

FOUNDATIONS

Behavioral Health Services



Client Handbook

Effective: December 11, 2023

4761 State Route 29 Celina, Ohio 45822
Phone: 419-584-1000

250 Dooley Dr. Suite B, Paulding, Oh 45879
Phone: 567-344-6081

After Hours Emergency Line: 988

HELPFUL INFORMATION

HOURS: The following schedule shows days and times in which our office is open. However, clinical staff may schedule appointments at other times to meet the special needs of individual clients.

Monday, Tuesday, Thursday 8:00 AM - 8:00 PM
Wednesday 8:00 AM - 5:00 PM; Friday 8:00 AM - 4:30 PM

APPOINTMENTS & CANCELLATIONS: Counseling appointments must be made in advance. Due to the demand for counseling services, a waiting time of 7-10 days is not unusual. If you know that you will be unable to keep your scheduled appointment, we ask for 24-hour notice. That allows us to schedule another client in your place.

EMERGENCIES: During regular business hours, a licensed counselor is always available to handle client emergencies. After business hours and on weekends and holidays, emergencies are handled through an on-call counselor. Clients are able to access after-hours counselors at 988. Clients may also go to the local hospital for emergency services.

MESSAGES: Typically, you will need to leave a message for your service provider as sessions are not interrupted with phone calls. Our staff will try to return your call as quickly as possible. Social media contact between staff and clients is unallowable.

FEEDBACK: Individuals are welcome to provide feedback through satisfaction surveys both during and after closure of services. Individuals may also provide feedback to the agency by placing suggestions in the suggestion box.

FREQUENCY AND LENGTH OF TREATMENT: The treatment plan you develop with your counselor should specifically state the expected frequency and length of treatment. Only you and your counselor can determine throughout the course of treatment how long the services will need to be to treat your presenting problem.

FAMILY EXPECTATIONS: Family members are welcome to join clinical sessions at the request of the client. Parents/Guardians of youth under the age of 18 have legal rights to the client's ECR and may communicate with the staff. Other family members must have a release of information signed by the client and/or their guardian.

BEHAVIORAL EXPECTATIONS: It is expected that individuals conduct themselves in a manner in which they are safe towards themselves and towards others around them while they are present at the agency. Individuals shall also maintain safe behaviors while receiving therapeutic services in the community or their home. If unsafe behaviors occur during the course of services, the client and FBHS staff will meet to determine a safe manner & location to provide services.

REFERRALS/TRANSITIONS/DISCHARGES: Following an initial assessment, you may be referred to one or more services at the Center. If we are not able to best meet your specific needs, we may also refer you to other services available in the community and we will assist in the best possible manner until that transition can be completed for you. Clients will create a discharge plan at the initiation of services. Treatment is always voluntary and clients have the choice to discharge themselves at any point in treatment.

MANDATED REPORTING/COURT HEARINGS: If a situation of abuse or neglect towards a minor or elderly person is disclosed during the course of a session, the clinical staff are mandated to report these incidents to Children's Services or Adult Protective Services. FBHS staff will attend court hearings as a support to the client. If an FBHS staff is requested to provide testimony, a release of information and a subpoena must be provided in order to testify.

CERTIFICATION and ACCREDITATION: The agency is licensed by the Ohio Department of Mental Health and Addiction Services and our core programs (outpatient, case management, IOP, and crisis intervention) are accredited by CARF, an international accrediting organization with rigorous standards.

LICENSURE: All counselors at Foundations are licensed by the Ohio Counselor, Social Worker, and Marriage & Family Therapist Board, Ohio Credentialing Board, or the Ohio Board of Psychology. Our medical staff is licensed by the Ohio Medical Board and the Ohio Board of Nursing. All case managers obtain continuing education every year in order to ensure they are maintaining the highest level of training.

TREATMENT PLANNING, BENEFITS AND RISKS

At the initial session, your counselor will complete a diagnostic assessment which will then be used to guide you and your counselor to develop an individual treatment plan. The treatment plan will provide direction for you and your counselor and can be revised at any time to meet your needs. The primary FBHS staff will be responsible for the coordination of services.

We expect that the services you receive here will result in some very measurable benefits for you. The benefits of treatment often include increased self-esteem and self-control, renewed awareness and commitment to core beliefs and values, enhanced decision making and problem-solving abilities, healthier lifestyle and relationships, and a better sense of personal direction and motivation. There are also some potential risks involved with treatment. You will have the opportunity to discuss potential risks and benefits of treatment with your assigned staff person.

Some commonly prescribed medications can also have expected or unexpected negative side effects, although many times these can be alleviated with little difficulty. Please inform us immediately if you experience side effects from medication.

