



Rights & Responsibilities



Welcome to Northeastern Center

Steve Howell, Chief Executive Officer

The Northeastern Center supports and protects the fundamental civil, constitutional and statutory rights of each person served while he/she is receiving services. Confidentiality, prohibition of any abuse and advocacy are basic rights of each person served and are taken seriously by Northeastern Center staff. The Center maintains written policies and procedures, including this statement of the rights and responsibilities of persons served, which describes these rights and the means by which these rights are protected and exercised.

The statements within are issued by the Northeastern Center Executive Staff Committee under the authority of the Chief Executive Officer and are subject to change with supplemental notification. These rights and responsibilities will be reviewed and updated annually by the above-named body.

What is a right?

A right is something to which you have just claim. It is a power or privilege to which you are entitled.

Inside this handbook, you will find rights listed according to the service program from which you are receiving treatment. For example, there are rights for persons served in all Northeastern Center programs and rights for persons served in adult residential services.

What is a responsibility?

A responsibility is moral, legal or mental accountability. This is to say that you are able to choose for yourself between right and wrong and be able to answer for your actions.

Inside this handbook, you will find responsibilities listed according to the service program from which you are receiving treatment. For example, there are responsibilities of persons served in all Northeastern Center programs, responsibilities of persons served in adult residential services, and in inpatient services.

No person shall, on the grounds of race, religion, sex, age, disability, national origin, ancestry, veterans status, ability to pay, GINA or sexual orientation be excluded from participating in, be denied the benefit of, or be otherwise subjected to discrimination under any program or activity of Northeastern Center, Inc.

Northeastern Center, Inc. is an Equal Opportunity Employer and provides a Drug Free Workplace.

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You have equal right to treatment with no thought to race, sexual orientation, religion, sex, background or ability to pay.

You have the right to decent and kind care and quality treatment.

You have the right to express your preferences regarding your service, the delivery of these services and the composition of your treatment team.

You have the right to give consent for the treatment being offered. You have the right to tell us how you want the information used, how you want it sent and to whom it should be sent.

You have a right to receive services that respond to your needs, abilities and circumstances.

You have the right to know the Center may refer you to other services when we consider it appropriate.

You have the right to seek clarification and/or further explanation of your rights while you receive services at the Center.

You have the right to voice your complaints and wishes for change to Center staff and to others without fear of the retaliation.

You have the right to be free from all forms of abuse, harassment, exploitation or retaliation be it mental physical, sexual, psychological, financial, humiliation and neglect.

You have the right to any physical or mental aid needed to receive services. You have the right to fully participate in all areas of your treatment.

You have the right to be provided with information that will help you with decision making.

You have the right to any information about your services and care, with approval from the staff who work with you. The approval may be denied per Indiana code and Center policy. This information will be provided to you in terms and language you can understand. This request and the outcome will be noted in your case record.

You have the right to refuse services at any time as allowed by law. You have the right to be told of the possible results of your refusal.

You may give up any and all of your rights written here when and if you wish. If you decide to do so, you must state this in writing and you may change your mind at any time. No services will be given or refused based on this.

You have the right to speak with an attorney of your choice or receive help to access an advocate, self-help group or guardian. Any costs resulting from this are your responsibility.

The Center may ask another treatment provider to help in your treatment. You have the right to know what the relationship is between the Center and other treatment providers.

You have the right not to be involved in experiments, special or unusual research or treatment. If you do agree to be involved, you must give written approval. You may withdraw your approval at any time. You have a right to receive assistance with this as needed or requested.

You have the right to practice your own religion and are encouraged to do so.

You have the right to contact and consult with private practitioners of your choice. Any costs resulting from this are your responsibility.

You will not be discharged or transferred from Center programs without reason. Reasons may include but are not limited to the following:

- Therapeutic reasons
- For your welfare or that of other persons served
- Disengaging in services

You will be given reasonable advance notice of any discharge or transfer. Any actions related to discharge or transfer will be noted in your clinical record.

Questions or Concerns?

Questions about your bill

For questions or concerns about your bill, please contact the Billing Department at 1-800-653-2954. The office is open Monday through Friday, from 8 a.m. to 5 p.m.

PLEASE NOTE: This line may not be used to contact clinical staff or to schedule an appointment.

Quality Improvement Coordinator

Telephone: 260-347-2453
Fax: 260-347-5649
Address: 220 S. Main St.
PO Box 817
Kendallville, IN 46755

If you have questions or concerns, please contact us.

