

Fountain of Hope Family Service Inc.
10326 Greenbriar Parkway
Oklahoma City, Ok 73159



Client Package Information Hand Out

Effective	09/09/2014
Revision	04/15/2016
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Revision	02/17/2023

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Policy Type:-**Aspire to Excellence**

Policy Number: CDO-231

Subject:- **Client Acceptance & Orientation**

Adopted:-05/06/2014

Section:- **(1.c.1)**

Effective:-02/10/2015

Approved By:- **Michael Oladipo** *(Michael Oladipo)*

Revision:-09/17/2023

Title:- Executive DirectorPage:- 03-of-05

Objective: Client Acceptance & Orientation

PURPOSE: To outline the conditions and process for accepting individuals as clients of **Fountain of Hope Family Services (FOHFS)**.

POLICY

Fountain of Hope Family Services (FOHFS) agency accepts/retains individuals as clients according to the following criteria:

1. **Fountain of Hope Family Services** must be qualified and/or licensed to provide the services required in a safe, efficient and responsible manner.
2. **Fountain of Hope Family Services** has a sufficient number of qualified personnel and resources to meet a prospective client's requested/needed services.
3. Services requested/needed fall within **FOHFS** scope of services.
4. **Fountain of Hope Family Services** may contract services out to qualified individuals and/or other agencies.
5. Clients must reside within the geographical area served by **FOHFS**.
6. Client's home environment must be adequate for safe and effective care with no prohibiting factors.
7. **Fountain of Hope Family Services** shall not refuse services to any individuals based on race, color, sex, age, race, marital status or national origin.
8. Client is not a high risk for suicide, violence, or homicide.
9. Client does not exhibit uncontrolled psychosis.
10. Client does not exhibit acute signs of intoxication or potential withdrawal.
11. Client does not exhibit any prohibiting emotional or behavioral complications.
12. Client accepts treatment and is able to follow program guidelines.
13. Client's legal guardian is willing to be involved.

PROCEDURES

1. **Fountain of Hope Family Services** office staff receives a referral via phone, email, and/or fax and complete a Referral Form with all necessary and relevant client information.
2. Initial Assessment shall be scheduled within 10 business days following a referral or request for service.

3. Counselor/Clinical Director will explain the purpose and process of the Initial Assessment.
4. Counselor/Clinical Director shall evaluate a prospective client/legal guardian request for services prior to accepting an individual as a client.
5. The initial assessment shall be comprehensive enough to determine the ability of **FOHFS** to meet the requests and needs based on **FOHFS** overall service capability.
6. The identified needs/problems shall be reviewed with the client/legal guardian to determine the services required and the ability of **FOHFS** to meet the prospective client's requests/needs.
7. If **Fountain of Hope Family Services** can provide the services, the client shall be provided with a Client Handbook and provided client orientation regarding all necessary information/material in order to make an informed decision to include, but not limited to, the following:
 - a. explanation of Client's Bill of Rights and Responsibilities;
 - b. grievance and appeal procedures;
 - c. ways to provide input regarding quality of care, achievement of outcomes, and satisfaction with personnel and services;
 - d. explanation of **FOHFS** services and activities, expectations for participation, hours of operation, access to after hours services, Code of Ethics, all confidentiality policies, and requirements for follow-up interview;
 - e. explanation of any and all financial obligations, fees, and financial arrangements for services;
 - f. review of agency policies regarding non-use of seclusion and restraints, smoking, illicit drugs, and weapons;
 - g. explanation of specific reasons a client may be involuntarily discharged from the program;
 - h. description of how the information gathered will be used to complete a Treatment Plan;
 - i. Explanation of the importance of client and legal guardian active participation in all services delivered.
8. Counselor/Clinical Director shall document that the above information has been given to the client/legal guardian during client Orientation.
9. The client/legal guardian, after review, shall be given the opportunity to either accept or refuse services.
10. If a client is accepted for service, an individualized treatment plan shall be developed jointly with the client/legal guardian and a written Service Agreement shall be signed by the client/legal guardian and the **Counselor/Clinical Director**.
11. A copy of the Treatment Plan and the Service Agreement shall be given to the client and the originals shall be placed in the client's record.

- 12.If the client is currently being seen by another agency and wishes to transfer services to **FOHFS**, a Termination of Services form needs to be completed and faxed in with the new Treatment Plan.
- 13.A referral, at the request of the client may be made, if **FOHFS** cannot meet the needs of the client.
- 14.A waiting list will be maintained for individuals who meet the criteria for admission to the **FOHFS** program but we are not staffed to accommodate at the time of referral. The waiting list will include the individual's name, contact number, and date of referral. The waiting list will be reviewed regularly and any contact made to individuals on the waiting list will be documented.

Policy Type:-**Aspire to Excellence**

Policy Number: CDO-232

Subject:- **Client Orientation**

Adopted:-05/06/2014

Section:-

Effective:-02/10/2015

Approved By:- **Michael Oladipo** (*Michael Oladipo*)

Revision:-09/17/2023

Title:- Executive DirectorPage:- 06-of-07

Objective: Client Orientation

Scope of the Policy: - This policy applies to all **Fountain of Hope Family Services (FOHFS)** Clients

POLICY: - **Fountain of Hope Family Services** agency all consumers will receive an orientation to services on their first visit. **Fountain of Hope Family Services** agency provides a **CLIENT INFORMATION HANDBOOK** for the consumer to keep, and for the agency, an acknowledgement in the form of the **CONSUMER ORIENTATION CHECKLIST** is signed by the consumer for documentation of review and receipt of the handbook and orientation.

