



Client Handbook

Allied Behavioral Health Services, Incorporated

Welcome to Allied Behavioral Health Services, Incorporated (ABHS). In order to better serve you, we would like to provide you with some information about your services. This information will be discussed during your first appointment. If you have any questions, please let your counselor know.

Client Rights and Responsibilities

As a client you have certain rights that apply to your relationship with this agency.

Rights

All Clients Have The:

- 1.Right to Notification: You have the right to request a copy of the Informed Consent/ Services Agreement when you register for counseling. You have the right to review the detailed policies and procedures outlined in the handbook.
- 2.You have the right to Confidentiality: Your records will be released only with your consent or the consent of your authorized representative, or by court order, except in emergencies, or as otherwise permitted by law. In general terms, the exceptions to confidentiality include these situations:
 - a.If it is judged by the Practitioner that a client has the intent to harm him/ herself and/ or another individual or if any of these individuals is in imminent danger.
 - b.Practitioners are required by law to report any incidence of suspected child/elder/domestic abuse, neglect, or molestation in order to protect the individuals involved. The suspected abuse of mentally retarded or developmentally disabled adults is also required to be reported by practitioners.
 - c.If records are subpoenaed by the courts, confidential information may have to be discussed by practitioners.
- 3.The right to be treated with consideration and respect for personal dignity, autonomy, and privacy.
- 4.The right to reasonable assistance and services, in the least restrictive, feasible setting and'
- 5.The right to reasonable protection from physical, sexual and emotional abuse. Inhumane treatment, assault, or battery by any other person.
- 6.The right to receive humane services.
- 7.The right to be informed of one's own condition.
- 8.The right to be informed of available program services.
- 9.The right to give consent or to refuse any service, treatment, or counseling.
- 10.The right to a current Individualized Treatment Plan (ITP) that addresses the needs and responsibilities of an individual that specifies the provision of appropriate and adequate services, as available, either directly or by referral and;
- 11.The right to actively participate in periodic ITP reviews with the staff including services necessary upon discharge.
- 12.The counselor will inform the client of the right to participate in the development, review, and revision of one's own Individualized Treatment Plan or Individualized Service Plan and receive a copy of it.
- 13.The right or freedom from unnecessary or excessive medication, unnecessary physical restraint or seclusion unless there is imminent risk of physical harm to self or others.
- 14.The right to be informed and the right to refuse any unusual or hazardous treatment procedures.
- 15.The right to be advised and the right to refuse observation by others and by techniques such as one way mirrors, tape recorders, video recorders, television, movies or photographs.
- 16.The right to consult with an independent treatment specialist or legal counsel at one's own expense.
- 17.The right to confidentiality of communications and personal identifying information within the limitations and requirements for disclosure of client information under state and federal laws and regulations.
- 18.The right to have access to one's own client record, unless access to particular identified terms of information is specifically restricted for that individual client for clear treatment reasons in the client treatment plan and

release of any record must be in accordance with program procedures. If access is restricted, the treatment plan shall also include a goal to remove the restriction.

19.The counselor will inform the client of the right to be informed of reason(s) for terminating participation in a program.

20.The right to be informed in advance of the reason(s) for denial or discontinuance of a service, and to be involved in planning for the consequences of that event.

21.The right not to be discriminated against for receiving services on the basis of race, ethnicity, national origin, age, color, religion, sex, disability, or HIV infection, whether asymptomatic, symptomatic, or AIDS.

22.The right to know the costs of services.

23.The right to be informed of all client rights

24.The right to receive information in language and terms appropriate for the person's understanding.

25.The right to exercise one's own rights without reprisal.

26.The client of the right to file a grievance within a reasonable period of time from the date the grievance occurred, while also in accordance with program procedures.

27.The right to have oral and written instructions concerning the procedure for filing a grievance.

28.Right to Use Insurance: If your counseling is being paid for in full or in part by a Health Insurance managed care firm, there are usually further limitations to your rights as a client imposed by the contract of the managed care firm. These may include their decision to limit the number of sessions available to you, to decide the time period within which you must complete your counseling, or to encourage the use of medication if their reviewing professional deems it appropriate. They may also decide that you must see another counselor in their network, if your counselor is not on their list. Such firms also usually require some sort of detailed reports of your progress in counseling on a regular basis, and on occasion, copies of your case file. Practitioners do not have control over any aspect of their rules. However, Allied Behavioral Health Services, Incorporated will do all that we can to maximize the benefits you receive by filing necessary forms and gaining required authorizations for treatment, and assist you in advocating with the managed care company as needed.

We encourage you to seek information regarding your insurance coverage. We will also be happy to assist you any way we can. Your co-payment is due on the date of service. If you plan to pay for your services yourself, payment is also due on the date of service. We offer a sliding fee schedule for those who need an alternative payment arrangement. The agency standard fee schedule is posted in the lobby. It also is available to you in written form upon your request.