- You are expected to take treatment seriously. You are asked to be honest about matters that relate to you and the services you receive.
- You are asked to try to understand your condition. Staff will be available to guide and direct your understanding of your condition and the treatment recommended.
- You are expected to try to follow treatment advice and directives. You are expected to take an active part in all aspects of your treatment.
- You are counted on to follow policies and rules of the Center and your treatment program(s). You are responsible to conduct yourself in a lawful manner.
- You are expected to make requests or demands that adequately address your needs and circumstances.
- You are expected to report any changes in your condition or related matters that affect your treatment to the staff working with you.
- You are expected to cancel a scheduled appointment with as much advance notice as possible.
- All services at the Center are confidential to the extent allowed by the law. The right to privacy includes you or other persons receiving services. You are counted on to honor this right.
- You are asked to be kind, polite and respectful of the rights of other persons served and staff.
- Northeastern Center, Inc. charges

- both a professional charge and a facility charge for all eligible services. You can compare this to bills you would receive from an emergency room or x-ray services where you are billed for both the doctor and the facility.
- You are responsible for the cost of your services.
- You are counted on to know the staff working with you. You are expected to keep your appointments and cooperate with staff.
- Alcohol and illegal drugs are not allowed. If they are brought with you, you will be asked to destroy them in the presence of staff. If you refuse, you will be asked to leave and may return for your next appointment without them.
- Weapons of any kind are not allowed. If you bring a weapon with you, you will be asked to lock it in your car. If you refuse, you will be asked to leave the Center and may return for your next appointment without it.
- The use of any tobacco products (cigarettes, e-cigarettes, cigars, pipes, chewing tobacco, and all smokeless tobacco products) on Center premises, in any Center facility, or in any vehicle located on Center property by employees, consumers, contractors, volunteers and visitors is prohibited. No tobacco products will be sold in any Center facility.



“Trust. Compassion. Professionalism. The staff of Northeastern Center strives to provide the highest quality of behavioral healthcare services each and every day. Helping individuals and families reach their maximum potential, we respect and understand the tremendous responsibilities of being in the ‘people business’ and we are humbled by the opportunities to serve.”

*Steve Howell,
Chief Executive Officer*

"We have an obligation to the individuals, families and communities that we serve to provide high quality, thoughtful and individualized services. It is through collaborative partnerships, between consumers and treatment team members, that individuals can achieve total wholeness and a bright future."

*Dottie Fuentes,
Chief Clinical Officer*



- You are entitled to the rights of all persons served at Northeastern Center. You also have added rights as a person receiving adult residential services.
- You have the right to communicate, associate and meet privately with persons of your own choosing. This right may be limited if it infringes on the rights of another resident and according to residential guidelines. This right may be restricted or limited if it is part of your individual plan.
- You will be required to perform activities involved in your treatment plan or house rules concerning chores.
- You are responsible to use the grievance procedure if you feel your rights are being violated. You need not be afraid of the reason.
- You have the right to be treated with consideration, respect and full recognition of your dignity and individuality.
- You are encouraged to exercise your rights as a citizen, such as voting.
- You will be allowed to keep and spend reasonable amounts of your own money. This right may be restricted when stated in your treatment plan.
- You shall be informed about available legal and advocacy services and may contact or consult with them. You are responsible for any cost for these services.
- You may keep and use personal possessions. This includes being able to wear your own clothing. You will have access to private storage space for your belongings. This right may be limited or restricted when stated in your treatment plan.
- You have the right to reside in a safe environment free from abuse and neglect.
- You are allowed to send and receive unopened mail. You will have access to a reasonable amount of writing materials and postage. This right may be restricted if it is stated clinically inappropriate in your treatment plan. This right may be denied if it is in violation of state, federal or postal laws.
- For additional rights such as those concerning the practice of religion or participation in research see page 2 of this manual.
- You are free to voice grievances, concerns or complaints (see page 6 of this handbook). You are free to recommend changes in the policies and services offered by Northeastern Center, Inc. You may voice the need for change at Residential Council meetings held twice a month.
- You have the right to telephone access to make and receive calls at your expense during any reasonable hour of the day. This right may be restricted if it is stated clinically inappropriate in your individual treatment plan.

Promise House
Kendallville, Indiana
(260) 544-1050

Pioneer Lodge I
Kendallville, Indiana
(260) 349-0237

Pioneer Lodge II
Angola, Indiana
(260) 668-7198

Stepping Stone
Kendallville, Indiana
(260) 349-0935

Confidentiality of Alcohol and Drug Abuse Records

Confidentiality of Alcohol and Drug Abuse Records

The confidentiality of alcohol and drug abuse records of persons served maintained by the Center is protected by Federal Law and Regulations. Generally, the Center may not say to a person outside the agency that a person attends a program, or disclose any information identifying the person as an alcohol or drug abuse client, UNLESS ONE OF THE FOLLOWING IS TRUE:

- The person served consents in writing
- The disclosure is allowed by a court order,
- The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation.

