

<b>Client Demographics</b>	
Client:	DOB:
Age:	Sex:
Race:	Guardian:
SSN	Type of Insurance/Medicaid #:
Client Diagnosis:	Provider Name:
<b>Referring Party Information</b>	
Client Address :	
Phone Number:	
Referred By:	Contact Number:                      Referral Date:
Reason for Referral:	
<b>STAFF USE ONLY</b>	
Date of Scheduled Services:	
Client' s Needs Assessment:	Enrolled:
Release of Information:	

## Client Financial Responsibility & Authorization Form

Thank you for choosing Mettle as your Service Provider. We are committed to providing you with the highest quality of care. We ask that you read and sign this form to acknowledge your understanding of our Client Financial policies.

### Client Financial Responsibilities

The Client (or Client's guardian) is ultimately responsible for the payment for services and care. We will bill your insurance for you. However, the Client is required to provide the most correct and updated information regarding insurance. If we are unable to process payment through your insurance for any reason we will bill you for the services provided at the following rates:

1. Assessment	Per encounter	120.00
2. Individual Counseling	Per unit	102.00
3. Group Counseling	Per unit	29.00
4. CPST Individual	Per unit	20.00
5. TBS Individual	Per unit	38.00
6. TBS Group	Per unit	7.50
7. Day treatment	Per diem	183.00

Clients are responsible for payment of copays, coinsurance, deductibles and all other procedures or services not covered by their insurance plan. Coinsurance deductibles and non-covered items are due 30 days from receipt of billing. Clients may incur, and are responsible for payment of additional charges, if applicable. These charges may include: Charge for returned checks - \$30.00

By my signature below, I hereby authorize assignment of financial benefits directly to Mettle and any associated healthcare entities for service rendered as allowed under standard third-party contracts. I understand that I am financially responsible for charges not covered by this assignment.

### Client Acknowledgement and Authorization

We respect Client confidentiality and only release personal health information about you in accordance with the State and Federal law. The attached notice describes our policies related to the use of the records of your care and how you may get access to this information. Please review this policy carefully. By my signature below, I acknowledge that I have received and read the privacy notice provided by Mettle to release medical and other information acquired in the course of my services to the necessary insurance companies, third party payers, and or other physicians or healthcare entities to participate in my care.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Client/ Legal Guardian Signature:

Date

## CLIENT CONFIDENTIALITY NOTICE OF PRIVACY PRACTICES

### **Our Duty to Safeguard Your Protected Health Information (PHI)**

Individually identifiable information about your past, present or future health or condition, the provision of health care to you or payment for health care is considered "Protected Health Information" (PHI). We are required to extend certain protections to your PHI, and to give you this Notice about our privacy practices that explains how, when, and why we may disclose your PHI. Except in a specific circumstance; we must use or disclose only the minimum necessary PHI to accomplish the intended purpose of the use or disclosure.

We are required to follow the privacy practices described in this Notice though we reserve the right to change our privacy practices and the terms of this Notice at any time.

### **How We May Use & Disclose Your Protected Health Information (PHI)**

We use and disclose Protected Health information for a variety of reasons. We have a limited right to use and/or disclose your PHI for purposes of treatment payment and for our healthcare operations. For uses beyond that, we must have your written authorization unless the law permits or requires us to make the use or disclosure without your authorization. If we disclose your PHI to an outside entity in order for that entity to perform a function on our behalf, we must have in place an agreement from the outside entity that will extend the same degree of privacy protection to your information that we must apply to your PHI. However, the law provides that we are permitted to make some uses or disclosures without your consent or authorization. The following describes and offers examples of our potential uses or disclosures of your PHI.

### **Uses & Disclosures Relating to Treatment, Payment or Health Care Operations**

Generally, we may use or disclose your PHI as follows:

**For Treatment:** We may disclose your PHI to other healthcare personnel who are involved in providing your health care. For example, your PHI will be shared among members of your treatment team. Your PHI may also be shared with outside entities performing ancillary services relating to your treatment, for consultation purposes, or ADAMH Boards and/or community mental health agencies involved in the provision or coordination of your care.

**To Obtain Payment:** We may use or disclose your PHI in order to bill and collect payment for your healthcare services. For example, we may contact your employer to verify your employment status, and/or release portions of your PHI to the Medicaid program, collection agencies, the ODMH central office, the local ADAMH/CMH Board through the Multi- Agency Community Information Services Information System (MACSIS), and/or a private insurer to get paid for services that we delivered to you. We may release information to the Office of the Attorney General for collection purposes.

