

Client Handbook



THE COUNSELING SOURCE, INC.

10921 Reed Hartman Hwy, Suite 133
Cincinnati, OH 45242-0666
(513) 984-9838 - Fax (513) 984-8075
www.thecounselingsource.com



The Counseling Source (TCS) Client Handbook

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The Counseling Source

Our Mission:

The Mission of The Counseling Source (TCS) is to deliver community based mental health services of exceptional quality to consumers who might otherwise have difficulty accessing mental health care.

Our Philosophy:

The Philosophy of The Counseling Source is that all people deserve access to quality mental health care. Consistent with that, The Counseling Source holds that the mental health needs of people are best served in the community setting where they live and work. The assessments performed and treatment rendered in ecologically relevant settings are likely to be the most effective and will provide the client and his/her support group the greatest opportunity to participate constructively in the client's recovery.

Our Values:

The core values of The Counseling Source are based upon our:

- 1) commitment to respect and advocate for our clients
- 2) belief in the individual client's right to self-determine
- 3) regard for the dignity of our clients
- 4) commitment to provide service where needed
- 5) belief that people come before money
- 6) belief that our agency exists for the benefit of our clients not the reverse
- 7) belief that our service is a mission, not a job
- 8) recognition of the worth of each of our clients regardless of age, race, ethnicity, sexual orientation or disability

THE COUNSELING SOURCE

Client's Rights

1. The right to be treated with consideration and respect for personal dignity, autonomy, and privacy;
2. The right to service in a humane setting, free from abuse, exploitation, retaliation, humiliation, and neglect, which is the least restrictive feasible as defined in the treatment plan,
3. The right to be informed of one's own condition, of proposed or current services, treatment or therapies, and of the alternatives;
4. The right to consent to or refuse any service, treatment, or therapy upon full explanation of the expected consequences of such consent or refusal. A parent or legal guardian may consent to or refuse any service, treatment or therapy on behalf of a minor client;
5. The right to a current, written, individualized service plan that addresses one's own mental health, physical health, social and economic needs, and that specifies the provision of appropriate and adequate services, as available, either directly or by referrals;
6. The right to active and informed participation in the establishment, periodic review, and reassessment of the service plan;
7. The right to freedom from unnecessary or excessive medication;
8. The right to freedom from unnecessary restraint or seclusion;
9. The right to participate in any appropriate and available agency service, regardless of refusal of one or more other services, treatments, or therapies, or regardless of relapse from earlier treatment in that or another service, unless there is a valid and specific necessity which precludes and/or requires the client's participation in other services. This necessity shall be explained to the client and written in the client's current service plan;
10. The right to be informed of and refuse any unusual or hazardous treatment procedures;
11. The right to be advised or and refuse observation by techniques such as one-way vision mirrors, tape recorders, televisions, movies, or photographs;

12. The right to have the opportunity to consult with independent treatment specialists or legal counsel, at one's own expense;
13. The right to confidentiality of communications and of all personally identifying information within the limitations and requirements for disclosure of various funding and/or certifying sources, state or federal statutes, unless release of information is specifically authorized by the client or parent or legal guardian of a minor client or court-appointed guardian of the person of an adult client in accordance with rule 5122:2-3-11 of Administrative code;
14. The right to have access to one's own psychiatric, medical or other treatment records, unless access to particular identified items of information is specifically restricted for that individual client for clear treatment reasons in the client's treatment plan. "Clear treatment reasons" shall be understood to mean only severe emotional damage to the client such that dangerous or self-injurious behavior is an eminent risk. The person restricting the information shall explain to the client and other persons authorized by the client the factual information about the individual client that necessitates the restriction. The restriction must be renewed at least annually to retain validity. Any person authorized by the client has unrestricted access to all information. Clients shall be informed in writing of agency policies and procedures for viewing or obtaining copies of personal records;
15. The right to be informed in advance of the reason(s) for discontinuance of service provision, and to be involved in planning for the consequences of that event;
16. The right to receive an explanation of the reasons for denial of service;
17. The right not to be discriminated against in the provision of service on the basis of religion, race, color, creed, sex, national origin, age, lifestyle, physical or mental handicap, developmental disability, or inability to pay;
18. The right to know the cost of services;
19. The right to be fully informed of all rights;
20. The right to exercise any and all rights without reprisal in any form including continued and uncompromised access to service;
21. The right to file a grievance; and
22. The right to have oral and written instructions for filing a grievance.

