

**North Tampa Behavioral Health Hospital**  
**Adolescent Program**  
**Parent Handbook**

**Family Information**

North Tampa Behavioral Health Hospital  
29910 SR 56  
Wesley Chapel, FL 33543  
813-922-3300

Nurses Station: 813-922-3300 Ext: 402

Clinical Staff: 813-922-3300 Ext: 404



- Identify aftercare services.
- Review **discharge criteria and planning**.

Ongoing communication with the treatment team will primarily occur during **weekly family sessions via phone**, with additional contact as needed throughout your child's stay.

We are committed to supporting your child's journey toward healing and stability. If you have any questions, please do not hesitate to reach out.

## UNIT RULES

### Patient Expectations

To maintain a **safe, respectful, and supportive** environment, all patients are expected to follow these guidelines:

#### Personal Belongings & Hygiene

- Blankets and pillows must remain in bedrooms.
- Clothing strings will be removed or placed in secured belongings.
- Hats are not allowed on the unit and will be stored with your belongings.
- Hygiene products must be returned to staff after each use. Do not leave them in your room.
- Maintain **good personal hygiene**, including daily bathing and grooming.

#### Behavior & Respect

- Be respectful in all communication—**no cursing, threatening, sexual language, or bullying**.
- Avoid physical contact with others, including **horseplay, wrestling, fighting, and touching others' hair**.
- Respect the rights of fellow patients and staff.
- Follow **curfew, lights out, quiet time, and group schedules**.

#### Unit & Room Cleanliness

- Keep your bedroom tidy—**make your bed daily** and participate in cleaning nightstands, closets, and linens.
- Do not move furniture.
- Assist in keeping the unit clean.
- Keep personal belongings **clean and organized**.

#### Meals & Items

North Tampa Behavioral is committed to maintaining a **safe, healthy, and respectful** environment for all patients and caregivers.

- We have a **zero-tolerance policy** for **violence, abuse, and aggression** in any form.
- Our goal is to provide a **secure and healing** space where all patients and caregivers feel safe to focus on treatment.

## Visiting Hours & Location

### Location:

North Tampa Behavioral Health (NTBH) Dining Hall

### Days & Times:

Sunday, Tuesday, Wednesday, Friday and Saturday  
3:30 PM – 4:30 PM

## Visiting Guidelines

### 1. Approved Visitors

- Each adolescent will have a **Visitor's Permission Log** listing individuals **approved by their legal guardian**.
- Until this log is completed and approved, **only legal guardians** may visit.

### 2. Visitor Requirements

- **Visitors must be 18 or older** and bring a **valid photo ID**.
- **Only two visitors are allowed at a time** per patient.
- **Visitors without ID will not be permitted to visit**.

### 3. Visitor Conduct

- North Tampa Behavioral reserves the right to **deny or end a visit** if a visitor:
  - Acts **inappropriately** or is **disruptive**.
  - Becomes **threatening**.
  - Appears to be **under the influence** of substances.

### 4. Check-In Process

- Visitors must **check in at the Reception Desk** upon arrival.
- If dropping off belongings, **arrive early** to allow time for processing.

### 5. Personal Belongings & Security

## **Scheduled Phone Times:**

**1:30 PM – 2:30 PM**

**7:00 PM – 8:30 PM**

## **What to Bring to the Hospital**

### **Clothing Guidelines**

We ask that each patient bring:

#### **Three (3) changes of clothing**

**One (1) pair of shoes** (must be suitable for gym use and **without shoelaces**)

**One (1) pair of pajamas**

**One (1) pair of slippers**

**Laundry facilities are available on the unit, and detergent is provided.**

### **Clothing Requirements:**

- Clothing must be **modest**, covering all body parts (e.g., no midriff or chest showing).
- No clothing with **alcohol, drug, or sexual references**.

### **Prohibited Clothing Items:**

- ⊘ **Pants with strings**
- ⊘ **Belts**
- ⊘ **See-through, low-cut, or sleeveless tops**
- ⊘ **Clothing with drawstrings or cords**
- ⊘ **Hoodies or hooded jackets**
- ⊘ **Shoelaces**
- ⊘ **Scarves**

These guidelines help ensure a **safe and structured** environment for all patients. If you have any questions, please reach out to the treatment team.

## **Personal Items & Prohibited Items**

### **Provided Grooming Items**

**Toothbrush, toothpaste, combs, soap, and deodorant** are available on the unit for all patients.

### **Prohibited Personal Items**

## Complaint & Grievance Policy

At North Tampa Behavioral Health, we are committed to **providing quality care** and addressing any concerns that may arise during treatment.

