

INTEGRATED THERAPY SOLUTIONS OF OKLAHOMA, LLC

CLIENT HANDBOOK

620 NW 5th St. Suite D
Moore, Oklahoma 73160
Ph: (405) 208-4469 Fax: (405) 208-4472

Hours of Operation:
9:00am-5:00pm
Monday-Friday
(After hours by appointment)

Your Primary Counselor is:

Your Case Manager/Care Coordinator is:

INTEGRATED THERAPY SOLUTIONS OF OKLAHOMA, LLC COUNSELING

MISSION STATEMENT, GOALS AND PHILOSOPHY

MISSION STATEMENT

The mission of Integrated Therapy Solutions of Oklahoma, LLC is to foster a supportive environment for clients of all ages through individual, family and group therapy services; we also offer BHRS and case management services to those who meet eligibility requirements. By combining the skills and resources of Integrated Therapy Solutions of Oklahoma, LLC's professional team in collaboration with the therapeutic community, we will focus on providing support to all populations and serve all clients with empathy, regardless of race, color, religion, national origin, sex, age, handicap, marital status or socioeconomic condition.

Integrated Therapy Solutions of Oklahoma, LLC offers a client-centered, trauma-focused approach to therapeutic services. We offer a multi-disciplinary team of both contract providers and employees, which allows us to offer a range of services to meet the growing needs of our community.

CLIENT RIGHTS

*All persons receiving services shall retain all rights, benefits, and privileges guaranteed by the laws and constitution of the State of Oklahoma and the United States of America, except those specifically lost through due process of law. **All persons receiving services may receive a full bill of rights upon request.***

Integrated Therapy Solutions of Oklahoma, LLC's rules shall not be more restrictive than these rights.

In addition, clients shall have the following rights, unless an exemption is specifically authorized by the ODMHSAS standards and criteria or by an order of a court of competent jurisdiction:

INTEGRATED THERAPY SOLUTIONS OF OKLAHOMA, LLC CLIENT BILL OF RIGHTS (15-3-27)

Programs providing treatment or services without the physical custody or where consumers do not remain for round-the-clock support or care, or where the facility does not have immediate control over the setting where a consumer resides, shall support and protect the fundamental human, civil, and constitutional rights of the individual consumer. Each consumer has the right to be treated with respect and dignity and will be provided the synopsis of the Bill of Rights as listed below.

Synopsis of Patient Rights 2018-2019

- (1)** Each consumer shall retain all rights, benefits, and privileges guaranteed by law except those lost through due process of law.
- (2)** Each consumer has the right to receive services suited to his or her condition in a safe, sanitary and humane treatment environment regardless of race, religion, gender, ethnicity, age, degree of disability, handicapping condition or sexual orientation.
- (3)** No consumer shall be neglected or sexually, physically, verbally, or otherwise abused.
- (4)** Each consumer shall be provided with prompt, competent, and appropriate treatment; and an individualized treatment plan. A consumer shall participate in his or her treatment programs and may consent or refuse to consent to the proposed treatment. The right to consent or refuse to consent may be abridged for those consumers adjudged incompetent by a court of competent jurisdiction and in emergency situations as defined by law. Additionally, each consumer shall have the right to the following:
 - (A) Allow other individuals of the consumer's choice participate in the consumer's treatment and with the consumer's consent;
 - (B) To be free from unnecessary, inappropriate, or excessive treatment;
 - (C) To participate in consumer's own treatment planning;
 - (D) To receive treatment for co-occurring disorders if present;
 - (E) To not be subject to unnecessary, inappropriate, or unsafe termination from treatment; and
 - (F) To not be discharged for displaying symptoms of the consumer's disorder.
- (5)** Every consumer's record shall be treated in a confidential manner.
- (6)** No consumer shall be required to participate in any research project or medical experiment without his or her informed consent as defined by law. Refusal to participate shall not affect the services available to the consumer.
- (7)** A consumer shall have the right to assert grievances with respect to an alleged infringement on his or her rights.
- (8)** Each consumer has the right to request the opinion of an outside medical or psychiatric consultant at his or her own expense or a right to an internal consultation upon request at no expense.
- (9)** No consumer shall be retaliated against or subjected to any adverse change of conditions or treatment because the consumer asserted his or her rights.

In adherence to further 450:15-3-27, Consumer Bill of Rights, Integrated Therapy Solutions of Oklahoma, LLC addresses the following standards as:

The Integrated Therapy Solutions of Oklahoma, LLC program shall have written policy and implementing procedures, and shall provide documented staff training to insure the implementation of each and every consumer right stated in this section. Integrated Therapy Solutions of Oklahoma, LLC includes this and further training of Consumer Rights at hire and thereafter annually for all staff.

