

# NEW DIMENSION GROUP

## ORIENTATION AND POLICIES

### Physical Addresses

210 N. Sycamore Street  
Rose Hill, NC 28458

416 W. Ridge Street  
Rose Hill, NC 28458

**Telephone: (910) 289-2610**

**Fax: (910) 289-4410**

*NDG does not discriminate or tolerate discrimination against consumers, based on age, gender, race, national origin, sexual preference, religion, or inability to pay for services.*

### OFFICE HOURS

The office is open Monday through Friday 8am-5 pm.

### AFTER HOURS, WEEKENDS, HOLIDAYS

NDG has 24-hour coverage by telephone. If you have an immediate life or death emergency, call 911 or go promptly to an Emergency Room for assistance.

### AVAILABLE SERVICES

Intake and Assessment

Psychotherapy

Psychiatric Evaluation

Medication Management

Crisis Walk-In

Assertive Community Treatment

(ACTT)

Peer Support Services

Tailored Care Management

### APPOINTMENTS

NDG strongly believes in the value of your time and will strive to adhere to the scheduled appointment time. Every effort possible will be made to see you at your scheduled time, but it is sometimes impossible to avoid delays due to emergencies and due to unexpected developments in the situation of patients.

Children cannot be treated without parental / guardian participation.

### MISSED APPOINTMENTS

If you need to cancel your appointment, please give as much notice as possible but at least the minimum notice of 24 hours.

**You may be charged for canceled or broken appointments without 24-hour advance notice.**

**Repeated late cancellation of appointments and/or failure to keep scheduled appointments may make it impossible to continue serving you.**

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### **INSURANCE**

NDG accepts a variety of insurances including but not limited to Medicaid, Medicare, Health Choice, United Health Care, and BCBS. We will submit claims for payment; however, you are responsible for all deductibles and co-pays.

If we do not accept your insurance or if you do not have insurance, there may be some options for payment including state funds, sliding fee scale, or self-pay.

If you have serious financial hardships, please don't ignore your balance. Suitable payment plans can be made in such circumstances.

### **RETURNED CHECKS**

There is a \$25 charge for returned checks.

We reserve the right to refuse payment by check if there has been a problem with your checks. In the event your account becomes more than 60 days past due, we reserve the right to terminate the provider/patient relationship, and the account may be placed with an outside collection agency. All costs, fees, and other related expenses of the collection efforts would be borne by the patient/guarantor; (generally, thirty percent is added to the balance due if the account is sent to a collections agency).

### **TELEPHONE CALLS**

If your provider/therapist is not available by telephone, you may leave a brief but detailed message for the therapist. Please be specific in your message.

NDG may leave messages at your home, your answering machine or voice messaging regarding appointments if you are not available.

**Most significant medical and therapy questions need face-to-face appointments.**

### **PRESCRIPTION REFILLS**

It is routine practice to write prescriptions to cover your needs until your next appointment. There should be no need for additional refills if you keep scheduled appointments or reschedule promptly. If an exception occurs and you find your medication is running low, please call the pharmacy and ask them to call the office to approve a refill. The pharmacy will call or fax a refill request.

Refills can be done if you are an active patient, and you have a scheduled follow-up appointment. Medication refills require at least two working days' notice. Medication changes generally require appointments so they can be adequately considered, explained, and discussed.

### **CONFIDENTIALITY**

Any confidential information you disclose to us during treatment, or any other confidential information we obtain while attending to you professionally, shall be held in confidence unless you permit us to disclose such information or where we are required or permitted to disclose such information by law.

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NDG may be required **by law** to disclose confidential information in certain cases. The following are examples and are not a complete list:

1. If we assess that you are a clear and imminent danger to yourself or another person, appropriate others may be notified to prevent that occurrence.
2. If there is reason to suspect that child or elder abuse has occurred, the law requires that it be reported to the proper authorities. In addition, we may be required to report to authorities when certain crimes have been committed.
3. In a legal proceeding, the Judge may order disclosure of information he or she feels would be necessary for the proper administration of justice.

We are required by law to protect the privacy of health care information about you and that can be identified with you. You will be given a Notice that describes our current privacy and information practices.

## RECORDS

Medical records requests require up to 14 business days to fulfill. There will be a \$15.00 charge at the patient's request for copying and/or mailing records. However, there will not be a charge for medical records requested by other medical providers for continuation of care.

**A completed, signed Release of Information form is required before records can be released.** If your records are needed for reasons other than continuation of medical care, there may be a delay if you have an unpaid balance on your account. **If you want your records released to you, you may need an appointment with your provider to discuss the details of your records.**

To pick up medical records requests, the person picking up the records must be the patient or an authorized individual on the patient's account. The person must sign for the documents, submit payment (if not already received) and produce a picture ID to confirm identity.

## TOBACCO USE, ILLEGAL DRUGS, LEGAL DRUGS, MEDICATION, and WEAPONS POLICY

Smoking or use of tobacco products is not permitted in any building of the facility.

There will be no use, manufacturing, distributing, or dispensation of illegal drugs, related drug paraphernalia, intoxicating beverages, firearms, or weapons allowed on any of NDG premises or in agency vehicles.

## PSYCHIATRIC ADVANCED DIRECTIVES

A Psychiatric Advance Directive (PAD) is a document that describes the kind of mental health treatment you would want to receive if not able to make decisions for yourself. You can create a PAD by filling out the form provided by North Carolina at <https://www.nrc-pad.org/states/north-carolina/>

## SECLUSIONS AND RESTRAINTS

NDG does not use any methods of seclusion, restraint, restriction of rights or special treatment interventions.

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### **DISCHARGE CRITERIA**

Discharge planning begins at intake. Each individual and clinician will develop a person-centered treatment plan to determine when discharge is appropriate. On occasion, a discharge will occur for a reason other than completion of the treatment plan. Discharge will not take place as punishment retaliation for displaying symptoms of a disorder. Individuals may be discharged due to non-compliance with treatment recommendations, violation of NDG policies, or aggressive / assaultive behavior.