discharge telephone number
- Admission date
- Discharge date
- A summary of the patient's progress toward treatment plan objectives
- A summary of patient's participation in treatment
- The reasons for discharge
- Any unresolved issues
- Recommendations regarding the need for additional treatment services

When the discharge is planned, the discharge summary shall be signed by:

- The patient
- The clinical provider

**SCOPE**

This policy applies to all Alpha Care Medical staff.



# Miscellaneous



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<b>Policy Name and Number:</b>	<b>7.1 Service User &amp; Community Complaint Process</b>
Date last reviewed:	
Approval or last revision:	
Approved by:	

### **Preamble**

Alpha Care Medical values and encourages the feedback of service users and community members about the programs and practices of the organization. Complaints can provide important opportunities for improving service. A complaint may be defined as an expression of dissatisfaction or unmet expectation. A complaint can be made by the service user or community member with support if necessary. The complaint can relate to any aspect of the organization's programs and services.

### **POLICY**

Alpha Care Medical is committed to listening to service user and community member complaints and responding in a fair, timely and respectful manner. All complaints will be given due consideration without reprisal or discrimination. Language support for non-English speaking service users or community members will be provided. Alpha Care Medical actively informs service users and community members of their right to register complaints (verbal or written) and seek resolution. This information is accessible and publicized in Alpha Care Medical *Patient Rights and Responsibilities Statement*. Service users or community members who speak languages other than those covered by the latter documents or who have reading difficulties are encouraged to have this policy explained to them by an Alpha Care Medical staff person or the counsellor at the beginning of service. Alpha Care Medical will assist persons with disabilities to register their complaints and seek resolution.

All aspects of a complaint will be handled in confidence. However, if the complaint involves allegations of illegal or unethical behavior, information may need to be shared with external authorities.

All complaints are documented. The maintenance of complaint files is the responsibility of department Managers.

Complaints deemed a risk to the organization are brought forward to the board of directors by the Executive Director. Complaints related to the violation of board governance policies are reviewed by the board. Directors (senior management) will provide information about complaints to the Executive Director's office so that a summary report can be created and submitted to the board annually. Patients with questions, comments or complaints about Alpha Care Medical privacy policies and procedures or about the collection, use or disclosure of their personal information will be directed to the Privacy Officer.

### **SCOPE**

The *Service User and Community Member Complaint* policy applies to all Alpha Care Medical programs and services.

### **PROCEDURES**

As the goal of Alpha Care Medical is to give sufficient local authority to meet service user needs, complainants will be encouraged, but not required to work through the lines of authority within the organization.





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To provide maximum support to the staff-service user and community member relationship, the complaint resolution process begins with the involvement of the staff person who provided service, unless this is not in the best interests of the service user or community member.

### **STEP 1: Receiving a Complaint**

- a. If the person providing service receives the complaint the service user or community member should be offered the earliest opportunity to discuss their concern(s).
- b. If the complaint is received by any staff member or volunteer of the organization other than the person providing service the service user or community member should be directed to the person providing service with an explanation of Alpha Care Medical policy. If the complainant is reluctant to speak directly to the person providing service they should be referred to that person's immediate manager. The person providing service should be alerted to the existence of the complaint.
- c. In hearing a complaint the person providing service may decide to involve or consult their manager at any stage. This option should be taken if the service user brings a friend or advisor.
- d. If the complaint is handled to the mutual satisfaction of the complainant and the person providing service, the complaint and resolution is documented on the *Complaint Form* and a copy is forwarded to the manager of the person providing service and the department director.

### **STEP 2: Discussion with a Manager**

- a. If the person providing service is unable to resolve a complaint, the complainant is offered the opportunity to speak with the manager.
- b. The preferred method is to have the manager call the service user or community member. This affords the staff person the opportunity to discuss the matter with the manager prior to any further action or out reach to the complainant.
- c. The manager calls the service user or community member as soon as possible after consulting with the person who provided the service.
- d. If a service user or community member calls a manager to complain about the person providing the service or about the service provided, the manager should hear the complaint, but offer no action without discussing the matter with the staff person involved.
- e. From the point a manager takes a call from a service user or community member or calls a complainant about a complaint, a meeting between the manager and complainant should be offered within five working days.
- f. The staff person(s) and manager should jointly plan the response to the service user's or community member's complaint. Whenever possible the plan should support the integrity of the service user/community member/staff relationship and unless clearly contraindicated, the staff person will be present at any meeting between the manager and complainant.
- g. The role of the manager is to resolve the matter to the satisfaction of the service user or community member and staff person(s) or, failing this, to inform the complainant of their right to seek resolution through a meeting with the Director.
- h. A letter must be sent to the service user or community member within two weeks of the meeting. The Director of Programs and Services is informed of the complaint and the resolution or lack of resolution.

### **STEP 3: Meeting the Department Director**

- a. If the service user or community member is not satisfied with the response from the manager the initiative for carrying the complaint to the Director rests with the complainant.
- b. The service user or community member should be informed of the name and phone number of the Director if she/he wishes to pursue the complaint. The Director is alerted immediately if a call is anticipated and a copy of the completed *Complaint Form* is provided.



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- c. If requested, the Director will meet with the service user or community member within two weeks of receiving the request.
- d. Prior to this the Director will contact the manager and the staff person and seek any necessary consultation. Whenever possible the Director will attempt to involve the staff and manager in the planning process and may invite one or both to the meeting.
- e. The Director will attempt to resolve the problem with the service user or community member. Whatever the outcome, the Director will inform the complainant by mail not more than two weeks after the meeting.
- f. The Director will inform the Executive Director of the meeting with the service user or community member and the outcome.

### **STEP 4: Meeting the Executive Director**

- a. If the service user or community member is not satisfied with the response from the Director the complainant may take the complaint to the Executive Director and should be informed of the name and phone number of the Executive Director.
- b. The Executive Director should be alerted immediately if a call is anticipated and a copy of the completed *Complaint Form* should be provided.
- c. If requested, the Executive Director or her or his designate will meet with the service user or community member within two weeks and attempt to resolve the matter.
- d. Prior to this, the Executive Director will inform the Director, manager and the staff person(s) of the approach and seek any necessary consultation.
- e. Whenever possible the Executive Director will involve the staff person(s) and manager in the planning process and may invite one or all of them to the meeting.
- f. Prior to the meeting the Director will ensure that a letter bearing his/her signature is sent to both the service user or community member and the Executive Director outlining the complaint and all the steps taken to resolve the complaint.
- g. Within two weeks of meeting the service user or community member, the Executive Director or her/his designate will send a letter to the complainant setting out any agreement reached, or failing this, the Executive Director's decision regarding the complaint. The person(s) providing the service and those at the first level of authority will be kept informed throughout all attempts to resolve complaints. In instances where there is an allegation of criminal or serious ethical breach of conduct by Alpha Care Medical personnel, the Executive Director may waive the requirement to inform personnel until legal and/or police advice is sought and may continue to refrain from informing the person during the course of an investigation providing there is no breach of a legal or contractual standard. While every attempt should be made to achieve a positive resolution with the complainant, the integrity of Alpha Care Medical policies and the integrity and safety of Alpha Care Medical personnel and other service users or community members must be maintained.

### **Documentation**

All complaints received from a service user or community member are initially documented by the staff person who received the complaint using the *Complaint Form*. A flag noting that a complaint has been received is placed in the patient or community member's record. A copy of the complaint is forwarded to the staff person's manager. The complaint file (includes all documentation, correspondence, resolution and follow up) is maintained separately from the service user's patient record or the community member's file in the appropriate directors office. A record of the complaint will be made available to the complainant on request except in the case where the confidentiality of another service user or community member may be breached. These records will be retained for the same period of time as the patient or community member record (currently this period is 10 years).



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**Service User/Community Complaint Form**

Service User or Community Member Information
Name:
File Number:
Contact:

Complaint Information
Date of Complaint:
Complaint Issues:
Solutions Sought by Service User or Community Member: (note the solutions the complainant is seeking to each of the issues listed above)
Complaint Background: (brief description of patient's circumstances and situation leading to complaint)

Action(s) Taken
Step 1:
Date:
Staff Involved:
Notes:
Next Steps:
Step 2:
Date:
Staff Involved:
Notes:
Next Steps:
Step 3:
Date:
Staff Involved:
Notes:
Next Steps:
Step 4:
Date:
Staff Involved:
Notes:



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Next Steps:

**Outcome Resolution**  
(describe outcome of complaint and any improvements implemented as a result)

---

Name of Staff Member Signature

---

Name of Manager Signature

---

Name of Director Signature

---

Date



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<b>Policy Name and Number:</b>	<b>7.2 Consent for Service</b>
Date last reviewed:	
Approval or last revision:	
Approved by:	

### **POLICY**

To be valid, consent must be:

- Voluntarily given, without any misrepresentation or fraud
- Given by a person who is capable of making service decisions
- Informed (meaning the person has been given sufficient information about the service and any implications of giving the consent)

Alpha Care Medical programs and services are voluntary, unless mandated by a court order. Participation in service is considered consent for service since patients are at liberty to withdraw from service at any time. Alpha Care Medical does not work with any patient who does not consent to service.

Alpha Care Medical services and policies are first explained verbally at intake. At the first appointment all patients will receive written information describing the service, relevant Alpha Care Medical policies and patient's rights. The patient will be asked to read the information and sign a form indicating that they understand the policies and consent to service. In some situations, signed consent may not be possible. In such cases, staff will explain the contents of the document and obtain verbal consent. Verbal consent will be documented in the assessment.

### **SCOPE**

This policy applies to all Alpha Care Medical programs and services.

### **DEFINITIONS**

- **Expressed consent** is verbal or written consent for service.
- **Implied consent** is consent that is implied either by the words or the behavior of the patient or by the circumstances under which service is given. For example, where a patient arranges an appointment, attends that appointment and participates in service, consent can generally be implied.

Consent can be given by the patient or the patient's legally authorized representative (such as a legal guardian or a person having a power of attorney).

### **PROCEDURES**

#### **1. Written Information**

1.1 Alpha Care Medical will ensure that written information describing the service, relevant Alpha Care Medical policies and patient's rights is available in the most common languages of service. The information will include a brief description of Alpha Care Medical services, eligibility for service, policies on confidentiality and access to records, fees, patients' rights and responsibilities, and procedures for complaints.

1.2 The written information is provided to all new patients at their first appointment or as soon as is practical. Patients will be asked to review the information.



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1.3 Staff will provide help if needed (e.g., help to address challenges due to literacy, fluency in English, disability or lack of familiarity with the concepts).

#### **2. Written Consent**

2.1 The staff will answer any questions about the written information.

2.2 The patient will be asked to sign a form acknowledging that the patient understands the information and consents to service.

2.3 Once assured of the patient's consent and acknowledgement, staff will file the consent form and indicate that consent has been received in the patient record.

2.4 In exceptional circumstances, the patient may be asked to sign the consent form as soon as practical and/or verbal consent will be obtained and documented in the patient record.

#### **3. Acknowledgement and Consent for Minors**

3.1 Consent issues related to children under the age of 12 are addressed in the *Consent and Information Sharing Regarding Children* policy. Individuals 12 years of age and older are deemed able to give consent.

#### **4. Patient Withdrawal of Consent**

4.1 A patient may choose not to participate in a particular Alpha Care Medical program.

4.2 Staff will document the patient's withdrawal of consent in the patient file and close the file.



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<b>Policy Name and Number:</b>	<b>7.3 Consent &amp; Information Sharing- Children</b>
Date last reviewed:	
Approval or last revision:	
Approved by:	

**POLICY**

Alpha Care Medical deems individuals 12 years of age and older capable of consenting to service. Information about the service provided to individuals 12 years of age and older will not be released to a parent or any other person without the consent of the young person.

