

Aiken-Barnwell Mental Health Center

Client Orientation Handbook

One of Seventeen Community Mental Health Centers Serving South Carolina

South Carolina Department of Mental Health

Mission Statement

To support the recovery of people with mental illnesses.

www.aikenbarnwellmhc.com

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Aiken-Barnwell Mental Health Center

Dear Client:

Thank you for choosing Aiken-Barnwell Mental Health Center to meet your mental health needs. I am very pleased to welcome you and to let you know that the staff here will do everything we can to make sure your needs are met and your concerns addressed.

You can expect to be treated with respect and dignity by all staff, both administrative and clinical. We strive to provide the highest quality care possible and encourage you to let us know if you are not satisfied with your services or have any concerns or suggestions about your treatment. The mental health center operates within federal, state and community ethical standards. Our ethical policies and procedures are available should you wish to have a copy. Please let our Client Advocate, or me know immediately if you feel we are not upholding our ethical standards.

*The information provided to you describes the services Aiken-Barnwell Mental Health Center offers and explains the rights you have as a client of mental health services. If you feel your rights have been violated please contact the Center's **Client Advocate** at 803.641.7700, press 0 and ask the operator to connect you to the appropriate person.*

If you have any questions or concerns, please do not hesitate to speak to your therapist or case manager, a supervisor, or me at any time.

Again, welcome to the Center. I wish you the best on your road to recovery.

Sincerely,

*Richard L. Acton, ACSW
Interim Executive Director*

A LETTER TO OUR CLIENTS

Dear Client:

Thank you for choosing Aiken-Barnwell Mental Health Center to meet your mental health needs. We are pleased to welcome you and to let you know that our staff will do everything we can to make sure your needs are met and your concerns addressed.

Quality services depend on the close working relationship between your therapist, staff and yourself. As a client, you have certain responsibilities and one is to actively participate in treatment and helping to develop your plan of care with your therapist. You are also responsible for attending your treatment sessions and to cancel your appointments as soon as you know you will be unable to attend them. For a complete list of Client Rights and Responsibilities please refer to page 25 & 26 of this handbook.

One of our core values is to respect the rights and dignity of our clients and to create an environment of recovery. Consistent with this value, there are policies that we follow regarding your scheduled appointments and when you begin to chronically miss them, recommendations may be made to close your chart. Our policy is to notify you by telephone and/or a letter that if you do not contact your therapist within two (2) weeks of receiving a phone call or letter or you fail to attend a rescheduled appointment we will close your chart for non-participation in your treatment. Also, as part of your treatment you will be scheduled to see one of our psychiatrists who at some point may prescribe medication for you. If this happens you are still expected to have regular meetings with your therapist and see your psychiatrist at least every 90 days or as scheduled. If you begin to miss appointments with your therapist and psychiatrist, but continue to call our office for re-fills of medications we have prescribed, we will have no choice but to staff your case with the treatment team for possible closure. If your case is closed, no more medications can be prescribed by our agency. You will receive a letter stating that your chart has been closed and no more medications will be prescribed along with appropriate referrals if continued treatment is needed.

If you are currently taking a controlled substance or antipsychotic medication your case will be reviewed with your doctor before the chart is closed.

Also, if you are not consistent with therapy such as showing for one appointment, missing the next and then showing again, your case may also be reviewed for closure. If this happens you will also be notified by a telephone call and/or a letter. We will always take into consideration any special circumstances that you may be experiencing but it is your responsibility to discuss these issues with your therapist.

POLICY CHANGE

EFFECTIVE 2/16/11

Because of its limited indication for use and potential adverse effects, **XANAX will not** be prescribed for more than a 10 (ten) day course of treatment at any time for any patient whose case is opened at Aiken Barnwell Mental Health Center, including Hartzog Center and Polly Best Center, unless that client has been discharged from a SC State Mental Hospital on this medication as part of maintenance mental health treatment.

If you have been receiving **XANAX** for more than 10 (ten) days from another source prior to opening your case at Aiken Barnwell Mental Health Center, you need to contact that source and plan how to discontinue this medication in a way that limits the risk of withdrawal.

Aiken Barnwell Mental Health Center will only prescribe non-stimulant medication or, if indicated, long-acting stimulants for the treatment of Adult ADHD. Short-acting stimulants such as Ritalin and Adderall will not be prescribed for adults. There are no samples or PAP programs for any type of stimulant medication.

This change was approved by the Executive Management Team on 2/16/11.

CONSENT TO EXAMINATIONS AND TREATMENT

Consent and authority is hereby given to this mental health facility and its professional staff to perform or have performed examinations and/or psychotherapy and/or related mental health treatments and to administer medications when deemed necessary or advisable by appropriate members of the professional staff in consultation with me. This statement has been fully explained to me and I understand it.

I have been provided a copy of the SCDMH Notice of Privacy Practices and an opportunity to review it and ask questions.

SIGNIFICANT OTHER PARTICIPANTS INVOLVED IN THE IDENTIFIED PATIENT SERVICES

I agree to participate in therapy focused on the patient signing above. I understand that any information that I give may be included in the patient's record and disclosed as allowed by law. I also understand that if I want to receive therapy or other treatment services, a separate consent to examination and treatment is required.

AUTHORIZATION TO RELEASE INFORMATION, REQUEST FOR PAYMENT AND ASSIGNMENT OF BENEFITS

The purpose of the release is to recover insurance benefits, obtain precertification and to accomplish other insurance related objectives.

You may withdraw this consent at any time by written notification to the South Carolina Department of Mental Health, provided action has not been taken in reliance upon this authorization. Without written notice to withdraw this consent, it expires at the earlier of (a) completion of the stated purpose or (b) two years from date of signature.

NOTE: The execution of this form does not authorize the release of information other than as noted. The information requested on this form is protected by State or Federal laws. All items must be completed. If the information is not complete, we may not be able to comply with your request.

**** I AM AWARE THAT WHEN MY MEDICAL RECORDS REFLECT INFORMATION CONCERNING PSYCHOLOGICAL OR PSYCHIATRIC IMPAIRMENTS, DRUG ABUSE, AND/OR ALCOHOLISM, AND/OR INFORMATION REGARDING HUMAN IMMUNODEFICIENCY VIRUS (HIV) AND OTHER INFECTIOUS DISEASES, THAT THIS INFORMATION WILL BE RELEASED AS PART OF MY MEDICAL RECORDS.**

INSURANCE

I hereby request payment of and assign my insurance or medical payment benefits for medical care and maintenance to the South Carolina Department of Mental Health or its contract provider under the terms outlined by the Health Insurance Claims Policy and Procedure and I hereby authorize the South Carolina Department of Mental Health to release any information from the medical records of the above-named which is necessary to fulfill the purpose of this release to contract providers and insurance company.

MEDICAID

I request payment of authorized Medicaid benefits to be made on my behalf for any services furnished to me by or in the South Carolina Department of Mental Health and its providers, including physician services. I authorize the South Carolina Department of Mental Health to release any information from my medical records necessary to fulfill the purpose of this release to its contract providers and I authorize any holder of medical and other information about me to release to Medicaid and its agents any information needed to determine these benefits or benefits for related services.

MEDICARE

I request payment of authorized Medicare benefits to be made on my behalf for any services furnished to me by or in the South Carolina Department of Mental Health and its contract providers, including physician services. I authorize the South Carolina Department of mental Health to release any information from my medical records necessary to fulfill the purpose of this release to its contract providers and I authorize any holder of medical and other information about me to release to (a) Medicare and its agents and (b) the Social Security Administration or its intermediaries any information needed to determine there benefits for related services. I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct.