Violation of the Federal Law and Regulations by the Center is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal Regulations.

Federal Law and Regulations do not protect any information about a crime committed by a person served either at the Center or against any person who works for the Center or about any threat to commit such a crime. Federal Law and Regulations do not protect any information about suspected child abuse or neglect from being reported under State Law to appropriate State or Local Authorities.

Patient Rights at Northeastern Center Inpatient Services

You are entitled to the rights of all persons served at Northeastern Center. You also have added rights as a person receiving 24-hour care services.

- You will be treated with kindness and respect at all times. You will not be humiliated or be the object of abusive or foul language.
- Any discipline given to you will not be cruel, harsh, abusive or frightening. You will not be deprived of food. You will not be punished by your peers. You will not have visitation denied as a punishment.
- You shall be informed about available legal and advocacy services and may contact or consult with them. You are responsible for any cost for these services.
- Any items brought with you are yours. These items may be taken with you when you leave.
- You have a right to personal privacy.
- You will have your own clothing. This clothing will fit properly and will be appropriate for the hospital setting.
- You shall be provided with a daily routine which is planned to develop healthy habits in eating, sleeping, and exercising.
- You have the right to be in a safe environment free from neglect, abuse, harassment, and retaliation.
- You are free to voice grievances, concerns or complaints (see page 6a of this handbook). You are free to recommend changes in the policies and services offered by Northeastern Center, Inc. You may voice the need for change with unit staff or during weekly treatment plan meetings.

- It is important to understand that the following rights are conditional.**
- This means they may be denied or limited at any time.**
- You will be informed if there is any denial or limit placed on your rights. Your legal guardian will also be informed.**

- You have the right to telephone access during specified times of the day. This right may be restricted if it is stated clinically inappropriate in your individual treatment plan.
- You will have private storage space for your belongings. This may be restricted when stated in your individual plan.
- You will be allowed to keep and spend reasonable amounts of your own money. This right may be restricted when stated in your treatment plan.
- You have the right to receive and send unopened mail. You will have access to a reasonable amount of writing materials and postage. This right may be restricted if it is stated clinically inappropriate in your treatment plan. This right may be denied if it is in violation of state, federal or postal laws.
- You have the right to communicate, associate and meet with persons of your own choosing. This right may be limited if it infringes on the rights of another consumer and according to inpatient guidelines. This right may be restricted or limited if it is part of your individual plan.
- You have a right to have visitors during posted visiting hours.
- Patient has the right to have a family member or representative of his or her choice AND his or her Primary Care Physician notified promptly of his/her admission to the hospital.

Your rights for Substance Use Disorder Services

You are entitled to the rights of all persons served at Northeastern Center. You also have added rights as a person receiving substance use disorder services

- Your treatment and records are confidential. Your treatment and records are protected by federal laws and regulations.
- If you are an IV-drug user, and make it known, you will be given the first available appointment.
- You have the right to receive health information education. Topics may include diseases associated with substance abuse, such as Hepatitis B, AIDS and TB. You may be given information about where to seek treatment. You may be taught how to engage in prevention activities.
- If you are pregnant, and make it known, you will be given the first available appointment.
- Substance use disorder case management services may be available to you.

We welcome your concerns or complaints related to staff, services, and facilities at Northeastern Center and we welcome the opportunity to serve you better. If you have a concern or a complaint, please follow the steps listed below to share those with us. Information regarding how to contact appropriate individuals can be obtained by calling (260) 347-2453 during regular business hours.

If at any time during this process you are uncertain or need assistance, please state this verbally or in writing to the Quality Improvement Coordinator and help will be provided to you. Filing of a concern/complaint will not result in retaliation or barriers to services offered by the Center.

If you are not comfortable sharing your concern/complaint with your therapist or case facilitator, then the concern/complaint should be shared with the therapist or case facilitator's supervisor verbally or in writing. The supervisor will contact you within 1 business day of being informed of your concern. A written response will be provided to you or your representative within seven business days. If you do not believe that the issue was successfully resolved, the issue may be shared with the Quality Coordinator. The Quality Coordinator will contact you within 1 business day of being informed of the concern. A written response will be provided to you or your representative within seven business days



or by the third working day following return from a scheduled vacation.

If you do not believe this issue was successfully resolved, and wish to appeal, you may do so in writing.