The Integrated Therapy Solutions of Oklahoma, LLC program shall have written policy and implementing procedures to insure each consumer enjoys, and has explained to him or her, these rights, and these rights are visibly posted in both consumer and public areas of the facility. Integrated Therapy Solutions of Oklahoma, LLC includes the INTEGRATED THERAPY SOLUTIONS OF OKLAHOMA, LLC CONSUMER BILL OF RIGHTS in their policies and further visibly posts this and the contact information for the ODMHSAS Office of Inspector General and ODMHSAS Office of Consumer Advocacy in both the consumer handbook and in public areas of the facility.

It is agreed that Integrated Therapy Solutions of Oklahoma, LLC includes in any investigation and monitoring as set forth in the standard 450: 15-3-27 (f) as part of its policies and practices. The ODMHSAS Office of Consumer Advocacy, in any investigation or monitoring shall have access to consumer, facility or program records and staff as set forth in OAC 450:15-7-3.

All facilities that are certified by, operated by, or contracted with the Department shall post the contact information for the ODMHSAS Office of Inspector General and ODMHSAS Office of Consumer Advocacy prominently in each consumer treatment unit and in consumer admissions, visiting and public areas. Integrated Therapy Solutions of Oklahoma, LLC includes the INTEGRATED THERAPY SOLUTIONS OF OKLAHOMA, LLC CONSUMER BILL OF RIGHTS in their policies and further visibly posts this and the contact information for the ODMHSAS Office of Inspector General and ODMHSAS Office of Consumer Advocacy in both the consumer handbook and in public areas of the facility.

INTEGRATED THERAPY SOLUTIONS OF OKLAHOMA, LLC CLIENT BILL OF RIGHTS

Integrated Therapy Solutions of Oklahoma, LLC's clients have the following rights:

1. to be respected as an individual and receive considerate and respectful care, free of discrimination.
2. to be informed of all the treatment options available, including alternative methods of treatment, and the goals, techniques, limitations, effectiveness, potential risks and benefits of each option.
3. to understand their diagnosis and its implications
4. to request the opinion of a consultant within the agency, at no additional charge, and/or the opinion of an outside consultant. at the expense of the client.
5. to participate fully in the development of their treatment plan and to review and sign that plan.
6. to refuse treatment to the extent permitted by law and to be informed of the consequences of their actions.
7. to receive an explanation if services are unable to be provided due to a waiting list or the lack of therapists qualified to provide the type of service needed by the client.
8. to be informed about the qualifications and credentials of therapists who will be providing the client's treatment.
9. to give written, informed consent to receive treatment and make the final decision regarding treatment options.
10. to receive services in an environment which provides privacy, promotes personal dignity and provides opportunities to improve their functioning.
11. to express civil and religious opinions within the therapeutic relationship.
12. to expect personal and family information, including written records, will be handled in a professional and confidential manner and not be released to persons outside the agency without the full written, informed consent of the client, except where legally required by law or to prevent a clear and imminent danger to self or other persons.
13. to be informed about any limitations on confidentiality and the circumstances under which personal information might be disclosed without the client's consent.
14. to be informed about any known breaches of confidentiality, the potential consequences and any recourse they may have.
15. to file a grievance if they are discontent with the services of the agency and to be informed about the procedures to follow to submit a complaint and/or appeal any decision of the agency.
16. to access and review their client records, except for portions of the record containing confidential information about another client or which may be detrimental to the client
17. to insert personal statements into their records about their problems or about services they are receiving or wish to receive.
18. to give informed consent to any photograph, audio or video taping, surveillance or observation by a third party.
19. to refuse to participate in any surveys or research projects conducted by the agency
20. to request assignment or reassignment to a different therapist.
21. to be informed of any proposed change in the client' s therapist.
22. to be informed of any restrictions imposed by third patty payers on payment for treatment which could interfere or influence the treatment received.
23. to receive a full explanation of agency charges, payment options and provisions for a sliding fee reduction.
24. to examine and question the bill for services regardless of the source of payment

25. to be notified as far in advance as possible when their appointment needs to be rescheduled.
26. to ask questions about anything they do not understand and receive explanations in language which they can understand.
27. to voluntarily determine when to terminate services and to participate in planning for service completion and any follow-up services.

Client Responsibilities

The client is responsible for respecting the personal and property rights of employees, contractors and other clients, for knowing and complying with applicable agency policies, and for being accountable for one's own behavior.

Specific expectations of clients include the following:

1. Clients are expected to respect the therapist's time and their own time by keeping appointments.
2. When appointments must be missed, clients are expected to contact Integrated Therapy Solutions of Oklahoma, LLC as soon as possible, preferably at least 24 hours in advance, to cancel and/or reschedule appointments.
3. Clients are expected to honestly and fully participate with the therapist in the treatment plan, including goal setting and playing a major role in accomplishing their goal.
4. Clients (and accompanying family members) are expected to refrain from verbal and physical assault, abuse, or threats of any kind, toward any person, while at an Integrated Therapy Solutions of Oklahoma, LLC site.
5. Clients (and accompanying family members) are expected not to possess dangerous weapons or illegal substances, nor to be intoxicated or chemically impaired while at an Integrated Therapy Solutions of Oklahoma, LLC agency site.
6. Clients (and accompany family members) are expected to avoid exposing staff, visitors and other clients at the counseling center to airborne infectious diseases or other highly contagious diseases for which a reasonable person would remain at home.