CHAMPUS

I request payment of authorized benefits to be made on my behalf for any services furnished me by the South Carolina Department of Mental Health and its contract providers, including physician services. I authorize the South Carolina Department of Mental Health to release any information from my medical records necessary to fulfill the purpose of this release to its contract providers and I authorize any holder of medical or other information about me to release all information needed to determine these benefits or benefits for related services.

SOUTH CAROLINA VOTER REGISTRATION DECLINATION FORM

If you are not registered to vote where you live now, would you like to apply to register to vote here today?

- Yes No
 Already registered to vote
 Will use registration by mail application

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you do not check either box, you will be considered to have decided not to register to vote at this time.

If you would like help filling out the voter registration application form, we will be happy to assist you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

If you decline to register to vote, that decision will remain confidential and be used only for voter registration purposes.

If you register to vote, information regarding the office in which the application was submitted will remain confidential, again, to be used only for voter registration purposes.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, you may file a complaint with the following:

State Election Commission
P. O. Box 5987
Columbia, SC 29250
803.734.9060

CONFIRMATION OF RECEIPT OF CLIENT ORIENTATION HANDBOOK

I have been provided a copy of the Client Orientation Handbook and an opportunity to review it and ask questions.

My Client Orientation Handbook includes the following:

- Admission Forms
- A list of Community Mental Health Services and cost
- A list of areas that will be covered in orientation
- Members of my treatment team
- Numbers to call in case of an emergency
- Hours of Operation
- Important phone numbers



Other items included in orientation are:

- Treatment Options
- Grievance and Appeal
- Access to After-Hour Services
- Code of Ethics & Notice of Privacy Practices
- Program Policies & Program Rules
- Education Regarding Advance Directives
- Development of your Plan of Care
- Information about Discharge Criteria & Procedures
- Rights & Responsibilities of the Person Served
- Services to Receive & Expectations about results
- Requirement for Follow-Up
- Familiarization with the Premises
- Identification of Person Responsible for Service Coordination
- Assessment Purpose and Process
- Coordination of Services with other Agencies
- How the Center Hears Your Ideas and Concerns

I also understand that I may be billed for services provided even though I may not be present, such as:

- Targeted Case Management
- Service Plan Development

**NOTICE OF PRIVACY PRACTICES
(EFFECTIVE APRIL 14, 2003)**

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.

The South Carolina Department of Mental Health (DMH) is required by Law to protect the privacy of your Protected Health Information (or "PHI", see Definitions at the end for terms that start with a capital letter). PHI is information identifying you and about your health care or payment for your health care, or information about your past, present, or future medical condition. We are required by Law to provide you, a DMH Consumer, with this Notice explaining our legal duties and privacy practices concerning your PHI. Identified alcohol and drug Treatment programs usually have stricter privacy requirements.

We must follow the terms of this Notice and only use/disclose PHI as described in this Notice. We may change the terms of this Notice and make the new Notice effective for all DMH PHI. A current Notice (with effective date at the top right) is posted in our service waiting areas where you and others will be able to read it, and on our website: www.state.sc.us/dmh. You may get a copy of the current Notice by calling the office where you were or are receiving services and asking that a copy be mailed to you, or ask for a copy during your next visit.

For questions about this Notice or our Privacy Practices, or if you are writing about your PHI, including requests for restrictions on its use or disclosure, about your Privacy Rights described below, or to make a complaint about our Privacy Practices, please contact the local Privacy Officer where you are or were receiving services, or the Privacy Officer, South Carolina Department of Mental Health, P.O. Box 485, 2414 Bull St., Columbia, SC 29202, phone 803-898-8557.

You may also make a complaint to the Secretary of the Department of Health and Human Services (HHS) by calling 877-696-6775 or if you believe your privacy rights have been violated by writing: Office of Civil Rights, Medical Privacy, Complaint Division, U.S. Department of Health and Human Services, 200 Independence Avenue, SW, HHH Building, Room 509H, Washington, D.C. 20201. Phone: 866-OCR-PRIV (627-7748) TTY: 886-788-4989 or E-mail: www.hhs.gov/ocr. Regardless of how you make a complaint, there will be no retaliation and you will still have the same access to DMH services.

In General: How We Use/Disclose Your PHI

When we provide Treatment to you, we need to gather, use and share your PHI. Your PHI may identify you by name, address, date of birth, social security number, photo, etc., and include your diagnosis, type of Treatment and other Treatment or Payment information. After you have the opportunity to review this Notice and object or request some restrictions, we may share your PHI with DMH staff involved in Treatment, Payment and Operations who need to use/share your PHI in their job. We may also share PHI with others involved in your Treatment/Payment outside DMH, including other medical providers, insurance companies, Medicare/Medicaid and other payers.

We may use/share your PHI in an emergency/your incapacity before you have an opportunity to review this Notice, object or request restrictions. You will have that opportunity after the emergency or incapacity is over. We may use sign-in sheets at our service sites and call you by name when your medical provider is ready to see you. We may also share your PHI with siness

Associates providing services to DMH by written agreement, such as consultants, and require that they agree to protect your PHI privacy.

When practical and when it will not compromise your Treatment, we will try to accommodate your request to restrict PHI use/disclosure and limit it to the Minimum Necessary to accomplish the purpose for the use/disclosure. Unless permitted in this Notice, we cannot use/share your PHI unless you sign an Authorization. You may cancel an Authorization in writing and we will no longer use/share PHI for that purpose. However, we cannot take back any use/release made with your Authorization and we must keep records of your Treatment.

Some Specific Uses/Disclosures After You Have The Opportunity To Review This Notice, Object And/Or Request Restrictions:

Treatment: We may use/share your PHI needed for your DMH and other providers' Treatment or care (your diagnosis, medications, treatment plan, etc.), including PHI needed for case management, consultation and referral with/to other Treatment or care providers.

Payment: We may use/share PHI (Treatment dates or types) to bill/be paid for Treatment (insurance/Medicaid/Medicare or other payer). We may also share PHI with payers before we provide Treatment to get their approval, or find out if the type of Treatment is covered.

Operations: We may use/share PHI for our Operations, for example, sharing PHI between our offices to determine what services you need. We may sometimes share PHI for Operations of agencies and organizations with health care accrediting or licensing authority.

General Notification: We may share with your caregiver, family, close friend, or a person whom you identify: your name, location where you are receiving Treatment and your general condition. If you are in a DMH hospital, ministers/clergy may be told your religion.

Persons Involved in Treatment/Payment: We may share PHI with your caregiver, family, close friend, or other person involved in your Treatment or Payment as needed for your Treatment or Payment.

Keep You Informed: We may phone and/or mail you reminders for appointments, need for our services, Treatment information, health care benefits or related services and satisfaction surveys.

Uses/Disclosures Without Right to Object/Request Restrictions:

Public Health and Health Oversight: We may share PHI with a public health authority such as the S. C. Department of Health and Environmental Control related to: prevention/control of disease, injury or disability; births/deaths, or disease/condition. DMH may share your PHI with the S.C. Department of Social Services, law enforcement or other agency authorized to receive abuse/neglect reports. We will normally let you know unless it would place you or others at risk. We may share PHI with the Food and Drug Administration to report adverse events including medication reactions or problems with products. We may also share PHI with agencies authorized to receive reports for health oversight activities (such as HHS and S.C. Attorney General) for audits, inspections and investigations.

Lawsuits, Disputes or other Legal Proceedings: If you are involved in a legal proceeding, we may share PHI by a court order pursuant to §44-22-100(A)(2), S.C.Code, showing that disclosure is necessary for the proceeding and failure to disclose is against public interest. Without a court order however, a subpoena or other lawful process alone, normally does not

permit PHI disclosure, unless from another public agency assuring that disclosure is necessary and that it has attempted to notify you or obtain an order protecting the subpoenaed PHI.

