

Patient Handbook

Child & Adolescent Services



Horizon Health Services - Clinical Services Agreement

Welcome to Horizon.

Our mission is to provide high quality, comprehensive and evidence-based care that is based on your individual needs and reasons for seeking treatment. We also believe that recovery is a continual process, and that the involvement of family and significant others is often critical to treatment success.

In coming for treatment at Horizon, you have established an important partnership designed to help you meet your recovery goals. This partnership involves you and your doctor/nurse practitioner, counselor and other professionals, family members and significant others, medical treatment providers, and the individuals or agencies who referred you. Communication and cooperation among all of these parties will be important to your recovery. Successful treatment also requires your full participation including your:

- **Attending all scheduled appointments** and giving at least one day's notice if you need to reschedule. Treatment is ineffective if it is fragmented and inconsistent.
- **Partnering** with your counselor **to establish treatment goals** and plans which are meaningful to you and your successful recovery.
- Understanding the importance of **confidentiality** in your counseling relationship, including protecting the confidentiality of other consumers you have contact with.
- Recognizing and accepting that we may recommend **referrals** for additional clinical assessments and services. We will be clear regarding the need and purpose of these referrals.
- Understanding that **medication** may be a necessary part of treatment, and your agreement to take these medications as prescribed, and consistent with your prescribers' instructions. We will answer your questions about these medications, and prescribe the minimum amount possible.
- Urinalysis and breathalyzer tests may be used to plan your care.
- Agreement that your **family and significant others** can play an important role in your recovery. We may require that you identify a family member or significant other to participate in your treatment.
- Not coming to treatment **under the influence** of alcohol and/or other drugs.
- Ensuring everyone's safety and effective care within Horizon facilities by:
 - Treating staff and other consumers with **courtesy** and **respect**,
 - Not using **cell phones** or other electronic devices during sessions,
 - Not taking photos, videos or voice **recordings** at any time,
 - Not possessing **weapons** or **illegal substances**,
 - Not engaging in **illegal** or **destructive** behavior, and
 - Not **smoking** or possessing tobacco or related products unless participating in the residential services tobacco-limited program.
- Accessing the following **emergency resources** if you have thoughts of harming yourself or others during non-program hours. National – 988; Erie County - 834-3131; Niagara County - 285-3515; Genesee County - 343-1212. **Call 911 immediately if you need assistance in life-threatening situations.**

Note that your behavioral health services may be in part funded by a federal grant that requires the collection and reporting of demographic and treatment outcome data. This grant data reporting will not permit your being individually identifiable.

We are committed to providing you the highest quality treatment and rehabilitative services within an environment that is comfortable, safe, respectful, and responsive to your unique needs and goals for recovery. Your services will be individualized to meet your clinical needs and choice, and may include individual, group and family counseling, medication for symptom management, peer support or care coordination. Horizon maintains an incident management program.

OASAS 815.6 Patient Responsibilities

Regulations: <https://oasas.ny.gov/system/files/documents/2022/09/815.pdf>

(a) Participation in treatment for an addiction disorder presumes a patient's continuing desire to acquire healthy habits and requires each patient to act responsibly and cooperatively with provider staff, in accordance with an individual treatment/recovery plan and reasonable provider procedures. Therefore, each patient is expected to:

- (1) work toward the goal of recovery, as defined by the patient;
- (2) treat staff and other patients with courtesy and respect;
- (3) respect other patients' right to confidentiality;
- (4) participate in developing and following a treatment/recovery plan;
- (5) become involved in productive activities according to ability;
- (6) pay for services on a timely basis according to financial means;
- (7) participate in individual counseling and/or group and/or family counseling sessions as appropriate;
- (8) inform medical staff if receiving other medical or psychiatric services;
- (9) address all personal issues adversely affecting treatment; and
- (10) act responsibly and observe all provider rules, regulations and policies.



Child & Adolescent Services

Serving Ages 3+

What kinds of emotional & behavioral problems does Horizon treat?

- Anxiety symptoms
- Depression symptoms
- Mood disorders
- Trauma symptoms
- Substance abuse
- Peer relationship problems
- Family dysfunction (family issues)
- School adjustment problems

We do not treat Autism Spectrum Disorder or other developmental disability disorders and Primary Eating Disorders.