CLIENT GRIEVANCE PROCEDURE

It is the policy of *Integrated Therapy Solutions of Oklahoma, LLC* that all clients have a right to voice their concerns. Should a condition exist that the client feels is unsatisfactory, the following procedure is available for resolution.

Every client of Integrated Therapy Solutions of Oklahoma, LLC has the right, without fear of punishment to present a complaint (grievance) or request a second opinion (appeal) on a staff decision made on the client's behalf. Our facilities written grievance policy that includes: A written notice of the grievance procedure is provided to each consumer or guardian and to an individual of the consumer's choice (provided at intake and within the consumer handbook; and is also available anytime upon request).

The time frames for the grievance procedure shall be 14 days, which allow for an expedient resolution of consumer grievance(s). The consumer has the right to make a complaint to the facility's local advocate or the ODMHSAS Consumer Advocacy Division.

A consumer shall have unimpeded and confidential access to the facility's local advocate and the ODMHSAS Office of Consumer Advocacy. However, consumers are not required to contact with the facility's local advocate prior to contacting the ODMHSAS Office of Consumer Advocacy.

Frank Espinosa (Agency President) is the individual responsible for coordinating the program's grievance procedure; the individual responsible for or authorized to make decisions for resolution of the grievance; and the individual acting as the facility's local advocate.

In the instance where the decision making is the subject of a grievance, decision making authority shall be delegated. The designated local advocate shall work with facility personnel to ensure the needs of consumers are met at the lowest level possible and that consumer rights are enforced and not violated. The provision of written notification to the consumer of the grievance outcome and mechanism by which an individual may appeal the outcome is available upon request and the consumer may appeal the grievance outcome to the Commissioner or designee.

The grievance advocate will monitor the grievance process through quarterly review of filed grievances and improve performance based on outcomes.

An annual review of the grievance policy and procedure including providing copies of updated grievance policy and procedure information to the Office of Consumer Advocacy when requested, will be conducted.

The ongoing monitoring of the grievance process and adjustments will be made as needed, based on outcomes to improve processes.

The individual(s) designated as a facility's local advocate shall be responsible for coordinating and monitoring the facility's advocacy activities and contacts with the ODMHSAS Office of Consumer Advocacy. Duties of the facility's local advocate shall include, but is not limited to:

(A) Serve as the on-sight advocate for consumers being treated or under the care of the program or facility and act as a liaison to the ODMHSAS Office of Consumer Advocacy. Such activities may include

i. Assist consumers in filing grievances;

ii. Serve as resource for consumers for questions or information dissemination about the facility, admission and discharge processes, or other basic human needs while in treatment; and

iii. Contact consumers involved in or who witness Critical Incidents or Sentinel Events while in treatment to ensure needs are being met.

(B) Serve as facility or program liaison to the Office of Consumer Advocacy in advocacy activities.

The following procedure must be used by any client of Integrated Therapy Solutions of Oklahoma, LLC wishing to present a grievance or appeal:

- If a client has a grievance or appeal, he or she orally (talking) or in writing, report the complaint to his or her counselor or the Clinical Director (Shayanna Espinosa, LPC). A decision will be made on the complaint within 72 hours.
- If the client is not satisfied with the decision, the client may appeal to the President (Frank Espinosa). The President will investigate the complaint with the counselor or other involved parties and decide within 48 hours.
- If the client does not agree with the President's decision, the client may make a complaint or make an appeal to the Oklahoma Department of Mental Health Substance Abuse Services (ODMHSAS) Consumer Advocacy Division, for specific procedures, call 405-248-9037 or write to PO Box 53277, OKC, OK 73152, Attention Consumer Advocacy Division.

Complaint forms are readily available to persons served in the offices of *ITS of OK, LLC* and are written in a manner understandable to persons served.

Client Satisfaction Surveys

Client Satisfaction Surveys will be distributed to all clients upon service completion and will be provided to continuing clients at least annually.

Client Satisfaction Surveys may include but are not limited to the reason for initial agency contact; the appropriateness and effectiveness of the services received; the duration and type of service; whether treatment goals were achieved; the manner in which the client was treated by agency personnel; the reason for termination; and the clients' overall satisfaction with the agency and his/her therapist.

Completed surveys will be individually reviewed upon receipt and collectively reviewed at least annually for the purpose of identifying the agency's strengths and weaknesses and making changes designed to improve the overall quality of services to clients.

Any of our staff members are happy to receive your feedback at any time.