If you have followed all the above named steps and the concern is not resolved to your satisfaction, you may request that the CEO bring the matter to the attention of the Board of Directors. A hearing will be arranged with a committee of the Board. This hearing will be placed on the agenda of the next regularly scheduled meeting of the appropriate Board committee. A written response will be given within one week following the Board meeting.

At any point throughout this process you may institute the use of an advocate to assist you in finding resolution to your concern. Voice your concern to the Indiana Family and Social Services Administration by calling:

1-800-901-1133
M-F from 8:30 a.m. to 5:00 p.m.

OR Call

Protection and Advocacy Services at:
Indiana Disability Rights
4701 North Keystone Avenue, Suite 222
Indianapolis, Indiana 46205
(800.622.4845)

This notice describes how health information about you may be used, disclosed by Northeastern Center and its Business Associates and how you can get access to this information. Please review it carefully. The privacy of your health information is important to us.

Federal and state laws require us to protect your medical information. These laws also require us to inform you how we will protect information, and what your rights are with regard to your access to this information.

Uses and disclosures of your health information

Only the minimum necessary information reasonably required to achieve the purpose of the disclosure will be released.

Northeastern Center has policies in place designed to protect your information. Employees, contractors and volunteers are trained in the handling of sensitive information. We have written nondisclosure agreements with companies and individuals who have access to your information.

In some circumstances Northeastern Center and its Business Associates are permitted or required to use or disclose your health information without obtaining your prior authorization and without offering you the opportunity to object.

The most common routine disclosure without your specific authorization of information regarding your healthcare is for treatment, payment and coordination of healthcare operations:

Treatment: We may use your healthcare information to provide, or coordinate with others to provide treatment. An example would be disclosing information from our records to your primary healthcare provider for coordination of treatment. Also, we may contact you for appointment reminders unless you have specifically asked us not to.

Payment: We may use or disclose your health information to obtain payment for the services you receive at Northeastern Center. For example, we may inform your health insurance company of your diagnosis and treatment in order to assist insurers in processing our claim for payment for services provided to you. If you restrict disclosure to your health insurance company you must notify us in writing. You will be personally responsible for payment in full for the services provided. In some circumstances Northeastern Center is mandated to submit a claim to your health plan or to Medicare. In such circumstances your restriction will not be honored.

Healthcare Operations:

Northeastern Center, Inc. and its Business Associates may use and/or disclose your information for the purpose of day-to-day operations and functions. Your healthcare information may be used in oversight activities as required by law such as audits, inspections and licensing functions required for state licensure.

Your personal information will not be used for marketing communications, targeted fundraising, or financial benefit without your consent. Information about you including your name and contact information will never be sold.

There are special circumstances when Northeastern Center, Inc. may disclose information without your prior authorization for your protection or the safety of others. This release requirement is dictated by Federal and State law and may include:

- a. National Security;
- b. For Public Health reasons;
- c. To Disclose information about victims of abuse, neglect or domestic violence as required by law;
- d. For oversight activities such as audits or civil, administrative or criminal investigations;
- e. To facilitate organ, eye or tissue donation;
- f. To avert serious threats to health or safety;
- g. To advise you about treatment alternatives;
- h. To inform you about health-related benefits and services that may be of interest to you;
- i. For specialized government functions such as military, lawful intelligence, counter intelligence and for protection of the President;
- j. To correctional institution or law enforcement personnel having lawful custody of the client;
- k. During emergencies and for disaster relief;
- l. To coroners and medical examiners to help identify a deceased person or to assist with determining a cause of death
- m. After your death to family members who were involved in your care or in payment for your care unless your expressed a preference that they not receive information prior to your death.
- n. Lawsuits and Disputes

Northeastern Center, Inc. may also disclose limited healthcare information to family members or close personal friends who help with payment or with coordinating treatment unless you sign a form objecting

to the release of this information. Minimum necessary Information about minors may be released to biological parents regardless of which parent is the custodial parent.

Northeastern Center, Inc. may contact individuals to provide appointment reminders unless you specifically request in writing that we may not contact you. You may provide alternate contact.

Except as described above, disclosure of information from your mental health record or drug or alcohol treatment record will be made only with your written authorization, or as dictated by Federal or State laws or rules.

Your Rights

As a client of Northeastern Center, Inc. you have the following rights:

The right to request restrictions on the use and disclosure of your health information for treatment. Northeastern Center, Inc. is not required to agree to this restriction request. In the event of an emergency, we reserve the right to disclose information that is directly relevant to someone involved in your healthcare.

The right to limit communications. You have the right to receive confidential communications of health information by alternative means or at alternative locations. This means you may designate location or means of communications such as only telephone contacts at your home. To request communications by alternative means or at alternative locations, you must submit a written request to the Contact listed at the bottom of this page.

