

# Mental Health Handbook



# Welcome

Thank you for choosing Revive and Thrive Mental Wellness for your mental health needs. We are excited to partner with you in this journey. At Revie and Thrive we believe everyone has a unique set of strengths. Our providers aim at providing quality behavioral health care in a manner that is appropriate, determined to be necessary, efficient, and effective. Information provided in this handbook should be used as a tool to help you better understand what the program offers as well as the program's policies and procedures. The client handbook should not be construed as providing rigid answers, except in those areas where the state and federal regulations exist.

Your life only gets better when you do. Work on yourself and the rest will follow.

~ Unknown



# Our Core Values (We Care)

 ${\sf W}$ hole care: Integrating all aspects of your life into treatment

Empathetic care: Sharing in your feelings

Compassionate Care: Toward our community

Acceptable Care: To everyone's right to treatment

 ${\sf R}$ espectable Care: Of everyone's unique path towards their own health

Empowerment Care: Towards everyone's voice and participation in the healing journey.

# <u>Our Goal</u>

To partner with our patients and their families to provide a structured and therapeutic treatment environment to help clients heal from the effects of mental illness. We also aim at uncovering unique strengths and capabilities with our expertise to build a foundation for stability and wellness.



Here at Revive and Thrive we offer mental health care services to individuals ranging between the ages 13 to 85 years. We strive to provide the highest quality of compassionate, client-centered, and evidenced-based care to all our clients. We believe in an individual's ability to learn, grow, and heal even in the face of challenges. So, wherever you may find yourself in the healing process, our valued staffing team will be able to assess and provide you with the correct diagnosis and tools to improve your wellbeing.



# **Treatment Services**

#### **Psychiatric Services**

While in our Mental health program, you will go through an initial assessment which will be conducted by a Psychiatry Provider to ensure proper diagnosis and treatment plan. The Outpatient Mental Health Program at Revive and Thrive will provide medication treatment plans to those deemed clinically necessary.

### **Structure for Outpatient Mental Health Services**

Each client will receive a mental health assessment to aid in diagnosing and treatment planning. An individualized treatment plan will be discussed/determined by the client and the provider.

# **Policies**

Your participation in treatment is important to us; however, it is necessary that you adhere to the clinical policies and requirements. Failure to do so may result in discharge from the clinic.

### **Attendance Policies**

Your success in treatment is dependent on your ability to engage in the treatment plan as well as adhering to the clinic program's structure. It is your responsibility to keep all appointments. If you cannot attend your scheduled appointment, you must call to reschedule at least **24 hours prior to the appointment**. If you do not call 24 hours in advance, you may be charged a late/no cancellation fee for the appointment. If you have a pattern of tardiness or not attending scheduled appointments, your provider will discuss your attendance with you. If the pattern persists, you may be discharged from the program.

Excessive no call/no show (3 appts in a 30-day period) – Verbal Warning. After the verbal warning, if you continue to no call/no show for appointments, you will be discharged.



#### **Forms**

Forms are completed at the discretion of the provider. You must give a total of 72 hours during our normal business day for completion of forms. All forms require a \$15 fee. This fee is the patient's responsibility and cannot be billed to the insurance.

### **Program Involuntary Discharge Criteria**

There are certain situations that will lead to you being discharged from the program. If one of these situations occurs, excluding nonpayment of treatment fees, you will be given written notice of your discharge. In such cases, the notice will explain the reason for your discharge.

The following behaviors are grounds for discharge from the Outpatient Mental Health Program here at Revive and Thrive:

- Physical violence involving you and any other person in the clinic or on the clinic property
- Registration at more than one treatment facility for the same services, excluding counseling services
- Misusing psychotropic medication (e.g., not taking medication as prescribed, selling medication, having more than one prescriber for the same medication)
- Treatment attendance while under the influence of alcohol and/or drugs
- Possession of alcohol or illicit drugs on clinic premises

# <u>Administrative</u>

### **Client Rights**

Clients have the following rights:

- To receive appropriate, humane treatment
- To be protected from discrimination and harm as well as mental, physical, and sexual abuse
- To an impartial and timely grievance procedure, which affords you the ability to exercise your rights as described in the Client Grievance Policy
- To receive treatment in accordance with the applicable individualized treatment plan and a continuing care plan that conforms to the rules and regulations of the agency
- To participate in the development and periodic update of your treatment plan
- To receive in appropriate terms and language, explanation of the following:



- o Content and objectives of the treatment plan
- o Nature and significant possible adverse effects of recommended treatment
- Name, title, and role of personnel directly responsible for carrying out your treatment and, when appropriate, other available alternative treatment providers in your area
- To privacy and confidentiality of treatment and treatment records in accordance with REVIVE AND THRIVE "Confidentiality Notice"
- To access your treatment records in accordance with Revive and Thrive "Access to Clinical Record Policy"
- To have your information released only by your written consent, except for specified areas described in the Confidentiality of Client Records section of this document.
- Upon admission, to be informed in appropriate terms and language of your rights through written policies

#### **Personal Belongings Policy**

Clients and visitors are responsible for all personal belongings. Revive and Thrive is not responsible for replacing lost, stolen, and misplaced items, so we recommend you bring only essential items into the office. Please leave all valuables at home. This includes jewelry, laptop computers, e-readers, iPads, etc.