SERVICES OVERVIEW

Consistent with the agency's mission statement, goals and values, and philosophy, Integrated Therapy Solutions of Oklahoma, LLC offers a range of outpatient diagnostic, assessment, consulting, counseling, and treatment services, in response to the expressed needs of individuals, couples, families, and groups within the community.

Services available through Integrated Therapy Solutions of Oklahoma, LLC may include but are not limited to the following:

1. Individual Counseling or Therapy
2. Group Counseling or Therapy
3. Family Therapy and Marriage Counseling
4. Play Therapy
5. Trauma Work
6. Educational Assessments
7. Mental Health Diagnosis, Assessment, and Referral
8. Substance Abuse Diagnosis, Assessment, and Referral
9. CBT
10. Disaster Counseling
11. Grief Counseling
12. Art Therapy
13. Case Management Services
14. Family Education
15. Life Skills/Psychosocial Rehab Services

All services may not be available at all locations, due to limitations on physical capacity, the availability of trained therapists and other professionals, financial resources, and other constraints on the agency's ability to provide services.

The list of services available will be adjusted periodically, in response to an ongoing assessment of the needs of clients and the community and the ability of Integrated Therapy Solutions of Oklahoma, LLC to meet those needs.

CONFIDENTIALITY OF RECORDS

The identification of and all personal information about Integrated Therapy Solutions of Oklahoma, LLC's clients shall be confidential and protected by the agency to prevent access to this information by unauthorized individuals.

Access to client information shall be restricted within the agency to employees, contractors, consultants, and field placement students and interns who have signed a Confidentiality Agreement and have a legitimate need to know.

Access to client information to persons external to the agency, including acknowledgment of a client's presence or status, requires the informed consent of the client or parent/legal guardian (if the client is a minor), except where disclosure without informed consent is required by law or court order.

Information about a client shall never be released over the telephone to unknown or other persons whose identify may be in doubt.

Consent by the client or parent/legal guardian (if the client is a minor) shall be given freely and voluntarily, without coercion, using an Authorization To Release/Obtain Information or comparable form. The client shall be informed that services are not contingent upon his/her decision to sign a release of information.

Information from clients' clinical records may be used for statistical and research purposes by employees and contractors with Integrated Therapy Solutions of Oklahoma, LLC, without the informed consent of the client, provided the names and identifying information about clients are protected and remain confidential.

Client records and clinical information are confidential and protected under Federal Law 42 CFR part 2. Integrated Therapy Solutions of Oklahoma, LLC shall protect the confidentiality of all information pertaining to potential clients, current clients, and discharged clients. All client files are maintained in a locked record storage area.

Information discussed in counseling sessions, or even your presence in counseling, is confidential and will not be shared without written permission, except under the following conditions:

1. Reporting of suspected child abuse and neglect,
2. Reporting of suspected abuse of the elderly or incapacitated adults,
3. Upon Integrated Therapy Solutions of Oklahoma, LLC receipt of a court order,
4. Reporting of a client's threat of suicide,
5. Reporting of a client's threat to harm another person(s), including murder, assault, or other physical harm.
6. Disclosure to medical personnel in the event of a medical emergency.
7. Investigation by law enforcement personnel only of a crime committed on Integrated Therapy Solutions of Oklahoma, LLC premises or against a Integrated Therapy Solutions of Oklahoma, LLC employee by a client.
8. Audits and evaluations done by funding sources, the Department of Mental Health and Substance Abuse Services, or licensing or accreditation bodies. Whenever possible, efforts will be made to protect clinical information and identity of clients.

Case Coordination

Case coordination includes periodically reassessing a client's needs, arranging to provide the needed services directly or referring the client to another appropriate provider, and arranging for termination, referral, and follow-up.

Case coordination occurs as a routine part of the service delivery process whenever it is warranted and is not a separate definable service offered by the agency.

Whenever multiple service providers are involved, Integrated Therapy Solutions of Oklahoma, LLC cooperates with the other service providers to coordinate services to the client, as requested by the client or parent/legal guardian (if the client is a minor).

Discharge Policy

The responsibility for a client's termination from service rests with the therapist. Service termination may be initiated under any of the following conditions:

- A. The client (or parent/legal guardian, in case of a client who is a minor) and therapist mutually agree that the service goals have been accomplished.
- B. The client (or parent/legal guardian, in case of a client who is a minor) is satisfied with the progress made and no longer wishes to continue with treatment.
- C. The client (or parent/legal guardian, in case of a client who is a minor) is dissatisfied with the progress made and no longer wishes to continue with treatment.
- D. The client (or parent/legal guardian, in case of a client who is a minor) and therapist mutually agree that further treatment would be unlikely to achieve the desired results.
- E. The client has failed repeatedly to keep appointments, without advance notice
- F. The therapist believes that further treatment would be unproductive and potentially harmful to the client.
- G. The therapist is leaving the agency, reducing his/her case load, or is otherwise unable to continue to see the client.
- H. In the therapist's professional opinion, it is in the best interests of the client to be transferred to another therapist.
- I. The client no longer meets the selection criteria.