### Filing a Grievance

If you have a complaint that has not been resolved by our healthcare staff and wish to file a formal grievance, you may do so:

In person or by letter at:

**Patient Advocate: Ray S.**  
North Tampa Behavioral Health  
29910 SR 56  
Wesley Chapel, FL 33543

- Filing a grievance will not result in any adverse action or affect your future care.
- Your grievance will be reviewed and investigated and you will receive a written response within seven (7) days of receipt.

### How to Report a Complaint

Agency for Health Care Administration (AHCA)  
For questions or additional concerns, you may contact AHCA:

**Toll-free phone:** (888) 419-3456  
**Agency for Health Care Administration**  
2727 Mahan Drive  
Tallahassee, FL 32308

Reporting to The Joint Commission

**Email:** [complaint@jointcommission.org](mailto:complaint@jointcommission.org)  
**Fax:** (630) 792-5636  
**Mail:**  
**Office of Quality Monitoring**  
The Joint Commission  
One Renaissance Boulevard  
Oakbrook Terrace, Illinois 60181

We take all concerns seriously and appreciate the opportunity to improve our services.

North Tampa Behavioral Health Notice of Privacy Practices  
*This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.*

underwriting activities, compliance and risk management activities, planning and development, and management and administration. Facility may disclose PHI to doctors, nurses, technicians, students, attorneys, consultants, accountants, and others for review and learning purposes. These disclosures help make sure that Facility is complying with all applicable laws, and are continuing to provide health care to patients at a high level of quality. Facility may also disclose PHI to other health care facilities plans for certain of their operations, including their quality assessment and improvement activities, credentialing and peer review activities, and health care fraud and abuse detection or compliance, provided that those other facilities and plans have, or have had in the past, a relationship with the patient who is the subject of the information.

**FOR SHARING PHI AMONG FACILITY AND PROFESSIONAL STAFF:** Acadia works together with physicians and other care providers on their professional staff to provide medical services to you when you are a patient at Facility. Facility and members of their respective professional staff will share PHI with each other as needed to perform their treatment, payment and health care operations activities.

**DISASTER RELIEF:** Facility may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**DISCLOSURES TO YOU OR FOR HIPAA COMPLIANCE INVESTIGATIONS:** Facility may disclose your PHI to you or to your personal representative, and are required to do so in certain circumstances described below in connection with your rights of access to your PHI and to an accounting of certain disclosures of your PHI. Facility must disclose your PHI to the Secretary of the U.S. Department of Health and Human Services (the "Secretary") when requested by the Secretary in order to investigate compliance with privacy regulations issued under the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA")

Uses and Disclosures to Which You May Object:

You may object to the following uses and disclosures of PHI that Facility may make:

**PATIENT DIRECTORIES:** Your information may be included in a patient directory that is available only to

**TO AVOID A SERIOUS THREAT TO HEALTH OR SAFETY:** Facility may use and disclose PHI to law enforcement personnel or other appropriate persons, to prevent or lessen a serious threat to the health or safety of a person or the public.

**LAWSUITS AND DISPUTES:** If you are involved in a lawsuit or a dispute, Facility may disclose health information about you in response to a court or administrative order.

**SPECIALIZED GOVERNMENT FUNCTIONS:** Facility may use and disclose PHI of military personnel and veterans under certain circumstances, and may also disclose PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities, and for the provision of protective services to the President or other authorized persons or foreign heads of state or to conduct special investigations:

**WORKERS' COMPENSATION:** Facility may disclose PHI to comply with workers' compensation or other similar laws that provide benefits for work-related injuries or illnesses.

**HEALTH-RELATED BENEFITS AND SERVICES; LIMITED MARKETING ACTIVITIES:** Facility may use and disclose PHI to inform you of treatment alternatives or other health-related benefits and services that may be of interest to you, such as disease management programs.

If you believe that your PHI maintained by Facility contains an error or needs to be updated, you have the right to request that the entity correct or supplement your PHI. Your request must be made in writing to the local Medical Records Department and it must explain why you are requesting an amendment to your PHI. Within sixty (60) days of receiving your request (unless extended by an additional thirty (30) days), Facility will inform you of the extent to which your request has or has not been granted. Facility generally can deny your request if your request relates to PHI: (i) not created by Facility; (ii) that is not part of the records Facility maintains; (iii) that is not subject to being inspected by you; or (iv) that is accurate and complete. If your request is denied, Facility will give you a written denial that explains the reason for the denial and your rights to: (i) file a statement disagreeing with the denial; (ii) submit a request that any future disclosures of the relevant PHI be made with a copy of your request and Facility's denial attached, if you do not file a statement of disagreement; and (iii) complain about the denial.