Early termination of treatment services or refusal of recommended services can carry some risks, in that you may not have received the full benefit of treatment and may not be fully prepared to make important decisions.

SAFETY PROCEDURES

No weapons, drugs are allowed in the premises of Foundations Behavioral Health Services. Tobacco use is permitted in designated areas outside of the building.

Emergency exits are clearly marked by red exit signs above the door. Fire extinguishers are located in each hallway and in the entrance hallway by the main entrance to the waiting room. First aid kits are located in the staff workroom behind the receptionist and in the large group room. Please notify the receptionist or any agency staff if first aid is needed.

If a situation becomes unsafe for a client or FBHS staff, then the session will immediately cease and both individuals will move to safety.

CONFIDENTIALITY OF CLIENT RECORDS

At Foundations Behavioral Health Services, we are very serious about protecting your confidentiality and your treatment records. The confidentiality of records is strictly protected by state and federal law (HIPAA) and by professional ethics standards. For individuals receiving substance abuse treatment, the confidentiality of records is protected by federal regulation 42 CFR Part 2. Violation of federal regulations by a program or an individual is a crime and may be prosecuted to the full extent of the law.

For this agency to release any identifying information, we must have specific written consent. For a child under the age of 18 years, or for an adult who has been assigned a legal guardian, the legal guardian must give specific written consent for the release of information.

For any individual, whose services are funded all or in part by public funds, a specific Consent for the Release of Information or a specific Consent for Treatment is required to allow the agency to provide identifying information to the Tri County ADAMHS Board for payment purposes.

EXCEPTIONS: Generally, the agency will not convey to a person outside of the agency that an individual attends or receives services from the agency, or disclose any information from your records, unless one of the following exceptions applies.

- 1) The client, or legal guardian, consents in writing by signing an informed Consent for the Release of Information
- 2) The disclosure is allowed by a specific court order
- 3) The disclosure is made to medical personnel in a medical emergency
- 4) The disclosure is made to qualified personnel for agency evaluation, audit, or research purposes.

Other exceptions apply as follows:

- 1) Federal regulations do not protect any information about certain crimes committed by a client or about any threats to commit such crimes.
- 2) Federal regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state and local authorities.

In all the above exceptions to client confidentiality, only the minimum information needed to comply with legal mandates or external authorities will be released.

FEES AND PAYMENT OPTIONS

Our fees will be thoroughly explained to you, and your financial obligations will be determined prior to you receiving services. In order for us to determine your fees, we ask that you provide us with recent pay stubs, insurance information, medical card, or any other helpful financial information. If we do not receive adequate information from you to determine your financial obligation, we will bill you for the full costs of our services.

INSURANCE: If you are covered by health insurance, we will bill your insurance company for the covered portion of your fees and only bill you for the unpaid portion. Disputes with your insurance company are between you and them. We require that you pay the uncovered portion of your fees at the time of service.

MEDICAID/MEDICARE: If you are covered by Ohio Medicaid benefits, you will not be charged directly for any of our services. If you have Medicare coverage and reside in Mercer, Van Wert, or Paulding Counties you may qualify for our sliding fee scale for services. Foundations does accept the Red/White/Blue Medicare cards as payment full for payment.

SLIDING FEE: Depending on your household income and size of household, residents of Mercer, Van Wert, and Paulding counties may be eligible for a reduced fee. To determine your fees, we ask that you provide us with pay stubs, income tax returns, or other proof of income. In order to enroll you in the sliding fee scale, the agency utilizes the billing system which connects the Board to the Ohio Department of Mental Health and Addiction Services and the Ohio Department of Job and Family Services.

All information will be kept confidential in accordance with state and federal law. Name-identifying information will be used only to pay for services provided to you. Other information will be reported, without your name attached, to the Ohio Department of Mental Health and Addiction Services, and the Ohio Health Data Center (which is required by law to collect such information. Information will not be available to other state departments, public or private organizations. Name-identifying billing information will be kept for up to seven (7) years after you have received services, and only other non-name-identifying information will be kept after that time.

NOTE: If you are experiencing financial hardships at the time you start services, or at any time during services, please meet with our Accounts Specialist. We are always willing to work with you to determine reasonable fees and affordable payment options.

CLIENT RIGHTS POLICY

All clients of Foundations Behavioral Health Services have the right to receive services regardless of religion, race, color, creed, gender, national origin, age, lifestyle, sexual preference, sexual orientation, physical or mental handicap, developmental disability, inability to pay, or HIV infection.