Person Centered Treatment Plan

The treatment plan is the written plan, developed by the therapist and the client and/or parent/legal guardian (if the client is a minor), which includes the presenting problem; a diagnosis; the service interventions to be provided by the agency or other resources; and the goals, objectives and time framework for completion.

Clients and/or parents/legal guardians (if the client is a minor) have the right and are expected to participate fully in the development of all treatment plans and to review and sign the plans, indicating their acceptance of the plans and consent to receive the treatment contained in the plans.

Clients, regardless of their ages, have the right to refuse treatment to the extent permitted by law and to be informed of the consequences of their actions.

PROCEDURE:

- A. Initial Treatment Plans are completed by the primary therapist after the initial interview with a client, except for consultations. The Initial Treatment Plan is applicable for one month or the first four visits, whichever comes first.
- B. Individualized Treatment Plans are completed by the primary therapist after the first month or first three visits, whichever comes first. Individualized Treatment Plans must be updated every six months.

Fire, Tornado and Building Precautions

Emergency and safety procedures applicable to each site will be developed by the CEO or his/her designee in conjunction with the safety officer, building landlord, and other tenants and may vary somewhat from the location to location. The CEO will provide each site with an emergency action plan (which may vary somewhat from the general procedures listed below). Specific procedures will be posted in a readily visible location at each Integrated Therapy Solutions of Oklahoma, LLC' site. Employees and contractors should report unsafe, non-emergency conditions to the safety officer and/or the CEO who will contact the person in charge of facility maintenance and security. All employees and contract therapists are expected to be knowledgeable about emergency and safety procedures and to take reasonable steps to ensure the protection and safety of clients and visitors in the event of an emergency.

PROCEDURE:

A. GENERAL PROCEDURES FOR ALL EMERGENCIES

- 1. STAY CALM. The first few minutes may be crucial. All employees and contractors should stay calm, think clearly and remember the procedures that they have been taught.
- 2. ATTEMPT TO REMOVE CLIENTS FROM DANGER Reasonable steps to evacuate and/or protect clients from harm are the duty and obligation of all employees and contract therapists.
- 3. DO NOT ATTEMPT TO FIGHT A FIRE OR REMOVE A BOMB. Fighting a fire and defusing a bomb are the responsibilities of trained emergency personnel.

B. FIRE SAFETY

- 1. In the event of a fire alarm or other fire notice, all clients, visitors, employees and contractors should immediately exit the building via the emergency evacuation route posted for their location.
- 2. Employees and contract therapist are responsible for directing clients and other visitors to the emergency evacuation exits. If necessary, without jeopardizing their own lives, therapists should offer assistance to help their clients vacate safely.
- 3. Therapists and other agency personnel should confirm that all clients, family members, and/or other visitors with whom they were meeting, have safely vacated the building. Any missing persons should be reported to the emergency personnel on the scene.
- 4. No person may reenter the building to retrieve personal property until officials from the local fire department indicate it is safe to return.

C. TORNADO WARNINGS

- 1. At the sound of the Emergency Management siren or other notification of a tornado warning or other inclement weather, all clients, other visitors, employees and contractors should seek shelter in the area of the building designated as a storm shelter.
- 2. Employees and contract therapists are responsible for directing and assisting clients and other visitors to go to the nearest designated safe shelter.

3. No special precautions are required in the event of a tornado watch, although support staff may be asked to monitor to the weather reports on radio or television.

D. BOMB THREATS

1. In the event of a bomb threat over the telephone, the employee or contract therapist should stay on the line with the caller and attempt to obtain as much information as possible using the Critical Incident Form.

2. Proper authorities should be notified as soon as possible, preferably while keeping the caller on the phone. Specific procedures for each building site should be followed.

3. If evacuation is deemed necessary, all the clients, other visitors, employees and contractors should evacuate the building and not return until emergency personnel have determined it is safe to return.

E. PREVENTION AND PRECAUTIONS

1. Regular fire drills will be conducted at each Integrated Therapy Solutions of Oklahoma, LLC location, as part of regular safety procedures developed by the CEO or his/her designee, in conjunction with the safety officer, building landlord and other tenants.

2. All employees and contract therapists should be familiar with the emergency procedures applicable to their site and understand their specific responsibilities.

3. All employees and contract therapists should know the location of the fire alarms and fire extinguishers in their area and familiarize themselves with how to operate them.

4. Safety precautions and emergency procedures will be reviewed at least every six months as part of regular in-service training.

5. All new employees and contractors will be oriented by the safety officer to the applicable building safety procedures.

6. Doorways, hallways, stairways, and exits shall be free from obstacles at all times.

7. At no time should employees or contractors endanger their own lives or the lives of others by attempting to extinguish a fire or remove a bomb.