**For Health Care Operations:** We may use/disclose your PHI in the course of operating our agency. For example, we may use your PHI in evaluating the quality of services provided, or disclose your PHI to our accountant or attorney for audit purposes. Release of your PHI to MACSIS and/or other state agencies might also be necessary to determine your eligibility for publicly funded services.

**Appointment Reminders:** Unless you provide us with alternative instructions, we may send or phone appointment reminders or other similar materials to your home or cell phone.

## **Uses & Disclosures of PHI Requiring Authorization**

For uses and disclosures beyond treatment, payment and operations purposes we are required to have your written authorization unless the use or disclosure falls within one of the exceptions described below. As an example, most uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes, and disclosures that constitute a sale of PHI require your written authorization.

Special privacy protections also apply to HIV-related information, alcohol and substance abuse treatment information, and mental health information. This means that parts of this Notice may not apply to these types of information because stricter privacy requirements may apply. GBS, Inc. will only disclose this information as permitted by applicable state and federal laws. If your treatment involves this information, you may contact our Clinical Director to ask about the special protections.

Authorizations to use or disclose PHI can be revoked at any time to stop future uses or disclosures. We are unable to take back any uses or disclosures of your PHI we have already made with your authorization.

## **Uses & Disclosures of PHI Not Requiring Consent or Authorization**

The law provides that we may use / disclose your PHI without consent or authorization in the following circumstances:

**When Required by Law:** We may disclose PHI when a law requires that we report information about suspected abuse, neglect, or domestic violence, or relating to suspected criminal activity, or in response to a court order. We must also disclose PHI to authorities that monitor compliance with these privacy requirements.

**For Public Health Activities:** We may disclose PHI when we are required to collect information about disease or injury, or to report vital statistics to the public health authority.

**For Health Oversight Activities:** We may disclose PHI to our central office, the protection and advocacy agency, or other agency responsible for monitoring the healthcare system for such purposes as reporting or investigation of unusual incidents, and monitoring of the Medicaid program.

**To Avert Threat to Health or Safety:** In order to avoid a serious threat to health or safety, we may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm to your health and safety or to the health and safety of the public or of another person.

**For Research, Audit or Evaluation Purposes:** In certain circumstances, we may disclose PHI for research, audit or evaluation purposes.

**For Law Enforcement Purposes:** We may disclose PHI to law enforcement officials. For example we may make these types of disclosures in response to a valid court order, subpoena or search warrant; to identify or locate a suspect, fugitive or missing person; or to report a crime committed on our premises.

### **Your Rights Regarding Your PHI**

You have the following rights relating to your Protected Health Information:

**To Request Restrictions on Uses/ Disclosures:** You have the right to ask that we limit how we use or disclose your PHI. We will consider your request, but are not legally bound to agree to the restriction. To the extent that we do agree to any restrictions on our use or disclosure of your PHI, we will put the agreement *in writing* and abide by it except in emergency situations. We cannot agree to limit uses or disclosures that are required by law.

**To Choose How We Contact You:** You have the right to ask that we send you information at an alternative address or by an alternative means. We must agree to your request as long as it is reasonably easy for us to do so.

**To Inspect and Request a Copy of Your PHI:** Unless your access to your records is restricted for clear and documented reasons, you have the right to see your protected health information upon your written request. You may not see or get a copy of information gathered or prepared for a legal proceeding or if your requests cover psychotherapy notes. We will respond to your written request within 30 days. If we deny your access, we will give you written reasons for the denial and explain how to request a determination review. If you want copies of your PHI, a charge for copying may be imposed, depending on the circumstances. You have the right to choose what portions of your information you want copied and to have prior information on the cost of copying.

**To Request Amendment of Your PHI:** If you believe that there is a mistake or missing information in our record of your PHI, you may request in writing that we correct or add to the record. Your request should be submitted to our Clinical Director. We will respond within 60 days of receiving your request. If we accept your request, we will tell you and will amend your records by supplementing the information in the records. We will also tell others that need to know about the change in PHI. We may deny the request. Any denial will state our reasons for the denial and explain your rights to have the request and denial, along with any statement in response to the denial that you provide, appended to your PHI.

**To Find Out What Disclosures Have Been Made:** You have a right to get a list of when, to whom, for what purposes, and what content of your PHI has been released other than instances of disclosure for treatment, payment, and operations; to you, your family, or the facility directory; or pursuant to your written authorization. The list also will not include any disclosures made for national security purposes, to law enforcement officials or correctional facilities. We will respond to your written request for such a list within 60 days of receiving it. There will be no charge for up to one such list each year. There may be a charge for more frequent requests. We will notify you of any such costs prior to efforts to comply with your request.