#### **Mobile Device Policy**

The use of a personal cell phone, Bluetooth, Blackberry, iPhone, iPod, or other personal electronic device for personal use may present a hazard or distraction to the user, clients, staff, and visitors. This policy is meant to ensure that the use of these devices will not disrupt daily operations and supports client safety and privacy.

Please keep your cell phone, or other electronic devices on vibrate or silent while you are in the office. If you need to take an important call, please step outside the waiting area to use your device. Clients or visitor use of the camera function of their cell phone is not permitted at Revive and Thrive. Failure to abide by these standards will result in the client being asked to leave the premises. No use of cell phone while in session with the clinicians.

### **Telephone Policy**

Our phone number is (301)-682-2047. If you need to contact our office to schedule, change, or cancel an appointment please call during normal business hours.

Monday – Friday 8:30 am – 5:00 pm

There is a turnaround time of 24 to 48 hours for messages left for your provider. All calls for the provider go through the medical assistant, practice manager, or office staff.



## **Client Inclement Weather & Closure Policy**

Due to the advance in Tele-health our office will rarely close for weather. In the event of an office closure due to inclement weather or any other reason, our office will make every attempt to notify you in advance. All approved methods of communication will be attempted to notify you of our closure. If you are unsure whether our office is open, please call our office at (301) 682-2047. If we are open and operating, then a live person will answer the phone to let you know. If we are closed there will be a message stating that our office is currently closed.

#### **Smoking Policy**

Revive and Thrive is committed to the health of our community, and we know that a smoke-free environment is cleaner and healthier for every person that visits our facility. Revive and Thrive, as well as the building manager have agreed to a designated smoking area. If you do choose to smoke, please use that designated area. Please ask a staff member and they can inform you where this may be. Please respect the neighborhood by not littering or causing any disruptions whatsoever. Keep in mind that your behavior, in and out of the office, reflects on our facility and its reputation.

### **Infection Control Policy**

Every reasonable attempt will be made to prevent the spread of infection at Revive and Thrive. All body and blood fluids will be considered infectious regardless of the perceived status of the source individual. Please remember to wash your hands after using the restroom. This eliminates direct contact transmission, which involves direct skin-to-skin contact and physical transfer of microorganisms from a source person to a susceptible host. Indirect-contact transmission involves contact of a susceptible host with a contaminated intermediate object. Masks should be worn to protect mucous membranes of the mouth and nose whenever you have a cough, cold, or possible flu. This eliminates droplet transmission, which requires close contact between source and recipient.

# Medical Records Policy

Revive and Thrive ensures that your medical records are protected health records and are maintained in a manner that is consistent with the legal requirements. Your records will be available to practitioners at each encounter. This facilitates coordination and continuity of care and permits effective and timely service.



#### **Retention of Medical Record**

Revive and Thrive must maintain medical records on you in accordance with accepted professional standards and practices. The medical records are completely and accurately documented, readily accessible, and systematically organized to facilitate retrieving and compiling information. Revive and Thrive recognizes the confidentiality of medical record information and provides safeguards against loss, destruction, or unauthorized use. Written procedures govern the use and removal of records and the conditions for release of information.

#### **Medical Records Request**

Medical Records Staff will never under any circumstances release Medical Record Information without a signed Authorization from you for use and/or Disclosure of Protected Health Information Form.

You can review, inspect, and/or obtain a copy of your Protected Health Information in your Medical record. There is an administrative fee for copying medical records per your request. You do not have the right to **immediate** access to your medical record under the HIPAA Privacy Rule. All Medical Health Information requests will be completed within **10 business days**.

### **Client Requested Amendment to Protected Health Information**

The HIPAA Privacy Rule requires Revive and Thrive to act upon your request to amend Protected Health Information about you that you believe is incorrect or erroneous that we keep in a "designated record set," medical health record. Requests for amendments to Protected Health Information must be acted on within **60 days of receipt of request. Up to an additional 30-day extension is allowable if REVIVE AND THRIVE is unable to act on the request within the deadline but REVIVE AND THRIVE must provide you a written reason for the delay and the date by which REVIVE AND THRIVE will complete the action on the request.** This written statement describing the reason must be provided within the standard deadline. REVIVE AND THRIVE may only extend the deadline once per request for amendment.

