

Downloadable Forms:

Otsego County
Chemical Dependencies Clinic

Client Handbook

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OTSEGO CHEMICAL DEPENDENCIES CLINIC

242 Main St, 2nd Floor · Oneonta, New York 13820

Tel. (607) 431-1030

Fax. No. (607) 431-1033

Policies and Procedures

This document contains the Policies and Procedures of the Otsego County Chemical Dependencies Clinic. It includes useful information including; our admission process, attendance and participation requirements, financial information/policies, client rights, confidentiality and health related issues.

We ask you to review this document carefully. If you have any questions please discuss them at the Intake Meeting or with your assigned counselor. When you are satisfied that you understand our Policies and Procedures please sign the sheet at the back of this document to indicate that you understand, and **AGREE TO ABIDE BY IT'S CONTENTS.**

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1.
Admission Process

Participation is voluntary. If you decide to withdraw from either the evaluation process or from treatment be aware that your referral source will be notified. It is recommended that you discuss the implications of this decision with your assigned counselor.

The first step of our admission process is to come into our clinic and pick-up an Intake Packet, a Client Handbook and to receive an appointment for our Intake Meeting. Please bring your completed Intake Packet to your Intake Meeting appointment. There is no charge for the Intake Meeting and it takes about 45 minutes to complete.

The purpose of the Intake Meeting is for us to review your Intake Packet, for you to sign any needed release forms, review the policies and procedures of the clinic and make financial arrangements. After this session you will be scheduled for an appointment to complete your evaluation. Once your evaluation is completed, your case will be presented to our Treatment Team who will decide whether or not you are in need of treatment. If you are found not to be in need of treatment, your referral source will be notified and you will not be in need of an additional appointment. If you are found to be in need of treatment, your referral source will also be notified but additionally you will be assigned a counselor and be given your next appointment. At your next appointment you and your counselor will develop a Treatment Plan that will address your individual treatment needs. If it is determined that your needs would best be met by referral to another agency, we will facilitate a referral to that agency.

Abstinence Policy

We are an abstinence based program. While you are in treatment we ask that you remain totally abstinent from all mood altering substances, including alcohol and all drugs not prescribed to you by a physician. **If you are prescribed any mood altering drugs by a physician, please INFORM YOUR ASSIGNED COUNSELOR AND BRING IN A COPY OF YOUR PRESCRIPTION IMMEDIATELY SO THAT WE CAN BE MADE AWARE OF IT AND IT CAN BE RECORDED IN YOUR CHART.** In such cases it is expected that you will take your medication as prescribed and not exceed the recommended dosage.

If you cannot maintain abstinence while in treatment, the Treatment Team may modify your treatment plan. This may include increasing your treatment at this clinic or it may result in a referral to inpatient rehabilitation or long-term treatment.

Urinalysis and Breathalyzer Policy

Same gender observed urinalysis is part of treatment. We reserve the right to urine screen or breathalyze anyone who is either being evaluated or who is in treatment at any time and for any reason. Be advised that if laboratory screening is necessary, you are responsible for the cost of that screening. Medicaid and some insurance plans do cover the cost of laboratory screening and if you have insurance ask your assigned counselor for further clarification on this. If you do not have Medicaid or insurance that covers laboratory screening, talk to your counselor about other possible options to pay for this. Costs and fees associated with laboratory urine screens are available upon request. Also be advised that you are allowed only one (1) glass of water before each urine screen to prevent dilution of the sample. If your sample tests as dilute, you may be asked to submit a second urine screen. **IF YOU ARE ASKED TO PROVIDE AN OBSERVED URINE SAMPLE AND REFUSE TO DO SO, YOUR SCREEN WILL BE CONSIDERED POSITIVE. THIS WILL IMPACT YOUR TREATMENT SCHEDULE AND POSSIBLY YOUR LEVEL OF CARE.**

Attendance and Participation Requirements

No client will be permitted to attend any individual, group, or family session under the influence of alcohol or any drug not prescribed by a physician. Additionally no alcohol or drugs are allowed on the premises. Clinic staff has the right to dismiss anyone who appears to be under the influence of alcohol or drugs. However they will be offered crisis services.

If you are **unable** to attend any scheduled group, individual or family session, it is your responsibility to **call this clinic 24 hours before** the session is scheduled to begin and also follow the Admissions Policy outlined in this document. It is also your responsibility to re-schedule your appointment, either with the receptionist or with your assigned counselor.