The right to inspect and copy health information. Despite this general right, access may be denied in some limited circumstances. For example, access may be denied if you are an inmate at a correctional institution, if the Federal Privacy Act applies or if access to the information is reasonably likely to endanger the life or physical safety of you or someone else. To have access to your records or receive a copy of your health information, you must make this request in writing. If copies are provided you will be charged reasonable cost-based fees for copying and mailing the requested information. To arrange for access to your records, or to receive a copy of your records, submit a request to the Contact listed at the bottom of this page. The information will be provided in the original format or in the format in which it is now stored.

The right to request an amendment. You may request that your healthcare record information be amended. Clients now have

the right to amend their records. The request must be submitted in writing. Requests for amendments to records must be submitted in writing to the Contact listed at the bottom of this page.

The right to an accounting of disclosures. You have the right to an accounting of disclosures of health information made during the previous six years. Requests for this disclosure more than one time per year may result in a reasonable, cost-based fee. Requests for an accounting of disclosures must be submitted in writing to the Contact listed on the final page of this Notice.

The right to be informed when your Protected Healthcare Information is breached.

The right to receive a paper or electronic copy of this notice.

Our Duties

Northeastern Center, Inc. and its Business Associates are required by law to maintain the privacy of your protected health information and to provide individuals with this notice of our legal duties and privacy practices with respect to protected health information.

Northeastern Center, Inc. and its Business Associates are required to abide by the Privacy notice currently in effect. Northeastern Center, Inc. reserves the right to change the terms of this notice and to make those changes applicable to all health information we maintain. Any changes to this notice will be posted on our website and at our facility, and will be available upon request.

Questions or Complaints

You may submit a written complaint to the Northeastern Center, Inc. privacy officer at the location below or to the U.S. Department of Health and Human Services. Northeastern Center, Inc. supports your right to the privacy of your health information. No action will be taken against you for filing any complaint.

For more information about our privacy practices or with questions or concerns, please contact:

Privacy Officer or Designee
(260) 347-2453

220 S. Main Street, P.O. Box 817
Kendallville, IN 46755

Monday-Friday 8:00 a.m.—5:00 p.m.

Advance Directives – Your Right to Decide

- **What Is An Advance Directive?**
- **Are Advance Directives Required?**
- **What Happens If You Do Not Have An Advance Directive?**
- **What Are The Different Types Of Advance Directives?**

The Importance of Advance Directives

Each time you visit your physician, you make decisions regarding your personal health care. You tell your doctor (generally referred to as a “physician”) about your medical problems. Your physician makes a diagnosis and informs you about available medical treatment. You then decide what treatment to accept. That process works until you are unable to decide what treatments to accept or become unable to communicate your decisions. Diseases common to aging such as dementia or Alzheimer’s disease may take away your ability to decide and communicate your health care wishes. Even young people can have strokes or accidents that may keep them from making their own health care decisions. Advance directives are a way to manage your future health care when you cannot speak for yourself.

What is an Advance Directive?

“Advance directive” is a term that refers to your spoken and written instructions about your future medical care and treatment. By stating your health care choices in an advance directive, you help your family and physician understand your wishes about your medical care. Indiana law pays special attention to advance directives.

Advance directives are normally one or more documents that list your health care instructions. An advance directive may name a person of your choice to make health care choices for you when you cannot make the choices for yourself. If you want, you may use an advance directive to prevent certain people from making health care decisions on your behalf.

Your advance directives will not take away your right to decide your current health care. As long as you are able to decide and express your own decisions, your advance directives will not be used. This is true even under the most serious medical conditions. Your advance directive will only be used when you are unable to communicate or when your physician decides that you no longer have the mental competence to make your own choices.

Psychiatric Advance Directive

Any person may make a psychiatric advance directive if he/she has legal capacity. This written document expresses your preferences and consent to treatment measures for a specific diagnosis. The directive sets forth the care and treatment of a mental illness during periods of incapacity. This directive requires certain items in order for the directive to be valid. Indiana Code § 16-36-1.7 provides the requirements for this type of advance directive.

Organ and Tissue Donor

Increasing the quality of life for another person is the ultimate gift. Donating your organs is a way to help others. Making your wishes concerning organ donation clear to your physician and family is an important first step. This lets them know that you wish to be an organ donor. Organ donation is controlled by the Indiana Uniform Anatomical Gift Act found at Indiana Code § 29-2-16. A person that wants to donate organs may include their choice in their will, living will, on a card or other document. If you do not have a written document for organ donation, someone else will make the choice for you. A common method used to show that you are an organ donor is making the choice on your driver’s license. When you get a new or renewed license, you can ask the license branch to mark your license showing you are an organ donor.