The Intake Counselor is responsible for providing and reviewing the orientation on the first visit with the consumer. Orientations are expected to be understandable to the consumer/parent or guardian consenting to treatment services.

All clinical staff will be trained in client orientation and evidence will be made a part of personnel records.

PROCEDURE:

A. Admission Process

It is the intent of **Fountain of Hope Family Services** agency to oriented consumers to services in an understandable format during the first visit with the consumer. All orientations will be verbal and written and acknowledged by the consumer, parent/guardian, and intake counselor.

The orientation will include, but not be limited to:

- Identification of primary counselor and/or clinical director of program & general contacts
- Client Rights & Responsibilities
- Grievance policy & procedures

- Ways in which consumer may offer/submit input and satisfaction of services
- Services provided, days & hours of operation, expected level of participation
- Confidentiality policy & limits of confidentiality
- Professional disclosures and ethical responsibilities of clinical staff
- Financial obligations, fees, and financial arrangements
- Fire, safety, and emergency precautions
- Various policies on restraint, tobacco, legal or illegal drugs, and weapons
- Program rules, including restrictions, the loss of, and regaining of rights
- Advanced directive information, if appropriate
- Information/orientation of the purposes and processes of assessment, treatment planning, and criteria for discharge
- Participation in the outcomes management process

B. Case Record

The consumer orientation checklist is made a permanent part of the consumer's case record. Client Rights and responsibilities will be renewed annually and placed into the case record as well.

Fountain of Hope Family Services Inc.
10326 Greenbrier Parkway
Oklahoma City, Ok 73159



HIPPA NOTICE OF PRIVACY PRACTICES

Client Copy

Effective: - 06/12/2015

Revision: - 09/15/2023

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU GET ACCESS TO THIS INFORMATION. PLEASE READ CAREFULLY.

(FOHFS Agency) is required to maintain the privacy of Protected Health Information (“PHI”) and to provide individuals with notice of our legal duties and privacy practices with respect to PHI. PHI is information that may identify you and relates to our past, present, or future physical mental health condition and related health care service. This notice of Privacy Practices (Notice) describes how we may use and disclose **PHI** to carry out treatment, payment, or health care operations and for other specified purposes that are permitted or required by law. The Notice also described our rights with respect to PHI about you.

(FOHFS Agency) is required to follow the terms of this Notice. We will not sell your name and address or identifying information for any purpose. We will not disclose **PHI** about you without your written authorization, except as described in this Notice. We reserve the right to change our practices and this Notice and to make the Notice effective for all **PHI** we maintain, upon request, we will provide any revised Notice to you. The complete law which sets out how information that identifies a patient can be used and disclosed is the Health Insurance Portability and Accounting Act of 1996 (**HIPAA**) (**Title 45, Code of Federal Regulations (CFR), Parts 160 and 164 & title 42 (CFR) (part 2)**).

Effective date: This Notice is effective as of **April 14, 2014**

Your health information rights: you have the rights with respect to **PHI** about you.

Obtain a paper copy of the notice upon request: you may request a copy of the Notice at any time. Even if you have agreed to receive the notice electronically, you are still entitled to a paper copy. You may obtain a paper copy at the office of (FOHFS Agency) at **10326 Greenbriar Parkway, Oklahoma City, Ok 73159** from your respective counselor, or the Administrative Assistant. You will receive a paper copy of the notice at your first visit after **April 14, 2003**

Request a restriction on certain uses and disclosures of PHI: you have the right to request additional restrictions on our use or disclosures of **PHI** about you for treatment, payment, health care operations, communication with individuals involved in your care or by business associates by submitting a written request for the restriction. You may submit our request in person to your respective counselor or mail the request to **FOHFS** at **10326 Greenbriar Parkway, Oklahoma City, Ok 73159**. We are not required to agree to those restrictions.

Inspect and obtain a copy of PHI: You have the right to access and copy **PHI**, about you contained in a designated records set for as long as we maintain the

PHI. To inspect your copy **PHI** about you, you must sign a written request. You may submit your request in person or by mail to the above address. We may charge you a fee for the cost of copying, mailing and supplies that are necessary to fulfill your request. We may deny your request and copy in certain limited circumstances. If you are denied access to **PHI** about you, you may request the denial be reviewed.

Request an amendment of PHI: If you believe that **PHI** we maintain about you is incorrect or incomplete you may request that we amend it. You may request an amendment for as long as we maintain the **PHI**. To request an amendment, you must send a written request to our office at the above address. You may include a reason that supports your request. In certain cases, we may deny your request for amendment. IF we deny your request for amendment, you have the right to file a statement of disagreement with the **Clinical Director** and we may give you a rebuttal to your statement.

Receive an accounting of disclosure of PHI: You have the right to receive an accounting of disclosure we have made of **PHI** about you after **April 14, 2003**, for most purposes other than treatment, Payment, or Health care operations. The accounting will exclude certain disclosures, such as disclosures made directly to you, disclosures you authorize, disclosures to friends or family members involved in your care, and disclosures for notification purposes. The right to receive an accounting is subject to certain other exceptions, restrictions, and limitations. To request an accounting, you must submit a request in writing. Your request must specify the time period, but may not be longer than (7) years. The first accounting you request within a **12** month period will be provided free of charge, but you may be charged for the cost of providing additional accounting in the same 12 month period. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time.