Integrated Therapy Solutions of Oklahoma, LLC Notice of Privacy Practices

This notice describes how medical and mental health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. In the event that the notice is changed a new notice will be sent to you by mail or at the time of your next appointment. You may request a copy of our Notice at any time.

This notice is in effect July 1, 2018 and will remain in effect until we replace it.

Uses and Disclosures of Protected Health Information

Uses and Disclosures of Protected Health Information Based Upon Your Written Consent.

You will be asked to sign a consent form. Once you have consented to the use and disclosure of your protected health information for treatment, payment and health care operations by signing the consent form. This agency will use or disclose your protected health information as described below.

Treatment: We may use and disclose, as needed, your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information.

Payment: We may use and disclose, as needed, your health information to obtain payment for services we provide for you. This may include certain activities that your insurance plan may undertake before it approves or pays for the mental health care services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you and undertaking utilization review activities.

Healthcare Operations: We may use and disclose, as needed, your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of mental healthcare professionals, evaluating practitioner and provider performance, employee review activities, conducting training programs, accreditation, certification, licensing or credentialing activities, and conducting or arranging for other business activities.

Uses and Disclosures of Protected Health Information Based Upon Your Written Consent.

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke this authorization, at any time, in writing. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in the Notice.

Emergencies: We may use or disclose your protected health information in an emergency treatment situation. In the event of your incapacity or emergency circumstances, we will disclose health information based on determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. If this occurs, the agency will try to obtain your consent as soon as reasonably practicable after the delivery of treatment.

Other Permitted and Required Uses and Disclosures That May be Made Without Your Consent, Authorization or Opportunity to Object

We may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:

Required by Law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will

be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Public Health: We may disclose your protected health information for public health activities and purposes, to a public health authority that is permitted by law to collect or receive this information.

Health Oversight: We may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations and inspections.

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery or other lawful process.

Law Enforcement: We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having unlawful custody of protected health information of inmate or client under certain circumstances.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards or letters).

Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et.seq.

Access: You have the right to inspect and copy your protected health information. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must submit your request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information at the end of this notice. We may charge you a reasonable cost-based fee for expenses such as copies and staff time.

Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action

or proceeding, and protected health information that is subject to law that prohibits access to protected health information. DHS audits files with all information included.

Restriction: You have the right to request a restriction of your protected health information. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must be in writing and state the specific restriction requested and to whom you want the restriction to apply. If we agree to the additional restrictions, we will abide by our agreement (except in an emergency).

We are not required to agree to a restriction that you may request. If we believe it is in your best interest to permit use and disclosure of your protected health information, your protected information will not be restricted.

Alternative Communication: You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You must make your request in writing. We may also condition this accommodation by asking you for information as

Amendment Request: You have the right to request that we amend your protected health information. Your request must be in writing and explain why the information should be amended. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

Disclosure Accounting: You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices.

Notice: You have the right to obtain a paper copy of this notice from us upon request.

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. We support your right to the privacy of your protected health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

You may contact our Privacy Officer below for further information about the complaint process.

Privacy and Grievance Officer: Frank Espinosa, President

Phone: 405 -208-4469

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GOOD FAITH ESTIMATE
SIX MONTHS OF PSYCHOTHERAPY SERVICES

Services are to be provided by a therapist contracted with or employed by Integrated Therapy Solutions of Oklahoma, LLC.

NPI number: 1659855278 TIN: 82-4935382

The Estimate:

The estimate below is the range of costs that is likely for most new clients. Until your provider completes an initial assessment and therapy begins, we will not have a clear picture of your specific diagnosis, needs, and goals. This estimate is for weekly services over a six-month span of time. However, in some cases a client’s presenting symptoms may be more complicated or intensive. As a result, additional sessions or services may be needed during this six-month time frame that are not included in this estimate.

If you have questions about this estimate, please the administrative team at 405-208-4469 or admin@itsok.com

The following is an itemized list of expected charges for therapeutic services including the intake session and six months of weekly, 60-minute therapy sessions. The estimated costs are valid for six months from the date of this Good Faith Estimate, unless Integrated Therapy Solutions of Oklahoma, LLC sends you an updated Good Faith Estimate. These rates are subject to change each calendar year or with 30 days’ notice.

Service	Service code	Number of Sessions	Cost per session	Expected cost
Initial Evaluation	90791	1	<u>\$250.00</u>	<u>\$250.00</u>
Individual Psychotherapy, 60 Minutes	90837	24-30	<u>\$200.00/hour</u>	<u>\$6,000.00</u>

Every client’s needs and presenting symptoms can be different, and some cases might require more sessions, different service types (such as family therapy), and/or different session lengths based on the nature of the treatment plan. I am including an estimated for six months of weekly 60-minute sessions and the initial intake session. However, because of the variability involved in psychotherapy, it is important to include that progress toward your stated goals, decreasing sessions in maintenance, and taking in consideration vacations, holidays, emergencies, and sick time may result in a different frequency of services.