What treatment services does Horizon provide for children & adolescents?

Horizon provides mental health and substance use treatment for children and adolescents ages 3 and up. Treatment is designed to address each child/adolescent's individual needs, and includes:

- Individual, parent, and family counseling
- Play therapy, including a playroom designated for play therapy
- Evidence-base therapies for trauma including Eye Movement Desensitization and Reprocessing (EMDR) and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Dialectical Behavioral Therapy (DBT)
- Counseling through art, music and dance
- Child & Adolescent Psychiatry Program
- Coordination with schools, pediatricians, and other key persons/agencies
- Telehealth appointment availability



*Our Mission: Together for Recovery.
Changing Lives. Saving Lives.*

716.831.1800
[HORIZON-HEALTH.ORG](https://www.horizon-health.org)

What does treatment at Horizon usually include?

Treatment is different for each child/ adolescent depending on their needs, but often includes:

- Ongoing diagnostic assessment and treatment plan development
- Individual counseling sessions
- Family sessions
- Medication management
- Trauma informed therapy, including Trauma- Focused CBT and EMDR

How does Horizon involve parents/ guardians in their children's treatment?

We believe that parent/legal guardian participation is key to treatment success. This participation includes:

- Participation in identifying the problems to be addressed and in the development of the treatment plan
- Participation in family sessions
- Ensuring their child's timely attendance of appointments
- Encouraging their child's treatment participation
- Supporting their child's efforts to effect change

**ADDITIONAL SERVICES MAY BE OFFERED ON A CLINIC BY CLINIC BASIS.
CHECK WITH YOUR CLINIC FOR ANY ADDITIONAL FAMILY SERVICES OPPORTUNITIES.**

**FOR MORE INFORMATION ON FAMILY PROGRAMMING OR OTHER PROGRAMS OFFERED
BY HORIZON HEALTH SERVICES, PLEASE CALL (716) 831-1800.**



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Outpatient Family Treatment Options

Individual Counseling

There are times when caring for someone with a substance use disorder and/or mental health condition can feel overwhelming. Family members and partners struggle with how to set effective boundaries, communicate their own needs, and take care of themselves. Individual therapy with someone who specializes in working with loved ones effected by substance use and/or mental health disorders is available. Contact our Admissions Department at 831-2700 to schedule.

Family Counseling Sessions

All individuals who have someone involved in Mental Health or Substance Use Treatment are encouraged to join in family sessions with their loved one's counselor. These sessions are designed to be supportive for all with a focus on shared decision-making. Horizon also has Marriage and Family Therapists on staff who look at how issues like mental illness and substance use can affect the entire family system-- increasing communication, boundaries, and skills for interacting as a family while supporting a loved one through this journey. Discuss options and next steps with your loved one's counselor.

Community Reinforcement & Family Training (CRAFT)

Family members know how difficult it can be for people to make behavioral changes. Through the evidenced-based CRAFT model, a skilled and experienced clinician can provide training to family members to find new ways to engage and motivate their loved ones through a wide range of proven methods. These methods not only aim to motivate your loved one, but to help improve your own life satisfaction. For more information or to schedule an appointment, please contact our Admissions Department at 831-2700.



Opioid Overdose Prevention Training

Opioid overdoses continue to rise. Narcan is an effective method for reversing opioid overdoses. Participants will learn the signs of an opioid overdose and be provided with an Opioid Overdose Prevention kit containing Naloxone (Narcan). Training is available at no cost to anyone that is interested; contact your local clinic for more information.

Parent and Family Support Services

When families are involved in the clinical treatment process, patients and their families tend to get better. Horizon has family support liaisons that can answer questions, guide families to resources, and otherwise serve as a source of support. Parents and families can access these supports on an as needed or ongoing basis depending on identified needs. The goal of this role is to provide loved ones with knowledge and insights from a family member's perspective on addiction, mental health, navigating the treatment system, and how to provide effective support. Discuss linkage options and next steps with your loved one's counselor.