Request communication of PHI by alternative means or at alternative locations: For instance, you may request that we contact you about medical matters only in writing or at a different residence or post office box. To request confidential communication of **PHI** about you by alternative means or at an alternative location, you must submit a request in writing. You may submit your request in person or by mail to **FOHFS** at the above address. Your request must state here or where you would like to be contacted. We will accommodate all reasonable requests.

Special Requirements of Psychotherapy notes: Psychotherapy notes are afforded special privacy protection under this regulation. You are not entitled to receive a copy of the psychotherapy notes from this office and exclude from the provisions of this law that gives clients that right to see and copy their health information. Further, these records are kept separate from a client's other records. A specific

written client authorization will be required before these psychotherapy notes will be disclosed to anyone. The definition of psychotherapy notes exclude medication prescriptions and monitoring, counseling sessions start and stop times, modalities and frequencies of treatment furnished, results of clinical tests and summary of the following items, diagnosis, functional status, treatment plan, symptoms, prognosis, and progress to date.

Exceptions from consent, authorizations, or opportunity to object: Under certain circumstances, a covered entity may use or disclose protected information with our written consent or authorization and without providing a notice to the individual, as follows:

- Uses and disclosures required by law.
- Uses and disclosures for public health activities.
- Disclosures about victims of abuse, neglect, or domestic violence.
- Uses and disclosures for health oversight activities.
- Disclosures for judicial and administrative proceedings.
- Disclosures for law enforcement purposes.
- Uses and disclosures about decedents.
- Uses and disclosures for cadaver organ, eye tissue donation purposes.
- Uses and disclosures for research purposes.
- Uses and disclosures to advert serious threat to health or safety.
- Uses and disclosures to advert serious threat to health or safety.
- Uses and disclosures for specialized government functions.
- Disclosures for worker's compensation.

Other uses and disclosures of PHI: (FOHFS Agency) will obtain written authorization before using or disclosing **PHI** about you other than those requested by you or as otherwise permitting or required by law. You may revoke an authorization in writing at any time. Upon request of the written revocation, we will stop using disclosing **PHI** about you except to the extent that we may have already taken action in reliance on the authorization.

For more information or to report a problem: If you have questions or would like additional information about **FOHFS** privacy Practices you may write the **Executive Director** of **FOHFS** at the above address. If you feel your rights have been violated, you can file a complaint with **FOHFS Executive Director** or the Department of Mental Health and Substance Abuse Services (**ODMHSAS**) by contacting the Consumer Advocacy Division either by telephone or in writing, contact **ODMHSAS** Consumer Advocacy Division at: 1-866-699-6605 or Consumer Advocacy Division **P.O. Box 151 Norman, Ok 73070.**

Michael Oladipo

Michael Oladipo
Executive Director

Fountain of Hope Family Service Inc.
10326 Greenbriar Parkway
Oklahoma City, Ok 73159



**CLIENT
INFORMATION
HANDBOOK**
General Program Standard
Section 2.B.6 (Policy # GPS/218)
Revision 03/12/2023

My Therapist Name	
Phone Number	
My Case Manager Provider Name	
Phone Number	
Executive Director, emergency or after hours contact	405-759-3860
Emergency Number	9-1-1
Heartland Help Line Number	2-1-1

CLIENT ORIENTATION & HANDBOOK

For Client	
Admission/Intake Date	

This handbook contains information that the State of Oklahoma and National Accreditation (CARF) requires **Fountain of Hope Family Services (FOHFS)** to disclose to you as an orientation to Fountain of Hope Family Services treatment services.

This handbook contains the following:

A	ORIENTATION TO SERVICES
B	CONFIDENTIALITY & PRIVACY POLICIES
C	CLIENT RIGHTS & RESPONSIBILITIES
D	HIV/AIDS/STD & TB EDUCATION & TESTING INFORMATION
E	ADVANCE DIRECTIVE INFORMATION
F	FINANCIAL & ATTENDANCE POLICIES
G	GRIEVANCE POLICY & PROCEDURES
H	EMERGENCY PLANS
I	CONSENT FOR TREATMENT & OTHER GENERAL SERVICES CONSENTS
J	TRANSPORTATION CONSENT
K	POLICIES ON RESTRAINT, LEGAL/ILLEGAL DRUGS, TOBACCO & WEAPONS
L	CRITERIA FOR DISCHARGE & PROGRAM RULES
M	CODE OF ETHICS

WHEN YOU HAD YOUR FIRST MEETING OR SESSION WITH THE FOUNTAIN OF HOPE FAMILY SERVICES ADMISSIONS COUNSELOR:

You had been asked to read, acknowledge and sign that your admissions counselor has reviewed this packet with you, answered any questions you may have, and offered you this packet as a copy of the **FOHFS** Client Handbook that includes all of the same information reviewed during that first meeting or session.

We welcome you to Fountain of Hope Family Services!

Welcome to **Fountain of Hope Family Services, (FOHFS)**. We are a complete home-based counseling and rehabilitation service for children, adolescents, and their families. Our mission is to preserve, strengthen, and restore families in our community. To fulfill our mission, we will address the issues of peer pressure, low self esteem, social isolation, stress, grief and loss, behavioral problems, social and academic adjustment issues, anxiety, substance abuse and depression using a variety of counseling techniques and treatment modalities.

FOHFS is aware that each family is unique and has its own history and issues. Our assessment clinicians, with your assistance, will uncover the strengths and weaknesses at work within your family structure. Our counselors will work with you to enhance those strengths and improve on those weaknesses. Our goal is for your family to be as healthy and functional as possible, resulting in happy and productive children.