Total estimated cost for the initial evaluation and six months of weekly 60-minute therapy sessions: \$6,250.00

Additional sessions or sessions of other duration will impact the payment due. Here is a list of other common therapy services that may change (decrease or increase) your six-month bill if you elect to receive them:

Service	Service code(s)	Number of Sessions	Cost per session	Expected cost
Family Psychotherapy with or without Client Present	90846/90847	24-30	<u>\$200.00/hour</u>	<u>\$6,000.00</u>
Case Management	99484	15-20	<u>\$50.00/hour</u>	<u>\$750.00-\$1000.00</u>
Service	Service code(s)	Number of Sessions	Cost per event	Expected cost
Psychological Evaluation	96127, 96130-96133, 96136-96139, 96146	As Needed	<u>Up to \$995.00</u>	<u>Up to \$995.00</u>

This may increase your six-month bill by up to \$7,995.00, depending on services you have elected to receive.

***Please note that some insurance companies do not reimburse for certain services or reimburse at different rates which may cause a variation in your bill if you are billing an out-of-network provider. You are responsible for contacting your insurance company to determine a list of covered versus non-covered services.**

Disclaimer

This Good Faith Estimate shows the costs of services that are reasonably expected for the expected services to address your mental health care needs. The estimate is based on the information known to Integrated Therapy Solutions of Oklahoma, LLC when we completed the estimate.

The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur. If this happens, federal law allows you to dispute (appeal) the bill.

If you are billed for \$400 more (per provider) than this Good Faith Estimate (GFE), you have the right to dispute the bill.

You may contact the administrative team at the contact listed above to let them know the billed charges are at least \$400 higher than the GFE. You can ask them to update the bill to match the GFE, ask to negotiate the bill, or ask if there is financial assistance or a payment plan available.

You may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days of the date on the original bill.

There is a \$25 fee to use the dispute process. If the agency reviewing your dispute agrees with you, you will have to pay the price on this GFE. If the agency disagrees with you and agrees with Integrated Therapy Solutions of Oklahoma, LLC, you will have to pay the higher amount.

To learn more, go to:

www.cms.gov/nosurprises or call CMS at 1-800-985-3059.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises or call CMS at 1-800-985-3059 .

This GFE is not a contract. It does not obligate you to accept the services listed above.

Keep a copy of this Good Faith Estimate (GFE) in a safe place or take pictures of it. You may need it if you are billed more than \$400 than the estimate provided above.

I am acknowledging that these rates are subject to change each calendar year or with 30 days' notice.

A.I.D.S. EDUCATION

WHAT IS A.I.D.S.?

Acquired Immune Deficiency Syndrome (AIDS) is a group of life threatening symptoms, infections, or illnesses, which occur because a person's immune system, the body's natural disease fighting mechanism, is weakened or damaged by infection with the Human Immunodeficiency Virus (HIV).

WHAT DOES H.I.V. DO TO THE BODY?

The virus weakens the body's immune or disease fighting abilities so that the body cannot fight off infections or destroy cancer cells. Eventually the diseases may cause death in an HIV infected person.

HOW DOES A PERSON "GET" A.I.D.S.?

When bodily fluids, especially BLOOD or SEMEN, from an infected person get into another person, the second person becomes infected with virus.

This can happen by:

- Sexual intercourse (vaginal, anal, or oral) with an infected person
- Sharing needles with an infected person
- Blood products/transfusions (prior to 1985)

HOW DO I KNOW IF I HAVE A.I.D.S.?

Long before any symptoms appear, the body will produce antibodies to attempt to fight off the HIV infection. These antibodies can be detected in an infected person's blood by a blood test, the HIV antibody test.

Many symptoms of A.I.D.S. OR A.I.D.S. Related Complex (ARC) are similar to symptoms caused by many illnesses. Only a physician or certified Oklahoma State Health Department HIV testing site can determine whether or not you have A.I.D.S. or are infected with the HIV.

WHAT CAN BE DONE ABOUT A.I.D.S.?

There is no cure. PREVENTION IS THE ONLY ANSWER AT THIS TIME.

Do not engage in "high risk" behaviors, such as those listed above, which put you at risk for HIV infection.

If you decide to engage in "high risk" sexual activity, protect yourself and your partner, USE A CONDOM. If you are using IV-Drugs, DO NOT SHARE NEEDLES. If you do share needles, clean the "works" with household bleach; rinse with fresh water before using.