Your diagnosis will be released to your insurance carrier. While a diagnosis is very sensitive information and is generally treated as such by insurance carriers, we cannot guarantee how any particular insurance carrier may respect this private information.

Responsibilities

As a client you have certain responsibilities related to your counseling. Fulfilling these responsibilities will enable you to receive the most effective treatment services.

The Client Is Responsible To:

1. Provide Essential Information: It is your responsibility to provide the agency and your counselor with all possible information relating to your mental or physical health.

2. Comply with Agreed Treatment Plans and Services: You are responsible for actively participating in the planning and progress of your treatment program. You are responsible for communicating any difficulties or disagreements to your counselor. It is your responsibility to keep your scheduled appointments or notify this agency twenty-four hours in advance if you cannot.

3. Refuse Treatment that you do not want to participate in and accept the Consequences of that Refusal: You are responsible for the conduct of your counseling program. You may elect to refuse certain treatments or assignments and discuss the reasons for your refusal with your counselor.

4. Pay Agreed fees: You are responsible to pay all fees for services as promptly as possible.

5. Follow Agency Rules and Regulations Identified in Your Rights and Responsibilities: You are responsible for following all agency rules and regulations which apply to client care and behavior. If you do not understand a rule or regulation you are responsible for seeking clarification.

6. Respect and consider the rights of Other Clients and Agency Staff: You are responsible to be considerate of the rights of other clients and agency staff. You are responsible for respecting the property and privacy of other clients and agency staff.

7. Respect Appropriate Boundaries of the Counseling Relationship: You are responsible for respecting the limits of the relationship you establish with your counselor. Contact with your counselor should be limited to the appointments scheduled or relevant case management interactions with this agency.

In case of emergencies, your counselor or another staff member will be available to you in most instances. If, in the opinion of you or your counselor, you may require emergency services during the course of counseling, you will be provided a list of telephone numbers available for such purposes.

Counseling Information

1. Description of Counseling: ABHS utilizes short-term and long-term models of counseling. This means that counseling is goal-focused and may be brief, consisting of 2 to 10 sessions, or open-ended, consisting of an undetermined number of sessions to meet counseling goals. Counseling, whether individual, couples, family, or group, focuses on resources, solutions and strategies to deal with your presenting problem. While your counselor will initially ask about many areas of your life, the focus of counseling will be on working toward your specific goals. In order for counseling to be effective, it is necessary for you to take an active role. Participation involves discussing your concerns openly, completing assignments, and providing feedback to your counselor about the progress of counseling.

2. Your First Appointment: During your first visit, called the *Intake* session, you will discuss your concerns and goals for treatment. This session will help both you and your counselor decide how you can best be helped. These services may consist of individual, couples, family, or group counseling or possibly a referral to another agency or agency that may be more appropriate to your needs.

3. Sessions: If it is mutually decided that additional sessions at the agency are needed, you will begin treatment. Depending on your issues and goals, counseling may consist of one or several sessions. The length of session time varies on the basis of services provided. Individual counseling is generally scheduled for 45-60 minutes and is known as the "clinical hour". The remainder of the time after a session is also devoted to you in the form of updating your file, telephone correspondence, and general chart management.

4. Risks of Counseling: In counseling, you risk learning things about yourself or your relationships that you may not like. Often improvement cannot occur until you confront issues that cause you to feel uncomfortable feelings such as sadness, sorrow, anxiety or pain. It is important to remember that these feelings may be natural and normal and are an important part of the counseling process. Other risks of counseling might include recalling unpleasant events, facing unpleasant thoughts and beliefs, increased awareness of feelings, values, and experiences, and alteration of your ability or desire to deal effectively and harmoniously with others in relationships. Your counselor will be there to support you as you accept the responsibility for making the choices and changes that are required to achieve your goals. There is also the risk that counseling may not resolve your problem or that counseling alone may not be sufficient. Should this be the case, the counselor will explore alternative plans with you.

5. Late Cancellation and No-Show Fees: The agency's ability to provide services in an uninterrupted fashion to clients is dependent upon you keeping scheduled appointments. We expect that you will notify us at least 24 hours in advance if you are unable to keep an appointment. If you miss two consecutive scheduled appointments you may be subject to referral to another provider or termination from treatment. If this occurs you will be provided with the appropriate referrals. No Shows and cancellations without 24 hours notice may be billed directly to you at a rate of up to \$100.00 each time, if applicable.

6. Termination: Termination may occur at any time for appropriate reasons that are relevant to your treatment and may be initiated by either the client or counselor. We request that if you decide to terminate, please inform your counselor with at least a week's notice so a termination session may be scheduled. The termination session

will address the reasons for termination and be an opportunity to assist with any concerns following termination. Any necessary referrals will be provided at that time.