FOHFS will strive to offer you the highest quality mental health counseling services. Our clinical staff members are all highly qualified, experienced, licensed mental health professionals. Our friendly and professional office staff will be available to you Monday through Friday from **9:00am to 5:00pm** to help answer any of your questions and address all your concerns.

FOHFS is constantly in the process of developing new services for our clients and their families. We will keep you informed of all new programs as they come to fruition.

Once again, welcome to **Fountain of Hope Family Services Inc.** We truly appreciate your trust in us and allowing us to enter your homes and your lives.

Sincerely,

Executive Director

Michael Oladipo 03/12/2023

Michael Oladipo, MHR, LPC

218.01:- AGENCY INFORMATION

Facility	Fountain of Hope Family Services Inc.
Mailing Address	10326 Greenbriar Parkway, Oklahoma City, Ok 73159
Office Phone Number	405-759-3560
Office Fax Number	405-378-2486
Office email address	fohfsok@gmail.com or moladipo@cox.net
Agency Web Site Address	www.fohfsok.com

The **Executive Director** may be contacted at **405-759-3560** during regular business hours or **405-512-2863** after hours and on weekends in the case of emergency.

218.02:- PROVIDERS:

All **FOHFS** providers of direct services have met the minimum requirements to be credentialed as **Qualified Mental Health Professionals (QMHP)**. This indicates that, at minimum, each provider has obtained a **Bachelor's Degree** and/or **2 years** relevant experience in a related field. All of our licensed **QMHP** have obtained a **Master's Degree** in a mental health related field and have met the stringent requirements of licensure for their license of choice, or are under clinical supervision in order to obtain licensure. The professional designations of our service providers include: Licensed Professional Counselor (**LPC**), Licensed Clinical Social Worker (**LCSW**), Licensed Marital and Family Therapist (**LMFT**), Certified Alcohol and Drug Counselor (**CADC**).

218.03:- ORIENTATION TO SERVICES

❖ A. **ORIENTATION TO SERVICES**

Each person entering into services with **Fountain of Hope Family Services** shall receive a **Client Handbook** with the information that shall orient consumers to services in the following areas:

1. Your primary care clinician's name and contact information
2. Client Rights and Responsibilities
3. Grievance procedures
4. Methods of contributing input for improvement of services
5. Program rules
6. Description guide of your active participation in services, assessment, and treatment planning
7. Agency hours of operations and after hours contact numbers
8. Professional **Code of Ethics, Confidentiality, and Privacy policies**
9. Financial and attendance policies
10. Emergency plans,
11. Policies on tobacco and weapons, seclusion restraint, and prescription medication
12. If appropriate, information and referral regarding advance directives, **HIV/AIDS/STDs and TB** education and testing
13. Requirements for follow-up regardless of discharge outcome.

The admissions counselor will insure that you have been offered a copy of the **FOHFS** Client Handbook at the conclusion of this admissions/intake session.

218.04:- SCOPE OF SERVICES

FOHFS is a community mental health agency serving individuals who reside in the **Oklahoma Counties of Oklahoma, Cleveland, and Logan, and townships of Midwest City, Del City, Spencer, and all of Oklahoma City that includes Edmond.** **FOHFS** Agency offers a variety of services that includes mental health. More information regarding specific services offered is described under Service Options in this handbook.

QUALITY ASSURANCE

Fountain of Hope Family Services, (FOHFS) agency is licensed by the Oklahoma Department of Behavioral Health, Developmental and Intellectual Disabilities. The outpatient mental health services for **adults** and **children** along with Therapeutic Foster Care are also **CARF** accredited, insuring you receive quality services.

218.05:- HOURS OF OPERATION

FOHFS business office will be open (**Monday through Friday from 9:00am to 5:00pm**). Please feel free to leave a message on voicemail at any time and we will get back with you promptly. The office will be **closed** the day before, the day of, and the day after all **national holidays**. The clinical staff will be available to you by cell phone and will meet with you according to the schedule you agree upon. In case of a mental health emergency after hours, please call your local emergency response system (**911**), local police department, the Oklahoma State Mental Health Hotline (**1-800-522-9054**), your assigned **FOHFS** counselor and/or proceed to the nearest emergency room, if necessary.

218.06:- MENTAL HEALTH ASSESSMENT

Initial assessments involve evaluating clients and their families to determine their skills, abilities, and needs in a variety of areas. Assessment clinicians address pertinent mental health history, presenting problems, and immediate needs. The process involves gathering information from clients, their families, and other interested parties.

All information is gathered for the purpose of assessing client's needs, their reasons for seeking services, the services desired, and their personal goals for treatment. Another purpose of the initial assessment involves assessing the needs of the client's family and/or other interested parties (foster parents, caregivers, referral sources, payers, regulators, case managers). These needs may include, but are not limited to, additional counseling services, social services referrals, and additional meetings.

218.07:- TREATMENT PLAN DEVELOPMENT

Treatment planning takes the information gathered during the initial assessment and uses it to formulate an individualized treatment plan. This treatment plan consists of the client's strengths, weaknesses, preferences, identified problem areas, goals and objectives that are specific and time limited, and the criteria and date of potential discharge.

218.08:- SERVICE OPTIONS

OUTPATIENT SERVICES

Individual must present with symptoms of a mental/emotional disorder that requires one or more of the following treatment modalities: individual counseling, family counseling, group counseling, case management and psycho educational services.