Are Advance Directives Required?

Advance directives are not required. Your physician or hospital cannot require you to make an advance directive if you do not want one. No one may discriminate against you if you do not sign one. Physicians and hospitals often encourage patients to complete advance directive documents. The purpose of the advance directive is for your physician to gain information about your health care choices so that your wishes can be followed. While completing an advance directive provides guidance to your physician in the event that you are unable to communicate for yourself, you are not required to have an advance directive.

What happens if you do not have an Advance Directive?

If you do not have an advance directive and are unable to choose medical care or treatment, Indiana law decides who can do this for you. Indiana Code § 16-36 allows any member of your immediate family (meaning your spouse, parent, adult child, brother or sister) or a person appointed by a court to make the choice for you. If you cannot communicate and do not have an advance directive, your physician will try to contact a member of your immediate family. Your health care choices will be made by the family member that your physician is able to contact.

What types of Advance Directives are recognized in Indiana?

- Talking directly to your physician and family
- Psychiatric advance directives
- Health care representative
- Power of Attorney
- Organ and tissue donation
- Living Will Declaration or Life-Prolonging Procedures Declaration
- Out of Hospital Do Not Resuscitate Declaration and Order

Talking To Your Physician And Family

One of the most important things to do is to talk about your health care wishes with your physician. Your physician can follow your wishes only if he or she knows what your wishes are. You do not have to write down your health care wishes in an advance directive. By discussing your wishes with your physician, your physician will record your choices in your medical chart so that there is a record available for future reference. Your physician will follow your verbal instructions even if you do not complete a written advance directive. Solely discussing your wishes with your physician, however, does not cover all situations. Your physician may not be available when choices need to be made. Other health care providers would not have a copy of the medical record maintained by your physician and therefore would not know about any verbal instructions given by you to your physician. In addition, spoken instructions provide no written evidence and carry less weight than written instructions if there is a disagreement over your care. Writing down your health care choices in an advance directive document makes your wishes clear and may be necessary to fulfill legal requirements.

If you have written advance directives, it is important that you give a copy to your physician. He or she will keep it in your medical chart. If you are admitted to a hospital or health facility, your physician will write orders in your medical chart based on your written advance directives or your spoken instructions.

For instance, if you have a fatal disease and do not want cardiopulmonary resuscitation (CPR), your physician will need to write a “do not resuscitate” (DNR) order in your chart. The order makes the hospital staff aware of your wishes. Because most people have several health care providers, you should

discuss your wishes with all of your providers and give each provider a copy of your advance directives. It is difficult to talk with family or being unable to communicate. However, it is important to talk with your family about your wishes and ask them to follow your wishes. You do not always know when or where an illness or accident will occur. It is likely that your family would be the first ones called in an emergency. They are the best source of providing advance directives to a health care provider.



Health Care Representative

A health care representative is a person you choose to receive health care information and make health care decisions for you when you cannot. To choose a health care representative, you must fill out an appointment of health care representative document that names the person you choose to act for you. Your health care representative may agree or refuse medical care and treatments when you are unable to do so. Your representative will make these choices based on your advance directive. If you want, in certain cases and in consultation with your physician, your health care representative may decide if food, water, or respiration should be given artificially as part of your medical treatment.

Choosing a health care representative is part of the Indiana Health Care Consent Act, found at Indiana Code § 16-36-1. The advance directive naming a health care representative must be in writing, signed by you, and witnessed by another adult. Because these are serious decisions, your health care representative must make them in your best interest. Indiana courts have made it clear that decisions made for you by your health care representative should be honored.



Power of Attorney

A power of attorney (also referred to as a “durable power of attorney”) is another kind of advance directive. This document is used to grant another person say-so over your affairs. Your power of attorney document may cover financial matters, give health care authority, or both. Your attorney in fact does not have to be an attorney. Your attorney in fact should be any adult you trust. Your attorney in fact is given the power to act for you only in the ways that you list in the document. The document must:

1. Name the person you want as your attorney in fact;
2. List the situations which give the attorney in fact the power to act;
3. List the powers you want to give
4. List the powers you do not want to give.

The person you name as your power of attorney is not required to accept the responsibility. Prior to executing a power of attorney document, you should talk with the person to ensure that he or she is willing to serve. A power of attorney document may be used to designate a health care representative. Health care powers are granted in the power of attorney document by naming your attorney in fact as your health care representative under the Health Care Consent Act or by referring to the Living

Will Act. When a power of attorney document is used to name a health care representative, this person is referred to as your health care power of attorney. A health care power of attorney generally serves the same role as a health care representative in a health care representative advance directive. Including health care powers could allow your attorney in fact to:

1. Make choices about your health care;
2. Sign health care contracts for you;
3. Admit or release you from hospitals or other health facilities.
4. Look at or get copies of your medical records
5. Do a number of other things in your name.