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Patient Rights for OASAS and OMH Outpatient Programs

- (1) to receive services responsive to individual needs in accordance with an individualized treatment/recovery plan, which the patient helps develop and periodically update;
- (2) to receive services from provider staff who are competent, respectful of patient dignity and personal integrity, and in sufficient numbers to deliver needed services consistent with the requirements of the provider's operating certificate;
- (3) to receive services in a therapeutic environment that is safe, sanitary, and free from the presence of addictive substances;
- (4) to know the name, position, and function of any person providing treatment to the patient, and to communicate with the provider director, medical director, board of directors, other responsible staff or the Commissioner;
- (5) to receive information concerning treatment, such as diagnosis, condition or prognosis in understandable terms, and to receive services requiring a medical order only after such order is executed by a medical provider working within their scope of practice;
- (6) to receive information about provider services available on site or through referral, and how to access such services;
- (7) to receive a prompt and reasonable response to requests for provider services, or a stated future time to receive such services in accordance with an individual treatment/recovery plan;
- (8) to be informed of and to understand the standards that apply to their conduct, to receive timely warnings for conduct that could lead to discharge and to receive incremental interventions that are strength based, person centered and trauma-informed for conduct contrary to program rules;
- (9) to receive in writing the reasons for a recommendation of discharge and to be informed of the process to appeal such discharge recommendation;
- (10) to voice a grievance, file a complaint, or recommend a change in procedure or service to provider staff and/or the Office, free from intimidation, reprisal or threat;
- (11) to examine, obtain a receipt, and receive an explanation of provider bills, charges, and payments, regardless of payment source;
- (12) to receive a copy of the patient's records for a reasonable fee;
- (13) to be free from physical, verbal or psychological abuse;
- (14) to be treated by provider staff who are not under the influence of substances that would impair their ability to perform the duties stated in their job description;
- (15) to be free from any staff or patient coercion, undue influence, intimate relationships and personal financial transactions;
- (16) to be free from performing labor or personal services solely for provider or staff benefit, that are not consistent with treatment goals, and to receive compensation for any labor or employment services in accordance with applicable state and federal law: and

(17) Patients have the right to placement in gender segregated settings based on their gender identity or expression.

(18) Patients have the right to culturally appropriate and affirming care and to be free from harassment and/or discrimination in accordance with the factors outlined in paragraph of this subdivision.

(19) Prohibition against discrimination in admission. No individual that meets level of care criteria for admission shall be denied admission to any program based solely on the following factors, including but not limited to: prior treatment history; referral source; pregnancy; history of contact with the criminal justice system; HIV status; physical or mental disability; lack of cooperation by significant others in the treatment process; toxicology test results; use of any substance, including but not limited to, benzodiazepines; or use of medications for substance use disorder prescribed and monitored by an appropriate practitioner; actual or perceived gender or gender identity; national origin; race or ethnicity; actual or perceived sexual orientation; marital status; military status; familial status; or religion; or age.

(20) Patients have the following rights with regard to access to medication for addiction treatment: Medication for Addiction Treatment (MAT) for Substance Use Disorder. Patients have the right to be offered or maintained on all forms of approved medication for substance use disorder treatment when admitted or seeking admission to any Office certified program, in accordance with guidance issued by the Office. Patients have the right to be educated about all forms of FDA approved medications for the treatment of substance use disorders, including the benefits, risks and alternatives.

(21) Overdose Prevention Education. Patients have the right to receive overdose prevention education and naloxone education and training, and a naloxone kit or prescription, in accordance with guidance issued by the Office.

(22) The confidentiality of recipients' clinical records shall be maintained in accordance with applicable State and Federal laws and regulations, which may include, but are not limited to section 33.13 of the Mental Hygiene Law, article 27-F of the Public Health Law, the Health Insurance Portability and Accountability Act (HIPAA), and 42 CFR part 2.

<p>Brandy Vandermark-Murray President The Horizon Corporations 55 Dodge Road, Getzville, New York 14068 716-831-2700</p>	<p>NYS Office of Mental Health Quality Assurance Division 44 Holland Avenue Albany, NY 12229 1-800-597-8481 <i>En Español:</i> 1-800-597-8481</p>	<p>Dr. Chinazo Cunningham, Commissioner NYS Office of Addiction Services and Supports 1450 Western Avenue Albany, NY 12203-3526</p>	<p>NYS Justice Center 161 Delaware Avenue Delmar, NY 12054-1301 Client Abuse/Neglect Hotline 1-855-373-2122</p>
<p>NYS Office of Mental Health Complaint Line 1-800-597-8487</p>	<p>Protection and Advocacy for Individuals with Mental Illness 237 Main Street, Suite 400 Buffalo, NY 14203 716-874-0650 716-874-1322</p>	<p>NYS Office of Addiction Services and Supports Client Advocacy Unit 501 7th Avenue New York, NY 10019 1-800-553-5790</p>	<p>Alliance on Mental Illness: <ul style="list-style-type: none"> • NYS: 1-518-262-2000 • NYS Helpline: 1-800-950-3228 • Erie: 716-832-4035 • Niagara: 716-754-7742 </p>