PHI is located it will tell you how to redirect your request.

*Facility will not penalize you or retaliate against you for filing a complaint regarding their privacy practices. You also have the right to file a complaint with the Secretary of the Department of Health and Human Services at 200 Independence Avenue, S.E., Washington, DC 20201.*

*If you have any questions about this notice, please contact Acadia Healthcare's Compliance Hotline toll-free 866-500-0333, or email to [corporatecompliance@acadiahealthcare.com](mailto:corporatecompliance@acadiahealthcare.com) or write to 830 Crescent Centre Drive, Suite 610, Franklin, TN 37067*

## North Tampa Behavioral Health Notice of Privacy Practices

*This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.*

North Tampa Behavioral Health will be referred to in this Notice of Privacy Practices ("Notice") as "Facility". This Notice is given to you by Facility to describe the ways in which Facility may use and disclose your medical information (called "protected health information" or "PHI") and to notify you of your rights with respect to PHI in the possession of Facility. Facility protects the privacy of PHI, which also is protected from disclosure by state and federal law. In certain circumstances, pursuant to this Notice, patient authorization or applicable laws and regulations, PHI can be used by Facility or disclosed to other parties. Below are categories describing these uses and disclosures, along with some examples to help you better understand each category.

### Uses and Disclosures for Treatment, Payment and Health Care Operations

Facility may use or disclose your PHI for the purposes of treatment, payment and health care operations, described in more detail below, without obtaining written authorization from you.

**FOR TREATMENT:** Facility may use and disclose PHI in the course of providing, coordinating, or managing your medical treatment, including the disclosure of PHI for treatment activities at another healthcare facility. These types of uses and disclosures may take place between physicians, nurses, technicians, students, and other health care professionals who provide your health care services or are otherwise involved in your care. For example, if you are being treated by a primary care physician, that physician may need to use/disclose PHI to a specialist physician whom he or she consults regarding your condition, or to a nurse who is assisting in your care.

**FOR PAYMENT:** Facility may use and disclose PHI in order to collect payment for the health care services provided to you. For example, Facility may need to give PHI to your health plan in order to be reimbursed for the services provided to you. Facility may also disclose PHI to their business associates, such as billing companies, claims processing companies, and others that assist in processing health claims. Facility may also disclose PHI to other health care providers and

**OTHER USES AND DISCLOSURES FOR WHICH AUTHORIZATION IS NOT REQUIRED:** In addition to using or disclosing PHI for treatment, payment and health care operations, Facility may use and disclose PHI without your written authorization under the following circumstances:

**AS REQUIRED BY LAW AND LAW ENFORCEMENT:** Facility may use or disclose PHI when required by law, Facility also may disclose PHI when ordered to in a judicial or administrative proceeding, in response to subpoenas or discovery requests, to identify or locate a suspect, fugitive, material witness, or missing person, when dealing with gunshot and other wounds, about criminal conduct, to report a crime, its location or victims, or the identify, description or location of a person who committed a crime, or for other law enforcement purposes.

**FOR PUBLIC HEALTH ACTIVITIES AND PUBLIC HEALTH RISKS:** Facility may disclose PHI to government officials in charge of collecting information about births and deaths, preventing and controlling disease, reports of child abuse or neglect and of other victims of abuse, neglect, or domestic violence, reactions to medications or product defects or problems, or to notify a person who may have been exposed to a communicable disease or may be at risk of contracting or spreading a disease or condition.

**FOR HEALTH OVERSIGHT ACTIVITIES:** Facility may disclose PHI to the government for oversight activities authorized by law, such as audits, investigations, inspections, licensure or disciplinary actions, and other proceedings, actions or activities necessary for monitoring the health care system, government programs, and compliance with civil rights laws.

**CORONERS, MEDICAL EXAMINERS, AND FUNERAL DIRECTORS:** Facility may disclose PHI to coroners, medical examiners, and funeral directors for the purpose of identifying a decedent, determining a cause of death, or otherwise as necessary to enable these parties to carry out their duties consistent with applicable law.