Service to children under the age of 12 will be provided with the consent of a parent or guardian who has the right to make decisions about the care of the child or children. Children will only be released to a parent or guardian who has custody of the child(ren) or on the instruction of the parent/guardian with such rights, to another individual. Information about service provided to children under age 12 will only be provided to a parent or guardian who has the right to have access to this information.

Alpha Care Medical staff are neutral unbiased third parties who do not take the side of either parent but work to focus on the child's best interests.

**SCOPE**

This policy applies to all Alpha Care Medical staff, volunteers and students providing service to children and youth.

**PROCEDURES**

**1. Establishing Who Has the Right to Make Decisions**

1.1 Alpha Care Medical will determine the legal arrangements regarding custody, access and decision-making for all children for whom a service request is made or to whom Alpha Care Medical delivers services.

1.2 The determination of parenting arrangements (whether legally agreed-upon in a custody arrangement, by de-facto agreement or by court order) is first made at intake. The information about who makes decisions on behalf of the child is recorded in the service request form (as reported by the person requesting service). Other issues related to decision-making, notably if there are difficulties with enforcement or if there is a parenting plan that is under review, will also be noted here.

1.3 If the parent/guardian making the service request has the right to make decisions, Alpha Care Medical will accept the request for service directly for children.

1.4 The right of the parent/guardian to make decisions should be confirmed at the time of the first appointment and in an ongoing fashion (notably if there is a conflict situation).

1.5 Alpha Care Medical will seek to involve the appropriate parent/guardian and as many parent/guardians as possible in service related to the child in accordance with the best interests of the child standard and being mindful of any issues related to the safety of the child and/or parent. Alpha Care Medical will work with the parents to discern the current family situation, and to determine the best way to provide service and share decision-making and information.

1.6 If a parent is entitled to access the child, this parent also has the right to make inquiries and to be given information as to the health, education and welfare of the child (as defined in the *Children's Law*



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*Reform Act, R.S.O. 1990, c. C.12, s. 20 (5).* Alpha Care Medical must determine the access rights of all parents involved and record this information in the patient record.

1.7 If no parenting plan or formal arrangement exists, staff will explain *de facto* custody and status quo and its implications as well as refer patients to independent legal counsel where appropriate.

1.8 Staff may support a patient in seeking independent legal counsel (e.g., to obtain an interim custody order).

1.9 If there is any reason for concern or ambiguity about rights, Alpha Care Medical will strive to ensure that the organization has accurate and up-to-date information.

### 2. Sharing Information

2.1 In family situations with relatively open communications and positive relations, staff will ask the parent who requested the service for permission to contact the other parent(s). The parent's agreement will be noted in the patient record.

2.2 In difficult or conflict family situations, employees will determine if contacting or informing the other parent(s) is in the best interests of the child and safe for everyone involved. Any concerns will be noted in the patient record and serve to determine the course of action. If the employee identifies a risk of imminent harm to the parent or the child exists, action steps in Section 3 below will be followed.

2.3 If the parent who requested service does not want to share information with another parent who has access to the child:

- Employees will work with that parent to understand their viewpoint and assess whether there is any risk of harm to the child or to the parent.
- If there is no danger of imminent harm, Alpha Care Medical will explain the organization's obligation to give information and will provide the information to the other parent as per his/her legal rights.

If the employee identifies a risk of imminent harm to the parent or the child exists, action steps in Section 3 below will be followed.

2.4 If the parent who requested service does not want to share information with another parent who does not have access to the child Alpha Care Medical will accept this decision.

### 3. Acting when there is a Risk of Harm

3.1 If there is reason to suspect that a child or a parent is at risk of harm (e.g., in danger of being abducted by a parent, risk of abuse), employees have a duty to alert all parties of the risk of imminent harm. Staff will follow the **Duty to Warn** policy in such situations.

3.2 If there is reason to suspect the child(ren) has been abused, staff will follow the **Child Abuse Reporting and Documentation** policy.

### DEFINITIONS

**Best interests of child:** As defined in Section 24(2) of the *Children's Law Reform Act, 1990*:

"The court shall consider all the child's needs and circumstances, including,

- (a) the love, affection and emotional ties between the child and,
  - (i) each person entitled to or claiming custody of or access to the child,
  - (ii) other members of the child's family who reside with the child, and
  - (iii) persons involved in the child's care and upbringing;
- (b) the child's views and preferences, if they can reasonably be ascertained;
- (c) the length of time the child has lived in a stable home environment;





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- (d) the ability and willingness of each person applying for custody of the child to provide the child with guidance and education, the necessities of life and any special needs of the child;
- (e) any plans proposed for the child's care and upbringing;
- (f) the permanence and stability of the family unit with which it is proposed that the child will live;
- (g) the ability of each person applying for custody of or access to the child to act as a parent; and
- (h) the relationship by blood or through an adoption order between the child and each person who is a party to the application. 2006, c. 1, s. 3 (1)."

***Convention on the Rights of the Child (Article 3.1) and application of the best interests of the child principle:***

"In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration."

**De-facto custody:** One parent has custody of the child and has been making decisions about their care and upbringing as if s/he had legal custody. The other parent has accepted this arrangement. This de-facto custody arrangement, however, is not legally binding until the parents sign a separation agreement that sets out custody or a court order makes this determination



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<b>Policy Name and Number:</b>	<b>7.3 Discriminatory Requests for Service</b>
Date last reviewed:	
Approval or last revision:	
Approved by:	

**POLICY**

All service users (patients, groups or communities) have the right to expect professional, non-judgmental service that is sensitive and appropriate to their needs and consistent with Alpha Care Medical *Equity and Inclusion* policy. These values also guide the organization in dealing with a service request that is discriminatory towards our staff, students, volunteers or other patients.

Patients or referral sources who insist on being served by a certain type of provider or refuse certain types of providers (e.g., a person of a certain culture, race or sexual orientation) will be evaluated carefully. Requests that are deemed discriminatory and/or counter to Alpha Care Medical policy will be denied.

Alpha Care Medical recognizes that people can encounter systemic barriers to full access and participation in the broader community on the basis of their ability, ethnicity, gender, race and sexual orientation. These barriers may lead a patient or referral source to make a specific request in order to allow for full access and participation. Alpha Care Medical is committed to balancing the inequities and increasing access to services while still maintaining its values.

**SCOPE**

This policy applies to all Alpha Care Medical programs, services and patients.

**LIMITATIONS**

Alpha Care Medical ability to respond to patient requests may be limited by:

- available resources
- funding contracts that limits service to a particular community or group
- organizational policies and procedures

**PROCEDURES**

1. Requests for service by a potential patient or referral source which seem to be discriminatory in nature will be reviewed carefully by the manager of the program where service is being requested.
  
2. When a service request is discriminatory, for example, the patient or referral source will not accept an appointment with an employee from a different racial or ethnic background or sexual orientation, the request will not be honoured.
  - 2.1 Staff will explain the refusal and Alpha Care Medical *Equity and Inclusion* policy.
  - 2.2 If the patient changes his/her mind and is open to service, staff will offer the first available appointment and encourage the potential patient to meet with this assigned counsellor.
  - 2.3 If the potential patient or referral source continues to refuse the assigned counsellor (e.g., says does not want someone with a foreign-sounding name), they will be deemed to have refused Alpha Care Medical services.



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3. A group that refuses to hold an activity in one of Alpha Care Medical meeting rooms unless guaranteed that another group will not be in the building at the same time, is told this cannot be done.

4. At any point in service, patient concerns about Alpha Care Medical staff or practices will be handled using the established complaints protocol.

5. At any point in service, Alpha Care Medical employees, students or volunteers can involve their manager if they feel they are being affected by discrimination. A decision will then be made about the most appropriate outcome (e.g., termination of service, assignment to a new staff member).



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<b>Policy Name and Number:</b>	<b>7.4 Assessment &amp; Service Planning</b>
Date last reviewed:	
Approval or last revision:	
Approved by:	

**POLICY**

Assessment and service planning is an ongoing, collaborative and continuous process at Alpha Care Medical. This process is a mutual exploration of the patient's issues and strengths, complemented by the staff's professional perspective and recommendations resulting in a jointly created plan with mutually agreed on goals.

**SCOPE**

This policy applies to all Alpha Care Medical employees involved in direct service.

**PROCEDURES**

1. Assessment begins in the initial interview and builds on the information and presenting issues gathered during intake.
2. The initial assessment seeks to gather basic information, to explore patient strengths and issues, and determine the patient's desired outcomes. Based on the assessment, staff will work with the patient to jointly create a service plan with mutually agreed on goals which is documented in the patient record.
3. Contextual information is gathered, as relevant and appropriate to the nature of the issues and outcomes desired, such as:
  - the patient's presenting issue
  - history of the issues
  - patient's strengths and resources
  - safety issues (e.g., abuse, current risk of self-harm, previous suicide attempts)
  - physical and mental health issues
  - social and environmental context (e.g., social supports, work situation, income, living situation, neighbourhood, family background)
  - formulation of the problem/issue
4. The clinical provider and patient will agree on the service goals to be achieved, the expected length of service and any potential interventions that may be required to achieve the stated goals. This plan for the service will be documented in the assessment.
5. Safety issues must be explored as appropriate. If there are any concerns, staff should follow the appropriate policy (e.g., child abuse, adult abuse, dealing with child custody situations, patient suicide). Where there is a risk of imminent harm, the assessment of risk and the development of a safety plan takes precedence over all other activities.
6. Staff will summarize or formulate the issues to the patient in a way the patient can understand for their consideration.



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7. If more than one service provider is involved, staff should clarify who is ensuring service coordination, if needed, along with a clear direction from the patient about the nature of communication among service providers. If needed, consents for the release of information should be obtained.
8. The fee should be confirmed, where applicable, along with the payment expectations.
9. The assessment will be documented for each patient receiving service in their patient record within five working days of the assessment interview.



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<b>Policy Name and Number:</b>	<b>7.5 Referrals to Community Services</b>
Date last reviewed:	
Approval or last revision:	
Approved by:	

**POLICY**

Alpha Care Medical creates and maintains linkages and relationships with other service providers, organizations and professionals in the community in order to ensure patients have the opportunity to access the most effective, coordinated and comprehensive services available.

Alpha Care Medical, with the informed consent and participation of the patient, may make referrals to another service within Alpha Care Medical or to external resources, at any time in service delivery (i.e., prior to offering service, while service is ongoing or when service is being terminated).

**SCOPE**

This policy applies to all Alpha Care Medical personnel (employees, students and volunteers).

**PROCEDURES**

**1. Internal Referrals – Within Programs**

- 1.1 If staff determine that patients would be better served by another team member or where it is indicated that more than one counsellor is needed (i.e., to work with a couple separately), staff negotiate this with other staff and ensure that they have the informed consent of the patient. The manager must be informed.
- 1.2 Once this new arrangement has been made staff must be notified and asked to book the appointment or the staff members must negotiate who will call the patient to establish the first interview.

**2. Internal Referrals – Between Programs**

- 2.1 Generally, internal referrals are made between programs to a worker or program that offers specialized expertise.
- 2.2 The appropriateness of the referral and the availability of the service will be discussed between staff.
- 2.3 The patient will be provided information on the expected waiting time, plans for follow-up and the type of service, in order to make an informed decision.
- 2.4 The program should be notified of the internal referral. Upon receipt of the referral, the program staff create an attention message with the information in the patient database and waits for the patient to request the new service. If asked by the counsellor, staff may open a case for the patient in the new program.
- 2.5 Staff will advise the program to which the patient is referred of the referral.
- 2.6 The patient will be asked to phone staff to request the service from the second worker or program. Staff may offer greater support to facilitate the referral if needed.
- 2.7 When service is currently being provided by two or more Alpha Care Medical programs, service co-ordination must be provided. In the situation of one program referring a patient to another program, the referring person will assume the responsibility of co-ordination. If the patient has initiated receiving the second service, then staff should negotiate the service co-ordination in the interests of the patient and with the patient's involvement.

