

# **THE COUNSELING SOURCE, INC.**

## **POLICY AND PROCEDURE**

TITLE: Orientation

PURPOSE: To establish the method by which each person admitted receives an orientation to his or her services.

POLICY: Upon admission, each client and when applicable, their personal representative/guardian will be provided with written documents that explain the processes for service delivery. This information will be provided prior to the initiation of services except in the event of an emergency.

PROCEDURE:

1. The evaluating clinician will obtain the informed Consent for Evaluation and Treatment/Fee Agreement and Insurance Authorization from persons served and/or parent or guardian at the time of initiation of services or prior to evaluation. The document will outline the following:
  - A. Treatment will include an evaluation and treatment, if recommended.
  - B. The client will participate in the development of the Individual Service Plan.
  - C. Acknowledgement of receipt of information regarding the risks and benefits of treatment and their right to refuse or withdraw from treatment at any time.
  - D. Authorization of review of records for quality assurance purposes.
  - E. Authorization to exchange information with an inpatient hospital should the client be admitted to assure continuity of care.
  - F. Acknowledgement that repeated cancellations without 24-hour prior notice may result in termination of services.
  - G. Authorization to contact and exchange information about care with the client's physician and staff of referring agencies or facilities.
  - H. Acknowledgement of receipt of a copy of the Client Rights and Grievances Policy and Procedures.
  - I. Authorization to act as an agent in obtaining payment from all third party payers.
  - J. Acknowledgement of financial responsibility and, when applicable, estimated cost to client.
  - K. Authorization for release of information to the local Mental Health Board for publicly funded services.
  - L. Authorization for release of clinical records as necessary to process claims.
  - M. Agreement to notify The Counseling Source, Inc. of changes in insurance coverage or financial status.
  - N. Acknowledgement that with prior warning, The Counseling Source, Inc. may terminate services due to non-payment of bill.
2. Should the client refuse treatment or withdraw consent for treatment, the potential consequences of the refusal or withdrawal will be reviewed with the client.
3. Documentation of consent for treatment, refusal to consent, or withdrawal of consent, shall be kept in the individual client record.
4. In the event of an emergency referral (risk of harm to self or others), the client can be seen without a signed consent for mental health services/AOD services. However, at the next subsequent contact, the client will need to complete the consent form for continuation of services.

REFERENCED STANDARDS AND REGULATIONS:

Ohio Department of Mental Health Administrative Code 5122  
CARF Behavioral Health Standards Manual

EFFECTIVE DATE: 4/28/2005

REVIEWED: February 2018