- Individual must have symptoms that meet the diagnostic criteria of at least one **ICD-10(DSM** is still used to evaluate diagnosis code, however, **OKHCA** requires **ICD-10** codes instead of **DSM codes**) this will hold true for private insurances as well on determining if **ICD or DSM** codes are suitable for billing expectations.
- Individual requires outpatient services to prevent psychiatric hospitalization.
- Individual is court ordered to outpatient services.
- Individuals of all ages are admitted, if they are in need of treatment.
- No individual is refused services based on the inability to pay for services.

Individual Counseling

Individual counseling will be conducted using face to face, one on one interaction between qualified staff and a client to promote emotional or psychological change to alleviate disorders. Individual therapy will be provided in an appropriate, private, confidential setting. Individual counseling will be goal directed utilizing techniques appropriate to the treatment plan. Frequency of individual counseling will be as is recommended in the individualized treatment plan according to the needs of each client.

Group Counseling

Group counseling will be conducted in a method by treating behavioral health disorders using the interaction between a therapist and two or more patients to promote emotional and functional change to alleviate behavioral disorders. Group counseling will be directly related to the goals and objectives of the individual client's needs. The frequency of this service shall be determined on an individual basis as recommended in the individual treatment plan.

Family Therapy

Family therapy will be conducted in a face to face interaction between a therapist, the patient, and/or family member(s) or significant others to facilitate emotional, psychological, or behavioral changes and to promote communication and understanding. Family Therapy will be goal directed utilizing techniques appropriate to the treatment plan. Family therapy shall be offered as often as is recommended in the treatment plan for each client.

Crisis Intervention

Crisis intervention involves unscheduled, face-to face counseling services to resolve an acute mental health emergency as evidenced by suicidal, homicidal, and/or psychotic behaviors. The crisis situation and significant functional impairment must be clearly documented.

Crisis Intervention will include, but not be limited to:

- Inappropriate behavior = call attention to behavior
- Behavior continues = Redirect back into appropriate behavior

- Behavior continues/increases = Separate, counsel briefly, use relationship with client to deescalate situation
- Behavior continues/increases = Send to different room for 15 minute cooling down period followed by counseling/relationship building
- Behavior does not improve, refuses to comply with above interventions = Escort to separate area, counsel until relationship is appropriate
- Refuses, inappropriate behavior = Contain in area, counsel, attempt to see beneath the acting out
- Out of control behavior (i.e., Runaway, Assault, Loss of control) = Contain, insure safety of client/staff, alert supervisor
- Behavior continues after repeating above interventions = Emergency treatment team staffing to determine if client requires a higher level of care

Domestic Violence

Services are available for individual's court ordered for domestic violence treatment. Clients will receive an assessment to determine the type and frequency of treatment which may include individual and/or group therapy.

Individual /Group Social Rehabilitation

Social Rehabilitation services involve assisting the client with improving interpersonal relationship skills, social skills, and community functioning by providing structured and supervised social opportunities.

218.09:- INDIVIDUAL TREATMENT PLANS

After your initial psychosocial assessment is completed, and individual treatment plan will be developed with you to establish goals and the steps necessary to reach your treatment goals. We utilize a person-centered approach in treatment planning, which means you decide what you want to work on, who will help, and which services are best for you. The plan will build on your strengths to address your specific needs. The plan will be an outline to your treatment at the **FOHFS** Agency. As your needs change, it is necessary to review the plan and update periodically.

218.10:- TRANSITION/DISCHARGE PLANNING

At the time your individual treatment plan is developed, decisions on how to know you have completed treatment will be discussed. Transition/discharge plans will be discussed and identified on the initial treatment plan. If the plan identifies any needs beyond the scope of the program, appropriate referrals will be made, to assist in transition to other community services. Your case monitor will provide coordination and ongoing communication between internal and external service providers.

218.11:- SECLUSION AND RESTRAINT

The **FOHFS** agency does not utilize any type of seclusion and/or restraint in any of its programs in response to assault or aggression in the provision of services. In addition, intrusive procedures such as strip searches and/or pat downs are not utilized in any program.

Restraint- defined as the use of physical, mechanical, or other means to temporarily subdue an individual or otherwise limit the individual's freedom of movement. Seclusion-

defined as the separation of an individual from normal program participation in an involuntary manner. The individual is in seclusion if freedom to leave the segregated room or area is denied. Voluntary time-out is **NOT** considered seclusion.

218.12:- CLIENT Bill of RIGHTS

1. You have the right to be treated with dignity and respect.
2. You have the right to fully understand all forms, processes, and procedures.
3. You have the right to receive services in a safe and humane environment.
4. You have the right to receive services in a confidential and private setting.
5. You have the right to receive services regardless of culture, age, gender, sexual orientation, spiritual beliefs, socioeconomic status, language, or ability to pay.
6. You have the right to receive services free from any verbal, physical, psychological, financial, or sexual abuse.
7. You have the right to receive services without being exploited, humiliated, or neglected.
8. You have the right to receive prompt, competent, appropriate treatment services based on an individualized treatment plan.
9. You have the right to be actively involved in your treatment planning and treatment, and to involve any persons.
10. You have the right to consent to or terminate services at any time. Exceptions may arise if you are court ordered for treatment, found to be incapacitated, and in emergency situations.
11. You have the right to seek a second opinion at your own expense.
12. You have the right to permit others to be involved in treatment.
13. You have the right to have your protected health information (records) kept protected and confidential.
14. You have the right to have your complaints investigated and resolved promptly.
15. You have the right to refuse to participate in any research project or experiment.
16. You have the right not to be retaliated against, or subject to any adverse conditions or treatment services, solely or partially because of having asserted your rights.