The Indiana Powers of Attorney Act is found at Indiana Code § 30-5. Your power of attorney document must be in writing and signed in the presence of a notary public. You can cancel a power of attorney at any time but only by signing a written cancellation and having the cancellation delivered to your attorney in fact.

Living Will

A “living will” is a written document that puts into words your wishes in the event that you become terminally ill and unable to communicate. A living will is an advance directive that lists the specific care or treatment you want or do not want during a terminal illness. A living will often includes directions for CPR, artificial nutrition, maintenance on a respirator, and blood transfusions. The Indiana Living Will Act is found at Indiana Code § 16-36-4. This allows you to write one of two kinds of advance directives.

Living Will Declaration:

This document is used to tell your physician and family that life-prolonging treatments should not be used so that you are allowed to die naturally. Your living will does not have to prohibit all life-prolonging treatments. Your living will should list your specific choices. For example, your living will may state that you do not want to be placed on a respirator but that you want a feeding tube for nutrition. You may even specify that someone else should make the decision for you.

Life-Prolonging Procedures Declaration:

This document is the opposite of a living will. You can use this document if you want all life-prolonging medical treatments used to extend your life. Both of these documents can be canceled orally, in writing, or by destroying the declaration yourself. The cancellation takes effect only when you tell your physician. For either of these documents to be used, there must be two adult witnesses and the document must be in writing and signed by you or someone that has permission to sign your name in your presence.

Which Advance Directive Or Directives Should Be Used?

The choice of advance directives depends on what you are trying to do. The advance directives listed above may be used alone or together. Although an attorney is not required, you may want to talk with one before you sign an advance directive. The laws are complex and it is always wise to talk to an attorney about questions and your legal choices. An attorney is often helpful in advising you on complex family matters and making sure that your documents are correctly done under Indiana law. An attorney may be helpful if you live in more than one state during the year. An attorney can advise you whether advance directives completed in another state are recognized.

Can I Change My Mind After I Write An Advance Directive?

It is important to discuss your advance directives with your family and health care providers. Your health care wishes cannot be followed unless someone knows your wishes. You may change or cancel your advance directives at any time as long as you are of sound mind. If you change your mind, you need to tell your family, health care representative, power of attorney and health care providers. You might have to cancel your

decision in writing for it to become effective. Always be sure to talk directly with your physician and tell him or her your exact wishes.

Final thoughts About Advance Directives

You have the right to choose the medical care and treatment you receive. Advance directives help make sure you have a say in your future health care and treatment if you become unable to communicate.

Even if you do not have written advance directives, it is important to make sure your physician and family are aware of your health care wishes.

No one can discriminate against you for signing, or not signing, an advance directive. An advance directive is, however, your way to control your future medical treatment.

This information was prepared by the Indiana State Department of Health as an overview of advance directives. The Indiana State Department of Health attorneys cannot give you legal advice concerning living will or advance directives. You should talk with your personal lawyer or representative for advice and assistance in this matter.



Out Of Hospital Do Not Resuscitate Declaration And Order

In a hospital or health facility setting, if you have a terminal condition and you do not want CPR, your physician will write a “do not resuscitate” order in your medical chart. If you are home when an emergency occurs, there is no medical chart or physician’s order. For situations outside of a hospital or health facility, the “Out of Hospital Do Not Resuscitate Declaration and Order” is used to state your wishes. The Out Of Hospital Do Not Resuscitate Declaration and Order is found at Indiana Code § 16-36-5. The law allows a qualified person to say they do not want CPR given if the heart or lungs stop working in a location that is not a hospital or a health facility. The declaration may override other advance directives. The declaration may be canceled by you at any time by a signed and dated writing, by destroying or canceling the document, or by communicating to health care providers at the scene the desire to cancel the order. Emergency Medical Services (EMS) may have procedures in place for marking your home so they know you have an order. You should contact your local EMS provider to find out their procedures.

What Should I Do With My Advance Directive If I Choose To Have One?

Make sure that your health care representative, immediate family members, physician, attorney, and other health care providers know that you have an advance directive. Be sure to tell them where it is located. You should ask your physician and other health care providers to make your advance directives part of your permanent medical chart. If you have a power of attorney, you should give a copy of your advance directives to your attorney in fact. You may wish to keep a small card in your purse or wallet that states that you have an advance directive, where it is located, and who to contact for your attorney in fact or health care representative, if you have named one.