All clients of Foundations Behavioral Health Services have the following rights:

1. All who access behavioral health services are informed of these rights:

- (a) The right to be informed of the rights described in this rule prior to consent to proceed with services, and the right to request a written copy of these rights;
- (b) The right to receive information in language and terms appropriate for the person's understanding; and
- (c) The right to be fully informed of the cost of services.

2. Services are appropriate and respectful of personal liberty:

- (a) The right to be treated with consideration, respect for personal dignity, autonomy, and privacy, and within the parameters of relevant sections of the Ohio Revised Code and the Ohio Administrative Code;
- (b) The right to receive humane services;
- (c) The right to participate in any appropriate and available service that is consistent with an individual service plan (ISP), regardless of the refusal of any other service, unless that service is a necessity for clear treatment reasons and requires the person's participation;
- (d) The right to reasonable assistance, in the least restrictive setting; and
- (e) The right to reasonable protection from physical, sexual and emotional abuse, inhumane treatment, assault, or battery by any other person.

3. Development of service plans:

- (a) The right to a current ISP 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
- (b) The right to actively participate in periodic ISP reviews with the staff including services necessary upon discharge.

4. Declining or consenting to services including withdrawal of consent of services:

- (a) The right to give full informed consent to any service including medication prior to commencement and the right to decline services including medication absent an emergency;
- (b) The right to be advised of and refuse observation by techniques such as one-way vision mirrors, tape recorders, televisions, movies, or photographs, or other audio and visual technology. This right does not prohibit an agency from using closed-circuit monitoring to observe seclusion rooms or common areas;
- (c) The right to decline any hazardous procedures; and
- (d) The right to withdraw consent for any services which were previously consented for within the agency.

5. Restraint, seclusion or intrusive procedures: The right to be free from restraint or seclusion unless there is imminent risk of physical harm to self or others.

6. Privacy: The right to reasonable privacy and freedom from excessive intrusion by visitors, guests and non-agency surveyors, contractors, construction crews or others.

7. Confidentiality:

- a) The right to confidentiality unless a release or exchange of information is authorize and the right to request to restrict treatment information being shared; and
- (b) The right to be informed of the circumstances under which an agency is authorized or intends to release, or has released, confidential information without written consent for the purposes of continuity of care as permitted by division (A) (7) of section 5122.31 of the Revised Code.

8. Grievances: The right to have the grievance procedure explained orally and in writing, the right to file a grievance, with assistance if requested; and the right to have a grievance reviewed through a grievance process, including the right to appeal a decision.

9. Non-discrimination: The right to receive services and participate in activities free of discrimination on the basis of race, ethnicity, age, color, religion, gender, national origin, sexual orientation, physical or mental handicap, developmental disability, genetic information, human immunodeficiency virus status, or in any manner prohibited by local, state or federal laws.

10. No reprisal for exercising rights: The right to exercise rights without reprisal in any form including the ability to continue services with uncompromised access. No right extends so far as to supersede health and safety considerations.

11. Outside opinions: The right to have the opportunity to consult with independent specialists or legal counsel, at one's own expense.

12. No conflicts of interest: No agency employee may be a person's guardian or representative if the person is currently receiving services from said facility.

13. Access to Records: The right to have access to one's own psychiatric, medical or other treatment records, unless access to particular identified items of information is specifically restricted for that individual client for clear treatment reasons in the client's treatment plan. If access is restricted, the treatment plan shall also include a goal to remove the restriction.

14. Discontinuation of Services: The right to be informed in advance of the reason (s) for discontinuance of service provision, and to be involved in planning for the consequences of that event.

15. Denial of Services: The right to receive an explanation of the reasons for denial of service.

16. The right to gain access to self-help and advocacy support services;

17. The right to investigation and resolution of alleged infringement of rights (See Grievance Policy).

Other provisions:

Language interpreters shall be made available upon request for those individuals who cannot read English.

Client Rights shall be made available prior to beginning of service delivery, annually for persons served in a program longer than one year and will be always made available at the reception desk for review and clarification.

HIE NOTICE

We participate in one or more Health Information Exchanges. Your healthcare providers can use this electronic network to securely provide access to your health records for a better picture of your health needs. We, and other healthcare providers, may allow access to your health information through the Health Information Exchange for treatment, payment, or other healthcare operations. This is a voluntary agreement. You may opt-out at any time by notifying Foundations Behavioral Health Services OR Roberta Donovan at 419-584-1000.