References: Ohio Department of Mental Health and Addiction Services, CARF

TREATMENT

Clients Rights and Grievance Policy and Procedures

RIGHTS:

1. It is the policy of The Counseling Source to adhere to the client rights defined and described in Ohio Administrative code Section 5122:2-1-02. A copy of the definitions and 22 rights is located on pages 3 & 4 and is considered the policy of The Counseling Source.
2. The Client Rights Officer is located at 10921 Reed Harman Highway, Suite 133, Cincinnati, Ohio, 45242, and telephone number 513-984-9838 or 800-618-0688. Hours of availability are 9:00 AM to 5:00 PM.
3. Responsibility of the Client Rights Officer shall include accepting and overseeing the process of any grievance filed by a client or other person or agency on behalf of a client.
4. A copy of this policy shall be distributed to each applicant or client at intake or next subsequent appointment in writing or orally. Agency staff will explain the client rights policy and/or provide a copy at any time upon request.
5. In an emergency situation, the client or applicant shall be verbally advised of the immediately pertinent rights such as the right to consent or refuse treatment and subsequent consequences. Written copy and verbal explanation of this policy shall be given to the client in a subsequent meeting.
6. A copy of the client rights policy shall be posted in a conspicuous location in the agency offices.
7. Staff will be provided with training related to client rights and grievance procedures.
8. The Counseling Source, Inc. does not discriminate with regard to clients served on the basis of race, gender, ethnicity, socioeconomic status, or medical status including HIV.

GRIEVANCES:

1. The Client Rights Officer shall be available to assist the griever in the process of filing a grievance, investigation on behalf of the griever, and representing the griever at the agency hearing if desired by the griever.
2. Grievances are to be filed with the Client Rights Officer who is located as described above.
3. An impartial clinician having no involvement with the client or situation, which is the subject of the grievance, will hear all grievances. The procedure for hearing grievances shall include in person and/or telephone contact with the griever (and/or a representative as appropriate), and as appropriate, contact with others who are the subject of the grievance (including agency staff) and review of records.
4. Time line for resolution of grievances shall not exceed twenty working days from the filing of the grievance. Written notification of the resolution of the grievance shall be provided to the client or the griever, if other than the client (with the client's permission). Written resolution of the grievance shall be sent by certified mail to the client or griever's last known mailing address.
5. There is no specific time limit for the filing of a grievance.
6. Should the griever feel that the person hearing the grievance does not adequately resolve the grievance, an appeal may be filed with the Agency Director. The Agency Director shall have ten days from the filing of the appeal to further investigate the grievance and shall provide written resolution to the griever by certified mail.
7. The griever may file a complaint with any or all of the several outside entities, specifically the Community Mental Health Board, the Ohio Department of Mental Health, the Ohio Legal Rights Service, the U.S. Department of Health and Human Services, and appropriate professional licensing or regulatory agencies. Relevant addresses and telephone numbers are attached. Information about the grievance may be provided to these outside entities upon request.
8. Copies of the grievance procedure will be provided to each applicant and client upon request. Agency staff shall explain the grievance procedure at any time upon request.

Risks and Benefits of Treatment

BENEFIT:

The primary benefit of mental health services provided by The Counseling Source, Inc. is that the client will have improved emotional well-being and coping skills and alleviation of symptoms associated with mental health disorders. Research shows that a majority of persons report improvement in their mental health as a result of participating in psychotherapy and counseling. Diagnostic assessment serves to better identify the mental health challenges faced by the client and recommendations from diagnostic assessment may help others working with you to provide better service.

RISK:

The risk involved in mental health services provided by The Counseling Source, Inc. is that dealing with emotionally loaded subjects may initially be painful for the client, that is, you may initially feel worse before you feel better. The primary risk of refusing treatment is that mental health problems may not improve and may actually get worse. In some cases a worsening of symptoms may lead to impairment in social, occupational, or other important areas of functioning, decreased quality of life. In some instances more serious problems such as increased risk of physical illness or risk of doing harm to self or others may occur. As a critical step in the process of deciding to undergo assessment and treatment all clients are encouraged to frankly discuss with their TCS clinician any concerns or questions they have regarding the risks or any other concerns they may have prior to the initiation of services.