You are expected to both actively participate in sessions and actively work on your treatment goals at all times. The treatment team will determine what level of participation is required by your treatment plan. In the event that your participation has been determined to be noncompliant, your assigned counselor will notify you of this and recommendations will be made to bring you into compliance.

Clients may be required, as part of their treatment plan, to attend community based support groups and to discuss, in general terms, the content of the meeting while not disclosing specific or identifying information about any other participant at the meeting(s).

Smoking Policy

Per OASAS regulations tobacco products themselves or the use of tobacco products are prohibited at the Chemical Dependencies Clinic at any time. NRT's (Nicotine Replacement Products) are exempt from this policy

3. Smoking Cessation and Gambling Treatment

This clinic does treat problem gambling and/or tobacco addiction, as long as there is a coexisting substance abuse or dependence diagnosis. Please ask at the Intake Meeting or ask your assigned counselor for more information.

Communicable Diseases

Enclosed is information regarding HIV, viral and non-virally transmitted STD's, Hepatitis A, B and C and Tuberculosis. Please ask at intake or your assigned counselor about information and/or referral for treatment of these and/or any other illness or medical conditions.

Discharges

Successful Discharge

- If you have successfully met your treatment goals.

Therapeutic Discharge

- If your needs can best be served by another agency.

Unsuccessful Discharge

You can be unsuccessfully discharged from the clinic for the following reasons:

- You miss two appointments without a reasonable or prompt explanation.
- You have not made contact with the clinic in thirty (30) days.
- You have divulged the identity or any information about another client(s).
- You have been verbally or physically abusive while in the clinic.
- Refusal (not inability) to pay for services.
- You are not actively participating in or complying with your treatment plan.
- You are not in compliance with program rules as outlined in this document.

Your referral source will be notified in the event of termination for any of the above reasons.

Administrative Review

You have the right to request an appointment with the Program Manager if:

- You are not satisfied with your treatment.
- You feel there are irreconcilable differences or conflicts with your assigned counselor.
- There is a disagreement about a termination decision.

Financial Information and Policies

We are required under Section 41.45 of the New York State Mental Hygiene Law to seek out all sources of income for which we are eligible. On your Intake Questionnaire, you will be asked to fill out a confidential financial form which will determine your payment arrangements. **Be advised that paying your bill in full is part of your treatment plan and you will not be considered for successful completion of treatment unless your bill is paid in full.** No documentation of successful completion (including **DMV 449** forms) will be sent out until your bill is paid.

The possible payment options are private insurance, Medicaid, Child/Family Health Plus and self-pay. If you are using private insurance or Medicaid we will need a copy of your card at or before your Intake Group. If you are self-pay, we will need proof income (pay-stub, W-2 etc) at or before Intake Group.

There is no charge for Intake Group. The fee for your initial evaluation session is \$90.00. This will be paid by Medicaid and most insurance companies. However, if your insurance company or Medicaid declines to pay this amount due to policy stipulations or ineligibility, you will still be responsible for the entire balance of \$90.00.

If you have Medicaid, there is no co-pay for any session. If you are determined to be ineligible for Medicaid at any point in your treatment, you must immediately inform the clinic and provide the necessary documentation to be switched to self-pay. If you are in process of applying for Medicaid, we may ask to contact the examiner processing your application.

If you are covered by private insurance there is usually a co-pay for each Individual, Group or Family session. These range from \$10.00 to \$50.00. It is your responsibility to find out your co-pay amount and to pay that specified amount before each session.

If you are using Child/Family Health Plus there is no co-pay. If you become ineligible during treatment, you must switch to Self-Pay.

If you are using self-pay, your self-pay rate will be established during your intake meeting. Your payment may range from \$10.00 to \$90.00 depending on income and number of dependents. The evaluation costs \$90.00. Your self-pay rate is effective at the appointment following your evaluation.

The Chemical Dependencies Clinic does not accept Medicare. If you receive both Medicare and Medicaid please provide us with a copy of both cards as Medicaid will not pay for services without your Medicare information.

Our staff will assist you in processing your claims and obtaining necessary authorizations. Please feel free to speak with our Billing Department or your counselor if you have any questions regarding your bill.

5.
Confidentiality

You are assured full confidentiality with regard to any information, including your presence in treatment or information acquired by this clinic in the course of evaluation and treatment. No information will be released about you without a written consent or without following procedures specific to Federal Rule of Confidentiality. If you are under 18 years of age, the additional consent of a parent or guardian will be necessary to release information.