It is the policy of the **FOHFS** Agency that no client of the agency will be discriminated against on the basis of **race, color, sex, gender identity, national origin, age, sexual orientation, religion, disability** or other **factor** which would constitute a violation of civil rights.

218.13:- GRIEVANCE PROCEDURE

FOHFS Agency is committed to providing individuals with the best possible service. Part of this commitment is encouraging an open atmosphere in which any problem, complaint, suggestion or question receives a timely response until the concern is resolved. If you disagree with established rules of conduct, policies, practices, or treatment decisions, you can express your concern through the Grievance Procedure.

1. Any individual with a concern or complaint should first try to resolve the problem with the specific person involved, whenever possible. This should be done as soon as possible of the incident occurs.
2. If an agreement is unable to be reached, or you do not feel comfortable addressing the person involved, the grievance should be brought to the Clinic Coordinator/Program

Manager. The Agency Coordinator/Program Manager will consult with you regarding your concerns as warranted.

3. If the issue is not resolved by the Agency Coordinator/Program Manager, you have the right to present your grievance to the Oklahoma board of mental health region council.

4. If you feel the Oklahoma board of mental health region council does still not resolve the issue, you may request the grievance be presented to the Chairman of the Board, who will appoint a grievance committee, composed of Board Members, to hear any complaints not resolved.

The decision to utilize the Grievance Procedure shall be your voluntary decision. You will not be penalized or retaliated against for voicing a complaint with the **FOHFS** Agency in a reasonable, business-like manner or for using the grievance procedure regardless of outcome.

218.14:- CLIENT FOLLOW-UP/SATISFACTION

FOHFS Agency wants to be sure we are providing the best services possible. One way to measure how well we are doing is to ask you. We want to get information and feedback from you and one way we accomplish this through the state mandated Client Satisfaction Surveys conducted annually in the agency. **FOHFS** Agency also has an agency client satisfaction survey that will be made available to all clients upon discharge from services to gather information on what was helpful, overall quality of care, achievement of outcomes, and overall satisfaction.

This survey will be available to you after discharge from treatment either through a paper version or online access. Completing and returning this survey is very important to help in performance improvement, program planning, and resource planning. There is also a Staff Recognition/Suggestion box located in each facility/program for you to provide information at any time. Some programs have their own specific client survey and we invite and encourage you to complete the survey and give us feedback. In order for us to continue to grow and improve, we need to hear how we are doing.

Completing the Client Surveys will in no way have a negative impact on the services you receive.

218.15:- STANDARDS OF PROFESSIONAL CONDUCT

FOHFS Agency is committed to providing services to you in a professional, competent and ethical manner. The following are guidelines regarding professional behavior in the provision of the agency's services.

- Staff will establish maintain appropriate boundaries with clients.
- Staff will avoid situations where staff has a personal or professional business relationship as well as a professional one. (Dual Relationship)
- Staff should refrain from any activities that may violate client trust.
- Staff must not share their religious beliefs or values with clients, or their political views.
- Staff will provide services to clients in a manner that respects their dignity, integrity, and rights as stated in agency documentation.
- Staff will respect an individual's beliefs and differences by not attempting to change or influence to personal views.
- Maintain confidentiality in all interactions and documentation and only release

- Information's allowed by legal standards.
- Insure clients know the benefits, risks, side effects and other pertinent information in order to make an informed decision regarding treatment.
- Provide services to individuals according to one's qualifications, training, competence, and position.
- Staff will recognize potential situations of violence and protect the individual from harming him/herself or society by notification of the proper authorities.
- Staff will not engage in romantic or sexual relationships with clients, their family members or guardians.

218.16:- CLIENT RESPONSIBILITIES

It is reasonable to expect and encourage you to assume certain responsibilities, since the greater your involvement, the more likelihood of achieving the best outcomes in your ongoing recovery.

1. Client/guardian is responsible for being on time for all scheduled appointments or to provide at least 24 hours notice of cancellation and reschedule.
2. Client/guardian is responsible for being an active participant in all treatment planning and implementation of clinical services.
3. Client/guardian is responsible for behaving in a dignified and respectful manner towards **FOHFS** staff, property, and other clients.
4. Client/guardian is responsible for notifying the **FOHFS** staff of any changes in personal situation such as changes in address, school, contact numbers, or any other pertinent information.
5. Client/guardian is responsible for completing quarterly progress reports, random satisfaction surveys, and participating in a follow up interview.
6. Client/guardian is responsible for keeping the **FOHFS** staff informed of insurance/Medicaid changes or cancellations. Payment plans will be made available for those who apply.
7. Client/guardian is responsible for notifying the **FOHFS** staff of desire to terminate services. If no contact is made within 30 days, you will be discharged from the program and will have to be evaluated for readmission.
8. Client/guardian is responsible for abiding by all **FOHFS** policies regarding alcohol, tobacco, licit drugs, illicit drugs, and weapons, with the goal of keeping **FOHFS** staff and clients safe.
9. Client/guardian is responsible for informing the **FOHFS** staff of any upcoming court dates, so that we can be prepared to assist you in your proceedings with court reports.
10. Client/guardian is responsible for keeping in touch with their **DHS** worker and informing **FOHFS** office of any changes in worker, so that we can work hand in hand with the **DHS**.

FOHFS reserves the right to report incidents to the appropriate authorities and make referrals to other agencies and/or terminate services if client responsibilities are not met.