Consent for Evaluation/Treatment and Fee Agreement and Insurance Authorization /and Financial Responsibility

CONSENT:

As the first step of the intake process, TCS will provide you with a consent form to review and sign which will detail:

1. Your responsibility to provide us with information as a condition of your participation in the counseling process and ongoing treatment.

2. The parties we will be required to share certain information with for billing and care purposes;
3. The risks, benefits, and side effects related to your treatment, including the possible results of not receiving care, treatment, or services.
4. Your financial liability in the context of other third party payers or if applicable our existing sliding fee structure

PERSON RESPONSIBLE FOR SERVICE COORDINATION:

Unlike many agencies TCS does not rely on CPST support staff (commonly called case managers) to coordinate services. The individual responsible for service coordination will be your primary mental health therapist.

STANDARDS OF PROFESSIONAL CONDUCT FOR TCS CLINICIANS AND STAFF:

All members of The Counseling Source's clinical and administrative staff are expected to perform their duties consistent with the highest ethical standards of their respective mental health professions and in a manner that consistently conveys their recognition of and regard for the dignity and worth of each client TCS serves.

ASSESSMENT:

All services provided by The Counseling Source will be based on a comprehensive initial mental health assessment. The purpose of the assessment is gather the necessary information required to fully understand the nature of the mental health disorder(s) displayed by the individual being assessed and to serve as a basis for developing an individualized treatment plan for the alleviation of that individual's symptoms. The process of assessment will occur in one or more assessment sessions at the initiation of contact with the client and may include parents or guardian should such exist. These assessment sessions will include interviews, observation and in some cases testing to best determine the most efficacious path forward in treatment planning.

PERSON-CENTERED CARE PLANNING:

After the assessment your TCS clinician will engage you in a collaborative treatment planning process during which time you will be asked to provide input as to your goals for and desired outcome of treatment and what approaches and methods you feel would best facilitate their achievement.

TREATMENT:

You will participate in the development of an individual treatment plan once your assessment is completed. Plans are client-centered, based on your needs. Treatment plans are developed at intake and are reviewed during the individual counseling.

Treatment continues as long as is clinically indicated based on individual needs, progress, life circumstances, and as long as you are benefitting. Duration of care is negotiated between you and your clinician. Treatment of several months or more is not uncommon. We do not take a cookie-cutter approach. Length of treatment is deliberately not defined. Brief counseling is available to individuals who enter counseling to address a specific issue.

FEE AGREEMENT/INSURANCE AUTHORIZATION:

After consenting to counseling, you authorize The Counseling Source, Inc. to act as the agent in obtaining payment from all third party payers and authorized third party payers to make payment directly to The Counseling Source, Inc.

CONFIDENTIALITY:

The confidentiality of client records and any personal disclosure made by a client during treatment will be maintained by The Counseling Source, Inc. is protected by Federal Law. The Counseling Source, Inc. will not convey either personal or clinical information to a person outside the counseling session, nor disclose any identifying information unless:

1. The client consents in writing
2. The disclosure is required by court order
3. The disclosure is made to medical personnel in a medical emergency
4. Information of self-harm or harm to another is stated during a session

5. It is permitted as per the guidelines of HIPAA
6. Disclosure is legally required as mandated reporters

MANDATED REPORTING:

TCS Staff are mandated reporters of any known or suspected abuse of identified vulnerable populations including children, the elderly and disabled adults. Be aware if any information is shared causing the TCS staff member to suspect abuse of a protected class of clients that staff person will report his/her concerns to the appropriate party as required by law.

HIPAA:

A copy of our HIPAA Notice of Privacy Practices is available on our website:

<https://thecounselingsource.com/privacy-practices-roi-2/> or is available upon request from our office.

CLIENT INPUT WELCOME:

Client input as to how we may best meet your service needs is always welcome. If you have an idea or concern that you would like to share with senior leadership you may email it directly to The Executive Director at dturner@thecounselingsource.com or by calling the office at (800) 618-0688 or by responding to the Client Satisfaction Survey when it is mailed to you annually.

QUESTIONS AND COMPLAINTS:

You have the right to file a complaint with us if you feel we have not complied with our Privacy Policies. Your complaint should be directed to our Privacy Officer. If you feel we may have violated your privacy rights, or if you disagree with a decision we made regarding your access to your health information, you can complain to us in writing.