Code of Ethics, Conduct and Relationships Policy Summary

(COMPLETE POLICY IS AVAILABLE UPON REQUEST)

Northeastern Center’s Code of Ethics, Conduct and Relationships provide guidelines and expectations for staff as it relates to ethics, conduct and relationships. These guidelines and expectations are defined at the level of the individual, to persons receiving services, to colleagues, to the agency, to the profession, and to society at large.

Professional and Personal Conduct

- Staff shall maintain high standards of personal conduct in their capacity or identity as a mental health practitioner.
- Staff shall strive to be proficient in professional practice and the performance of professional functions.
- Staff shall act in accordance with the highest standards of professional integrity and impartiality.

Ethical Responsibility to People Receiving Services

- The Northeastern Center staff member’s primary responsibility is to persons receiving services.
- Under no circumstances shall Staff engage in sexual activities with whom they have a professional relationship.
- Staff shall act with integrity in their relationship with colleagues, families of persons served and other professions so as to facilitate the contribution of all resources for achieving optimum benefit for persons receiving their services.
- Staff will make every effort to support self-determination on the part of the person served.
- Staff shall respect the privacy of persons receiving services and hold in confidence information obtained in the course of professional services.

Ethical Responsibility of Colleagues

Staff will treat colleagues with respect, courtesy, fairness and good faith.

Ethical Responsibility to the Agency

- Family members, or others as defined in the complete policy, shall be subject to defined relational boundaries within the organizational structure in order to maintain propriety and avoid conflicts of interest.
- Staff or family members seeking mental health or addiction services shall avoid employment conflicts of interest and treatment complications.
- Staff shall acknowledge any activity related to the mental health profession for which they receive personal remuneration.
- Staff shall uphold these ethical practice codes as defined in the agency’s personnel policies.

Ethical Responsibility to the Profession

- Staff shall uphold and advance the mission, principles and ethics of their respective profession(s).
- Staff is encouraged to assist their profession by promoting the field of mental health and addictions services.
- Staff shall take responsibility for identifying, developing and fully using knowledge for professional practice.

Ethical Responsibility to Society

Mental health professionals promote social justice and the general welfare of society by promoting the acceptance of persons receiving services.

Administration
220 S. Main St.,
P.O. Box 817
Kendallville, IN 46755
(260) 347-2453
Fax (260) 347-2456

New Hope Clubhouse
304 South Lincoln
Kendallville, IN 46755
(260) 347-2454
Fax (260) 349-1829

Steuben Outpatient
3265 Intertech Drive
Angola, IN 46703
(260) 665-9494
Fax (260) 665-9496

DeKalb Outpatient
1800 Wesley Rd.
Auburn, IN 46706
(260) 925-2453
Fax (260) 925-0830

LaGrange Outpatient
2155 N. SR 9, P.O. Box 191
LaGrange, IN 46761
(260) 463-7144
Fax (260) 463-7146

Noble Outpatient—Kendallville
1930 E. Dowling Street
Kendallville, IN 46755
(260) 347-4400
Fax (260) 347-3122

Intensive Addiction
Services
1930 E. Dowling Street
Kendallville, IN 46755
(260) 347-4400
Fax (260) 347-3122

Noble Outpatient—Albion
833 E. Main Street
Albion, IN 46701
(260) 636-6975
Fax (260) 636-6973

Promise House
Kendallville, Indiana
(260) 544-1050

Pioneer Lodge I
Kendallville, Indiana
(260) 349-0237

Pioneer Lodge II
Angola, Indiana
(260) 668-7198

Stepping Stone
Kendallville, Indiana
(260) 349-0935

Inpatient Services
1850 Wesley Road
Auburn, IN 46706
(260) 927-0726
Fax (260) 927-0760

**Northeastern Center
Emergency
Solutions
1-800-790-0118**

*24 hours a day/
365 days a year*

Community Health &
Outreach Center
1752 Wesley Rd.
Auburn, IN 46706

Accredited by CARF
(Commission on Accreditation
of Rehabilitation Facilities)



The Indiana Family and Social Services
Administration provides a toll free
Consumer Service Line for consumer to
access Monday—Friday
from 8:30 am to 5:00 pm to voice
complaints to staff or to give compliments
for a job well done.

1-800-901-1133
If you are deaf, hard of hearing or speech
impaired dial 7-1-1 to access the Consumer
Service Line

Or call
Indiana Protection and Advocacy Service
(IPAS)
800-622-4845
TTY Line: 800-838-1131

4701 N. Keystone #222
Indianapolis, IN 46205

or for online form go to: in.gov/idr/

**NORTHEASTERN
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