218.17:- REASONABLE ACCOMMODATIONS

We follow the requirement of the Americans with Disabilities Act (**ADA**), and provide reasonable accommodations when requested to ensure everyone who needs (and is eligible for) services is able to access them.

FOHFS Agency will assist in securing interpretation services for individuals who are limited in their ability to speak, read, write, or understand the English language at the level that permits them to interact effectively with the provider.

FOHFS Agency will assist in securing American Sign Language interpretation services for individuals who are hearing impaired at a level that permits them to interact effectively with the provider. The **RESPOND** center is also equipped with a **TTY** line.

FOHFS Agency facilities are handicap accessible. Parking lots have designated handicapped accessible parking spaces. If you required a particular type of assistance, please notify us when you call for services or arrive for your first appointment.

218.18:- CONFIDENTIALITY AND PRIVACY NOTICE

All services provided to you are confidential. It is the **FOHFS** Agency's practice to not release information to any outside parties without the signed consent of the client (or parent/guardian). State law makes certain exceptions to privacy regarding issues of suspected child abuse or neglect, adult (including spouse) abuse, or threats of physical violence are involved. Staff members are required to report knowledge of any of the above issues. Our goal is to provide you with privacy without disrupting your care. As a client, you should receive information upon demand about how information is protected. Please know that you, or your parent/guardian (**if under 18**), must sign a release form for the **FOHFS** Agency to share sensitive information. This release form will contain a statement that consent may be withdrawn at any time, as well as the date or condition upon which the consent will expire if it is not withdrawn.

- The type(s) of information that will be disclosed (nature and extent)
- Who has the authority to disclose information
- To whom the information will be disclosed
- For what purpose(s) the information is needed

There are certain special situations that may require the release of sensitive consumer information. These situations include medical emergencies, cases of child abuse and neglect, court orders, and threats against others. The signature of a parent/guardian is required on the consent form unless state law authorizes treatment without parental consent. For clients who are legally incompetent, a legal guardian must be appointed to make decisions concerning release of confidential information. In all other situations, information may only be released with the written consent of the client.

Privacy

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. If you have any questions about this notice, please contact the **Privacy Officer at 405-605-4249**

This notice informs you of how Protected Health Information about you can be created, shared, protected, and maintained. You have the right to the confidentiality of your medical information and the right to approve or refuse the release of specific information except when law requires the release.

Who will follow this notice? This notice describes the **FOHFS's** Agency practice regarding the use of your medical information and that of:

- Any health care professional authorized to enter information into your medical record
- All departments and units of the Agency that you may visit
- Any member of a volunteer group that we allow to help you while you are a client of the Agency
- All employees, staff and other personnel who may need access to your information
- All entities, sites and locations of the Agency follow the terms of this notice and may share information with each other for treatment purposes, payment or healthcare operations as described in this notice

Our pledge regarding medical information: We understand that medical information about you and your health is personal. Protecting medical information about you is important. We create a record of the care and services that you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all records of your care generated by **FOHFS** Agency, whether made by health care professionals or other personnel.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

What is my Protected Health Information? Anything from the past, present, or future about your mental or physical health or condition that is spoken, written, or electronically recorded, and is created by or given to anyone providing care to you, such as, a health plan, a public health authority, your employer, your insurance company, your school or university, or anyone who processes health information about you.

What rights do I have about my Protected Health Information?

Consent - You have the right to consent to the use and disclosure of your Protected Health Information for the limited purpose of diagnosis and administering and paying for your treatment.

Authorization - You have the right to authorize the sharing of your Protected Health Information for other purposes.

Access - You have the right to request an opportunity to inspect or copy health information used to make decisions about your care – whether the decisions are about your treatment or payment of your care.

Amendment - You have the right to request that we amend your Protected Health Information.

Confidential Communications - You have the right to be informed about and share your Protected Health Information in a confidential manner chosen by you. The manner you choose must be possible or reasonable for us to do.

Restrictions - You have the right to restrict certain uses and disclosures of your Protected Health Information. We do not have to agree to your restrictions. If we do agree, we must follow your restrictions.

Accounting - You have the right to obtain a copy of a record of certain disclosures of your Protected Health Information that we make. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request.

Privacy Notice - You have the right to obtain the Privacy Notice form. You may get a copy of the current Privacy Notice by requesting it from the front desks staff or the Privacy Officer.

Your Copy of Your Medical Record:

You are entitled to receive one free copy of your medical record. Once you have received the free copy, any additional copies will **cost a \$1.00** per page. This applies regardless of the timeframe since you received your free copy.

218.19:- CONSENT TO TREAT

It is the policy of the **FOHFS** Agency to require clients or their legal guardian to consent for treatment. Consent is documented by the client's or legal guardian's signature on the Permission for Treatment Form. With your consent, we can share information about your health with other treatment specialists so that you can receive the most appropriate treatment. With your consent, we may use or share information about when and for what purpose you were seen, so that we can be paid for treating you. With your consent, we may use or disclose, as needed, your information in order to support business activities of the Agency such as auditing, training staff, and quality assessments and would also include calling you by name in the waiting room.

You may also revoke your consent. You must do this in writing; however, we reserve the right to refuse to provide further treatment to you, on the basis of your refusal to allow us to share your information for the purposes of treatment, payment, and healthcare options.

218.20:- AUTHORIZATIONS

What can be done with my information if I authorize disclosure? With your authorization, we can share your PHI for reasons other than to diagnose you and to administer and pay for your treatment. For example, you may agree to allow us to share your PHI with a drug company so that your eligibility for reduced cost medications or free medications samples may be determined.