Request a Complaint Form from our Privacy Officer. We support your right to the privacy of your information and will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

HOW TO CONTACT US:

To file a complaint with us, you may bring your complaint directly to our Privacy Officer, or you may mail it to the following address:

Cynthia Bair, PhD, Privacy Officer
The Counseling Source, Inc.
10921 Reed Hartman Highway, Suite 133
Cincinnati, Ohio 45242 / 1-800-618-0688

U.S. Department of Health and Human Services Office for Civil Rights 200 Independence Avenue, S.W. Washington, D.C. 20201
1-877-696-6775 (toll free) www.hhs.gov/ocr/privacy/hipaa/complaints/
This form does not constitute legal advice and covers only federal, not state law.

CRITERIA FOR DECREASING FREQUENCY OF TREATMENT:

As you progress toward discharge it is often appropriate to decrease the frequency of therapeutic sessions from weekly to bi-weekly and thereafter to monthly. The decision to decrease the frequency will be a decision made mutually based on your progress and after discussion with your counselor.

DISCHARGE CRITERIA:

Planning for discharge is part of your treatment beginning at the time of your admission. The eventual goal is to discharge when the following occurs:

1. You have achieved the agreed upon treatment goals
2. Your symptoms and level of functioning have improved to a point that you do not require weekly sessions
3. Your clinical condition has worsened such that engaging in counseling is no longer a benefit
4. Client is moving out of state or to a location where services cannot reasonably be delivered
5. You demonstrate lack of motivation to participate in the agreed-upon plan of treatment as shown by poor interaction

ACCESS TO AFTER HOURS SERVICE:

The Counseling Source, Inc. offers emergency services, for urgent needs, 24 hours a day at (513) 984-9838 or 800-618-0688.

The Organizations Health and Safety Policies

Use of Seclusion/Restraint

The Counseling Source, Inc. does not use seclusion or restraints.

Use of Tobacco / Illegal Substances / Prescription Medications

The Counseling Source, Inc. and staff follow the drug use policies set forth in the establishment where services are conducted. In sites controlled by TCS, the policy can be summarized as follows: TCS does not permit any illicit drug use or possession by its staff or clients on the premises or during the course of its workday. Prescription drugs required by a physician may be in the possession of the person prescribed, and taken only as necessary for the health and wellbeing of that person.

Weapons brought into the agency

The Counseling Source, Inc. will refrain from carrying any illegal weapons into a facility and will not demonstrate any threatening, assaultive, or dangerous behavior toward staff or other clients.

Rules and expectations of persons served:

1. It is expected that all clients treat TCS staff and other clients, with whom they interact, with respect, courtesy and sensitivity.
2. It is expected that all TCS Clients respect the privacy and maintain confidentiality of other TCS clients regarding information that may be shared in support or therapeutic groups or that may be acquired incidentally to their being clients of TCS.
3. It is expected that TCS clients attend sessions as scheduled and if unable to attend a scheduled session that whenever possible they give notice in 24 hours of the need to cancel or reschedule.

4. It is expected that TCS clients participate fully in their treatment planning and therapy sessions and remain abstinent of any intoxicants during session.
5. It is expected that any involved guardians will play an active role in the child or ward's treatment process, making themselves available to discuss the client's status and needs at reasonable intervals.

Familiarization with the premises, including emergency exits and/or shelters, fire suppression equipment and first aid kits:

Clients who receive services on site at TCS should note that building evacuation routes, in case of emergency are clearly posted on all exit doors within the TCS offices. First aid supplies as well as an AED are located just inside the door on the administrative side of the waiting room window. Fire extinguishers are located in the hallways of both wings of the floor on which TCS offices are located. Clients who are seen in other sites (nursing facilities, schools, MR/DD group homes or workshops, etc.), should seek guidance from staff at those sites for the implementation and review of their respective emergency procedures.

Education regarding Advance Directives

An advanced directive allows you to make decisions in advance (when you are well) about your mental health treatment, which includes, but is not limited to medication, short-term admission to a treatment facility and outpatient services. If a least two physicians deem you "incapable" the directive will be followed. Incapable means that due to any infirmity, you are currently unable to make or communicate reasoned decisions regarding your mental health treatment.

THE COUNSELING SOURCE

The Counseling Source is a CARF accredited behavioral health agency which is dually-certified by the Ohio Department of Mental Health and Addictions Services as a community mental health and substance abuse provider.