 <p style="text-align: center;">Fountain FOHFS</p>	Fountain of Hope Family Services Inc.		Policy and Procedures	
	Policy Type:-	Aspire to Excellence	Policy# ATE-109	
	Subject:-	Legal Requirements	Adopted:-05/06/2014	
	Section:-	(1.E)	Effective:-06/11/2015	
	Approval By:-	Michael Oladipo	Revised:-08/15/2020	

Policy

It is the intent and the policy of **FOHFS Agency** to protect and advocate for the rights of the Clients. The agency has procedures in place to protect the Client's we serve, our personnel, and stakeholders, to meet all federal, state, and national regulatory guidelines.

(1. E.1) The agency demonstrates a process to comply with the following obligation

(a.) **Legal**: **FOHFS Agency** follows all laws regarding Clients and operation of the **FOHFS Agency** at the County, State and Federal levels

(b.) **Regulatory**: **FOHFS Agency** follows all regulatory requirements as mandated by the state of Oklahoma.

(c.) **Confidentiality Requirements**- All staff and personnel are trained in the area of confidentiality. The agency has strict guidelines for Client, personnel, and stakeholders right to privacy, and to have all of their information kept confidential. All laws and guidelines concerning confidentiality will be strictly followed and enforced

(d.) **Reporting Requirements**- All staff and personnel are trained in the area of reporting requirements. Reporting of incidents, abuse, neglect, negligence and fraud are the responsibility of the person(s) witnessing the offense

(e.) **Licensing Requirements**- All therapist, upon hire must provide proof of all degree's, licenser, and training to ensure they meet all licensing requirements.

(f.) **Contractual Agreements**- All contracts within the agency are written, agreed upon and signed by all involved parties before it is held valid and cannot be changed at any time without consent of all involved parties.

(g.) N/A.

(h.) N/A

(i.) **Rights of the persons served**- All personnel of the agency are trained upon employment in the area of protecting and advocating for the rights of our Client's to ensure quality services, and to assist Client's in maintaining their dignity, and ensuring that their rights are not being violated.

(j.) **Privacy of Clients**- All personnel of the agency are trained upon employment

in the area of ethics, and ensuring the privacy of all Client's and their information, and enforcing that no information will be shared with anyone not involved in the treatment of the Client

(k.) Employment Practices- All personnel and staff are trained upon hire of all employment practices and guidelines set forth by the agency.

(l.) Mandatory employee testing: **FOHFS** will maintain and monitor risks to potential loss exposure through the implementation of a Risk Management Plan

(1. E. 2):- The organization implements written procedures to guide personnel in responding

a. SUBPOENAS :

- (1) When a subpoena is presented at the organization it is to be initially handled by the office personnel.
- (2) The **Executive Director** will review the subpoena
- (3) Inform the person on staff named in the subpoena to come to the Office and receive the subpoena directly from the person delivering it.
- (4) If the subpoena is for the organization's Director or staff members the **Executive Director** will receive it if he is present.

b. SEARCH WARRANTS

- (1) When a search warrant is presented to the organization it is to be initially handled by the **Executive Director**.
- (2) The **Executive Director** will cooperate with the authorities presenting the search warrant. The **Executive Director** will inform the staff of any actions that need to be taken

c. INVESTIGATIONS

- (1) When an authority figure shows up at the organization to do an investigation it is to be initially handled by the **Executive Director**.

- a. The **Executive Director** will interview the authority wanting to investigate.
- b. The **Executive Director** will decide on how to proceed with the desires of the investigator.

d. OTHER LEGAL ACTIONS

(1) When someone calls or appears at the organization wanting to garnish wages or pursue child support issues it is to be initially handled by the **Executive Director**.

- a. The **Executive Director** will secure enough information from the person to make a report.
- b. The **Executive Director** will handle the decision on how or if to cooperate with the request.

(1. E. 3):- Policies and written procedures address:

FOHFS Agency conforms to applicable **HIPAA** guidelines to ensure confidentiality of personnel and Client records. **FOHFS Agency** takes appropriate measures to safeguard both Client and administrative records.