Overdose Prevention

Death from opioid overdose is occurring at an alarming rate in the Western New York Area. Even individuals who do not use opioids are experiencing accidental overdose due to use of other substances that are “laced” with fentanyl (a powerful opioid) including cocaine, methamphetamine, counterfeit pills, and cannabis.

It is important that people who use drugs and their loved ones know the risks and signs of overdose as well as strategies to prevent fatal overdose.

Risk Factors for Accidental Overdose

- Health conditions that impact your liver, kidney, heart, or immune system
- Decreased tolerance after a period of abstinence from use
- Using too much or too quickly
- Using drugs that are “cut” or “laced”
- Using alone
- Using IV (injection)
- Using more than one type of substance together

Strategies to Reduce Risk of Overdose

- Have a Narcan kit easily available when using
- Test substances with a Fentanyl Test Strip before using (available for free at all Horizon locations)
- Use a “test” (smaller) amount first to see how your body responds
- Do not use substances by yourself; anyone can access neverusealone.com for virtual support while using
- Use substances by smoking or “snorting” (inhalation) instead of IV
- Buy substances from a known source
- Additional Drug User Services (including needle exchange, HIV/Hep C testing, safer methamphetamine use kits) are available through Evergreen Health Services <https://www.evergreenhs.org/behavioral-health-services/drug-user-services/>

Signs of Overdose

- Heavy “nodding”, difficulty staying awake, or difficulty being woken up
- Skin is pale, cold, or clammy to the touch
- Breathing is very slow or stopped
- Heartbeat is slow or stopped
- Fingernails or lips are blue or purple
- Vomiting or gurgling noises
- Pupils are tiny or eyes are rolled back
- Seizures
- ***Overdose can happen over one to three hours following use***

Narcan: Opioid Overdose Reversal

- Narcan (naloxone) is a medicine given in a nasal spray to reverse an opioid overdose
- Free training and kits are available at all Horizon locations to anyone that is interested
- Narcan kits are available at local pharmacies without a prescription that are low or no-cost
- Always call 9-1-1 in addition to administering narcan; a person that is overdosing may require more than one dose to reverse an overdose, emergency medical personnel will be able to provide additional doses

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL TREATMENT INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

Horizon has adopted the following policies and procedures for protection of the privacy of our patients.

Our Obligation to You

We at Horizon respect your privacy. This is part of our Code of Conduct. We are also required by law:

- To maintain the privacy of “protected health information” about you;
- To notify you of our legal duties and your legal rights; and
- To follow the privacy policies described in this notice.

“Protected health information” means any information that we create or receive that identifies you and relates to your health or payment for services to you.

Use and Disclosure of Information about You

Use and Disclosure for Treatment: We will use your protected health information and disclose it to others as necessary to provide treatment to you. Here are some examples:

- Various members of our staff may see your treatment record in the course of our care for you. This includes clerical staff, counselors, nurses, physicians and other therapists. While our electronic health record system is shared by Horizon Health Services and Horizon Village, only staff members who need to know the information in order to provide your treatment will view your record.
- We may send blood, tissue or urine samples to a laboratory for analysis.
- We may provide information to your health insurance plan or another treatment provider in order to arrange for a referral or clinical coordination.
- We may contact you to remind you of appointments.
- We may contact you to tell you about treatment services that we offer that might be of benefit to you.
- With your authorization, we may share your contact information with an organization we engage to perform evaluations of our services or to help you manage your health, and will ensure the confidentiality of your information.
- As required by law, we will be checking the NYS Department of Health Prescription Monitoring Program Registry to identify the controlled substances that have been prescribed for you.