Law enforcement: We may share PHI with law enforcement: if required by Law, such as reporting abuse/neglect; by court order, subpoena, warrant or other lawful process; to identify/locate a suspect, fugitive, witness, missing person or crime victim; suspicion as to cause of death; crime on our premises; crime when responding to emergency not on our premises; or a serious, imminent threat.

Research: We may share PHI for research (for example, a medication study) approved by an institutional review board after review of the research rules to ensure privacy of your PHI.

Serious Threat to Health or Safety and Disaster Relief: We may use or share PHI if needed to prevent a serious/imminent threat to your or another person's health or safety. We will share PHI only to persons able to lessen/prevent the threat and limited to PHI necessary to lessen or prevent the threat. We may use/share PHI with a public or private entity authorized to assist in disaster emergency relief efforts.

Coroners, Medical Examiners, Funeral Directors and Organ Donation: We may share PHI with a coroner/medical examiner to identify a deceased person/determine cause of death and share PHI with funeral directors as needed to carry out their duties. If you are an organ donor, we may share PHI with applicable organizations.

Correctional Institution: If you are an inmate or otherwise under law enforcement custody, we may share PHI with the correctional institution or law enforcement as needed for your health care, your or other's health or safety, or institution's safety/security.

National Security and Protection for the President: We may share PHI with authorized federal officials for intelligence, counterintelligence and other national security activities authorized by Law. DMH may also share your PHI with authorized federal officials to provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

Military and VA: If you are in the military, we may share PHI as required by military command authorities, including for foreign military personnel, to foreign military authority. We may release PHI for VA determination of veteran's benefit eligibility.

Court Ordered Treatment/Evaluation or Emergency Admission: We may use/share your PHI as needed for your emergency admission, judicial admission or commitment, or other court ordered Treatment or evaluation. We may share your PHI as needed for participants in such proceedings upon evidence of their appointment/authority, including: judge, designated examiners, your attorney, and guardian ad litem.

By Law: We will share your PHI when otherwise required by Law.

De-Identified Information: We may share information that is not PHI, because it does not identify you, such as in research/data analysis.

Your PHI Privacy Rights

Right to a Paper Copy of this Notice: You have the right to request a paper copy of this Notice at any time by contacting the Privacy Officer.

Right to Request Restrictions: You have the right to request in writing restrictions on our use/sharing of your PHI for Treatment, Payment or Operations. You may request that PHI not be shared with others (such as your spouse). Although we are not required to agree to a request, we will accommodate reasonable requests if practical and if it will not compromise Treatment. If we agree, we will comply with the restriction except in an emergency/other exception under Law. You may request a restriction in writing stating the PHI to be restricted, if you want to restrict its use, sharing or both, and to whom the restrictions apply.

Right to Request Confidential Communications/Notification: You have the right to request in writing how you want us to communicate with you by indicating how/where you are to be contacted, for example, only at work or by regular mail. We will accommodate reasonable requests if practical and if it will not compromise your Treatment.

Right to Inspect and Copy: You have the right to ask in writing to see and receive a copy (applicable charges for copying, postage/retrieval) of your PHI in a Designated Record Set. We may deny in writing your access to some information including: Psychotherapy Notes; PHI needed for some legal proceedings; research PHI; PHI given to DMH under the promise of confidentiality if likely to reveal the source, or if a DMH licensed health care professional determines that access is reasonably likely to endanger your or other person's life or safety.

We will normally provide access to PHI within 30 days of request. If the PHI is not located on site, we will notify you and may take up to 60 days to provide access. Within the 60 days, if there will be more delays, we may take a one time 30 day extension by letting you know in writing the reasons for delay and date we will take action. If you agree, instead of providing access, we may provide a written summary of PHI requested (charging you the agreed upon preparation cost). If we deny a request, we will do so in writing giving our reasons and you may have the right to have that decision reviewed.

Right to Request Amendment: If you believe your PHI is incorrect or incomplete, you have the right to ask in writing that we amend it, stating why the PHI is inaccurate/incomplete. Normally we will act within 60 days of request, but may take up to 90 days. We may deny your request if the PHI was not created by DMH, is not part of PHI you may see and copy, or if it is accurate and complete. If we deny your request, we will do so in writing giving our reasons and you may file a written disagreement and we may provide you with a written reply.

Right to an Accounting of Disclosures: You have the right to ask in writing for an accounting of our disclosures of your PHI for up to 6 years before your request, but not for disclosures made before April 14, 2003. However, an accounting does not include disclosures made: for Treatment, Payment or Operations; for general notification; to you or your caregiver; made by Authorization; for national security or intelligence; to correctional facilities/law enforcement holding custody; or to health oversight/law enforcement if it would impede those activities. We will normally provide an accounting to you within 60 days of request, but may take up to 90 days if we tell you in writing the reasons for the delay and the date that it will be provided. The first list within a 12 month period will be free. We will let you know the cost of additional lists before we charge you.

Right to File a Complaint: You have the right to file a written complaint with the Privacy Officer and/or HHS as described on the first page.

Definitions Of Terms Used In This Notice:

"Authorization": Required in writing for use/sharing of PHI for non-Treatment, Payment or Operation purposes, unless otherwise permitted in the Notice. Authorization must describe the PHI shared, name of the person/entity to receive PHI, purpose of use/disclosure, expiration

date, statement of right to cancel, that PHI used/shared may re-disclosed, signature and date, and if signed by Personal Representative, a description of authority, and a copy given to Consumer or his or her Personal Representative.

"Business Associate": Person or entity, in providing a service to DMH, who may receive PHI (e.g., consulting, computer services), but does not include an entity whose only relationship to DMH is as a Treatment provider. By the terms of the agreement with DMH, a Business Associate must protect the privacy of PHI.

"Designated Record Set": Group of Treatment and Payment records containing PHI, kept and used by DMH, to be made available to Consumer for inspecting/copying in accord with the Notice.

"Law": Includes 45 CFR Part 160 (HIPAA), 42 CFR Part 2 (alcohol and drug), 44-22-100, SC Code (DMH patient confidentiality).

"Minimum Necessary": To use/share PHI only as needed to fulfill the intended purpose and when practical to de-identify information. PHI use/disclosure is not limited when needed for Treatment, by Authorization, access to own PHI, or when required by Law.

"Operations": Activities of DMH employees, officials or volunteers in carrying out their DMH duties including activities related to Treatment or Payment, such as oversight, monitoring and administration of Treatment/Payment. Operations also specifically include DMH offices, programs and activities involving: medical records/health information; billing, reimbursement, accounting or collections; quality assurance, improvement or monitoring; corporate compliance; Consumer rights, advocacy, affairs or benefits coordination; information technology; judicial processing; legal; audit, review, monitoring or investigations; medical or other health care student or resident training; and conducting/arranging DMH activities as required by Law. DMH may also sometimes share PHI for Operations of other agencies and organizations that have health care accrediting or licensing authority.

"Payment": DMH billing/reimbursement, eligibility determination, estate recovery, collections and related activities, and may include Payment activities of other public agency also providing Consumer Treatment.

"Personal Representative": Person authorized to act for Consumer: parent/guardian/custodian of a child; adult acting in place of a parent; person appointed by the probate court as guardian having health care power, or power to act for a deceased individual; or a person appointed by Consumer through a power of attorney.

"Protected Health Information", "PHI": Includes information that identifies a Consumer in any form (electronic, written, oral, etc.) collected, created, maintained or received by DMH relating to past, present or future physical/mental health or condition; health care provided or past, present or future Payment for provided health care. PHI specifically includes information related to a prospective or actual commitment for involuntary Treatment under applicable Law, but normally does not include education or DMH employment records.