CONFIDENTIAL AND ANONYMOUS COUNSELING AND TESTING SITES IN OKLAHOMA:

HIV/STD:

COMMUNITY HEALTH CENTER * 12716 NE 36th in Oklahoma City, OK 73140 * 405-769-3301

TB:

OKLAHOMA COUNTY HEALTH DEPT. * 400 NE 50th in OKC, OK 73105 * 405-419-4000

MED-EVAL CLINIC * 4001 N. Classen Blvd, #101 in Oklahoma City, OK 73118 * 405-840-2180

COVID-19 POLICY (added June 2020)

The coronavirus (or COVID-19) presents serious health risks to some individuals. This virus can be easily transmitted, even by people who do not feel sick, exhibit symptoms, or even know they are infected or carrying the virus. As an agency we want to keep our employees, providers and clients safe as well as we want to reduce the risk of any potential transmission of the coronavirus through the workplace.

Integrated Therapy Solutions of Oklahoma, LLC will continually monitor the guidance from the Centers for Disease Control to assist the organization's response to COVID-19.

Internal Office Procedures

Office Staff of Integrated Therapy Solutions of Oklahoma, LLC will adhere to the following procedures and guidelines in order to prevent spreading COVID-19:

- Employees/personnel who have symptoms of COVID-19 will not report to work and will seek immediate medical attention. In the event that an employee develops symptoms while in the workplace, they will be sent home at their supervisor's discretion. While there are some symptoms that appear most common, everyone experiences illness in a different manner. If you are feeling sick at all, or know that you have been exposed to COVID-19, do not report to work and contact your immediate supervisor. Symptoms could include:
 - Fever
 - Cough
 - Shortness of breath
 - Loss of taste and/or smell
 - Sore throat
 - Congestion or runny nose
 - Nausea or vomiting
 - Diarrhea
- Social Distancing: as much as possible within the space provided, employees should maintain social distancing.
- Hand Washing: frequent hand washing with warm, soapy water for at least twenty seconds is required each time you enter the building. Use hand sanitizer frequently throughout the day when using equipment or touching surfaces that have not been sanitized.
- Cover coughs and sneezes: when sneezing or coughing, do so in your elbow, with your elbow fully covering your mouth. Do not sneeze in to the open air or into your hand, as that may transfer the virus to other areas or things that you touch. If you use a tissue, discharge used tissues immediately in to the wastebasket.
- Cleaning the work area: at the end of each work day sanitize your work station, including your desk, computer equipment and telephone. Other work areas in the office space will be cleaned daily and duties will be divided among employees.
- Limit Travel/Travel Wisely: all nonessential travel should be avoided due to the high risk of virus spread. In order to prevent getting yourself, and your fellow coworkers or customers ill, reconsider travel that is not required. Also consider avoiding crowded public places, large indoor events or other activities where large numbers of people are congregating. When you are participating in activities, it is strongly advised you wear a facial mask in order to protect the people around yourself.

Providing Services to Clients During COVID-19

In order to ensure that clients are protected to the most extent possible, contractual providers will adhere to the following guidelines in order to reduce the risk of COVID-19 spread to the person served:

- Prior to beginning of your session, review the following questions with your client:
 - Have you had a fever in the last 24 hours?
 - Have you had symptoms of COVID-19 now or the past 14 days?
 - Have you been exposed to someone who was diagnosed with COVID-19?
 - Have you traveled to any regions in the past 14 days that are affected by COVID-19?
 - Have you been diagnosed with COVID-19? If yes, when?
- Instruct your client to wash their hands with soap and water for a minimum of twenty seconds or use hand sanitizer prior to the start of the session.
- Providers will either wash their hands with soap and water for a minimum of twenty seconds or use hand sanitizer prior to the start of the session.
- Providers will wear a facial mask during services if the client makes such a request.
- Avoid bringing in unnecessary supplies and materials to your session. Use items during your session that are easy to clean and can be sanitized without causing ruin.
- After the completion of your session, sanitize the office space used, if applicable, by using provided sanitizing spray. Use the spray for the furniture and use the sanitizing wipes available to sanitize any equipment or games used during the session.
- The office staff are continually updating information concerning which insurance companies have extending telehealth authorization due to the COVID-19 crisis. Not only are telehealth services allowed, but they are encouraged, specifically for clients who are considered to be at high risk. High risk clients include those that:
 - Are over 65 years of age
 - Are immunocompromised
 - Have diabetes
 - Have serious heart conditions
 - Have chronic lung disease or moderate/severe asthma

Positive COVID-19 Test Results

- Providers will stop providing services to clients at any point symptoms are experienced; whether they have had a positive COVID-19 test, or only assume they have contracted the virus. While everyone is different and experiences COVID-19 with a different presentation of symptoms, the following are the most commonly reported symptoms:

- Fever
- Cough
- Shortness of breath
- Loss of taste and/or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea
- Providers must contact their supervisor immediately once diagnosed with COVID-19.
- Services are not to be provided by Providers who have tested positive for COVID-19 until they have had two negative test results. In order to follow CDC guidelines, both tests should be taken at least twenty-four (24) hours apart.
- If a provider tests positive for COVID-19, clients who were seen within the previous ten (10) days of tests will be notified.
- For providers who test positive for COVID-19, telehealth services may be provided until they are able to secure two negative test results