**3. External Referrals**



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3.1 The referral of an ongoing patient to a service outside of the organization involves an active role for staff as a service co-ordinator.

3.2 The following guidelines apply to external referrals:

- Make a careful assessment of the patient's expressed needs and the staff's perception of that need considering as well the work in progress at that time.
- Ensure the patient's involvement in the process as well as in the decision made, including suggesting possibilities and alternatives.
- Support the referring staff member's active participation either through direct contact with the selected service or through encouraging the patient's initiation of service.
- Ensure referring staff member's continued contact with the patient and other service providers, as necessary, including plans for ongoing Alpha Care Medical involvement, follow-up and the necessary steps to support the process.
- Make sure that there is a clear and documented approach to service co-ordination.
- Check that the necessary documents are signed with regards to ensuring informed consent to share information between service providers throughout the referral and service delivery process and/or verbal consent to do so is documented in the patient record.

3.3 When referring to private practitioners, wherever possible, provide patients a minimum of three appropriate referral resources. If it is not possible to satisfy this minimum requirement, the patient must be informed as to why and this information must be documented in the patient record.

#### **4. Referrals to Alpha Care Medical**

4.1 Alpha Care Medical asks that patients phone the Case manager requesting service for themselves as much as possible.

4.2 Where it is not possible for a patient to phone requesting service, professionals or persons in the community may contact the Case manager requesting service on behalf of a patient. The patient's permission must be obtained before a patient case will be opened by the Case manager.

4.3 Alpha Care Medical does not typically follow-up with referring agents to advise them that the person they referred has not called and arranged for service. The exceptions are referrals into Alpha Care Medical mandated programs and programs where this is required by funders. In such situations, the referral source will be notified by telephone or fax that the patient has not followed up on the referral and that the file will be closed within a certain period of time to allow the referral agent to contact the individual.

4.4 At times, professionals initiating the referral may have questions with regard to Alpha Care Medical services. At this point, the service access staff may call upon the case manager to support the process of referral, patient contact and overall service delivery.

4.5 The role of the referral sources should be addressed early in the process of service delivery. Patients should be made aware of these discussions and approve decisions made with regard to the coordination of services.

4.6 Follow-up with referral sources may be contracted, with patient involvement and informed consent. Releases of information must be signed and entered into the patient file.



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<b>Policy Name and Number:</b>	<b>7.6 Urgent Service</b>
Date last reviewed:	
Approval or last revision:	
Approved by:	

### **POLICY**

Alpha Care Medical strives to provide immediate service to patients experiencing acute emotional distress during office hours. Recognizing that Alpha Care Medical has limited capacity to respond to such emergencies, staff will involve community resources (e.g., 911, mental health outreach teams) as required and will communicate clearly the limitations of Alpha Care Medical resources. Duty day assignment is one mechanism by which urgent service and assistance is provided. All clinical staff are expected to serve as duty day workers on a rotational basis with rosters established by each team.

### **DEFINITIONS**

**Urgent Service:** A system of "on call" staff to ensure immediate response to emergency or urgent service requests during open office hours. No support is offered after-hours (including holidays) although patients telephoning Alpha Care Medical after hours are referred to 24/7 community resources.

**Duty Day Worker:** The primary role of the duty day worker is to respond to emergency or urgent service requests within the limits of their ability to do so. The duty day worker may also be asked to assess whether people requesting service or patients in crisis will be seen, referred elsewhere, placed on the wait list or provided with telephone counselling.

### **SCOPE**

This policy applies to all program and service employees.

### **PROCEDURES**

#### **1. Assessing the urgency of the situation and calling the duty day worker**

- 1.1 When a patient is upset and requests immediate consultation with a counsellor, the staff involved will evaluate from the patient's voice, appearance, or the content of the communication whether or not the situation is of an immediate serious nature. If it is apparent that a patient is at risk of harming themselves or others, please refer to the *Duty to Warn* policy for guidance on how to proceed.
- 1.2 If there is any doubt about the severity of the situation, the duty day worker should be called.
- 1.3 If the situation does not appear urgent, the employee will advise the patient that no counsellor is available at that moment. S/he may ask the patient if the situation can wait until a counsellor is free or if they would like an alternative resource.
- 1.4 If the patient insists on talking to a counsellor, or the support staff is convinced by the patient's voice, appearance, or the content of the communication that the situation is of an immediate serious nature, a counsellor must be involved as soon as possible.

#### **2. Establishing the Duty Day Roster**

- 2.1 Alpha Care Medical maintains a system of "on call" counsellors to ensure immediate response to urgent service requests during open office hours. Programs must clarify the expectations for staff to participate in sharing duty day responsibilities.





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2.2 The existence of this system does not diminish the responsibility of other counselling staff and managers to provide immediate response to patients and patients when needed.

2.3 Counsellors are drawn from the participating programs and the program managers are jointly accountable for ensuring the roster is maintained.

### **3. Serving as the Duty Day Worker**

3.1 The duty day worker will accept urgent interruptions, including interruption during an interview. If it is necessary to have Voice-Mail Call Forward on during an interview, it may be necessary to reach the staff member by knocking on the door instead.

3.2 Telephone calls must be returned on the day they are received. Non-urgent telephone requests which require counsellor consultation may be returned the next day by the staff person who was on duty the day the request was received.

3.3 The duty day worker is responsible for ensuring coverage when s/he must leave the office or is unable to be on duty and for advising relevant staff of the change.

### **4. Finding emergency support if the duty day worker is unavailable**

4.1 If the duty day worker is busy or out of the office, other staff may be called for back-up. Staff who are not seeing patients should be called first; otherwise the manager may be called.

4.2 During evening hours, there is no schedule for duty day coverage. Requests may come directly to programs that are open. In case of need for back-up counsellor support, it will be provided by counsellors on the premises. Program managers and/or directors will be available via cell phone to respond to urgent situations requiring additional supports/consultation.



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<b>Policy Name and Number:</b>	<b>7.8 Collecting &amp; Storing Patient Data</b>
Date last reviewed:	
Approval or last revision:	
Approved by:	

**POLICY**

Alpha Care Medical maintains an electronic database of information regarding patients and the services provided. Patient and service data is collected, summarized and analysed in order to report to funders, monitor and evaluate Alpha Care Medical work, understand who Alpha Care Medical is serving and the nature of the services being provided, and advocate for funding. Employees involved in providing direct service or supporting direct service are responsible for ensuring that patient and service data is complete, accurate and up to date.

**SCOPE**

This policy applies to employees, students and volunteers who provide direct service or support the provision of direct service.

**PROCEDURES**

1. Employees, students and volunteers responsible for providing direct service to patients will enter complete, accurate and up to date information about the patient and/or service provided into the electronic database as soon as possible after the service event/information is collected and no later than five working days after the service event/information is collected. This includes patient demographics, assessments, activity notes, record of community initiatives, etc.
2. Employees, students and volunteers must ensure that patient appointments are entered into the patient and service database prior to patients being seen to ensure accurate records of patient service.
3. Employees, students and volunteers supporting direct service will ensure that information that they are responsible for collecting is complete and timely (e.g., patient demographics).
4. Direct service employees, students and volunteers as well as relevant managers and support staff will monitor the information in the electronic database about patients and services to ensure that information is complete and timely.



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<b>Policy Name and Number:</b>	<b>7.9 Dealing with Emergencies</b>
Date last reviewed:	
Approval or last revision:	
Approved by:	

**POLICY**

Alpha Care Medical staff, volunteer, student and patient safety takes precedence over all other concerns. Alpha Care Medical will endeavour to ensure that all staff are trained and ready to address emergency situations when they arise. This policy covers medical emergencies such as cardiac arrest, seizures or loss of consciousness. The individual who first responds to the call for help is responsible for coordinating emergency activities.

**SCOPE**

This policy applies to all Alpha Care Medical staff, students and volunteers.

**PROCEDURES**

When a health emergency occurs the following steps are to be taken (adapt as necessary based on the location and the circumstances):

1. Stay with the person to the greatest extent possible. Do not move the person if possible until they have been assessed by medical personnel or someone with first aid training.
2. Page, shout or get help or ask someone to do this. Explain that there is an emergency and the nature of the problem.
3. Call 911 or have someone call 911. When the call is answered indicate if you need police, fire or ambulance or a combination. The 911 caller should identify him/herself, the office location and the room location where the incident has occurred. Follow the 911 operator's instructions.
4. Notify reception that 911 have been called so that the receptionist can direct emergency response staff upon arrival. If reception is not available and there are other people present on site, delegate someone to direct emergency response staff.
5. Page for an individual with first aid training or have reception issue the page:  
"An individual with first aid training is needed in [LOCATION] immediately." Repeat twice.
6. Ensure immediate attention is provided to the patient and organize first aid attention until emergency services arrive, if necessary.
7. If the emergency occurs in the reception area:
  - 7.1 Depending on the nature of the emergency, one reception staff member may usher spectators away from reception or may remove the person concerned to a quiet room nearby.
  - 7.2 The other reception staff will either attend to the individual of concern or the other people remaining in the reception area.
  - 7.3 Follow steps above (1 – 6).



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8. Management staff should be advised of the situation at the first available opportunity (if they were not onsite or not involved in managing the emergency).

9. An *Incident Report* should be completed and left for the manager.

10. The relevant manager, in consultation with the person who acted as crisis manager, should coordinate appropriate post-incident measures, depending on the nature of the emergency and those involved. These steps may be appropriate immediately following the emergency:

- 10.1 Provide/organize immediate attention and support to all those involved in the emergency, including witnesses.
- 10.2 Provide brief information about the event to others on the site to allay fears and concerns.
- 10.3 Advise staff of support services available to them including EAP debriefing services, EAP Critical Incident Response Team (CIRT) or other supports. Arrange for supports if they are needed.
- 10.4 Determine the debriefing needs of any patient(s) involved in the incident and make arrangements.
- 10.5 Ensure that transportation is available for individuals who have experienced a traumatic incident and wish to go home.
- 10.6 Ensure support from family and friends is available. While it can be helpful to alert those at home that support is needed, consent of the staff member (or patient) is required.
- 10.7 A debriefing session should take place within 48 hours of an incident to provide staff with a brief update of the situation and discuss any follow-up. A critical incident debriefing may also be arranged.



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### **SUSPECTED DRUG OVERDOSE POLICY**

Source: <http://www.toronto.ca/housing/pdf/toolkit05.pdf>

If staff suspects that a participant has taken a drug overdose, they should take the following actions:

- Immediately notify another staff member of this suspicion (ideally the supervisor or coordinator of the program area involved)
- Clarify the kind of substance ingested
- Clarify the amount of the substance ingested. If it is a liquid, find out the amount in fluid ounces. If it is a medication, find out the number of pills taken and the dosage amount of each pill
- Clarify or estimate the time lapse since ingestion of the substance
- Call for an ambulance and provide basic response information:
  - o Gender and age of the person
  - o Description of substance and amount taken (if known)
  - o Current physical status (e.g. conscious or unconscious)
  - o Location/Address
- Document the time of the emergency response request
- Arrange for staff to meet the emergency response unit at the front door
- Make the person as comfortable as possible. Assign a staff to remain with the person and provide support. Your single responsibility at this point in time is to try to and link the person to emergency ambulance services for further assessment and transportation
- If staff are unsure of the validity of the reported overdose they should still respond in accordance with this protocol. They should not let their investigation slow down potential emergency response to the incident.
- In the event that emergency response services are unable to assist the person in difficulty, staff should continue to monitor the suspected overdose and take further action as necessary.