Can I revoke my authorization? Yes, you can revoke your authorization. You must do this in writing so we can stop sharing your PHI. We are permitted to share your PHI until we receive your written revocation. Understand that we are unable to take back any disclosures we have already made with your authorization and that we are required to retain our records of the care that we provide to you.

Are there any circumstances when my PHI can be shared without my consent or authorization? Yes, your PHI can be shared without your prior consent or authorization:

1. In an emergency so long as consent is obtained as soon as possible
2. When required by law according to specific requirements:
 - a. For public health activities
 - b. To protect victims of abuse, neglect, or domestic violence
 - c. For health oversight activities
 - d. For judicial and administrative proceedings
 - e. For law enforcement purposes
 - f. To a coroner
 - g. To a funeral director

- h. For organ/eye/tissue donation
- i. For research purposes
- j. To avert serious threats to health or safety
- k. For Workers' Compensation

3. When there are substantial communication barriers and it is reasonable to believe that you are giving your consent or authorization

4. Inmates: We may use or disclose your PHI if you are an inmate of a correctional facility and your clinician created or received your PHI in the course of providing care to you.

218.21:- ADVANCE DIRECTIVES

You have the right to make decisions concerning your health care, including the right to accept or refuse medical treatment (unless court ordered), and the right to formulate Advance Directives, as permitted under State law. No individual shall be discriminated against, or have care conditioned on whether the individual has executed any Advance Directives.

In the event that you would like additional information; you will be provided with appropriate contact information and/or documents. Federal Law requires that clients receive information regarding Advanced Directives. For additional information regarding Psychiatric Advance Directives, please speak with your psychiatrist. You may also contact your local counsel.

218.22:- FINANCIAL AGREEMENT-FEE FOR SERVICES

FOHFS Agency is for profit agency, established to help people with mental health problems and to provide consultation and education to community organizations. All fiscal operations are in accordance with generally accepted accounting principles.

When you receive services at the **FOHFS** Agency, you are expected to pay all insurance co-payments and deductibles at the time services are rendered. If you have no insurance, you are required to pay 100% for services rendered at each visit unless prior arrangements are made. If you have insurance that pays the insured (you) directly, you are responsible for the entire fee at the time services are rendered.

Your insurance policy is a contract between you and the insurance company. **FOHFS** Agency is not a party to that contract. As a courtesy, our fiscal services office will submit bills to insurance carriers. In order to facilitate claims processing, you must provide all insurance policy information and changes to our office. If, as often is the case, the insurance company pays less than 100%, you will be charged for the remainder. If payment is not received from the insurance company within 60 days, you will be expected to pay the fee. It will then be your responsibility to pursue reimbursement from your insurance company. The fees charged at **FOHFS** Agency reflect the usual and customary rates in the area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates for services. The bill is your responsibility, regardless if your insurance company pays or not. Delinquent accounts may be turned over to a professional collection agency or attorney for appropriate action. You (and/or parent/guardian) will assume responsibility for all collection charges incurred, including but not limited to: Legal fees and court costs.

218.24:- SAFETY PRACTICES AND PROCEDURES

The Pennyroyal Center has procedures in place to protect the health and safety of clients and staff. There is a **NO TOBACCO** policy in **FOHFS** Agency buildings and/or vehicles. In some, not all, facilities, tobacco products are allowed outside in designated locations only. No illegal substances, alcohol, or weapons are allowed in **FOHFS** Agency facilities or vehicles. It is not acceptable for you to present for services impaired from the use of legal (alcohol, prescription, over-the-counter, or herbal remedies) or illegal substances. No prescription medication will be brought on the premises by any person other than for whom it is prescribed. Employees may use medically prescribed substances when administered by or under the direction of a physician. If the physician advises the drug will alter behavior in such that job duties cannot be safely performed, the employee must report the use of the drug to the supervisor or Human Resources.

In the event of an emergency, there are evacuation plans posted in each facility in several locations. **FOHFS** Agency staff will also direct you regarding the procedures to follow. Please let us know if you require any special accommodations if there is an emergency in the building. The agency will hold periodic drills to ensure that our procedures are effective. If a drill or actual emergency occurs, please remain calm and follow staff direction.

EXITS- signs are located above each door. The emergency evacuation routes are posted throughout the building. Please take a moment to review the exit route when you are here.

FIRE- Extinguishers are located throughout the building on the interior walls. If you see a fire, report it immediately to the closet staff member. You will leave the building and go to the designated area.

BOMB THREAT- In the event of a bomb threat, we will evacuate the building in the same manner as if there was a fire. Proceed to the designated area and wait for further instructions from staff.

TORNADO WATCH OR WARNING- If the area is under a tornado watch, the staff will monitor the weather alerts. If a Tornado Warning is issued, you will move to the designated interior location inside the building. Staff will inform you when conditions are safe to return to the offices or leave the building.

INJURY- If you are in need of First Aid notify the nearest staff person. First Aid kits are located in each building; however, for anything other than a very minor injury or illness, the **FOHFS** Agency staff will call for an ambulance.

THREAT OF VIOLENCE- If there is a threat or act of violence in the building, **FOHFS** does not use seclusion or restraint. Law Enforcement may be called immediately.

AGENCY HOLIDAYS

Services will not be available (except for Emergencies and 24 hr programs) on the following holidays:

- New Year's Day
- Good Friday
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving and the day after
- Christmas Eve and Christmas Day

Executive Director

Michael Oladipo 03/12/2023

Michael Oladipo