CLIENT GRIEVANCE PROCEDURES

1. All clients of Foundations Behavioral Health Services shall have the opportunity to file a written grievance if they feel that any of their rights have been violated. The grievance must be in writing, must be signed and dated by the client, and must include the date and time of the grieved incident or situation, a description of the grieved incident or situation, and the names of all individuals involved. It is recommended that the complaint be filed within ten (10) calendar days of the grieved incident or situation. However, a grievance filed after ten calendar days will not be rejected based on the elapsed time of the filing.
2. The grievance shall be filed with the agency's designated Client Rights Officer. The grievance can be given to any agency staff member, who shall then immediately advise the client about the Client Rights Officer and the right to file a grievance. The Client Rights Officer is available to assist the client in the preparation and filing of the grievance, as are other agency staff who are not directly involved in the grieved incident or situation. If the Client Rights Officer is the subject of the grievance, the Alternate Client Rights Officer shall assume the responsibilities of the Client Rights Officer.
3. The Client Rights Officer shall review the grievance, collect information from all individuals involved with or knowledge about the grieved incident or situation, and submit a decision or recommended resolution to the client within seven (7) calendar days from the initial filing of the grievance. If the client is not satisfied with the decision or recommended resolution of the grievance as submitted by the Client Rights Officer, the client shall be given an opportunity to request a grievance hearing. There shall be notification of the procedures for requesting a hearing and of the elements of the hearing process.
4. The request for a grievance hearing shall be submitted in writing by the client to the Client Rights Officer. A hearing shall occur within fifteen (15) calendar days from the initial filing of the grievance. The Client Rights Officer shall be responsible for assisting the client in requesting a hearing, investigating the grievance on behalf of the client, and providing agency representation for the client at the hearing, if so desired. The hearing shall be conducted by the hearing officer, who shall be the Board President or designated Board member. If the Client Rights Officer is the subject of the grievance, the client shall be informed to directly contact the agency's Board President to initiate the hearing process.
5. A final written decision of the hearing officer shall be made and mailed (certified mail) to the client, or grievor if other than the client, within twenty (20) calendar days from the initial filing of the grievance and shall include the following:
 - a. The final decision or resolution of the grievance
 - b. The reason(s) for the decision or resolution
 - c. A statement that the hearing process has been completed
 - d. Notice of the right to initiate or pursue a complaint against the agency with any or all of the outside agencies listed below:

**Alcohol, Drug Addiction, and Mental Health Services Board
of Mercer, Van Wert, and Paulding Counties
1054 S. Washington St., Suite A
Van Wert, Ohio 45891
(419) 238-5464**

**Ohio Dept. Of Mental Health and Addiction Services
30 E. Broad St., 8th Floor
Columbus, Ohio 43215-3430
(614) 466-2596
1-877-275-6364**

**Ohio Legal Rights Services
8 E. Long St., 8th Floor
Columbus, Ohio 43266-0523
(614) 466-7264
1-800-282-9181**

**Ohio Counselor, Social Worker, and
Marriage and Family Therapist Board
77 S. High St., 16th Floor
Columbus, Ohio 43266-0343
(614) 728-7791**

6. If you pursue remedy of the complaint through any of the above listed or other outside entities, the agency shall provide to these entities, upon request, all relevant information about the grievance, with your written permission.
7. The Client Rights Officer shall take all necessary steps to assure compliance with the grievance procedures and shall be responsible for maintaining for two (2) years the records of client grievances which includes 1. a copy of the grievance; 2. documentation of the grievance resolution, and 3. a copy of the letter to the client reflecting the resolution of the grievance.
8. Records of client grievances shall be made available for review by the Tri-County Alcohol, Drug Addiction, and Mental Health Services Board of Mercer, Van Wert, and Paulding Counties and the Ohio Department of Mental Health or Ohio Department of Alcohol and Drug Addiction Services, upon request.
9. Each new agency employee, contractor, volunteer, or intern (including clinical, administrative, and support staff) shall receive instruction regarding Client Rights Policy and Client Grievance Procedures.
10. Annually, a summary report of client grievances, including number of grievances received, type of grievances, and resolution status of grievances, shall be submitted to the Tri-County ADAMHS Board of Mercer, Van Wert, and Paulding Counties.
11. You will not be penalized, retaliated against, or denied access to services because of filing a grievance.

CLIENT RIGHTS OFFICERS

The agency staff listed below are designated as Client Rights Officers for Foundations Behavioral Health Services. They have the responsibility to facilitate the filing of client grievances and to assist in the resolution of grievances filed by, or on behalf of, a client of the agency.

PRIMARY CLIENT RIGHTS OFFICER: **Diane Gable**
ALTERNATE CLIENT RIGHTS OFFICER: **James Sharp**

Client Rights Officers can be contacted at the following address and phone number Monday - Friday, 8:00 AM - 4:30 PM

4761 State Route 29 Celina, Ohio 45822
Phone: 419-584-1000 Fax: 419-584-1825
After Hours Emergency Line: 800-567-4673