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### **Crisis Intervention: A Step-By-Step Intervention Process**

Source: Toronto Drop-In Network (TDIN) Toolkit; <http://www.toronto.ca/housing/pdf/toolkit05.pdf>

1. Make other staff on duty aware of the situation. Do not challenge the participant.
2. The first staff member on the scene becomes the “lead” staff, and the others act as back-up. If this is you and you feel that you are unable to handle the situation, ask reinforcement staff to act as the lead while you act as back-up.
3. Back-up staff should not rush into the situation, even if they assume they have a good relationship with the participant. It can be very intimidating for a participant to suddenly be surrounded by staff, and this may serve to escalate the situation rather than defuse it.
4. “Back-up” staff should provide exactly that – back-up. It is important for staff to present a united front. It is more useful for all staff to be working together on one solution, than for each person to try to implement their own solution. If you have a concern with the way the lead staff is handling the situation, this should be addressed later, in private, or during the debriefing.
5. Ensure that other participants are out of the way. This will both ensure their safety and may help prevent escalation of the situation. If other participants remain present, their “audience participation” may trigger the participant who is “ready to blow.”
6. If another participant is the target, get them to a safe place, and if possible, have someone else stay with them.
7. Place yourself in such a way that you can leave the room without obstruction (look for the nearest exit).
8. Keep a safe distance from the participant (but not so far that you have to shout). Give participant space to move and do not reach out to touch the person if they are agitated or angry. Do not turn your back on participant.
9. Advise participant, in a calm, steady voice, of consequences if this behavior continues. Give participant time to back down.
10. Use de-escalation techniques (described further below) as you engage the participant.
11. Encourage the person to leave so that they can cool down. Do not follow participant through the door as many violent incidents happen in a doorway. Your guard may be down and then there is a shift in power. Let them leave of their own accord.
12. If the participant refuses to go, warn them that you will have to call the police if they will not leave. Often, talking about calling the police is enough to convince the participant that it is in their best interest to leave. However, if they continue to refuse to leave, you should follow through with the call.
13. Do a debriefing with the targeted participant(s).
14. Do a debriefing with the staff involved.
15. Fill out an incident report.



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As much as it is important for staff to train, prepare, and think through their responses to crisis situations ahead of time, it is also important for them to recognize that every conflict is unique, every person in crisis is an individual, and every conflict resolution approach needs to be tailored to the context of the situation and the particular people involved.



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### **Crisis Intervention: De-Escalation Techniques**

Source: Toronto Drop-In Network (TDIN) Toolkit; <http://www.toronto.ca/housing/pdf/toolkit05.pdf>

#### **Communication:**

Making other staff aware of the escalating crisis is, in some ways, the most important step. There needs to be mechanisms in place to facilitate your ability to make other staff on duty aware of the situation.

Often, a facility is small enough that staff elsewhere in the building can hear loud and agitated voices.

Nevertheless, it is a good practice to have other communication mechanisms in place; for example, **walkie-talkies**, **intercoms** in each room, or **“floating staff.”** The latter is a system where there is a worker in each room of the centre and one additional worker who moves from room to room. This means that if coworkers have messages for each other, they can communicate them through the “floating” worker.

#### **De-Escalation Techniques:**

Often, the best way to defuse an explosive situation is simply to talk to the person and give them some space to let off steam. Anger and belligerent behavior require a lot of energy to maintain, and talking can be a kind of pressure-release valve that keeps these outbursts short. As people begin to talk, you can validate their feelings and help them find constructive solutions to their problems.

#### **Engaging a participant in conversation:**

**Active listening:** Show support in a way that is respectful and real, and not condescending. Explain to the agitated person that you want to understand what is going on, and that you want to hear both (or all) sides of the story. Give them supportive feedback, even as you are trying to make suggestions for modifying the behavior. For example, “I understand why you became angry, but we need to find another way to resolve this situation.”

**Separate space:** If at all possible, take the agitated person to a separate space that provides confidentiality and allows the participant to “save face” when they back down. It is best to take the person to a neutral area, like outside of the room, or down a hall, or to go get a coffee, or out for a smoke. Taking them into an office can feel punitive, humiliating, and infantilizing.

**Avoid “why” questions:** Avoid asking participants “why” questions, because this can exacerbate aggression and frustration.

**Tone of voice:** While it is a good practice to speak in a calm voice and not get agitated in response, be wary of being too calm or too soothing. Appearing too calm can seem like an inappropriate emotional response to an intense situation, while being soothing can be perceived as condescending and can trigger participants further. Further, these soft tones of voice are often part of a therapeutic approach that individuals who have been recipients of mental health services have experienced before, and this as well may trigger them further.

**Panic spots:** Recognize and take advantage of “panic spots” – these are moments where the person loses steam and is unsure how to continue or end the conflict. Staff may be able to use this hesitation to make their own suggestion of the direction this interaction should take, and participants may be more willing to agree at these times.

**Writing it down:** Depending on the explosiveness or intensity of the outburst, it may be helpful to offer the person a piece of paper and a pen and ask them to write down their concerns. This may help them calm down and focus, and it can help you demonstrate that you are committed to working with them on the particular issues they are having.





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**Talking someone down:** As you are talking someone down, use their name, and your name. This shows that you see them as a person and encourages them to see you the same way. Keep your points short and simple. You may find it effective to repeat the same point.

**Slow things down:** You may feel that you need to act quickly, but it is critical to take a few moments to reflect, order your thoughts, and bring coworkers in. Often situations can ignite by sudden movements, noise, gestures, or obvious displays of nerves. Tell the other person what you're going to do before you do it, particularly if it means moving about and certainly if you have to move out of sight.

***Documentation:***

After an incident occurs, a report must be filled out as a record of what happened, who was involved, what staff interventions took place, and any required follow-up that needs to be done.

The incident report form should be a **standardized template**, rather than a blank piece of paper. This will ensure that important details do not get lost and forgotten, and will help to standardize the information that gets recorded and how it is used. Further, staff will be less vulnerable to individual criticism or accusations of bias if the matter ever goes to court or becomes part of an inquiry.

It is important that this record be **filled out as soon after the event as possible**, so that the memory of all the details is still fresh. It should be signed, not only by the staff who completed the form, but also by a staff who witnessed the situation occur as well.

If the manager is present, the manager should also sign the report. If the manager is not present, they should be given the report the next time they are in and they should sign it at that point.



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### EMERGENCY PROTOCOL

Source: Adapted from <http://www.toronto.ca/housing/pdf/toolkit05.pdf>

#### Calling 911 is appropriate in the following situations:

- Someone has become violent or aggressive with staff or others;
- Someone is seriously ill (e.g. seizure, bleeding, or injury);
- Someone is actively suicidal (they have threatened to kill themselves or have already taken steps to harm themselves);
- You believe that you or others are in immediate danger; or
- Another staff requests that you call 911.

#### **Calling 911: Tips for Frontline Staff**

When you call 911:

- The operator will ask you which emergency service you require: police, ambulance, or fire.
- They will ask the address. Say the address clearly and give them the nearest major intersection.
- Give them your name and explain that you are staff.

#### **Answering 911 Operator Questions**

- 911 will ask a series of questions about the location of the incident, how many people are involved, and for a description of the individual(s) in question. Answer as calmly as possible and give as much detail as you know. If the incident is happening in another part of the building, explain to the operator that you are communicating with other staff onsite and must have information relayed.
- When 911 asks what the problem is, stick to the facts but ensure that they understand the urgency of the situation. If someone is violent or has a violent history, tell them. If someone has issued a threat of any kind of violence, tell them.

#### **Managing Communications with 911 Operator**

- Communicate urgency. If they do not believe the situation is serious, they will give the call a low priority. The 911 operator may make judgmental statements about the situation: simply reiterate that it is very serious, that you would not have called otherwise, and urge them to send help.
- 911 may ask questions that we cannot answer (i.e. do you know the person's name). If it is not reasonable to obtain this information safely, explain that you can't provide it but reiterate that help is still needed.
- If the situation escalates, call 911 back immediately and tell them. If emergency crews do not respond, call back and ask for a re-call. Continue to do this until the situation is completely resolved to staff satisfaction.
- Do not cancel police calls, even if an individual leaves the building. The person may stay in the area and it is important to make a report.

#### **Staff Back-up**

- Make sure that you are safely able to make a 911 call. Front Desk staff must be able to stay on the line uninterrupted with 911 during an incident. If you are being threatened directly, call maintenance or other staff for back up and maintain a safe distance.

#### **Documentation & Reporting of 911 Calls**

- Document all dealings with 911 in an incident report and a report to the Manager. Give details about how the operator treated you, whether or not emergency crews responded, and what the outcome of the incident was.



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- Any contact with 911 is considered an incident and requires an incident report to be filled out and filed with the appropriate managers.

**EMERGENCY SEARCH AND EVACUATION PROCEDURES**

Source: Adapted from <http://www.toronto.ca/housing/pdf/toolkit05.pdf>

**Basic Emergency Evacuation Procedure:**

- Pick up patient sign-in sheets (if any) and leave the area immediately (so you know who is/was in the building).
- Ensure that all disabled persons have the assistance they need to evacuate the building.
- Designated staff must check washrooms, offices, meeting rooms, etc.

*Our designated staff for each program/floor/etc. are:*

- Go to the nearest exit and leave the building. DO NOT use elevators.
- Close all doors behind you. Take keys with you.
- Call 911 as soon as possible. Give the correct name and address of the building, the type of emergency, and your name.
- Meet at a designated nearby location and verify that all program participants, staff and volunteers are accounted for. (When conducting drills or discussing evacuation procedures with participants, volunteers, and staff, emphasize the importance of meeting at this designated spot and not leaving the area until others have been able to account for your whereabouts. Explain that if others do not know you are safe, someone may risk their lives to try to find you.)

*Our designated location is:*

- Advise emergency officials of any missing person, their age, physical description, and possible whereabouts in the building.
- Notify the Executive Director and/or supervisor.
- No employee other than the Executive Director or his/her designate may speak to the public or the media about the emergency or evacuation.
- Do not re-enter the building until you are given permission to do so by emergency officials on the scene.
- Complete any reporting required as per your organizational policies.

**Unidentified and suspicious object:**

- If you find a suspicious object, DO NOT TOUCH IT.
- Note the description of the object, its location, and any other important pieces of information, and report it immediately to the authorities.
- If an unidentified and suspicious object is found in the building, a quiet and systematic evacuation of the building is required.
- In such an event, staff must direct people to quickly and quietly leave the building, maintaining control and minimizing panic. Use the *Basic Emergency Evacuation Procedure*.



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### FIRE SAFETY POLICY AND PROCEDURES

Source: Adapted from <http://www.toronto.ca/housing/pdf/toolkit05.pdf>

#### ***In the event of a fire:***

- Before opening any door, feel the knob for heat. If it is not hot, brace yourself against the door slightly and open it. If you feel air pressure or a hot draft, close the door quickly.
- If you encounter smoke, consider taking an alternate stairwell/exit. Crawl low under the smoke.
- Activate fire alarm and call 9-1-1 regardless of the size of the fire. Never assume that this has already been done. Give the correct name and address of the building, the location of the fire, and your name.
- If parents are meeting in a separate room from their children, the staff who are with the children are responsible for evacuating them

#### ***If you cannot leave your room or have returned to it because of fire or heavy smoke:***

- Close your door.
- Be sure the door is unlocked so that firefighters can reach you.
- If you require assistance and can call 9-1-1, do so and let the Fire Department know where you are in the building.
- If smoke comes into the room, seal the base of the door with a wet towel or blanket and crouch down low to the floor.
- Move to the most protected area you can, and partially open a window if possible. (Keep the window closed if smoke comes in).
- Wait to be rescued.
- Listen for any instructions by emergency personnel.