"Psychotherapy Notes": Therapist's detailed written notes of conversations during individual/group/family/other counseling session, not intended to be shared/put in medical record. They do not include information normally kept in a medical record, such as type of service, date/time/duration or billing code; diagnosis, Treatment plan, medication, progress or assessment results. Authorization is normally required for the disclosure of Psychotherapy Notes.

"Treatment": Provision, coordination or management of health care and related services, by DMH or other health care providers, including when needed, for consultation or referral, case management and consultation/referral with/to other Treatment or care providers.

ALCOHOL AND DRUG PROGRAM CONFIDENTIALITY (42 CFR PART 2)

Records from DMH inpatient and outpatient facilities or programs that are also Alcohol and Drug (A&D) "Programs", are protected by additional and much more restrictive Federal Law (42 CFR Part 2.) 42 CFR Part 2 applies to any "federally assisted" A&D "Program."

DMH inpatient and outpatient facilities and programs are "federally assisted". 42 CFR Part 2 defines an A&D "Program" as an entity (e.g. DMH inpatient or outpatient facility or program) that **"holds itself out as providing, and provides, alcohol or drug abuse diagnosis, treatment or referral for treatment."**

This definition of an A&D "Program" clearly applies to Morris Village and to Hall Adolescent Recovery Program (ARP) Unit 170. A "Program" subject to 42 CFR Part 2 also includes many DMH Community Mental Health Center (CMHC) Co-Occurring Disorder (COD) programs. **If a CMHC COD program "holds itself out" (represents itself to the community or others by published services, provider listing, brochures, website, etc.) that it provides A&D treatment, diagnosis, OR referral for A&D treatment, then it is a "Program" and ALL "Program" records are covered by 42 CFR Part 2.**

42 CFR Part 2 is much more restrictive than HIPAA and other law protecting DMH patient or client confidentiality. In comparison with those other privacy laws, 42 CFR Part 2 severely restricts the use and disclosure of A&D "Program" Protective Health Information (PHI), especially disclosures of "Program" PHI outside of DMH, and applies to both clinical and financial (billing and payment) PHI.

42 CFR Part 2 Does NOT Allow Many Disclosures Permitted By HIPAA/Other Law:

1. **NOT:** As needed to coordinate treatment or care (e.g. to other medical/care providers, hospitals, CRCFs, RTFs, DSS, DJJ, DDSN, DVR, DOC/jail medical staff, family caregivers, etc.)
2. **NOT:** Pursuant to another agency or law enforcement subpoena or investigative or prosecutorial demand, or for other law enforcement or agency investigation or activity
3. **NOT:** When otherwise allowed or required by other law (including many other Federal laws)
4. **NOT:** For most routine or general court orders and judicial procedures and processes

In most instances, for DMH PHI disclosures outside DMH, "Program" record/PHI disclosure is permitted ONLY by specific written authorization or court order. The written authorization must be very specific and detailed as signed by the patient/client (e.g. DMH Authorization Forms: M-450D and M-450I.) The court order (and special judicial procedure) varies by type of court and also must be very specific and detailed.

Without Specific Detailed Authorization or Court Order, Disclosure Is Limited To:

1. Info that does NOT identify patient/client (name, address, DOB, or SS, Record ID or phone #, etc.)
2. Internal DMH communication, but ONLY when clear need to know in order to perform DMH job
3. Medical emergencies, but ONLY to medical personnel treating the emergency (e.g. ED staff)
4. Initial reports of abuse and neglect (but NOT for follow up investigation)

5. Limited approved research or audit by very specific written agreement and conditions
6. Initial reports of crimes or threats of crime on "Program" premises or against "Program" personnel
7. Pursuant to an approved DMH Business Associate/Qualified Service Organization Agreement

Aiken Barnwell Mental Health Center

Mission

The Center aspires to be the premier provider of behavioral health services supporting the recovery of persons with mental illness in Aiken and Barnwell counties.

Core Values

In order to best serve our clients and remain true to our employees, Aiken Barnwell Mental Health Center embraces the following core values:

- **RESPECT** – “Respecting the rights and dignity of our clients”
- **RECOVERY** – “Creating an environment of recovery for our clients”
- **QUALITY** – “Commitment to quality with a commitment to excellence and superior outcomes”
- **PUBLIC AWARENESS** – “Dedication to improved public awareness and eliminating stigma”
- **CELEBRATING DIVERSITY** – “Teaching Tolerance”
- **VALUE OUR EMPLOYEES** – “Employees are our single greatest asset”

ADOPTED BY THE SENIOR MANAGEMENT TEAM
SEPTEMBER 2009



No concealed weapons allowed on premises.



Wash your hands after using the toilet or smoking.



Please notice where Exit signs are located



If you hear a "CODE GREEN" called please proceed to the nearest Exit.



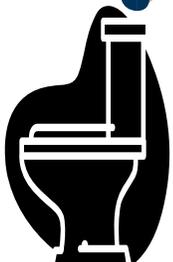
No alcoholic beverages allowed in our building.



No illegal or illicit drugs allowed in our building.



If you need medical attention call 911 and notify a staff member.



If you need a bathroom, see any staff member for directions.

Frequently Asked Questions

- 1. Who is a client or a consumer?** *A person using services provided by Aiken-Barnwell Mental Health Center may be called either a client or a consumer.*
- 2. Who is a Case Manager?** *A Case Manager is the staff member who will be responsible for helping you get the services you need. He or she may be a social worker, nurse or counselor. This is the person who will be your main contact.*
- 3. How often will I see my Case Manager, nurse or doctor?** *It depends on your needs. Many clients see their Case Manager, nurse and/or doctor once a month. Others are seen more or less often. Regardless of your scheduled appointments, they will be available to you when you need help. If your Case Manager isn't available, someone else will be here to help.*
- 4. How will I know what services will be most helpful to me as a mental health client?** *You will be assigned a Case Manager who will help you develop a plan of care. This plan is a guide in working toward your goals. A doctor, your Case Manager and other members of your treatment team will also help you.*
- 5. How long will I need to come to the Center for services?** *The length of your treatment will be a decision made by you with help from your Case Manager, doctor and treatment team.*
- 6. What kinds of services might I receive to help in my recovery?** *Services are based on the help you need. These may be help in crisis situations; an evaluation by a doctor or other staff member; help with medication; rehabilitation services; individual therapy; family therapy; group therapy and special recovery groups; individual living skills; help with employment and housing; and coordination with other agencies.*
- 7. What is a Plan of Care?** *You will want to take an active part in planning the course of your treatment. This will include assessing your strengths, needs, abilities and preferences and what you expect from your treatment. Your plan of care acts as a road map: it spells out the goals you want to achieve, how you will go about reaching them, and how you and your counselor will be able to measure your progress. Together you will determine the treatment services that can help you.*
- 8. What if I have an emergency after regular Center hours?** *You should call our Help Line at 803.641.7700 or outside the Aiken area call 800.625.4108. In Barnwell call 911 or the Barnwell Helpline at 803.259.3333.*
- 9. Whom should I contact if I have other questions?** *You should call your Case Manager listed on the back cover of this booklet. Make sure you have their phone extension, you will need it when you call our number. The extension will connect you faster to your Case Manager. If they are not available, leave a message and they will call you back. If you need to speak to someone immediately, dial 0 for the operator.*

Treatment

Clinical Assessment:

On the first appointment, a therapist will meet with the client to ask him or her about current problems and aspects of personal history that are important to determine the impact of the problems, establish the appropriate diagnosis, and plan the treatment.