### **Amendments to This Notice of Privacy Practices**

We may amend our Privacy Policy and this Notice from time to time. In accordance with applicable laws, we will post a notice at GBS, Inc., Inc. describing any changes to the policy and will provide the current policy to all active patients as required by law.

### **You Have the Right to Receive This Notice**

You have the right to receive a paper copy of this Notice and/or an electronic copy upon request.

### **How to Complain About Our Privacy Practices**

If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed below. You may also file a complaint with:

The Secretary of the U.S. Department of Health and Human Services 200

Independence Avenue SW Washington D.C. 20201 Toll Free: (800) 368-1019 TDD Toll Free: (800) 537-7697

We will take no retaliatory action against you if you make such complaints.

**Contact Person for Information or To Submit a Complaint**

If you have questions or concerns about this Notice, any complaints about our privacy practices, or if you would like additional information, please contact Mettle Services, LLC's Clinical Director Monday through Friday, 9:00 AM to 5:00 PM.

**Mental Health Treatment Consent**

I understand that the Mental Health Services are provided by independently licensed social workers/counselors, licensed social workers/counselors, and social work/counselor trainees under supervision and that the independently licensed social worker/counselor will review treatment plans and sign appropriate forms for payment. Mettle Services LLC offers no guarantees or positive assurances regarding the outcomes of the therapeutic services. It is our belief that engaging in counseling and other services offered by Mettle Services LLC will be helpful for you and assist you in managing your mental health concerns and improve your functioning and overall wellness. The potential disadvantage of receiving these services is that you may have very strong feelings regarding issues you discuss with your providers. These feelings could cause you emotional discomfort. If you experience these feelings, be sure to discuss them with your provider.

I have received a copy of and understand the Notice of Privacy Practices.

No person is excluded from participation in the services of our program on the grounds of race, color, or national origin in accordance with Title VI of the civil Rights Act.

I understand that I have the right to discuss my concerns, complaints, or grievances with any staff member from Mettle Services LLC who is involved in my care. I also have the right to file a grievance as indicated in the Client Rights information that I received.

**Treatment Provided:**

Assessment/ Mental Health Counseling       Group Counseling       Day Treatment

CPST       TBS       Other \_\_\_\_\_

I Consent to receive mental health services from Mettle Services LLC

I give permission for Mettle Services LLC to leave appointment reminder text or voice messages on

My phone at: ( \_\_\_\_\_ ) \_\_\_\_\_

I do not give permission for Mettle Services LLC to leave appointment reminders on my phone.

Client's Printed Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent / Legal Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Clinician Signature: \_\_\_\_\_ Date \_\_\_\_\_



# **Mettle Services**

## **Client Expectation**

Students enrolled at Highland Community Learning Center will be eligible to participate in Mettle Services insurance. Insurance will be utilized; however, there will be no copay or charges billed to the student or family.

### **Values**

- Demonstrate unparalleled commitment to students that will allow them to reach their utmost potential.
- Enhance the work experience for employees through a supportive and encouraging environment.
- Develop an enduring organization that will sustain an impact to our students and community for years to come.

## **Services available**

- **Assessment**

When you begin services, your licensed clinician will complete an initial assessment with you. This process is critical in ensuring you achieve your goals as a client.

Here is the information that will be gathered during the assessment.

- Basic demographic information
- Health history
- Family history
- Symptoms and need areas
- Desired goals and objectives

- **After Assessment**

After the assessment is completed, your clinician will determine a diagnosis, and together you will develop an individualized service plan that will guide the course of treatment.

- **Individual and Group Counseling**

Conducted individually or in groups, counseling offers positive outcomes to those experiencing mental health concerns or emotional issues. Counseling begins with a mental health assessment to help determine the best course of treatment. Then, together with your counselor you will identify goals and start meeting on a regular basis to work towards those goals.

During counseling sessions, our trained professionals use proven techniques and therapies to help the client work through issues while providing a listening and understanding ear.

The purpose of counseling is to empower the client to have a productive, full, and successful life. Overall benefits of the counseling process can include

- Increased self-awareness
- Decrease in problematic symptoms
- Use of positive coping skills
- Enhanced functioning and engagement in life

- **Therapeutic Behavioral Supports**

**TBS** services are an adjunct to counseling services. This service involves assisting clients in implementing the skills they have learned in counseling in a manner that will aid in attaining their treatment goals.

Some examples of **TBS** services are:

- Advocacy
- Restoration of social skills and daily functioning
- Identification of feelings related to issues in the client's life.

- **Community Psychiatric Supportive Treatment**

**CPST** services are an adjunct to counseling services. This service involves community-based work that is focused on the individual's ability to succeed in the community, to identify and access needed services and to show improvement in school, work and family.