#### ***Fire Drill Procedures:***

- Fire drills will be conducted by a designated staff person in coordination with the local Fire Department. Drills will be done on a regular basis to ensure that all participants, staff, and volunteers are familiar with building evacuation procedures.
- After each drill a designated person will complete a Fire Drill Report.
- Fire extinguishers will be placed throughout the facility and will be tested annually and logged by a designated person.
- Fire extinguishers do not replace the need to call Toronto Fire Services. Always call 9-1-1 when a fire occurs, even a small fire. Fire extinguishers are not designed to fight large or spreading fires.
- All staff and volunteers must be familiar with the location and operation of fire extinguishers.
- All new staff, volunteers, and program participants must be oriented to fire exits and building evacuation procedures.
- At least one staff member per shift, and, where possible, all staff members, is required to have a recognized First Aid and cardiopulmonary resuscitation (CPR) certification and should be trained in basic First Aid and emergency procedures. This will be updated every two years.
- If an individual is injured, staff will ensure that the person receives appropriate First Aid and medical attention. An accident report will be completed and filed in the program's records.
- The program must complete any reporting required as per organizational policy.



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**INCIDENT REPORT**

Date of incident: \_\_\_\_\_ Time: \_\_\_\_\_ Duration: \_\_\_\_\_  
Location and Program: \_\_\_\_\_  
Participant(s) involved: \_\_\_\_\_  
Staff involved: \_\_\_\_\_  
Name of Ambulance Attendant / Police Officer and badge # (if applicable): \_\_\_\_\_  
\_\_\_\_\_

**Type of Incident**

Behavioral       Medical       Injury       Property damage   
Emergency       Specify: \_\_\_\_\_  
Other       Specify: \_\_\_\_\_

DESCRIPTION OF INCIDENT *(attach another page if more space needed)*

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

ACTION TAKEN *(attach another page if more space needed)*

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

FOLLOW-UP / NEXT STEPS: \_\_\_\_\_  
\_\_\_\_\_

**Staff completing report:**

[Print name] \_\_\_\_\_  
[Signature] \_\_\_\_\_

**Witness:**

[Print name] \_\_\_\_\_  
[Signature] \_\_\_\_\_

**Supervisor / Manager:**

[Print name] \_\_\_\_\_



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[Signature] \_\_\_\_\_



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<b>Policy Name and Number:</b>	<b>7.4 Aggressive or Threatening Behavior</b>
Date last reviewed:	
Approval or last revision:	
Approved by:	

**POLICY**

Alpha Care Medical promotes a safe and secure environment and does not tolerate aggressive or threatening behaviors. This policy covers how to deal with aggressive or threatening behavior on the part of patients, people associated with patients or the public. Staff, students and volunteers do not have to tolerate such behavior and should report it immediately. Zero tolerance of aggressive or threatening behavior extends to all Alpha Care Medical locations, including offsite, home and community settings.

A series of steps can be taken to ensure a safe and secure work environment including:

- Physical precautions in the work setting to prevent or safeguard against aggressive or threatening behavior
- Safety precautions in advance of problems including minimum coverage and case review in advance of an interaction with a high-risk patient
- Limiting, refusing or withdrawing service in the face of aggressive or threatening behavior
- Using co-leadership for groups where there may be safety issues
- Implementing service alerts or email alerts for patients who pose a safety concern
- Managing aggressive or threatening behavior.

Every effort will be made to ensure that patients are not stigmatized by inaccurate information. However, in ambiguous situations the safety needs of staff, volunteers, students and other patients must take precedence.

**DEFINITION**

Aggressive or threatening behavior can include:

- menacing, angry, loud and/or abusive language
- communicating a threat of bodily harm or injury to property, either verbally or through physical behavior
- brandishing any object as a weapon
- any threat, real or implied
- any behavior that makes a staff person, student or volunteer feel unsafe
- loss of control

The aggressive or threatening behavior may be exhibited by the patient or by someone associated with the patient (e.g., a partner, relative or friend).

**SCOPE**

All Alpha Care Medical staff, volunteers and students are covered by this policy.

**PROCEDURES**

**1. Precautions to take PRIOR to interacting with individuals or groups who pose a safety risk or concern**

1.1 Review patient file and determine which safety precautions to take, including:

- Using an alternative interview room rather than personal office
- Reviewing the Safety Alert System at your location and request panic button if required



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- Speaking with the referral source in advance of the initial meeting with the patient
  - Scheduling the appointment with the patient or group session at peak staffing level periods to ensure the availability of support and back-up
  - Advising support staff and management of the time and location of the interview with the patient or group session concerned
  - Preparing the room for safety (e.g., clear out objects that could be used as weapons, leave the door ajar)
  - Arranging to have staff colleagues monitor the interview room
  - Bringing a second staff member to assist in the interview.
- 1.2 Provide service, to the greatest extent possible, in a safe interview room that:
- Does not have objects that can be thrown or used as weapons
  - Provides the option of leaving the door and/or window blinds open
  - Allows staff to easily leave the room.
- 1.3 Ensure minimum staff coverage for any service provided to a patient who poses a safety risk (i.e., Service Alert on his/her file related to problematic behavior, concern based on clinical experience): One other staff must be in close proximity to the interview location while the interview is underway and aware of the situation.
- 1.4 Develop a support plan with support staff, other staff and management, including alternate safety strategies such as call-in to manager or staff colleague at break and at the conclusion of the session.

### **2. Precautions to take DURING and AFTER an interaction with individual patient or group session**

- Staff should position themselves so that they may easily exit the room if required.
- Negotiate a contract with the patient regarding unwanted behaviors and resulting consequences.
- Escort patient out of the building and ensure that doors are locked, if possible.
- Request to be observed or accompanied when leaving.

### **3. WHEN the patient is aggressive or threatening**

- If staff, students or volunteers feel they are not safe at any point in providing service, follow the principle of **safety first**. Do not minimize a situation that may be getting out of control. Trust your gut feelings.
- Terminate the interview and ask the individual to leave the office.
- If the person is willing to do so, escort him/her out of the building and ensure that the doors are locked (if possible).
- If the person is unwilling to leave, becomes volatile, disruptive or unpredictable, leave the room immediately (if possible).
- Activate the safety alert system to summon help from other staff.
- If needed, create noise and disturbance to attract the attention of other staff.

### **4. ONCE the Safety Alert System has been activated**

4.1 Staff directly involved in the incident must advise the program manager of the situation. If the program manager is not available, assume the role of crisis manager or find another staff person to do so.

4.2 Upon hearing the safety alert system:

- Staff who are not directly involved in the incident should follow the safety alert system for their location (e.g., stay in office or leave their office and proceed to the predefined area).
- Staff at reception will follow the safety alert system for their location (e.g., leave one person to ensure the safety of reception patients or visitors while another staff leaves to find out what is happening and returns with more information).





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4.3 The person acting as crisis manager determines the location of the disruption and whether any contact has been made with the staff that activated the safety alert system.

4.4 If no contact has been made, the crisis manager:

- Opens a line into the office where the incident is occurring
- Listens to what is happening in the office to determine what to do
- If possible and it makes sense, speaks to the people involved.

4.5 Once contact has been made, the crisis manager will determine the best course of action, organize first aid and arrange to call 911 as needed.

4.6 If the safety alert system has been activated in error, the staff member must call reception immediately to advise them.

### 5. Call 911

- Dial 911 and request police, fire, ambulance or a combination.
- Inform the 911 operator if there is an immediate threat of harm. Such calls are higher priority and receive a fast police response.
- Identify yourself, the office location and the room location where the incident is occurring.
- Get a report number from the 911 operator to follow-up if needed.
- Advise management staff at the first available opportunity.

### 6. AFTER the aggressive or threatening behavior

6.1 Staff involved should document the behavior in the patient file and determine whether a service alert, organization-wide alert or trespass notice is required.

6.2 The aggressive or threatening incident should be reported within the "Attention" button in the electronic record. The Manager of the Service Access Unit should also be informed.

6.3 If there is reason to believe the aggressive or threatening behavior will continue, an organization-wide alert should be issued by email.

6.4 Debrief on the situation with the manager, the crisis manager and witnesses. Determine whether follow-up or support is required (e.g., EAP debriefing services, transportation for staff involved in any traumatic incident).

6.5 If required, obtain additional supports for staff, volunteers, students and/or patients involved in the aggressive or threatening incident (e.g., EAP debriefing, outside counselling, legal assistance, financial reimbursement or time off).

6.6 Complete an *Incident Report* once the situation has abated (see policy on *Incident Reporting / Accident Investigation*).

6.7 Determine if service to the patient should be limited or withdrawn.

### 7. Laying criminal charges

7.1 In cases of aggressive and/or threatening behavior, the police may decide to lay charges against the patient. In such cases, staff are expected to cooperate fully. If staff members wish, they may discuss ethical issues with their supervisor.

7.2 Affected managers and staff may ask their program director for approval to seek legal counsel through the organization's solicitors.

7.3 If the police consider the evidence insufficient to lay a charge, Alpha Care Medical may support the presentation of evidence to a Justice of the Peace. The legal consultation process to make this decision will involve the Executive Director, director, program manager and involved staff. Alpha Care Medical will provide legal services as part of this process. Decisions will be made on a case by case basis.



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<b>Policy Name and Number:</b>	<b>7.5 Duty to Warn/Report</b>
Date last reviewed:	
Approval or last revision:	
Approved by:	

**PREAMBLE**

The *Personal Health Information Protection Act (PHIPA) 2004* stipulates that an individual’s personal information may be released without consent for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or a group of persons.

The *Mental Health Act (MHA) 1990* sets out circumstances in which a physician, justice of the peace or police officer may detain a person for psychiatric assessment (i.e., an involuntary assessment) and the procedures for doing so.

**POLICY**

Alpha Care Medical protects the confidentiality of information related to patients within limits. These limits are discussed with all patients prior to beginning service and patients are asked to sign a document acknowledging that they have had the limits explained to them. This document also outlines the types of situations in which Alpha Care Medical may breach confidentiality.

Alpha Care Medical reserves the right to breach confidentiality to notify authorities, persons who know the patient and/or persons who are at risk of harm in situations where the individual presents a significant and imminent risk of harm to himself/herself or others. This right is known as “duty to warn”. Employees are not under a duty to voluntarily inform authorities regarding a patient’s past or intended criminal act, except where there is a risk of imminent physical harm. Involving authorities may lead to the determination that the patient needs to be detained for an involuntary assessment.

**SCOPE**

This policy covers all employees, students and volunteers who provide service to patients.

**PROCEDURES**

1. The criteria for determining whether a disclosure of information is warranted should be based on the following guidelines:

- there is a clear risk to an identifiable person or group of persons
- there is a risk of serious bodily harm or death **and**
- the danger is imminent

**2. Suicidal Patients**

2.1 Wherever possible, employees/students/volunteers will obtain the patient’s voluntary agreement to seek medical assistance.

2.2 When a patient is not willing to seek assistance, employees/students/volunteers have a duty to disclose a patient’s active suicidal ideation and/or plan to commit suicide. The employee’s disclosure may include, without being limited to:

- immediately reporting the suicidal intent to a Alpha Care Medical manager and/ or director
- notifying a family member, a physician or other appropriate person who can ensure the safety of the patient



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- contacting the police or a mental health crisis team with a request to escort the person to a hospital for a psychiatric examination (i.e., a voluntary or involuntary assessment).

