



South Central Primary Care Center, Inc.

Behavioral Health and Wellness

Consent for Treatment, Orientation, Rules, and Agreement for Persons Served

Program Orientation

Welcome to SCGCC Health and Wellness!

Thank you for choosing SCGCC as your health care provider. Our staff of qualified providers includes specialists in Substance Abuse disorder, Substance Abuse Detoxification, Family Practice, Youth and Adult Mental Health and Psychiatry. We have the excellence you deserve and the full range of skills you need to ensure your health and wellness!

We provide substance abuse prevention, education, and intervention programs, as well as Outpatient Mental Health and Substance Abuse treatment.

We would like to tell you about our services, your rights and responsibilities. As a participant in our program, you have the right to be treated with dignity, sensitivity, courtesy and respect. You should expect freedom from abuse and/or neglect, humiliation, exploitation of any kind and/or retaliation or barriers to service as a result of reporting any issue that concerns you.

Our staff follows a Code of Ethics and is expected to conduct themselves honestly, ethically and professionally in all business performed on behalf of SCGCC and you, the person served. If you have questions concerning any of the information provided, please feel free to ask a member of our staff.

Participant Responsibilities in all Programs

In order for SCPCC to provide the best possible service you must agree to:

- Actively and earnestly participate in developing your treatment plan and follow that plan;
- Follow rules established by the program and staff;
- Maintain behavior/conduct that assures the safety, comfort and well-being of all persons;
- Participate in all program services including compliance with medical protocol, group education programs, counseling services, self-help meetings, and recreational and social activities;
- Pay for services, if applicable, which may be based on a sliding fee schedule in accordance with your agreement with SCPCC as determined during your intake appointment or financial assessment;

Participant Rights in Program

As a recipient of services from SCPCC Behavioral Health, you are guaranteed certain basic rights. It is imperative that you know and understand these rights. Family members who are interested in your treatment will also be informed of these rights, should you so choose.

1. To receive treatment and other program services in quantity and quality that is unaffected by your race, sex, creed, color, handicap, or national origin.
2. To receive services in an environment free of verbal harassment, bullying, teasing, stalking, domestic violence, racism, sexism, financial or other exploitation, retaliation, humiliation, neglect or sexual abuse.
3. To receive treatment at reduced or no cost if an inability to pay is demonstrated.
4. To meet with your therapist and other staff members, with reasonable notice, to discuss your treatment plan and rate of progress.
5. To know the potential implication of your treatment regime.
6. To develop the treatment plan conjointly with your therapist.
7. To know the rules and policies that you will be expected to observe.
8. To have all records and other information concerning your participation in the program held in strict confidence, in accordance with federal regulations.
9. To refuse treatment or to leave the program; further, to be advised of possible problems, i.e., medical, legal, or otherwise, that may result from such action.
10. To seek remedial action, if you believe any of these rights have been violated, by following the grievance process as detailed below.

Satisfaction with our Services

Our medical and counseling staff will work closely with you to assist you with the coordination of your services. Please understand that we are constantly striving to ensure that we are providing patients with the best opportunities to achieve their goals through the services we provide directly and the referrals we may recommend. Your feedback about our quality of care and your sense of personal achievement are among the cornerstones by which we measure our success and help guide us in the future to identify things we need to improve. We may from time to time ask you to complete surveys to assist us in this regard, or we may approach you more informally to request your input.

You Have the Right to Make Suggestions and Offer Input to our Services

We want you to be satisfied with the services you receive. If something does not meet your expectations, we encourage you to discuss it promptly with a member of our staff.

You Have the Right to File a Grievance

We expect all staff and guests to treat each other with mutual respect. If you feel your rights, as listed above, have been violated, we encourage you to discuss it promptly with a member of our staff. If after requesting this assistance, you still feel that you have a legitimate complaint, you can have your concerns viewed by the Supervisory and Administrative staff.

All persons receiving services have a right to file a complaint as a formal notice of dissatisfaction with the services of our staff. If such an occasion presents itself, please request a Complaint/Grievance form from any SCPCC staff member.

We take the problems of our patients very seriously, so be assured that your Complaint/Grievance will be heard and receive the prompt attention it deserves.