In completing the initial clinical assessment, the therapist may ask the client for permission to interview relevant persons. These persons can assist the therapist to understand the client better and help the client in recovery, stabilization and solution of the problems. These persons may include parents, other relatives, friends, teachers and/or a referral source.

Orientation:

Once the initial clinical assessment is complete, the therapist will provide the client with an orientation that includes a discussion of his or her findings about the client's problems and possible treatments to resolve it. This will help the client make the best choices about his or her treatment. The therapist will also provide the client with information about his or her rights, responsibilities with treatment, grievance procedures, post discharge follow-up, the building facility and the procedures to follow while in the building.

Evaluation of Treatment:

An important aspect of the treatment is to measure how effective it is in helping the client solve his or her problems. To do so, the therapist will complete a 90-Day Progress Summary. At the beginning, measures will be taken to determine the severity of the client's problem and how it affects other areas of his or her life, during treatment, to evaluate the client's progress, and at the end of treatment, to determine the client's need for supports, after treatment.

Clinical assessments will also occur at different times of treatment and will be conducted by the therapist, the psychiatrist or the nurse to determine the client's progress and tailor the treatment plan to meet the client's needs through treatment.

Plan of Care:

Once the clinical assessment is completed, the therapist and the client will develop the plan of care, based on the client's expectations, goals and objectives. The plan of care will also make use of the client's strengths and abilities that have been helpful to the client in the past to resolve problems or maintain stability.

An important part of the plan of care is to identify the level of functioning expected by both client and the therapist in order for discharge to occur. The discharge plan will also identify any other needs the client may have at the time of discharge to maintain stability or recovery after treatment.

If while receiving treatment the client has other condition(s) that require treatment at the same time, the therapist will make the appropriate referrals to ensure that the client receives the most appropriate services, whether within the Center or in the community.

Discharge:

Discharge from treatment is considered when the client has met his or her objectives and goals of treatment or when the therapist and client reach an agreement that discharge is appropriate.

At this time the therapist will encourage the client to review his or her progress and how it relates to the expectations established at the beginning of treatment. The therapist, the client and other relevant

person(s) will evaluate the client's level of functioning and will determine the need for other support through other programs within the Center or outside in the community. If the need for further services is determined, the therapist will request a written consent from the client to discuss his or her needs with the new provider and how this provider could help the client maintain stability or recovery and continue to enhance his/her quality of life. The therapist will then prepare a discharge summary and with the client's written consent, will send a copy of the discharge summary to the new provider(s) and/or any relevant person(s) as appropriate.

Client's Rights

The Aiken-Barnwell Mental Health Center is committed to support and promote client rights, as these are essential for the effectiveness of the therapeutic process. Clients have the right:

1. *To be treated in a fair and courteous manner.*
2. *To be protected from acts of neglect, humiliation, threat, financial or any other form of exploitation.*
3. *To be protected from physical and sexual abuse, any form of harassment and physical punishment.*
4. *To receive treatment that is responsive to their age, gender, race and cultural orientation, sexual orientation, religion, social supports, psychological characteristics, physical or mental disability or veteran status.*
5. *To confidentiality and privacy with the following exceptions:*
 - *When the client or his/her guardian consents to the disclosure of information.*
 - *When the client becomes a threat to his or her safety or the safety of others.*
 - *In the event that a judge determines the disclosure of information is necessary for a legal process.*
 - *When it is necessary to cooperate with law enforcement, health, welfare and other state or federal agencies.*
 - *When advocating for the well-being of a client or his family.*
 - *For research conducted or authorized by the Department or the Commission of Mental Health and with the client's consent.*

In these circumstances the disclosure of information will include pertinent data, whether in the medical record or discussed with the therapist.

6. *To receive the necessary information regarding their diagnosis and treatment in a manner that is easy to understand, that helps them make the most appropriate decisions about consent or rejection of treatment, and about choices of treatment. The exception is, in case of emergencies, when consent is not required to provide services due to the special conditions surrounding the provision of these services.*
7. *To be actively involved in all aspects of their plan of care; to select the goals of treatment and development the plan in a way that meets their expectations and that is relevant to their age, culture, development and particular problems, and at the same time promotes their integration in the society.*
8. *To receive effective and efficient services from qualified clinicians credentialed according to the South Carolina Department of Mental Health standards and to know the names of the members of their treatment team.*
9. *To receive services in a safe, healthy and comfortable environment.*
10. *To be advised of any research projects, conducted or supported by the Aiken-Barnwell Mental Health Center that may directly address their treatment and to accept or reject participation in any research project.*
11. *To be informed of any possible billable services and respective charges to include billable services on behalf of the consumer that may occur in their absence.*
12. *To request assistance in developing advance psychiatric directives.*

13. *To request a copy of the Ethical Standards and Code of Conduct of the Aiken-Barnwell Mental Health Center.*
14. *To question or present a complaint about the clinical practices or procedures of the Aiken-Barnwell Mental Health Center and access advocacy services as necessary.*
15. *To receive assistance in accessing the services of guardians, custodians and legal advocates as necessary and available.*
16. *To be referred to other services in the community including self-help groups as needed and available.*

Clients' Responsibilities

Quality services depend on the close cooperation and collaboration of clients and staff, with the client assisting the staff in meeting their needs. The responsibilities of the clients are:

- 1. To provide accurate information about their problems, needs, behaviors, medical problems and treatment.*
- 2. To inform their therapists about advance psychiatric directives.*
- 3. To inform their therapist about any medications they are taking including medications prescribed by a physician, bought over-the-counter, or natural/herbal remedies.*
- 4. To actively participate in treatment by developing their plan of care with their therapist and by letting the therapist know about how effective the treatment is in helping them solve their problems.*
- 5. To inform their therapist about any needs they have that may interfere with their treatment.*
- 6. To follow and comply with treatment recommendations including taking medications as prescribed, doing therapeutic homework, acting on referrals, and keeping appointments.*
- 7. To cancel their appointments as soon as they know they will not be able to keep them.*
- 8. To respect the privacy, rights and property of other clients of the Aiken-Barnwell Mental Health Center.*
- 9. To respect the properties and facilities of the Aiken-Barnwell Mental Health Center.*
- 10. To share their opinions with the administration of the Center about the quality of services received.*
- 11. To ensure their bills are paid in a timely manner and to inform their therapists immediately if there is a problem with a bill.*

Ethical Standards & Standards of Conduct

The Ethical Principles and Standards of Conduct serve as a guide for expected behavior of the Center's staff. This includes administrative and clinical personnel, volunteers, and interns. They also serve to help clinicians make decisions concerning their professional behavior. The Standards are not absolute, and the fact that a given behavior is not addressed, it does not mean that such behavior is either ethical or unethical.

The Standards of Conduct address issues related to respect for rights of individuals, avoidance of exploitative behavior, service, privacy and confidentiality, respect towards other staff members, professional responsibility, and resolution of ethical matters.

The Standards of Conduct are displayed on the client's bulletin board at each facility and are accessible to the clients at their request.

South Carolina Department of Mental Health Values and Principles

Principle One: Commitment to Clients of Mental Health Services and their Families

We reflect our commitment by expressing in our daily work dependability, compassion, empathy, advocacy, and sensitivity.

Principle Two: Commitment to the Highest Quality of Clinical Care

We express this commitment by having our actions reflect honesty, fairness, competence, integrity, and diligence.

Principle Three: Commitment to our Coworkers

We value the contributions of every member of the Department of Mental Health team and reflect our commitment to our coworkers in these ways: authority and autonomy, reliability, loyalty, cooperation, trustworthiness, and sacrifice.