- a) Client files shall be filed alphabetically by their last name. Each Client record shall be complete and authenticated by the person providing the observation, evaluation, or service
- b)
 - 1. Access to records shall be limited to facility staff having need of access to the records. The primary responsibility for Client, administrative, personnel, fiscal management, outcomes management and health and safety records rest with the **Executive Director**.
 - 2. The **Executive Director** is responsible for implementing the policies and procedures created by the agency for the purpose of safeguarding the records.
- c)
 - 1) Therapists needing access to Client files will check out files and return them at the end of the workday. If files are taken out of the **FOHFS** office, they are to be stored in a locked briefcase when not in active use.
 - 2) Access to personnel records is limited to administrative personnel, except when the supervisor of a staff member seeking review of their individual file grants permission.
 - 3) E-Mail: E-mail accounts will have passwords assigned by the **Executive Director**. E-mail will not be used without encryption to transmit “Client identifying information” or any other data or records of a confidential nature

d) **FOHFS Agency** has a secure storage system which:

- 1) Promotes confidentiality of and limits access to both active and inactive records.
- 2) All persons served files will be returned to the appropriate file cabinet at the end of the work shift. To ensure confidentiality and security of records, file cabinets containing person served/employee files shall be locked when staff leaves the area.
- 3) **FOHFS Agency** protects active and inactive files from damage during storage.

e) **Electronic Record keeping**

- 1) General access will be limited to appropriate persons
- 2) Passwords are in use
- 3) Routine back-up is accomplished daily
- 4) Off-site back-up storage is accomplished daily.

f) **FOHFS Agency** has policy and procedure for the retention and destruction of records that is

- 1) Implemented by the **Executive Director** of the **FOHFS Agency**.

▶ **Record acquisition and retention.**

(a) Should **FOHFS Agency** discontinue operations or is taken over or acquired by another program, its records may, with the written consent of the Client, be turned over to the acquiring program or any other program specified in the Client's consent. **FOHFS Agency** records of programs, which are discontinued or not required, by other programs must be destroyed or purged of Client identification unless the written consent of the Client is obtained permitting the transfer of records to the acquiring program. If any effort to obtain consent for transfer is made, it shall be by means that minimize the likelihood of accidental or incidental disclosure to any third party of the persons' served identity as such.


(b) Records must be retained according to applicable state regulations and statute of limitations. Where records are required by law to be kept for a specified period, and such period does not expire until after the discontinuation or acquisition, and Client consent for their transfer is not obtained, such records

shall be sealed in envelopes or other containers and marked for identification.

Records of **FOHFS Agency** are required to be maintained for seven (7) years.

(c) Records marked and sealed in the above fashion may be held by any lawful custodian, but may be disclosed by such custodian only under such circumstances and to such extent as would be permissible for the program in which they originated. As soon as possible after the date specified on the label of the container, the custodian shall destroy the records. In the case of any program terminated by reason of bankruptcy, the expense of compliance with this section shall be an expense of the administration of the bankrupt estate.

(d) Destruction of Records (1) The **Executive Director** will oversee all confidential records or documents containing Client identifying information are destroyed by means of shredding on a daily basis. (2) In the event that a legal process is initiated against the organization the destruction of all records and/or files will be stopped immediately.

 <p>FOHFS</p>	Fountain of Hope Family Services Inc.		Policy and Procedures	
	Policy Type:-	Aspire to Excellence	Policy# LRP-147	
	Subject:-	Fraud, Waste, and Abuse	Adopted:- 05/06/2014	
	Section:-	(1.E.2)	Effective:- 06/11/2015	
	Approval By:-	Michael Oladipo	Revised:- 08/15/2020	

⇒ **Policy:** - **FOHFS Agency** places high priority on eliminating program fraud and abuse. **FOHFS Agency** Policy requires any personnel, contractor, Client, or other associated party to report any suspected waste, fraud and abuse to the **Executive Director**

⇒ **Definitions:** - To aid in the detection of fraud, program abuse, or criminal conduct, the following definitions are provided. These definitions are neither fully inclusive nor restrictive of all activities that may be included under each activity:

⇒ **Fraud:** - A dishonest and deliberate course of action which results in obtaining money, property, or advantage to which one would not normally is entitled. This category includes, but is not limited to, improper claims, billing for services not delivered, false statements in determining rights to benefits, bribery, forgery, extortion, embezzlement, theft of participant checks, kickbacks from participants, contractors or other professionals, intentional payments to a contractor without the expectation of receiving services, payments to ghost personnel, misuse of appropriated funds, and misrepresentation or falsification of information in official reports.


⇒ **Waste:** - Expenditures or allocations of resources, in excess of need. Waste does not necessarily involve personal gain, but invariably indicates poor management. This could be a result of actions or situations arising out of management ineptitude or oversight, leading to major violations of the legislative requirements, regulations, or contract/grant provisions. Such actions or situations have the potential to hamper severely the accomplishment of program goals, waste resources, and jeopardize future funding.

⇒ **Abuse:** - Exploitation of loopholes to the limits of law for personal gain. These actions include, but are not limited to, conflict of interest or the appearance of conflict of interest involving outside employment; business and professional activities; the receipt or giving of gifts, fees, entertainment, and favors; misuse of agency property; misuse of confidential information; and such other activities as might adversely affect the confidence of the public in the integrity of the agency.