Confidentiality of Records

Federal law and regulations protect the confidentiality of alcohol and drug abuse patient records maintained by SCPCC Behavioral Health and Wellness. Only members of the Behavioral Health Care Team (i.e. Therapists, Counselors, Psychiatrist) will have access to counseling and psychiatric records. Generally, SCPCC may not say to a person outside the program that a patient attends the program, or disclose any information identifying the patient as an alcohol or drug abuser unless:

1. The patient consents in writing; OR
2. The disclosure is allowed by a court order; OR
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for supervision or program evaluation; OR
4. The patient commits or threatens to commit a crime either at the program or against any person who works for the program: OR
5. In the case of communicable disease reporting; OR
6. In the case of child abuse or neglect or elderly abuse reporting; OR
7. In the case of harm or injury to self or others; OR
8. In the case of third party payers; OR
9. An investigation relating to patient's death.

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to the appropriate authorities in the district where the violation occurs.

Release of Information (ROI)

Sometimes other individuals or agencies may have information that gives us a more complete picture of you or lend their perceptions to what's happening. Receiving or sharing personal information about you from records with any other party will require your written consent. Should there be a need or potential

benefit to sharing information with another party, we will first discuss this matter with you. If your permission is given, we will then assist you with providing written consent.

Assessment Process and Developing a Plan

Each individual entering our program will participate in an assessment process to determine the nature and the extent of the problems you are facing. Your assessment may include a nursing physical screen, a physical examination by our Clinician, lab tests, and a brief biopsychosocial assessment to help us better understand how we might be of assistance. Your honest answers will help us see how you view the situation and will assist us in working together with you to develop a plan that truly addresses your needs and goals. At any point if something is not clear to you, please ask about it. This process helps the Clinician and the person served identify the individual's strengths, needs, abilities, and preference for recover so that an individual treatment plan may be developed.

SCPCC provides Person-Centered planning for our participants. When developing an individual's Plan, SCPCC seeks to include family and professional collaboration during planning, goal setting, and throughout service delivery. Regular opportunities for individuals to discuss progress towards their goals and provide feedback on their program is an important part of our treatment services.

Person-centered planning involves the development of a "toolbox" of methods and resources that enable people to be involved in the planning process, and to take ownership of their own paths to success. Professionals providing services help them figure out where they want to go and how best to get there. SCPCC also encourages peer-to-peer support and networking among persons served. Our goal is for you to meet your goals!

Course of Treatment Services and Activities

During your course of treatment with us, you will be engaging in a variety of services and activities that may include but not be limited to the following:

- **Outpatient Assessment**-A bio-psychosocial history including behavioral health or substance use history, laboratory testing, and other relevant measures.
- **Treatment Plan development**-a course of action recommended by SCPCC's clinical team with your input to achieve your treatment goals. Activities and Target dates will help you on your way.
- **Individual and/or Group Counseling**-your treatment program will be individualized to your needs, abilities and preferences.
- **Medication Treatment**- the use of authorized drugs to treat your dependence on alcohol or other drugs.
- **Clinical Services**-The use of supportive counseling, educational groups, self-help meetings, and case management.
- **Medical Services**-including a medical history, nursing assessment, physical examination, laboratory tests, and tests for contagious diseases, and other related diagnostic tests may be required.
- **Psychiatric Evaluation**- a Psychiatrist will perform an evaluation to help determine any mental health or psychiatric diagnoses and any recommended treatment, including therapy and/or medication administration.

- **Psychiatric Medication Management-** a psychiatrist will monitor a medication management program, where the person served will meet and discuss with the Psychiatrist the effects and outcomes of any prescribed medications.

Case Management and Transition

Your primary counselor will work with you to develop a plan that will assist you to achieve the goals on your personalized Treatment Plan. This plan may include strategies to continue with your treatment for your substance abuse disorder, living arrangements that include safe and sober housing, employment options and/or continuing education, and additional services for your family. At your discretion, family members can participate in your plan and can be invited to attend a meeting at the Center.