Principle Four: Commitment to the Department of Mental Health and the State of SC

As public servants, our commitment must be to the whole agency and to the citizens of our State. We display that commitment through accountability, courage of convictions, creativity, ownership, personal responsibility, professionalism, stewardship, and partnership.

Standards of Conduct

Respect for People's Rights

In connection with their work, staff members shall not practice, condone, facilitate, or collaborate with any form of discrimination based on race, color, sex, sexual orientation, age, religion, national origin, marital status, political belief, mental or physical disability, or any other preference or personal characteristic, condition or status.

Staff members respect the rights of individuals to privacy, confidentiality, self-determination and autonomy; and in their work, they promote self-sufficiency and independence.

Staff members respect the rights of others to hold values, attitudes, and opinions that differ from their own and in their work, they refrain from imposing their personal values and religious beliefs on the client.

Avoidance of Exploitative Behavior

Staff members do not engage in any behavior that is exploitative or demeaning with any person who has been or is a client.

To avoid exploitation, staff members refrain from accepting goods, services, or monetary remuneration from clients in return for services.

Clinicians do not engage in sexual intimacies with current or former clients.

Clinicians do not provide services to individuals with whom they have engaged in sexual intimacies.

Staff members refrain from providing direct services to clients with whom they have a prior non-professional relationship as this may impair their objectivity and may compromise the client's confidentiality. In such cases, it is highly recommended that the client be referred to another provider. If a client cannot be referred elsewhere because of extenuating circumstances, the staff member will consult with Quality Assurance to ensure that all alternatives are explored and that the case is handled with objectivity.

Staff members provide clients with accurate information regarding fees for services before receiving any clinical services. Financial limitations are discussed at this time and billing arrangements agreed upon

Service

Clinicians perform clinical interventions only within the context of a professional relationship.

Staff members provide clients with accurate and complete information regarding the extent and nature of services available to them and make referrals as appropriate to meet their needs.

Clinicians only provides services for which they are qualified by education, training, or experience.

Every effort will be made toward recognition of individual and cultural differences. Clinicians will obtain appropriate training, experience, and supervision to ensure that reasonable competence of services is provided.

Clinicians participate in continued education activities to maintain a reasonable level of awareness of current scientific and professional information and competence in their fields of clinical activity and skills they use.

Clinicians do not commit fraud or misrepresent their professional qualifications, experience, education, affiliations, or services performed.

Clinicians discuss with clients early in the therapeutic relationship, appropriate issues such as nature and anticipated plan for treatment and confidentiality.

Clinicians obtain appropriate consent to treatment, using language that is understandable to clients. In circumstances when the client is legally incapable of giving informed consent, the clinicians will obtain informed permission from a legally authorized person as allowed by law.

Clinicians make effort to inform these persons of the proposed intervention in a manner understandable to seek their consent to those interventions and consider their preferences and best interest.

When services are provided to several persons who have a relationship, clinicians clarify at the beginning of treatment, or when appropriate, which individuals are clients and the roles that the clinicians have with each person.

Whenever clinicians are required to perform potentially conflictive roles (legal proceedings, consultations with another service provider, etc.), they clarify the extent of confidentiality and role expectations to avoid compromising their relationship with their consumers.

In ending the professional relationship, clinicians do not abandon clients. Clinicians who anticipate the end or interruption of services to clients notify them promptly and seek their transfer, referral, or continuation of service in relation to the clients' needs and preferences.

Termination of professional relationships occur when it is clear that the client no longer needs services, is not benefitting, or is harmed by continued services.

Privacy and Confidentiality

Clinicians respect the privacy of the clients and hold in confidence information obtained in the course of their professional services except as mandated or permitted by the law for a valid reason. These reasons include, but are not limited to:

- A. Consultation with another ABMHC professional on behalf of the client*
- B. Duty to warn or to protect the client or others from harm*
- C. Physical and sexual abuse and/or molestation*
- D. Statutory requirements such as court orders*

Staff members refrain from discussing any information, administrative or clinical, which pertains to the client in a public place and will make all effort to protect the identity of the client when referring to or about him/her.

Clinicians discuss, at the outset of services, the limitations of confidentiality as applicable and the foreseeable use of the information generated through their services.

Clinicians obtain informed consent of clients before taping, recording, or permitting third-party observation of their activities.

Clinicians make provisions for the maintenance of confidentiality of records.

Clinicians recognize that ownership of records and data is governed by legal principles, and they take the necessary measures so that records and data remain available to the extent needed to serve the best interest of the clients.

Clinicians ensure confidentiality of records by use of coding techniques when entering information in databases.

Respect Towards Other Staff Members

Staff members do not engage in any form of harassment or demeaning behavior. Harassment refers to deliberate, repeated comments, gestures, or physical contacts that are annoying and unwanted by the recipient.

Staff members treat colleagues and coworkers with respect, courtesy, and fairness and must afford the same professional courtesy to other professionals.

Professional Responsibility

Clinicians maintain professional standards of conduct and refrain from exhibiting behavior that may compromise their professional responsibilities or reduce the public's trust in their professional and/or in the Aiken-Barnwell Mental Health Center.

Clinicians are aware of their professional responsibilities in the community and comply with the law and social policy that serves the best interest of their clients.

Clinicians do not use their public position for any form of financial gain or private work and their private work cannot interfere with the demands and needs of the Aiken-Barnwell Mental Health Center.

Resolving Ethical Issues

Staff members have the obligation and responsibility to be familiar with the South Carolina Department of Mental Health Ethics Directives and Guidelines.

Staff members have the obligation to be familiar with the stipulations of the Aiken-Barnwell Mental Health Center Ethics Principles and Standards of Conduct.

When a staff member believes that a violation of the Ethics Code has occurred, it is his/her responsibility to make the staff member aware of the alleged violation and inform him/her that a report will be provided to the staff member's immediate supervisor and/or the Executive Director in the Aiken-Barnwell Mental Health Center to ensure the investigation and correction of the action.

Grievance Procedures

There are four steps that a client may follow to request a review of a situation where he or she feels that one or more rights were violated by a staff member or Center procedure. Requests can be initiated by either the client or anyone acting on his or her behalf. These can be submitted in writing by the client or by the person acting on his or her behalf, with or without the assistance of the Center's Consumer Advocate, by telephone, or personally. The procedures for a grievance will follow the same steps whether in writing or verbally.

One

Aiken-Barnwell Mental Health Center Client Advocate. *The client can request a review of the situation by addressing his or her concerns to the Center's client advocate at 803.641.7700. The Client Advocate is responsible for initiating a review of the issues with the client and any involved staff in an effort to resolve the issues. The Client Advocate will receive the request, if verbal, and will ask the client if he or she wants to present it in writing. If the client wishes to do so, the Client Advocate will take the information and complete a "Request for Review" form including a remedial action report and will mail it to the client. At no time will there be any retaliation or barriers to services taken toward the client. Once the review has been completed the client will be notified in writing within two (2) business days. If the situation is not resolved within two (2) normal business days from the time the report was taken, or if the client is not satisfied with how the situation was resolved, the client or the person acting on his or her behalf may request a review of the situation at the next level.*

Two

Aiken-Barnwell Mental Health Center Executive Director. *If the solution presented by the Center's Client Advocate is not satisfactory to the client or the person acting on his or her behalf, the client or this person may request a review with the Center's Executive Director, who is expected to complete a remedial action report within five normal business days of the day the complaint was presented and will notify the client in writing.*

Three

South Carolina Department of Mental Health Office of Consumer Advocate. *If the solution or recommendation received by the Center's Executive Director is still not favorable to the client, he or she, or the person acting on his behalf may contact the Department of Mental Health Client Advocate in Columbia, who will initiate a review of the issue within five working days of receiving a request for review from the client or the person acting on his or her behalf. A written response will be sent at the end of the five (5) working days if not sooner. The Client Advocate may be reached at 803.898.8569 or at 2414 Bull Street, Department of Mental Health, Administration Building in Columbia, SC.*

Four

State Director of Mental Health. *If the review and remedial action suggested by the Department of Mental Health Advocacy Office are not satisfactory to the client, he or she or a person acting on his or her behalf may request a review from the State Director of Mental Health, who will make the final decision on all the issues not resolved at other levels of the review process. The State Director may be reached at 803.898.8319, or at 2414 Bull Street, Department of Mental Health, Administration Building in Columbia, SC. The State Director of Mental Health may take up to ten (10) business days to review the situation and respond to the client in writing.*

Hours of Operation

The Center's regular operating hours are Monday through Friday, 8:30 a.m. – 5:00 p.m., although some programs offer varying schedules such as evening hours.