You will be asked to sign releases for the purpose of sending progress reports to referral sources or to enable us to obtain background information about you from other agencies or professionals that are currently serving you or have served you in the past. Be advised that you may rescind any release at any point during evaluation or treatment. **THIS MUST BE DONE IN WRITING.** Please discuss the implication of such a decision with your assigned counselor.

Attached is a Confidentiality Notice explaining the applicable sections of Federal Law 42 C.F.R. Part 2 and 45 C.F.R. Parts 160 & 164.

6.
Attendance Policy

Attendance is a vital part of treatment at the Otsego County Chemical Dependency Clinic. This agreement clearly outlines attendance expectations and by signing below you are agreeing to adhere to this policy.

During the initial treatment planning process you and your primary therapist will determine THE SPECIFIC FREQUENCY OF YOUR VISITS. If you are attending group a group the group schedule will be given to you specifying the groups that you are initially scheduled to attend. Be advised that this schedule may change as treatment progresses. If you are unable to attend any scheduled session you should contact the clinic 24 hours before the appointment to reschedule.

Attendance Problems:

If you miss two or more scheduled sessions (group and/or individual). This includes recurring appointments.

If you fail to attend any scheduled appointment:

- A staff member will send you a letter giving you an appointment with a specific date and time. If you do not show to that specified appointment you will receive a second letter informing you of your impending **unsuccessful discharge**.

If you do reengage in services:

- Your assigned counselor will meet with you and formally review the attendance expectations and any specific violations you have made.
- You will immediately be placed on attendance contract. Any further unexcused absences will result in a treatment team conference, and at that time you can be discharged unsuccessfully from the program.

UNSUCCESSFUL DISCHARGES AND EVALUATIONS

Scheduled Evaluations

- If you cannot attend an already scheduled evaluation and do not contact the clinic 24 hours before your scheduled evaluation, this will result in an automatic **unsuccessful discharge**.
- If you cannot attend an already scheduled evaluation and you do contact the clinic 24 hours before your scheduled evaluation time, you may cancel and reschedule the evaluation ONE TIME ONLY.

Be advised that if the clinic schedule is such that an appointment cannot be rescheduled within 30 days of your last appointment, you may have to begin the intake process again, which means attending the intake group for a second time and completing new paperwork, including new consents.

Once DISCHARGED UNSUCCESSFULLY YOU WILL NOT BE READMITTED FOR 90 DAYS. You will be given crisis services only, if needed, but will then have to go through the admission process again in order to be re-admitted after the 90 days.

7.
Expectations of the Program

1. I can expect to have help from my assigned counselor in developing my treatment plan and that the plan will be reviewed regularly.
2. I agree to abstain from all mood-altering substances not prescribed to me by a doctor. If I am unable to abstain, I understand this will be a treatment issue and referral to an inpatient program or detoxification may be discussed with me. Treatment will also include breathalyzer and urine screens.
3. If I am prescribed medication from any medical provider while I am in treatment at The Chemical Dependencies Clinic, I will sign all necessary releases so that this clinic can coordinate my care.
4. I agree to sign necessary consents to give permission for this clinic to receive copies of my past medical information upon admission or undergo a health screening with the clinic nurse within three weeks of entering treatment.
5. I understand that treatment in this program is voluntary.
6. I have received and discussed this Client Handbook that includes client rights, outpatient clinic rules, confidentiality of records, participation, confidentiality of other clients and information on access for urgent needs. I understand and agree to this information.
7. If I am at this clinic and decide that I am in danger of hurting myself or someone else I will talk with a counselor. If this occurs after clinic operating hours I will call 911, go to the nearest emergency room or call The Bassett Crisis number at 877-369-6699.
8. I agree to respect the privacy of other clients and I will not talk about clients who I see at the program or share information given by other people during group.
9. I understand my treatment at this program is confidential and I have reviewed the confidentiality policies and rules including the federal laws that protect my rights. The exceptions to this, including medical emergencies and court-ordered requests for information, have been discussed.
10. I agree to attend all scheduled sessions according to the clinic's admissions policy. I understand that if I am unable to attend an appointment I will contact the clinic 24 hours in advance to reschedule. I understand that I will be discharged from the program if I do not comply with my treatment plan.
11. I understand my case will be discussed with the treatment team.
12. I have been informed of my diagnosis and I have discussed my treatment plan with my counselor.



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I have reviewed the attached Policies and Procedures of the Otsego County Chemical Dependencies Clinic. I have discussed any questions I have with Chemical Dependencies staff and I understand the contents of this document. I agree to abide by its terms.

Client

Date

Counselor

Date

REVISED 4/1/10