⇒ **Procedures:** - Reports of fraud, waste, and abuse can be made either orally or in writing to the **Executive Director**. He will begin investigation of the complaint within

24 hours of the initial complaint. **Executive Director** will follow the procedures set forth in the Operating Agreement concerning investigations of violations. The assigned personnel will deliver a written report to the **Executive Director**, and reporting party within two weeks of beginning the investigation. This report will include findings to date and state whether the investigation is completed or if more time is needed for the investigation. If more time is needed, the **Executive Director** will give an estimate of completion date in the written report.

⇒ **No Reprisals/Confidentiality:** - No action will be taken against any personnel, Client, stakeholder or contractor for disclosing information of criminal or improper activities or making a complaint to the proper authorities. The reporting party's identity will not be disclosed except where there is consent or it is determined that disclosure will be unavoidable during the course of an investigation.

 <p style="text-align: center;">FOHFS</p>	Fountain of Hope Family Services Inc.		Policy and Procedures	
	Policy Type:-	Aspire to Excellence	Policy# LRP-148	
	Subject:-	Name Treatment of Advocate	Adopted:- 05/06/2014	
	Section:-	(1.E.3)	Effective:- 06/11/2015	
	Approval By:-	Michael Oladipo	Revised:- 08/15/2020	

⇒ **Policy**

1. All adult mental health consumers being served by a licensed mental health professional shall be informed by the (**LMHP**) or the mental health treatment facility that the consumer has the right to designate a family member or other concerned individual as a treatment advocate. **FOHFS Agency** has written policies and procedures ensuring this provision.
2. Consumers are not to be coerced, directly or indirectly, into naming or not naming a Treatment Advocate or choice of Treatment Advocate or level of involvement of the Treatment Advocate. Any individual so designated shall at all times act in the best interests of the consumer and comply with all conditions of confidentiality.
3. No limitation may be imposed on a consumer's right to communicate by phone, mail or visitation with his or her Treatment Advocate, except to the extent that reasonable times and places may be established.
4. The Treatment Advocate participates in treatment planning and discharge planning of the person being served to the extent consented to by the consumer and permitted by law.
5. The consumer and Treatment Advocate are notified of treatment and discharge planning meetings at least 24 hours in advance.
6. **FOHFS Agency** uses Treatment Advocate Designation forms that minimally include:
 - (1) The consumer's choice to name or not name a Treatment Advocate;
 - (2) Identify any specifically named person;
 - (3) Indicate the level of involvement the identified Treatment Advocate shall have.
 - (4) There is a space where the Treatment Advocate will indicate his or her intention of serving according to the consumer's specifications;
 - (5) An agreement that the Treatment Advocate will comply with all standards of confidentiality; and
 - (6) Both the signature of the consumer and the Treatment Advocate.

7. Verbal confirmation of the written information proposed in the form is permitted until such time as the Treatment Advocate can be present to sign the designated form.

(h) The consumer may change or revoke the designation of a treatment advocate at any time and for any reason.

(i) A copy of the completed form shall be given to the consumer and the treatment advocate. The original shall be maintained in the consumer's record.

(j) The Treatment Advocate form shall be reviewed with the consumer at each point of treatment planning and treatment planning review to afford the consumer an opportunity for review and amendment.

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TREATMENT ADVOCATE DESIGNATION FORM

- I have been notified of my choice to name or not name a treatment advocate.
- I am choosing to not have a treatment advocate at this time.

I am designating a treatment advocate to assist in my care and to act in accordance with my mental health treatment. My treatment advocate may express concerns about any aspect of services I am receiving and be involved in helping form appropriate services for me. My treatment advocate may also monitor my service providers to ensure that they conform to program guidelines, ask questions about my rights and responsibilities help to educate others on advocacy issues, and collaborate in problem solving.

I _____ appoint the following person to be my Treatment Advocate.

Client Advocate's Name: _____

Relationship: _____

Address: _____

Phone Number: (cell) _____ (home) _____

I want my treatment advocate to have the level involvement as indicated below:

- | | |
|--|---|
| <input type="checkbox"/> Assist in treatment planning process | <input type="checkbox"/> educate people in my treatment team on advocacy issues |
| <input type="checkbox"/> Assist in discharge planning | <input type="checkbox"/> assist in problem solving for my treatment |
| <input type="checkbox"/> Assist in treatment implementation | <input type="checkbox"/> provide additional information |
| <input type="checkbox"/> Assist in ensuring client rights are being considered and protected | |

I, _____, the designated treatment advocate, do consent to assisting the consumer according to the consumer's specifications. I agree to comply with all the standards of confidentiality.

Consumer _____ **Date**

Designated Treatment Advocate (if appropriate) _____ **Date**

Staff/LMHP _____ **Date**

Client Name: _____ Date Completed: _____