Appointments

*Please notify the Center **at least 24 hours** in advance if you cannot keep your appointment.*

Access to After-Hour Services

*If you are in a crisis or you have problems call the **Help Line** at **803.641.7700**. From outside the Aiken area call **1.800.625.4108**. In Barnwell you may call the **Barnwell Help Line** at **803.259.3333** or if an **Emergency**, dial **911**.*

Follow-Up

When a client needs to be followed up after discharge to ensure the continuity and coordination of services, a staff member will be identified to conduct the follow-up. Example, when a client has participated in a Community Based Rehabilitation Program as the clubhouses and then chooses to discontinue participation in the program, there must be an identified staff to follow-up the client to identify his or her need for continued services. Follow-ups after discharge are provided to all clients served to determine further need for services or referrals in conformance with State Mental Health Laws for confidentiality and with the appropriate consent from the client, obtained at the outset of treatment. The Consumer Affairs Coordinator or other appointed staff will conduct a structured telephone interview within sixty to ninety days after discharge. The information is then tabulated by the Quality Assurance Department and incorporated into the overall outcome evaluation process.

How We Bill for Community Mental Health Services

*Everyone is charged the same amount for the same service. All fees for services are set by the State Mental Health Commission. We expect you to pay what you are able to pay. If you are unable to pay the entire bill, we will still provide services that you need. If you do not have Medicaid, Medicare or other insurance coverage, you will be billed directly for services you receive. If you have Medicare or other insurance, we need for you to sign a form so we may bill your insurance company or Medicare. We will bill at the same rates that apply to you regardless of the type of insurance that you have. If you have insurance and/or Medicare and Medicaid, we must bill Medicare and/or your insurance company before we can bill Medicaid. Some services may be covered by insurance or Medicare and some may not. If you have Medicaid, but no other insurance coverage, we will bill at the same rates that apply to you. Medicaid payment is payment in full and you will not be billed. If you have questions about Medicare or other insurance coverage, co-payments, deductibles, or your bill, please contact our **Financial Advisor at Ext. 500**.*

Familiarization with the Building

Your Case Manager should provide you with an orientation of the building during your first few therapy sessions. If there is ever an emergency while you are in the building, please seek the nearest staff member for instructions on how to proceed.

Program Policies

Regarding:

The use of Seclusion or Restraint.

Aiken-Barnwell Mental Health Center will not use any type of seclusion or restraints except in emergency situations. When employed, these techniques are utilized only to prevent a person from injuring himself or others or to prevent serious disruption of the immediate surroundings or environment. Clients and visitors at ABMHC are treated with dignity and respect at all times.

Smoking

It is the policy of the Aiken-Barnwell Mental Health Center to provide all staff, visitors and clients a smoke-free environment. No smoking will be allowed inside any part of the building or in any Center vehicle.

Prescription or Non-Prescription Drugs Brought Into the Program

This policy addresses concerns about clients bringing prescription, over the counter, or other drugs or medications, including illicit substances, into the programs or facilities of the Aiken-Barnwell Mental Health Center. For more information regarding this policy please ask to speak to a nurse in Medical Services.

Weapons Brought into the Program

It is the policy of the Department of Mental Health to enforce the provisions of the contraband law by investigating and reporting all apparent violations of the law to the appropriate authorities. Signs will be posted at each entrance regarding the bringing of weapons onto the grounds or into a program.

Program Rules

Program Rules will be provided to you depending on what type program you have been assigned.

Advance Directives

If you are concerned that you may be subject to involuntary psychiatric commitment or treatment at some future time, you can prepare a legal document in advance to express your choices about treatment. The document is called an advance directive for mental health decision making. If you are interested in information regarding an Advance Directive please contact one of our Peer Support Specialist. If you already have an Advance Directive, we will need a copy to place in your chart.

Purpose and Process of the Assessment

The assessment process serves as the basis for treatment; it is thorough and identifies the strengths, preferences, needs and abilities of the client. A thorough clinical assessment is provided to the client at the outset and during different times in treatment.

On the first appointment of the client, the Intake Worker conducts the admission process which consists of the gathering of the client's demographic and financial information along with the client's Emergency Medical Information Form.

The assessment is provided by a clinician, who holds at a minimum a Masters Degree in the social sciences, who meets the South Carolina Department of Mental Health standards for credentialing and privileging and who has expertise with the age population of the client and his/her presenting problem.

Development of your Plan of Care

Aiken-Barnwell Mental Health Center acknowledges the importance of the clients' active participation in the development of their treatment process and its direction. We place emphasis in assisting the client develop individualized treatment plans that contain the clients' goals and objectives that incorporate your current needs and problems as well as your individual strengths, abilities and preferences. Every client is provided with a plan of care after the completion of the clinical assessment. This plan is developed with the active participation of the client and others appropriately involved in the treatment.

Coordination of Services with Other Agencies and Referrals

Aiken-Barnwell Mental Health Center will provide you with the assistance necessary to obtain needed services that are not available at any of the ABMHC facilities. This situation may occur at the beginning or during treatment and/or at discharge. A clinician will discuss the need for a referral with you. If you accept the recommendation for a referral, the clinician will complete a Referral Form, after requesting and obtaining from you, a signed consent to release information to the referral source. A copy of the referral form will be placed in your chart. If the referral is made at discharge, the discharge summary will accompany the referral form as authorized by you, the client.

Referrals may be directed to a variety of services to include: Alcohol and other substance services (Aiken Center), domestic violence programs (Cumbee Center), inpatient services, medical services, partial hospitalization, recreation/community living services, relapse prevention groups, residential treatment, self-groups, protective services (Department of Social Services), therapeutic foster care, vocation rehabilitation, dietary services, physical and occupational therapy, speech-language pathology, developmental training, educational services and continuum of care.

Discharge Planning

When the treatment objectives and goals are achieved and you have received maximum benefit from the program, or if you need to be transferred to an after care program after completion of treatment, the discharge is discussed and planned with you and any other appropriate personnel at least three sessions prior to the final session. A discharge plan is prepared by your case manager with the participation and input of you, your family or legally authorized representative, the appropriate personnel or referral source as appropriate. The summary identifies your need for another level of care and ensures the continuity of care by listing referrals and recommendations, includes your diagnosis and coexisting disabilities or disorders, your strengths, abilities, needs and preferences, dates of admission and discharge. The summary also describes the expectations established and achieved and the services provided.

Follow-ups after discharge are provided to all clients served to determine further need for services or referrals in conformance with State Mental Health Laws for confidentiality and with the appropriate consent from the client, obtained at the outset of treatment. The Consumer Affairs Coordinator or other appointed staff will conduct a structured telephone interview within sixty to ninety days after discharge.