2.3 Employees should proceed according to Alpha Care Medical policy on *Suicidal Behavior*.

### 3. Patients who present a risk of violence or harm to others

3.1 Employees/students/volunteers have a duty to warn the intended potential victims of threatened violence.

3.2 Employees should immediately report the threat to a manager or director.

3.3 The threat should be reported to the police when the intended victim cannot be reached or in situations of immediate danger. The police will determine the most appropriate next steps, including whether there are grounds to detain the patient for an involuntary assessment (as per the *Mental Health Act (MHA) 1990*).

### 4. Patients who threaten or present a risk of violence to Alpha Care Medical staff or property

Employees should proceed according to the Alpha Care Medical policy on *Dealing with Aggressive or Threatening Behavior* if they encounter a patient who threatens or presents a risk of violence to them, other employees or Alpha Care Medical property.

### 5. Assaultive Partners

5.1 When abusers are referred by Domestic Violence Courts or by probation officers to the PAR Program funded by the Ministry of the Attorney General, Alpha Care Medical is required to initiate contact with their partners in accordance with the conditions set out in the contract.

5.2 Abusers entering the program must consent to partner contact as a condition of entering the program to satisfy the requirements of informed consent.

5.3 Written consent is the expectation; however, there may be occasions when verbal consent is acceptable (e.g., literacy issues, language issues). Documentation of this verbal consent must be recorded in the file.

5.4 In accordance with the guidelines set out by the Ministry of the Attorney General regarding court or probation mandated services, contact with the partner is limited to:

- conveying information re: potential risk by the abuser
- obtaining information re: the partner's abusive behavior
- informing partners of Alpha Care Medical obligation to report violations of the probation or court order
- providing assistance with safety planning
- informing the partner of available community supports
- offering support or other services

5.5 Should consent be revoked by the abuser, Alpha Care Medical services will be terminated.

5.6 The duty to warn will have precedence in guiding the worker's actions regarding informing the partner of this termination.

5.7 Persons who are assaultive may be seen on a voluntary basis. Consent for partner contact must be obtained. Alpha Care Medical remains obligated to initiate contact with the partner (or others threatened) where there is a risk of imminent harm to the partner.

6. In all situations, employees/students/volunteers should document the situation, including their assessment of the risk of harm or death, the information on which their assessment is based and any actions taken, in the patient file.



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<b>Policy Name and Number:</b>	<b>7.6 Child Abuse Reporting/Documentation</b>
Date last reviewed:	
Approval or last revision:	
Approved by:	

### **POLICY**

All persons performing professional or official duties at Alpha Care Medical have a duty to report a child's need for protection, in compliance with the *Child and Family Services Act*.

The duty to report child in need of protection is outlined in Section 72 (1) of the Act, and states that where there are reasonable grounds to suspect that a child may be in need of protection (see definition section for complete list), the person must immediately report his/her suspicions and the information on which the concern is based to a children's aid society. In cases where there is doubt or ambiguity, a children's aid society should be consulted.

Duty to report is a personal duty and cannot be delegated to another (e.g., manager or director cannot report on behalf of an employee, rather the employee must make the report directly).

The duty to report takes precedence over all Alpha Care Medical policies. The professional's duty to report overrides the provisions of any other Provincial Statute, specifically those provisions of other Statutes that would otherwise prohibit disclosure by the professional. The only privilege not subject to reporting is that between a solicitor and his/her patient.

Failure to report is an offence under the Act. Any professional who fails to report his/her suspicion of a child's need for protection is liable on conviction to a fine of not more than \$50,000 or to imprisonment for a term of not more than two years, or to both.

Alpha Care Medical will ensure that all employees, volunteers, students are trained in child abuse reporting policies and procedures prior to providing service.

### **SCOPE**

All Alpha Care Medical employees, volunteers and students are covered by this policy.

### **LIMITATIONS**

Duty to report is a personal duty and cannot be delegated to another (i.e., manager or director cannot report on behalf of an employee; rather the employee must make the report directly).

### **PROCEDURES**

#### **1 Informing the patient about the limits of confidentiality and the duty to report**

1.1 All patients must be informed of the limits of confidentiality and the legal requirement to report child abuse or neglect at intake.

1.2 At the first face-to-face appointment, employees will remind patients of the limits of confidentiality and the duty to report child abuse. Patients must sign a form which signals that they are aware of these limits. For patients who are only served on the phone, employees will verbally explain the limits of confidentiality and write a note in the patient record indicating this has been discussed with the patient.

#### **2 Acting on a suspicion of child abuse or neglect**



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2.1 If child abuse is suspected, determine from the patient record if there have been prior consultations with a children's aid society.

**If yes** (i.e., there have been prior consultations and/or if the society has given directions not to inform particular individuals), any previous direction from a children's aid society must be followed.

**If no**, proceed to the next step.

2.2 If child abuse is suspected, all personnel are encouraged to discuss the situation with their supervisor/manager to determine the best way to proceed (e.g., whether to inform the patient prior to making the call to the children's aid society).

2.3 Every reasonable effort will be made to first inform the service user (both adult and child) in a sensitive manner of the intention to report, prior to contacting the children's aid society.

2.3.1 The adult patient in charge of the child can be given the option of making the first contact with the children's aid society.

2.3.2 However, the adult patient should not be encouraged to make the first contact with the society if this may put the child at greater risk, if this risk prejudicing the investigation or there are CAS directions not to inform a particular person.

2.3.3 The fact that the parent or guardian reports the child abuse does not relieve the staff person of his/her duty to report.

2.4 Document the conversation about the intent to report with the service user in the patient file.

### 3 Reporting to a Children's Aid Society

3.1 Any Alpha Care Medical employee, volunteer or student must inform their immediate supervisor of any abuse allegations they have reported at the first possible opportunity.

3.2 The person who suspects that a child needs protection must make the report personally to the children's aid society and make every effort to facilitate the children's aid society investigation. The duty to report cannot be delegated.

- If possible, consider the child's religious or cultural affiliation in making the report. Contact: Peel Children's Aid Society at 905-363-6131.

3.3 Staff will maintain contact with the children's aid society as appropriate, whether to facilitate the investigation or ensure that the report is addressed.

3.4 Management and other team members will support the employee, volunteer or student making the report.

3.5 During the course of a children's aid society investigation, personnel will ask the children's aid society for guidance on how to relate to the patient (e.g., whether or not to discuss the investigation) and follow that direction as much as possible.

### 4 Documenting and reporting

4.1 The person reporting to a children's aid society must document the following information in the patient record:

- Date and time of the report
- Name of the person reporting the abuse and relationship to the child
- Name and telephone number of the children's aid society person who received the report
- Name, age and religion (if known) of the child
- Nature and known details of the suspected abuse
- Name or identity of the alleged abuser
- Content and outcome of discussion with the adult patient (parent/guardian)
- Children's aid society response and follow-up to the report



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- Revised service plan, if any
- Any further follow-up or contact with the children's aid society.

### **DEFINITIONS from the *Child and Family Services Act***

Duty to report child in need of protection s. 72 (1): if a person, including a person who performs professional or official duties with respect to children, has reasonable grounds to suspect one of the following, the person shall forthwith report the suspicion and the information on which it is based to a society:

1. The child has suffered physical harm, inflicted by the person having charge of the child or caused by or resulting from that person's,
  - i. failure to adequately care for, provide for, supervise or protect the child, or
  - ii. pattern of neglect in caring for, providing for, supervising or protecting the child.
2. There is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person's,
  - i. failure to adequately care for, provide for, supervise or protect the child, or
  - ii. pattern of neglect in caring for, providing for, supervising or protecting the child.
3. The child has been sexually molested or sexually exploited, including by child pornography, by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual molestation or sexual exploitation and fails to protect the child.
4. There is a risk that the child is likely to be sexually molested or sexually exploited as described in paragraph 3.
5. The child requires medical treatment to cure, prevent or alleviate physical harm or suffering and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, the treatment.
6. The child has suffered emotional harm, demonstrated by serious,
  - i. anxiety,
  - ii. depression,
  - iii. withdrawal,
  - iv. self-destructive or aggressive behavior, or
  - v. delayed development, and there are reasonable grounds to believe that the emotional harm suffered by the child results from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child.
7. The child has suffered emotional harm of the kind described in subparagraph i, ii, iii, iv or v of paragraph 6 and the child's parent or the person having charge of the child does not provide or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the harm.
8. There is a risk that the child is likely to suffer emotional harm of the kind described in subparagraph i, ii, iii, iv or v of paragraph 6 resulting from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child.
9. There is a risk that the child is likely to suffer emotional harm of the kind described in subparagraph i, ii, iii, iv or v of paragraph 6 and that the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to prevent the harm.



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10. The child suffers from a mental, emotional or developmental condition that, if not remedied, could seriously impair the child's development and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, treatment to remedy or alleviate the condition.

11. The child has been abandoned, the child's parent has died or is unavailable to exercise his or her custodial rights over the child and has not made adequate provision for the child's care and custody, or the child is in a residential placement and the parent refuses or is unable or unwilling to resume the child's care and custody.

12. The child is less than 12 years old and has killed or seriously injured another person or caused serious damage to another person's property, services or treatment are necessary to prevent a recurrence and the child's parent or the person having charge of the child does not provide or refuses or is unavailable or unable to consent to, those services or treatment.

13. The child is less than 12 years old and has on more than one occasion injured another person or caused loss or damage to another person's property, with the encouragement of the person having charge of the child or because of that person's failure or inability to supervise the child adequately.

### **Note of Clarification on Reportable Grounds:**

Patterns of neglect are now included as grounds for reporting and the threshold for "emotional harm" has been lowered from substantial risk to the risk that the child is likely to suffer emotional harm.

The section does not specifically include children who witness violence and the issue is currently under discussion between children's aid societies and the Ministry. However, the sections relating to neglect and emotional harm could apply in domestic violence situations (e.g., when the children appear to be traumatized). A consultation with a children's aid society is recommended in these situations.

**Ongoing Duty to Report, s. 72 (2):** A person who has additional reasonable grounds to suspect one of the matters set out in subsection (1) shall make a further report under subsection (1) even if he or she has made previous reports with respect to the same child.

**Person to report directly, s. 72 (3):** A person who has a duty to report under subsection (1) or (2) shall make the report directly to the society, a person who has a duty to report under subsection (1.1) shall make the report directly to any organization, agency or person designated by regulation to receive such reports, and such persons shall not rely on any other person to report on their behalf.

**Offence s. 72 (4):** A person referred to in subsection (5) is guilty of an offence if,

- (a) he or she contravenes subsection (1) or (2) by not reporting a suspicion; and
  - (b) the information on which it was based was obtained in the course of his or her professional or official duties.
- (4.1) A person is guilty of an offence if the person fails to report information as required under subsection (1.1).
- (4.2) A person is guilty of an offence if the person,
- (a) discloses the identity of an informant in contravention of subsection (1.4); or
  - (b) dismisses, suspends, demotes, disciplines, harasses, interferes with or otherwise disadvantages an informant in contravention of subsection (1.5).



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Persons to whom s. 72 (4) applies (s. 72(5): Subsection (4) applies to every person who performs professional or official duties with respect to children including,

- (a) a health care professional, including a physician, nurse, dentist, pharmacist and psychologist;
- (b) a teacher, school principal, social worker, family counsellor, operator or employee of a day nursery and youth and recreation worker;
- (b.1) a religious official, including a priest, a rabbi and a member of the clergy;
- (b.2) a mediator and an arbitrator;
- (c) a peace officer and a coroner;
- (d) a solicitor; and
- (e) a service provider and an employee of a service provider.

**Penalty s. 72 (6.1)** A director, officer or employee of a corporation who authorizes, permits or concurs in a contravention of an offence under subsection (4) or (4.1) by an employee of the corporation is guilty of an offence.

**Penalty s. 72 (6.2)** A person convicted of an offence under subsection (4), (4.1), (4.2) or (6.1) is liable to a fine of not more than \$50,000 or to imprisonment for a term of not more than two years, or to both.