7. E-Mail Correspondence: E-mails to the agency or the individual counselors containing clinical information are *discouraged*. As the retrieval of email is limited to business hours, it is not an effective form of communication in a crisis. In addition, the staff is unable to guarantee the confidentiality of your email. If you have a message or question for the agency or a staff member, please call the office or submit it through your secure patient portal.

Service Information for the Client/Family/Legal Guardian

1. Behavioral Support and Management Philosophy

ABHS supports a culture for the client/family/legal guardian that promotes respect, healing, positive behavior, and provides individuals the support they need to manage their own behaviors within the context of the mission and services that are provided by the company. We employ limited methods to assist with the management of the client, parent and legal guardian's behavior, if needed while engaging in clinical services. All interventions employed comply with federal, state and local regulatory requirements. The management strives to promote a safe, therapeutic environment during the clinical process and encourages counselors and staff to utilize only therapeutic behavior management techniques while conducting their professional business utilizing the following approved strategies:

- The Counselor has the authority to notify 911 if there is imminent danger to the client, family, legal guardian, counselor, or others, and shall ensure the immediate emergency response for the overall physical well being of the involved parties.
- If the client/family/parent/legal guardian has a complaint/grievance to report related to the behavior management process used during a client's home interview, they may contact ABHS as outlined in the complaint/grievance guidelines.
- The counselor will record information pertaining to the behavioral issue as part of their documentation in the clinical record.

* Specifically, ABHS will not utilize restrictive methods of behavior management such as the use of isolation, manual or mechanical restraint, or locked seclusion. Except for clear reasons of self protection, the counselor shall follow a "No Hands on the Client" behavioral technique. The use of physical force is strictly prohibited. The use of any therapeutic time without the family, legal guardian, or school representative in close proximity (with the client) is strictly prohibited. It is the expectation that the client/family/legal guardian will endorse the behavior support and management system used by ABHS.

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2. Client Grievance Procedure

All grievances must be written, dated and signed by the client or the person filing the grievance on behalf of the client and should include the date, approximate time, description of the incident and names of the individuals involved in the incident/situation being grieved. Grievances should be given to the Executive Director, the Chief Operations Officer, or Client Rights Officer, or in the event the Client Rights Officer is not on the premises, the grievance can be given to the office manager. The office manager will assist you in filing a grievance upon your request. Within 21 calendar days of receiving the grievance, the program will make a resolution decision on the grievance. Any exceptions that cause this time period to be extended will be documented in the grievance file and written notification will be given to the client or persons filing grievances on the client's behalf. Records of client grievances will be maintained for two years from date of resolution and include: a copy of the grievance, documentation reflecting the process used, resolution/remedy of the grievance and documentation, if applicable, of extending the time period for resolving the grievance beyond 21 calendar days.

Within three working days of receiving the grievance, the program will provide the client with a written acknowledgment that includes: [a] the date the grievance was received, [b] a summary of the grievance, [c] an overview of the grievance investigation process, [d] a timetable for completing the investigation and notification of the resolution, and [e] the treatment provider contact person's name, address and telephone number. At any time, clients or persons filing grievances on the clients behalf have a right to file a grievance, in addition to, or instead of, with any outside organization that include, but are not limited to, the following:

Ohio Department of Alcohol/Drug Addiction Services (ODADAS)

30 West Spring Street
6^h Floor
Columbus, Ohio 43215-2256
614-466-3445

Ohio Legal Rights Service

50 West Broad Street, 14th Floor
Columbus, Ohio 43215-2999
800-282-9181
614-466-7264

Region V - Chicago (Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin)

Office for Civil Rights

U.S. Department of Health and Human Services
233 N. Michigan Ave., Suite 240
Chicago, IL 60601
Voice Phone (312)886-2359
FAX (312)886-1807
TDD (312)353-5693

Local ADAMHS, ADAS or MHRS Board

ADAMHS-ADS Board at 2012 West 25th Street, 6th floor, Cleveland, Ohio 44113, (216) 241-3400.

Cuyahoga County Community Mental Health Board at 1400 West 25th Street, Cleveland, Ohio 44113, (216) 3400.

Lorain County ADAS Board at 4950 Oberlin Avenue, Lorain Ohio 44053, (440) 282-9920.

Lorain County Mental Health Board at 1173 Northridge Road East, Ste 101, Lorain, Ohio 44055, (440) 233-2020.

Mahoning County ADAS Board at 20 Federal Street West, 2nd floor, Youngstown, Ohio 44503, (330) 743-9509.

Mahoning County Mental Health Board at 25 East Boardman Street, Suite 211, Youngstown, Ohio 44503, (330) 746-2959.