How the Center Hears Your Ideas and Concerns

During the course of your treatment, you will be asked to complete a Client Satisfaction Survey. This lets us know if we are meeting your needs and it is used to plan future services. Once you have completed treatment, our staff will contact you to see how you are doing, if we can be of further assistance and how satisfied you were with our services.

The Client Advocate handles individual treatment issues. This person will make every attempt to help resolve concerns in a timely and satisfactory manner.

Suggestion boxes are placed throughout the Center locations. We want your feedback, and encourage you to provide comments, suggestions, interests and concerns. These suggestions are reviewed by the Quality Assurance Manager monthly and concerns are referred to the program area and/or Center Management.

The Mental Health Center Board of Directors meets once a month and the meetings are open to the public. Clients and family members are welcomed to attend. Please call 641.7700 for further information.

South Carolina Department of Mental Health Community Mental Health Services

Clinical Service	Procedure Code	Minutes per Unit	Maximum Units/Day	Rate Per Unit
Crisis Intervention Services	H001	15	16	40.00
Mental Health Assessment by Non Physician	H002	30	6	58.00
Individual Therapy	H003	30	4	59.00
Family Therapy	H004	30	4	55.00
Group Therapy	H005	30	8	26.00
Crisis Intervention MH Services	H008	60	12	39.00
Injectable Medication Administration	H010			NA
Psychiatric Medical Assessment	H012	15	6	62.00
Psychiatric Medical Assessment – Advanced Practice RN	H013	15	6	52.00
Behavioral Health Screening Alcohol/Drug	H014	15	2	12.61
MH Service Plan Development	H017	15	2	55.00
MH Services NOS	H018	15	20	24.00
Nursing Services	H021	15	7	51.00
Behavioral Health Prevention – Education Services	H026	Day	Day	76.00
Targeted Case Management	H031	15	8	37.50
Concurrent Case Management	H032	15	8	35.00
Behavioral Health Day Treatment	H041	60	8	30.00
Psychotherapy MD	H054	30	6	62.00
Psychotherapy APRN	H055	30	6	52.00
Rehabilitation Psychosocial Service	H056	15	64	13.42
Family Support	H057	15	64	13.42
Behavior Modification	H058	15	64	13.42
Peer Support Services	H059	15	16	6.16

as of 7/1/2010

The above is a list of clinical services that you could receive and/or be billed.

Medicare Clients Only

Advanced Beneficiary Notice (ABN)

The purpose of the Advanced Beneficiary Notice (ABN) is to inform a Medicare beneficiary that services, otherwise paid for by Medicare, will not be paid on a particular occasion. The ABN will allow the beneficiary to better participate in his/her own health care treatment by making informed client decisions.

The beneficiary will have two options:

(1) To obtain the service and be prepared to pay for it personally or by any other insurance coverage, or (2) Not to obtain the services

We expect that Medicare will not pay for the item(s) or service(s) that are described below. Medicare does not pay for all of your health care costs. Medicare only pays for covered items and services when Medicare rules are met. The fact that Medicare may not pay for a particular item or services does not mean that you should not receive it. There may be a good reason your doctor recommended it. Right now, in your case, Medicare probably will not pay for:

- *Individual Therapy*
- *Family Therapy*
- *Group Therapy*
- *Multifamily Group*
- *Psychiatric Medical Assessment*
- *Injection Administration Service*
- *Medication Monitoring*
- *Injectable Medication*

Because:

- *There is no physician on premises the day of your visit.*
- *Available staff are not eligible to be paid by Medicare.*
- *No more than one service can be billed on the same day.*
- *Medicare does not pay for this many services within the time period.*

The purpose of the ABN form is to help you make an informed choice about whether or not you want to receive these items or services, knowing that you might have to pay for them yourself. Before you make a decision about your options, you should read the entire ABN form that has been provided. Ask us to explain if you don't understand why Medicare won't pay and how much these items or services will cost you in case you have to pay for them yourself or through other insurance.

Orientation to Services

The following areas will be covered during orientation at the onset of treatment:

- Letter regarding commitment to treatment
- Treatment Options
- Rights and Responsibilities of the Person Served
- Grievance and Appeal Procedures
- How the Center Hears Your Ideas and Concerns
- Services to receive and expectations about results
- Hours of Operation
- Access to After-Hour Services
- Code of Ethics
- Notice of Privacy Practices
- Requirement for Follow-Up
- Description of possible fees and financial arrangements
- Familiarization with the premises, including emergency exits and/or shelters, fire suppression equipment and first aid kits
- Program Policies regarding: The use of seclusion or restraint, Smoking, Prescription or Non-Prescription drugs brought into the Program, Weapons brought into the Program
- Identification of person responsible for service coordination
- Program rules, as applicable to the program, including restrictions or loss of privileges or rights and how these can be regained
- Education regarding Advance Directives, if appropriate
- Identification of the purpose and process of the assessment
- Description of the development of my plan of care
- Coordination of services with other agencies and referrals
- Information about transition criteria and procedures

Key Staff
Main Center – Administration
803.641.7700

Richard L. Acton, ACSW	Interim Executive Director
Vacant	Medical Director
Mark Hilton	Business Administrator
Randy Snellings	Quality Assurance Manager
Tammy Fanning	Facilities & Safety Manager
Vickie Key	Human Resources Manager
Monica Westall	Financial Advisor
April Kitchens	Client Advocate

Clinical Program Directors

Hartzog Center North Augusta	Karen Johnson, M.A., LPC 803.278.0880
Polly Best Center Barnwell	Larry Elledge, MSW 803.259.7170
Children, Adolescents & Families Main Center	Beverly Bonnet-King, M.S., LPC 803.641.7700
Adult Services Main Center	Cindy Motycka, M.S., LPC 803.641.7700
Independent Living/TLC/Homeshare Main Center	Jeff Waddell, M.S. 803.641.7700
MH Clubhouse / Employment / Welcome Home / Peer Support	Tamara Smith, MSW, LMSW 803.641.7700

Program Sites and Facilities

Aiken Barnwell Mental Health Center

Main Center
1135 Gregg Highway
Aiken, SC 29801
Phone: 803.641.7700 Fax:
803.641.7709

Millbrook Place

Psychosocial Rehabilitative Program
1135 Gregg Highway
Aiken, SC 29801
Phone: 803.641.7700

Hartzog Center

431 West Martintown Road
North Augusta, SC 29841
Phone: 803.278.0880
Fax: 803.278.6791

New Hope

Psychosocial Rehabilitative Program
916 Reynolds Road
Barnwell, SC 29812
Phone: 803.259.7170

Polly Best Center

916 Reynolds Road
Barnwell, SC 29812
Phone: 803.259.7170
Fax: 803.259.2934

Community Organizations That May Be Helpful to You

NAMI of South Carolina

1.800.788.5131

**Mental Health America of Aiken
County**

803.641.4164

SC SHARE

(Self-Help Association Regarding
Emotions)

803.739.5712 or 1.800.832.8032

Mental Health America

South Carolina

803.799.5363

TTY Callers (Deaf)

Please use Relay SC

1.800.735.2905

**Protection & Advocacy for
People With Disabilities, Inc.**

803.782.0639 or 1.800.922.5225

Treatment Team

Therapist or Case Manager

Phone Ext.

Psychiatrist

Nurse



A CARF Three-Year Accreditation was awarded to Aiken-Barnwell for the following programs/services:

Outpatient Treatment for Adults, Children & Adolescents
Community Integration – Psychosocial Rehabilitation Services-Adults

Accredited through November 2012

Help Line
803.641.7700

AIKEN-BARNWELL MENTAL HEALTH CENTER
1135 GREGG HIGHWAY • AIKEN, SC 29801
PHONE: 803.641.7700 OR TOLL FREE: 1.800.625.4108

www.aikenbarnwellmhc.com