Use and Disclosure for Payment: We will use or disclose your protected health information as needed to arrange for payment for service to you. For example, information about your diagnosis and the service we render is included in the bills that we submit to your health insurance plan. Your health insurance plan may require health information in order to confirm that the service rendered is covered by your benefit program and medically necessary. A health care provider that delivers service to you, such as a clinical laboratory, may need information about you in order to arrange for payment for its services. We may also release your name, address and other non-clinical information to a collection agency if you do not pay your fees despite our repeated communications to you.

Use and Disclosure for Health Care Operations and Fundraising: It may also be necessary to use or disclose protected health information for our health care operations or those of another organization that has a relationship with you. For example, our quality assurance staff reviews records to be sure that we deliver appropriate treatment of high quality. Your health insurance plan may wish to review your records to be sure that we meet national standards for quality of care. We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Policy

It is our policy to obtain your written permission to use, access or disclose your protected health information for treatment, payment or health care operations purposes. You will be asked to sign an authorization form to permit all such uses and disclosures of your information. You have the right to control disclosure of information about you to any other person, including family members or friends. If you ask us to keep your information confidential, we will respect your wishes. No disclosure of protected health information will be made without your written authorization with the following exceptions.

Emergencies: If there is an emergency (including medical), we will disclose the minimum amount of your protected health information to enable people to care for you with your consent or if you are incapable of providing consent.

Disclosure to Health Oversight Agencies: We are legally obligated to disclose protected health information to certain government agencies, including the federal Department of Health and Human Services, the NYS Offices of Mental Health, Alcoholism and Substance Abuse Services and Department of Health.

Disclosures to Child Protection Agencies: We will disclose protected health information as needed to comply with state law requiring reports of suspected incidents of child abuse or neglect.

Other Disclosures: We will follow the provisions of 42 CFR Part 2, NYS Mental Hygiene Law, and Public Health Law governing disclosure of protected health information. Except for the circumstances described above, we will not disclose protected health information to a third party without your written permission or a court order. If a request for disclosure of your treatment record is received, and we do not have a current authorization for its release, you will be contacted and asked whether you wish to authorize disclosure. If you refuse to authorize disclosure, or it is not possible for us to contact you, we will not disclose your information without a court order.

Federal and State Laws and Regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program, or about any serious and imminent threat of harm to yourself or anyone else.

Unauthorized Disclosures: We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

Your Legal Rights

Right to Request Confidential Communications: You may request that communications to you, such as appointment reminders, bills, or explanations of health benefits be made in a confidential manner. We require that you submit your request in writing. We will accommodate any such request, as long as you provide a means for us to process payment transactions.

Right to Request Restrictions on Use and Disclosure of your Information: You have the right to request restrictions on our use of your protected health information for particular purposes, or on our disclosure of that information to certain third parties. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or operations with your health insurer. We require that you submit your request in writing. We are not obligated to agree to a requested restriction, but we will honor such requests consistent with the delivery of high quality care.

Right to Revoke an Authorization: You may revoke a written Authorization for us to use or disclose your protected health information. The revocation will not affect any previous use, access or disclosure of your information. However, by law you may not revoke an authorization to communicate with a criminal justice agency that mandated your treatment.

Right to Review and Copy Your Record: You have the right to see your treatment record. We will allow you to review your record unless a clinical professional determines that would create a substantial risk of physical or emotional harm to you or someone else. You may appeal this decision by contacting the Horizon Privacy Officer (see below). If another person provided information about you to our clinical staff in confidence, that information may be removed from the record before it is shared with you. We will also delete any protected health information about other people. At your request, we will make a paper or electronic copy of your record for you. We will charge a reasonable fee for this service.

Right to Amend Your Record: If you want to make an addition to your record, or believe your record contains an error, you may amend it. If there is an error, a note will be entered in the record to correct the error. If not, and you want to document what you perceive to be in error, or if you want to make an addition, you will be permitted to add a short statement to the record. This information will be included as part of the total record that will be shared with your authorization.

Right to a Listing of Disclosures: You have the right to a listing of the times we have shared your health information for two years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about payment and health care operations, and certain other disclosures (such as those you asked us to make). We will provide one list per year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Right to a Personal Representative: A "personal representative" of a patient may act on your behalf in exercising your privacy rights. This includes the parent or legal guardian of a minor. An individual can also grant another person the right to act as his or her personal representative in

an advance directive or living will. Disclosure of protected health information to personal representatives may be limited in cases of domestic or child abuse.