### **Confidentiality Breach Allegation**

REVIVE AND THRIVE assures you that the health clinic will honor your right to file a complaint and will not retaliate against you or deny services based due to the filing of a claim. REVIVE AND THRIVE Notice of Privacy Practices informs you of your rights under HIPAA's Privacy Rule to file a complaint with our Medical Records Supervisor/Privacy Officer and the Office of Civil Rights (OCR) when you have reason to believe we have violated your privacy rights. The Medical Records Supervisor/Privacy Officer or appointed designee will take all complaints and/or allegations of non-compliance seriously and will fully investigate the allegations to determine what course of corrective action, if any, needs to be taken. The Medical Records Supervisor/Privacy Officer or appointed designee will notify you in writing the outcome of the investigation and what corrective action, if any, was taken within 60 days.



# **Confidentiality of Client Records**

To provide practices protecting the confidentiality, privacy, and security of all Protected Health Information in compliance with your expectations, regulations, and community standards; including but not limited to the Confidentiality of Medical Information Act and Health Insurance Portability and Accountability Act (HIPPA.). The confidentiality of your records maintained by REVIVE AND THRIVE is protected by federal law and regulations. REVIVE AND THRIVE may not say to a person outside any of its programs that you attend a program or disclose any information identifying you unless:

- You consent in writing
- A court order allows the disclosure
- The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation
- You pose an imminent threat to yourself or others

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 you either when attending a program or against a person who works for the program or about any threat to commit such a crime.

Federal laws 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 (see 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR Part 2 for Federal Regulations). (Approved by the Office of Management and Budget under Control No. 0930-0099.)

### **Destruction of Medical Record**

Protected Health Information may only be disposed of by means that assure that it will not be accidentally released to an outside party.



# **Client's Grievance Policy**

You are guaranteed certain basic rights while utilizing our services. REVIVE AND THRIVE has a responsibility to maintain a professional and ethical level of service within its varied programs and its personnel always.

All complaints must be detailed in writing and given to the REVIVE AND THRIVE supervisor. If you are unable to document your grievance in writing, please ask the nearest REVIVE AND THRIVE staff member to contact the REVIVE AND THRIVE program director immediately.

What to expect after filing your grievance:

- The practice manager will attempt to resolve the problem, will document the problem and/or solution reached.
- It will be the responsibility of the program director to evaluate the severity of the grievance
- The proprietor will carefully assess the professional, ethical, and/or legal aspects of the report
- At each level, a detailed documentation of all action taken in the grievance will be made
- Your report will indicate the who, what, when, where, why, and how of the incident
- You will be informed of the outcome of their grievance by the program director

#### Laws, Rules, and Regulations

The clinic you have enrolled in must maintain compliance with various federal and state laws that describes the standards of care and the privileges given to you when certain criteria. Final authority to grant individual "exceptions" to these regulations' rests, not with the clinic staff, but with designated federal and state officials.

If you wish to be admitted for treatment, you must provide consent for treatment and consent for appropriate identifying information to be released to the state for preventing dual enrollment through a central registry. These consent forms and other important paperwork will be part of your intake meeting.

#### **Address Change**

It is important that we have your correct address information on file. Please advise us anytime there is any change to your address, telephone, or other contact information.

#### **Co-payments, Deductibles, and Co-Insurance**

Co-payments, coinsurances, deductibles, and fees are due on the date of the appointment. We accept cash and most major credit cards.



### **Referrals and Authorizations**

Please be aware of and provide any required referrals or authorizations in advance of the appointment of service. If you do not provide these before care is provided, you will be responsible for the cost of the care. When in doubt contact your plan directly for clarification.

#### <u>Insurance</u>

It is important for you to be an informed Patient, who understands the specifications of your insurance policy (e.g. referral/authorization requirements for specialty care, laboratory tests, urgent care facility care). Your health insurance policy is a contract between you and your Health Insurance Company. Please note it is your responsibility to know if your insurance has specific rules or regulations, such as the need for referrals, pre-certifications, pre-authorizations, and limits on outpatient charges regardless of whether our providers participate.

If your insurance carrier is not one of which we participate, you are responsible for payment in full. Insurance plans and Medicare consider some services to be "non-covered," in which case you are responsible for payment in full.

If you are uncertain about your current health insurance policy benefits you should contact your plan to learn the details about your benefits, out-of-pocket fees, and coverage limits.

If we contact your insurance carrier regarding benefits or authorization on your behalf, we are not responsible for inaccurate information provided to us by your carrier. The information about your plan that we relay to you is in good faith.



#### Fee for service schedule

Fee for services is to be paid at the time of each visit.

Initial Assessment Monthly Follow Up Bi-weekly follow up **Above charges are for private pay ONLY	\$350 \$250 \$125
No Show Fee	\$50
Late Fee / Cancellation Fee	\$25

You are responsible for any financial obligations incurred because of services provided by REVIVE AND THRIVE. You should understand and agree that failure to pay assessed fee may result in termination from services and the use of legal recourse by REVIVE AND THRIVE to collect any outstanding balance.