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<b>Policy Name and Number:</b>	<b>7.7 Adult Abuse</b>
Date last reviewed:	
Approval or last revision:	
Approved by:	

**PREAMBLE**

Alpha Care Medical recognizes that abuse in intimate adult relationships is a complex issue. Men are the perpetrators of most adult abuse and women are the most frequent victims. Abuse also has significant impacts on children. Alpha Care Medical also recognizes that some groups within society, such as people who are older, people living with a disability, immigrant communities and people who are members of the LGBTQ community are made more vulnerable to abuse due to a variety of intersecting oppressions.

Alpha Care Medical programs and services are based on the premise that violence is a systemic issue rooted in the inappropriate and coercive use of power and control in personal relationships. Alpha Care Medical recognizes that the type and nature of personal relationships varies and can include abuse perpetrated by a partner, an adult child, close family friend, neighbour and/or other trusted person.

**POLICY**

Alpha Care Medical adult abuse policy is founded on the following principles:

- All forms of abuse are unacceptable. Alpha Care Medical adopts a zero-tolerance policy for abusive behavior.
- The safety and well-being of the abused individual is of primary concern in the delivery of services.
- Alpha Care Medical services shall reflect a belief in the dignity and self-determination of all people.
- Alpha Care Medical strives to provide culturally sensitive and respectful services which are responsive to the needs of all patients.
- Services to abused patients are provided within an equity and inclusion framework that recognizes and incorporates the impact of factors such as race, culture, age, gender, ability, sexual orientation and economic status into work with patients, and is sensitive to the power dynamic/hierarchy in the counselling relationship.
- Abuse is a societal and community issue. A comprehensive community response must be developed if abuse is to be reduced and ultimately stopped. As such, effective services to end violence must include public education, coordination and networking among service delivery systems within and across sectors.
- Alpha Care Medical will intervene promptly if there is reason to suspect a patient is mentally incapable and is at risk of suffering serious personal or financial harm.
- Services to adults will routinely include an assessment of the risk of abuse.

**SCOPE**

This policy applies to all Alpha Care Medical staff, students and volunteers who serve adult patients.

**DEFINITION**

Alpha Care Medical defines abuse as an expression of the misuse of power and control in a relationship. Abuse is any action or inaction that jeopardizes the health or wellbeing of an individual. This can include physical, emotional, psychological, financial/economic, sexual, spiritual or medication abuse, as well as passive or active neglect and denial of civil or human rights. Abuse is a deliberate act, neglect or withholding for which the perpetrator is responsible and accountable.



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### PROCEDURES

#### 1. Screening for risk of abuse

1.1 Services to adults will routinely include an assessment of the risk of abuse as part of the intake screening process.

#### 2. When abuse is detected or suspected

2.1 Staff, volunteers and students will communicate to abused adults and/or the alleged perpetrators that abuse of any type is unacceptable behavior and that no one deserves to be treated this way.

2.2 Staff working with abused adults will make every effort to connect them to the justice system should they wish to take legal action (e.g., connecting patients to community relations or domestic violence liaison officers).

#### 3. Safety planning

3.1 When in contact with abused adults, the safety and well-being of the abused adult is of primary concern in the delivery of services. As such, staff will:

- Evaluate the level of danger to the patient and any other persons in the home and/or connected to the person being abused, if applicable.
- Assist the patient to plan for his/her safety and advise him/her that all safety planning will be kept confidential.
- Inform the patient of his/her right to police intervention.
- Offer services designed to meet the patient's needs.
- Urge the patient to contact Alpha Care Medical staff should abuse recur and reiterate that their information will be kept confidential, within the confines of the law.
- Review the safety plan periodically and amend it as needed.
- Ensure that any issues of child abuse are dealt with in legal and ethical ways.
- Identify resources and community services available to the patient.
- Liaise, as necessary, with other services within Alpha Care Medical (e.g., Violence Against Women program, Seniors program) or outside the organization to assist the patient. If it is not possible to gain patient consent for external consultation, anonymous consultations within and outside Alpha Care Medical will be permitted on a limited basis.

3.2 The safety plan will include the following elements:

- Establishing how the patient will know they are at risk.
- Establishing what a patient will do in the situation (e.g., when s/he is able to leave home, when s/he should remain in the home).
- Identifying important keepsakes and documents the patient might need to remain safe and/or to leave a situation (e.g., Social Insurance Number, health card, immigration documents, bank book, cheques, list of medications, name and phone number of doctor(s), name and phone number of pharmacy) and preparing an emergency supply of medications.
- Developing plans on how to safely leave a situation if this need arises (e.g., how to safely remove children from the home).
- Determining a way for the patient to connect with the counsellor should the situation change.

3.3 All safety planning discussions will be documented in the patient's file and will include:

- The name of the alleged perpetrator if the patient will provide it.
- A summary of the content of the discussion with the patient.
- An assessment of the risk to the patient.



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- The safety plan that was developed.
- The name of the patient's ongoing Alpha Care Medical contact person.
- Any restrictions on follow up with the patient.

#### **4. Supporting patient choice**

4.1 Staff will work to support patients to empower themselves to make choices and control their lives to the full extent of their abilities.

4.2 Patients will be encouraged to make changes in their lives after reviewing the full range of options available to them. Staff will never insist on their own timetable for change unless the patient is at imminent risk.

4.3 Staff will attempt to maintain connections with hesitant or resistant patients but, at the same time, will respect the wishes of the patient.

#### **5. When dealing with patients involved in criminal proceedings:**

5.1 Staff working with perpetrators and alleged perpetrators will observe all relevant court orders where Alpha Care Medical has been directly implicated, including bail orders, restraining orders and peace bonds.

5.2 Staff working with abused adults will advise patients to observe all relevant court orders including bail orders, restraining orders and peace bonds.

5.3 Where needed and possible, staff will provide support to abused adults throughout the court process and/or connect patients to external resources.

#### **6. Participating in community initiatives**

6.1 Staff will actively participate in initiatives addressing the abuse of adults and make linkages to other sectors and organizations working on these issues.

6.2 Staff will work to encourage various levels of government to provide comprehensive funding to problem resolution and prevention services for individuals at risk of abuse or who are being abused.

#### **7. Dealing with homicide or serious injury caused by interpersonal violence**

7.1 When a staff person learns that a Alpha Care Medical patient has been killed or seriously injured or that a patient has committed such an offence the staff person will immediately notify his/her manager.

7.2 The manager will review the case with the staff person who provided service to the patient involved. Together they will document the following in the case record:

- history of service received
- identification of risk factors
- safety planning that took place in response to the identified risk
- precipitating factors to the suicide or circumstances of the death
- police or other legal involvement
- follow-up plan

7.3 The director and Executive Director will be immediately notified of all preliminary information and kept informed throughout the process including follow-up.

7.4 The Manager of Communications will be informed by the director or Executive Director that there has been an incident involving a Alpha Care Medical patient that may result in media calls. A plan is developed to deal with this contingency.



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7.5 The director will support the local manager in ensuring that posttraumatic support is provided to staff, volunteers, students and patients affected by a homicide or serious injury.



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<b>Policy Name and Number:</b>	<b>7.8 Suicidal Behavior &amp; Patient Suicide</b>
Date last reviewed:	
Approval or last revision:	
Approved by:	

**POLICY**

All forms of suicidal ideation or suicide threats will be taken seriously. Action must be taken in the case of every person contemplating suicide – whether it is a chronic or an acute ideation. When in doubt whether a situation is high or low risk, the response must be in line with the high-risk possibility.

Management will be immediately informed (regardless of hour or time of day) and will provide advice in all cases of suicide threats, attempts or actual patient suicide.

**SCOPE**

All employees, students and volunteers are covered by this policy.

**DEFINITION**

**Suicide Risk Factors:** Individuals may be more likely to contemplate suicide at certain points in their lives or if certain conditions exist. The following factors should be considered in assessing suicide risk:

- **Means** is what the patient intends to use to commit suicide. The more lethal the means, the more serious the risk (e.g., a gun is a more serious threat than pills). Moreover, the more available the method, the more serious the risk (e.g., loaded gun).
- **Plan** is how the patient will carry out his/her suicide. A more detailed and specific suicide plan indicates a greater risk.
- **Intent or motivation** reflects whether the patient has a reason to live or not. The greater the motivation to die, the greater the risk.
- **History:** An individual who has attempted suicide in past may be at higher risk of achieving their goal than someone who has no history of suicide attempts.
- **Age:** There is an increased rate of suicide in persons under 20 years of age and elderly persons also present a serious risk.
- **Gender:** Men have a higher rate of suicide than women. Men tend to seek help only when problems have reached serious proportions.
- **Stress:** Someone with a lot of stress in their life is at greater risk for suicide.
- **Resources:** A person with fewer resources and supports is at greater risk than a person with considerable resources. The more socially isolated the individual, the greater the risk.

**PROCEDURES**

**1. Assess suicide risk**

- 1.1 Patient's suicide risk will be assessed at intake (e.g., by the Service Access Unit, by the EAP Contact Centre). If there are any concerns with respect to this, the duty day staff person will be contacted immediately.
- 1.2 Staff working with patients will continue this assessment during service and respond accordingly.
- 1.3 To determine the seriousness of the suicide risk, assess the patient against the suicide risk factors (see definition above).



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### **2. Serving patients with suicidal ideation (on the phone or in the office)**

- 2.1 Staff will establish a relationship with patients presenting a suicide risk and will continually assess for means (what they will use), plan and motivation/intention (reasons to live or die) to commit suicide. When in doubt whether a situation is high or low risk, pursue a response that assumes high-risk possibility (that the patient has means, plan and motivation).
- 2.2 In high-risk situations of a patient with active suicidal ideation (i.e., patient has the means, plan and motivation), the patient must be continuously engaged while the staff person tries to get help (whether the patient is on the phone or in your office). Patients who are in Alpha Care Medical offices must be continuously engaged and not left alone.
- 2.3 Communicate clearly that you do not want the person to take his/her life.
- 2.4 Help the person identify the problem and reframe it. Do not offer unrealistic outcomes.
- 2.5 Establish a suicide prevention plan with the patient (e.g., direct the person to hospital, to a supportive friend or family member).
- 2.6 Go with the patient or make direct contact with a resource (e.g., police, family doctor, psychiatrist) to ensure follow-up happens.
- 2.7 Get the assistance of 911 (e.g., if available, asks a colleague to make this call).
- 2.8 Immediately consult the manager (or first available manager) with respect to the situation and the prevention plan.
- 2.9 Document all actions and responses in the patient record.

### **3. Reporting a patient suicide**

- 3.1 Upon learning that a current Alpha Care Medical patient has committed suicide, a staff person should immediately notify his/her manager.
- 3.2 The manager reviews the case with the service provider. Together, they review the patient record and service history (e.g., identification of risk factors; suicide prevention planning; precipitating factors to the suicide; circumstances of the death; police or other legal involvement). Ensure that the patient record is as complete as possible, given the available information.
- 3.3 Where funders require, the manager will notify the funder using a serious occurrence report within an hour of being advised of the patient suicide.
- 3.4 The director is immediately notified of all preliminary information and updated throughout the follow-up process. The director will determine whether or not to advise the Executive Director.

### **4. Arranging for case debriefing and support to staff involved**

- 4.1 The manager will organize a follow-up session with involved staff to discuss the patient's case and possible changes in policy or procedure.
- 4.2 The director and manager will ensure that post-traumatic support is provided to staff and patients affected by a suicidal death or injury. How this debriefing support is provided will be decided on a case by case basis.