Right to a Paper Copy of this Notice: You have the right to a paper copy of this Notice which is also posted on our web site.

How to Exercise Your Rights/File Complaints

If you have questions about our policies and procedures, or wish to exercise your individual rights, contact the Director of the program you are attending or call (716) 831-2700 to be directed to an appropriate staff member. If you have a complaint or concern about our privacy policies or practices, contact our Privacy Officer at (716) 831-2700. Your counselor or Program Director will give you a form to submit a complaint if you wish. **We will never retaliate against you for filing a complaint.**

You can also submit complaints to:

*Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.*

*Room 509F, HHH Building
Washington, D.C. 20201
Hotline: 1-877-696-6775
www.hhs.gov/ocr/privacy/hipaa/complaints*

*US Attorney for the Western District of NY
139 Delaware Avenue
Buffalo, NY 14202
<https://www.justice.gov/usao/us-attorneys-listing>*

*SAMHSA Divison of Pharmacologic Therapies
<https://www.samhsa.gov/medication-assisted-treatment/about>*

Last updated 1.30.2024

THE HORIZON CORPORATIONS

COMPLAINT PROCEDURE

TO OUR PATIENTS:

As a Horizon patient, you are entitled to high quality professional services designed to meet your treatment needs. We fully respect your right to file a complaint regarding your services, and welcome your feedback.

You have the right to present your complaint personally, or through a designated representative. You will be informed of the findings and decisions made at each stage of its review. Your filing of a complaint shall in no way effect your current or future services at Horizon.

Should you wish to file a complaint regarding your services, the procedure is as follows:

1. Discuss your concern with your counselor. Your counselor will attempt to resolve the problem with you. Your counselor will also inform their supervisor. If you are uncomfortable discussing your concern with your counselor, ask to speak to their supervisor directly.
2. If you are unable to resolve the problem with your counselor, they will direct you to their supervisor. This supervisor will attempt to reach a resolution with you.
3. If your complaint cannot be resolved with the supervisor, you will be required to document your complaint in writing including the resolution you are seeking. At your request, we will assist you in preparing this document.
4. The written complaint will be forwarded to the senior manager responsible for the program where you are receiving services. The senior manager will discuss your complaint with you and strive to resolve it.
5. If the complaint cannot be resolved by the senior manager, it will be forwarded to Horizon's Chief Compliance Officer. The Chief Compliance Officer will discuss your complaint with you and strive to resolve it.
6. If your complaint remains unresolved, you will be referred to the applicable New York State regulatory authority should you desire to file a complaint with them.

Your counselor will forward complaints regarding billing or facility issues for resolution by the Horizon staff members responsible for these matters.

Should you have any questions regarding these procedures, please ask your counselor.

DISCHARGE FROM SERVICES

TO OUR PATIENTS:

All individuals receiving services from Horizon are entitled to an individually designed plan of treatment including specific goals based on their needs, and which the individual has participated in developing to the extent of their capacity.

Ideally, discharge from treatment occurs when both the individual and the clinical team agree that the major treatment goals established in the treatment plan have been achieved. It is Horizon's policy to ensure that patients are fully aware of the conditions for discharge, and that the treatment process is managed consistent with the best interests of each individual.

Discharge from services may occur under one of the following conditions:

1. A "planned discharge" will occur when both the individual and clinical team agree that the major goals of treatment have been achieved.
2. A "discharge against clinical advice" (ACA) will occur when the individual informs the agency of their decision to discontinue their care and the treatment team does not agree that the discontinuation of care is in the individual's best interest.
3. An "unplanned discharge" will occur when an individual withdraws from services without agency notification.
4. A "discharge to a more appropriate level/modality of care" will occur when the patient's clinical condition indicates their need of an alternate intensity or modality of care with referral and linkage to these services in agreement with the patient.
5. Horizon reserves the right to discharge individuals from treatment due to aggressive, assaultive or dangerous behaviors directed toward other patients or staff, the defacing or destruction of Horizon or staff property, or the commission of other crimes on Horizon premises.