Transition and Discharge Criteria

Discharge Criteria:

Patients are successfully discharged when all treatment goals have been met. Examples include but are not limited to:

- Patient has completed treatment plan and is stable.
- Patient has accepted his/her addiction and/or mental health concern and commits to recovery in order to expect maintenance of a self-directed recovery plan.
- The patient has been successfully referred for a higher level of care.
- The patient's social support system and significant others are supportive of recovery to an extent that the patient can follow a self-directed recovery plan without substantial risk of relapse.

Other discharge circumstances may include:

- The patient has consistently failed to achieve essential treatment objectives despite revisions to the treatment plan and no further progress is likely to occur.
- Patient needs to be transferred to a higher level of care, or is stable and able to be transferred to a lower level of care.
- The patient decides to no longer participate in the program.

Transition Criteria

A patient can be transferred to another program service when it is determined by the Treatment Team that the patient would benefit from a higher or lower level of care, or a different program. A Transition Plan is developed by the primary therapist with the patient. When it is deemed appropriate for a patient to be discharged from a program, either successfully or not, a discharge summary is completed, sent to appropriate referral source, and placed in the patient's record.

Access to After Hours Care and Emergency

If you have an urgent problem during normal business hours, please call the office and ask to speak with a counselor. Every effort will be made to accommodate you. If you have an urgent problem after normal business hours, please contact:

- **Georgia Crisis and Access Line (GCAL) at 1-800-715-4225**
- Call **9-1-1**
- or go directly -to the nearest hospital **Emergency Room**, where the Physician on staff will begin treatment and contact our staff if necessary.

Consent to Drug Screening

Drug Screens may be utilized in your program to monitor and enhance the therapeutic process. By entering into SCPCC's program, you agree to remain free from all illicit drugs, including alcohol, unless specifically approved by the Provider while enrolled in the program. You will be required to have Random drug screening performed at any time during your care. If you breach this agreement, SCPCC is entitled to terminate your participation in the program.

Policy Concerning Child and Adult Abuse

Abuse is defined as including any non-accidental injury, sexual battery, financial or sexual exploitation or injury to the intellectual or psychological capacity of a person by the parents or other persons responsible for the child's or adult's welfare. Neglect is failure to provide adequate food, clothing, shelter, healthcare, or needed supervision.

Anyone who suspects child or adult abuse is ethically obligated to report that abuse. The report can be made to:

- Georgia Child Abuse **1-855-GACHILD (1-855-422-4453)**
- Adult Protective Services **1-866-55AGING (1-866-552-4464)**

Both toll-free numbers are operated 24 hours per day.

Revocation of Authorization

Privacy Rules gives individuals the right to revoke, at any time, an Authorization they have given. The revocation must be in writing and is not effective until the entity is in receipt of the confirmation. A written revocation is not effective with respect to actions SCPCC took in reliance on a valid Authorization. A Revocation of Authorization form will be available for such requests.

If you choose to not abide by these Program rules, your continued participation in the program will be reviewed and may result in an administrative discharge.

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Informed Consent for Treatment and Participant Agreement

By my signature, I understand and agree to the following:

- ✓ I have read, understand, and have been offered a copy of this Informed Consent for Treatment and Participation Agreement, which includes but is not limited to an explanation of my rights and responsibilities, complain/grievance procedure, and confidentiality of my patient record.
- ✓ I agree to participate in the intake and assessment process, and to receive services, which could include assessment, stabilization, medication treatment, clinical and medical services, drug screens, discharge planning, and case management services.
- ✓ I agree to follow the Program Rules as discussed.
- ✓ I was informed that this consent could be revoked by me verbally or in writing, before or during the period in which I receive services, except to the extent that action has been taken on reliance to it.
- ✓ I acknowledge that there have been no guarantees or assurances made to me as the results of services rendered by SCPCC, or its employees.
- ✓ I give permission to contact me for the purposes of obtaining follow up information concerning my progress after completing services.

Signature of Person Served Date

Guardian or Legal Custodian Signature, if applicable Date

Staff Signature and Title/Credential Date

Participant Agreement provided to patient

Signature Page placed in patient record.

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Consent for Coordination of Care

By my signature, I release the following family members and/or significant others to play a role in the plan of my care or treatment:

(1) Authorized Individual	Relationship	DOB
(2) Authorized Individual	Relationship	DOB
(3) Authorized Individual	Relationship	DOB