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<b>Policy Name and Number:</b>	<b>7.9 Concerns with Patient Capacity</b>
Date last reviewed:	
Approval or last revision:	
Approved by:	

### **POLICY**

Alpha Care Medical staff do not conduct capacity assessments. Rather, Alpha Care Medical defers to legally-authorized capacity assessors.

Alpha Care Medical programs and services are largely voluntary and patient participation implies consent. Patient's will be asked to sign a form that confirms that the patient consents to service and has seen and understood the organization's policies. In all cases, Alpha Care Medical presumes the capacity of persons over 12 years of age to give or refuse consent to service (see *Consent and Information Sharing Regarding Children* policy).

Nevertheless, practice may reveal a concern about a patient's capacity to make certain decisions (e.g., decisions about finances, living arrangements and personal care). If such concerns arise, employees or students may need to involve qualified health professionals to assess capacity or the person with Power of Attorney for Personal Care or a Power of Attorney for Property (if one exists) to make the ultimate decision.

It is imperative to remember an individual may not be capable of making certain types of decisions (e.g., financial decisions) but capable of making other types of decisions (e.g., health or treatment decisions) or vice versa. Even when there are concerns about capacity, Alpha Care Medical will always strive to involve the patient in all decision-making processes and discussions.

### **SCOPE**

This policy applies to all staff, volunteers and students working directly with patients.

### **DEFINITIONS**

**Capacity:** The definition of capacity in the *Health Care Consent Act, 1996* is very helpful to general understanding: "A person is capable with respect to a treatment, admission to a care facility or a personal assistance service if the person is able to understand the information that is relevant to making a decision about the treatment, admission or personal assistance service, as the case may be, and able to appreciate the reasonably foreseeable consequences of a decision or lack of decision." 1996, c. 2, Sched. A, s. 4 (1).

*Note: Psychologists are the only professionals who are subject to the Health Care Consent Act, 1996 (i.e., the Act does not apply to social workers).*

**Capacity assessment:** Capacity assessment is the formal assessment of a person's mental capacity to make decisions about property and personal care.

Under the *Substitute Decisions Act*, many situations require capacity assessments to be conducted by specially qualified assessors who must follow specific guidelines.

**Capacity assessors:** Regulated health professionals who are qualified, under O.Reg. 460/05, to carry out a capacity assessment. They include physicians, psychologists, nurses, social workers and occupational therapists who are trained and certified as capacity assessors by the Ministry of the Attorney General.



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**Continuing Power of Attorney for Property:** A Continuing Power of Attorney is a legal document in which a person gives someone else the legal authority to make decisions about their finances if they become unable to make those decisions themselves. The person who is named as the attorney does not have to be a lawyer. The power of attorney is called “continuing” because it can be used after the person who gave it is no longer mentally capable. Some people use the word “durable” which means the same as “continuing”.

**Evaluators:** Regulated health professionals defined in the *Health Care Consent Act, 1996* who may determine that an individual is incapable of giving informed consent. Within the context of the Act, evaluators are defined as audiologists and speech-language pathologists, nurses, occupational therapists, physicians, physiotherapists, psychologists and social workers.

**Power of Attorney for Personal Care:** A Power of Attorney for Personal Care is a legal document in which one person gives another person the authority to make personal care decisions on their behalf if they become mentally incapable.

### PROCEDURES

1. For patients served in-person, employees will ensure that the patient has signed the form indicating that they understand the policies relevant to their service. The signed form is placed in the patient’s file or filed centrally by program.
2. Patients served only by telephone will also be advised of the relevant policies and their acknowledgement will be recorded in an activity note.
3. If capacity concerns arise at any point in the course of service, staff should:
  - consider whether the patient understands the decision they are being asked to make
  - question whether the person understands the reasonably foreseeable consequences of the decision or lack of decision
  - consult with their supervisor
4. If the answer to either question is negative, staff will first determine if a Power of Attorney (whether for Personal Care or for Property) or some other legal guardian is named. Staff will tell the patient that s/he is concerned about the patient’s capacity to make the requested decision and will request permission to speak to the appointed substitute decision-maker and see a copy of the power of attorney (if one exists).
5. If a Power of Attorney has been signed by the patient, Alpha Care Medical shall follow the terms, if any, of the Power of Attorney with respect to determining capacity and providing service to the patient. Any conversations should strive to also involve the patient to the greatest extent possible.
6. If no Power of Attorney has been signed by the patient, staff will exercise extreme caution in advising the patient on significant decisions prior to a capacity assessment of the patient with a capacity assessor authorized in accordance with the laws of Ontario or in the case of FSEAP the laws of the province where service is being provided.
  - 6.1 Staff will explain the purpose of the capacity assessment to the patient and offer to facilitate the assessment arrangement.
  - 6.2 With the patient’s consent, staff will arrange for the assessment at a time and place agreeable to the patient.





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6.3 If there is family involvement and no Power of Attorney, staff will help the patient identify a family member who is capable, available and willing to take that role and provide the information required.

6.4 If there are no relatives and there is a friend who is willing to take that role, staff will provide information regarding the Consent and Capacity Board so that they can start the process.

6.5 If no one is willing and capable to take this responsibility or if there are concerns about abuse (e.g., financial, emotional or physical), staff will involve the Office of the Public Guardian and Trustee.

7. It must be noted in the patient file that the assessment has been requested.

Any document related to the assessment and its results should also be entered into file.

8. Alpha Care Medical continues to provide service to the patient, even while the capacity assessment is pending. Once the results of the capacity assessment are received (and potentially shared with Alpha Care Medical) service will adhere to the results.



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<b>Policy Name and Number:</b>	<b>7.10 Limiting, Refusing or Withdrawing Service</b>
Date last reviewed:	
Approval or last revision:	
Approved by:	

**POLICY**

Alpha Care Medical has the responsibility and right to make judgments about the advisability of providing service and reserves the right to limit, refuse or withdraw service when:

- There is a perceived danger to staff, whether a risk to their personal safety or to their health
- A patient demonstrates a risk of harm or violence to self or others – behavior or situations of concern include when:
  - o There is or has been physical or verbal abuse including threatening or intimidating behavior by the patient (e.g., record of criminal violence in patient’s history, previously recorded behavior)
  - o Behavior dangerous to self or others
  - o Illegal behavior by the patient has been witnessed by staff
  - o There is concrete evidence (e.g., through a referral source) that demonstrates potential for high-risk behavior by the patient
  - o Where the patient’s mental health status indicates counselling would not be helpful
- A patient breaks the trust of the organization (e.g., theft or vandalism of Alpha Care Medical property)
- Staff cannot sustain a productive relationship with the patient
- Alpha Care Medical programs and services are no longer beneficial to the patient
- Patients who can pay choose not to pay fees for services where fees exist
- A patient lives and works outside or does not meet Alpha Care Medical program and/or service eligibility requirements
- A patient uses discriminatory or harassing language or exhibits discriminatory or harassing behavior, including the refusal to work with a particular counsellor because of race, sexual orientation, creed, sex, gender identity, ethnic origin or any other grounds prohibited under the *Human Rights Code*
- The request for service is beyond the limits of Alpha Care Medical resources
- A communicable disease is present and there is a risk of transmission.

Alpha Care Medical stands behind a staff decision to limit, refuse or withdraw service or to refer people to alternate community resources for safety reasons provided the circumstances are documented and the approved policies and procedures are followed.

**SCOPE**

All staff, volunteers and students are governed by this policy.

**DEFINITIONS**

**Limit Service:** To restrict service to certain types, locations and hours of the day.

**Refuse Service:** To refuse service during initial contact with the patient.

**Withdraw Service:** To terminate provision of service.



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### LIMITATIONS

Staff, volunteers and students will inform the appropriate program manager of any decision to limit, refuse or withdraw service.

### PROCEDURES

#### 1. Assessment at Intake on Limiting or Refusing Service

- 1.1 Staff conducting intake will advise the referral source and/or the potential patient that service may be limited, refused or withdrawn if the patient has a history of high-risk behavior or if Alpha Care Medical is not able to provide the required service. If possible, referrals to other services will be made.
- 1.2 Staff conducting intake will raise concerns about the need to limit or refuse service during the intake process to the relevant program manager and flag the concern in the electronic patient database.
- 1.3 The program manager receiving the notice of the concern will review the patient's situation to determine whether service should be limited or refused.
- 1.4 Staff conducting intake may make the decision to refuse service in consultation with the appropriate manager. If service is refused at assessment, staff will attempt to refer the patient to other resources that may suit his/her needs.
- 1.5 If a patient record exists, the refusal and reasons for it will be indicated in the electronic patient record.
- 1.6 A service alert to all staff may be activated in the electronic patient database at this point for refused patients who present safety concerns. All service alerts will include an explanation of the reason for the refusal, limitation or withdrawal of service.

#### 2. Refusing Service

- 2.1 Immediately after assessment and before service begins, staff may determine that Alpha Care Medical cannot provide service to a patient. If this situation arises, staff will discuss the refusal with their manager and document the decision in the patient record. If possible, referrals to other services will be made.
- 2.2 A service alert to all staff may be activated in the electronic patient database at this point for refused patients who present safety concerns. All service alerts will include an explanation of the reason for the refusal, limitation or withdrawal of service.
- 2.3 If service is refused, staff will explain the reasons for the refusal to the patient and attempt to refer him/her to other resources that may suit his/her needs.

#### 3. Limiting or Withdrawing Service

- 3.1 Staff with concerns about providing service to a patient may decide to temporarily limit or refuse service.
- 3.2 Any temporary limitation or withdrawal of service must be subsequently discussed with the immediate manager. The situation may also be brought to the program team to generate alternatives or ensure a consistent approach.
- 3.3 Ongoing limitation or withdrawal of service must be approved by the manager.
- 3.4 Behaviors such as intimidation, threats or verbal abuse are not to be tolerated by any staff person. If the staff person has concerns about threatening or intimidating behavior, these concerns should be reported to the manager and the police if necessary.

#### 4. Documentation and Notification

- 4.1 The patient record must include:
  - Description of the action taken and the reasons for action
  - Documentation of any contract with the patient concerning their behavior



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- Documentation of consultation with immediate manager
- Issuance of a service alert in cases of patients posing a potential risk to staff.

Whenever possible or advisable, the manager will contact the patient to inform him/her that service may be limited or withdrawn if their behavior continues. Any phone or in-person discussion with the patient will cover the following points:

- I have been informed of your contact with your counsellor and my understanding of the situation is...
- I understand the difficulty of your situation and would be pleased to assist you in finding appropriate professional help.
- If patient exhibits high-risk or threatening behavior: Our policy on these matters is to request your cooperation in refraining from further high-risk/threatening behavior. If you do not cooperate, we will issue a Trespass Notice under the *Trespass to Property Act*.

The manager will inform the program director about any service restrictions. If the patient is participating in several Alpha Care Medical programs and one program makes the decision to withdraw service, the manager of other program(s) involved must be informed of the withdrawal decision and the reasons for it.

Other concerned programs must consider whether some action is required of them as a result of the service restriction information.

### 5. Issuing a Trespass Notice

5.1 The manager may determine that the patient should be issued a trespass notice to prohibit his/her appearance on Alpha Care Medical premises. The manager must consult with the director and provide case documentation prior to implementing a trespass notice.

5.2 Once approved, the manager will complete the *Notice under Trespass to Property Act Form*, send it to the patient by registered mail and post it at Alpha Care Medical offices.

5.3 The notice must be readily available to present to police if the notice is violated.

5.4 If a trespass notice is served, all Alpha Care Medical staff should be informed.

### 6. Reviewing Cases where Service is Limited, Refused or Withdrawn

6.1 If a patient for whom service has been refused, limited or withdrawn makes a new request for service or the patient's situation changes, the staff member and manager will discuss the request, make a decision and document it in the patient's file.