Some examples of **CPST** services are:

- Symptom monitoring
- Needs assessment
- Advocacy and outreach

- **Day Treatment Services**

**DTS** services are intensive, structured and goal oriented. This service involves using interventions that address the individualized mental health needs of the client. The day treatment environment at Mettle LLC is highly structured, with a staff to client ratio that affords us the opportunity to focus on our individual client's needs in a meaningful and productive way.

## **Service Availability**

Monday through Friday 7:30 AM to 3:30 PM

If an individual requires services that we do not offer, our staff will assist in linking those individuals to the appropriate agency/provider in the local area. We have an ongoing collaborative relationship with many social services agencies in the area.

**Metal Services LLC**  
5120 Godown Rd.  
Columbus, OH 43220

## **CLIENT RIGHTS POLICY AND GREIVANCE PROCEDURE**

As an agency certified by the Ohio Department of Mental Health and Addiction Services, people who use or apply for or are treated through our services are protected through a set of rights and procedures through Ohio Administrative Code 5122-26-18.

All staff persons of the agency are familiar with all specific client rights and the grievance procedure and can explain the client rights to a person who receives services from this agency, however, there is a specific person called the Client Advocate who oversees the grievance process. It is that person's responsibility to accept and oversee the process of any grievance filed by a client or other person or agency on behalf of a client. At Mettle LLC., the Client Advocate is:

*Dr. Bill McKinney  
5120 Godown Rd.  
Columbus, OH 43220  
614-270-3110  
Monday - Friday 8:00am to 5:00pm*

When a person is new to the agency, they will have their client rights explained to him or her in a manner appropriate for the client's understanding. Such explanation of rights will be documented in the client record. Those rights will again be reviewed annually. The rights are also posted in public areas of each building operated by the Mettle LLC. Anyone may request a copy of them at any time.

In a crisis or emergency situation, the person using or applying for the services shall be verbally advised of at least the immediate pertinent rights, such as the right to consent to or to refuse the offer treatment and the consequences of that agreement or refusal. Full verbal explanation of the client rights policy may be delayed to a subsequent meeting.

The following definitions help in understanding the grievance process.

- 1) "Client Advocate" means the individual designated by a provider with responsibility for ensuring compliance with the client rights and grievance procedure rule as implemented within each provider or board and shall have the same meaning as Client Advocate or clients rights specialist.
- 2) "Grievance" means a written complaint initiated either verbally or in writing by a client or by any other person or provider on behalf of a client regarding denial or abuse of any client's rights.
- 3) "Reasonable" means a standard for what is fair and appropriate under usual an ordinary circumstances.

## THE GRIEVANCE PROCEDURE

The grievance procedure of Mettle Services LLC applies to all people receiving services as described in the Client Rights Policy. At any point if the griever needs assistance with their grievance, that assistance will be available to them. All staff can assist a person with the filing of a grievance if necessary. There are a specific set of rights afforded to each person who participates and or applies for services at any agency certified by the Ohio Department of Mental Health and Addiction Services.

### CLIENT RIGHTS

Except for clients receiving forensic evaluation service as defined in Rule 5122-29-07 of the Administrative Code, from a certified forensic center, each client has all of the following rights as listed in paragraphs (E)(l) to (E)(21) of this rule.

- 1) The right to be treated with consideration and respect for personal dignity, autonomy and privacy;
- 2) The right to reasonable protection from physical, sexual or emotional abuse, neglect and inhumane treatment;
- 3) The right to receive services in the least restrictive, feasible environment;
- 4) The right to participate in any appropriate and available service that is consistent with an individual Service plan (ISP), regardless of the refusal of any other service, unless that service is a necessity for clear treatment reasons and requires the person's participation;
- 5) The right to give informed consent or to refuse any service, treatment or therapy, including medication absent an emergency
- 6) The right to participate in the development, review and revision of one's own individual treatment plan and receive a copy of it;
- 7) The right to freedom from unnecessary or excessive medication, and to be free from restraint or seclusion unless there is immediate risk of physical harm to self or others;
- 8) The right to be informed and the right to refuse any unusual or hazardous treatment procedures;
- 9) The right to be advised and the right to refuse observation by others and by techniques such as one-way vision mirrors, tape recorders, video recorders, television, movies, photographs, or other audio and visual technology. This right does not prohibit an agency from using closed-circuit monitoring to observe seclusion rooms or common areas, which does not include bathrooms or sleeping areas;
- 10) The right to confidentiality of communications and personal identifying information within the Limitations and requirements for disclosure of client information under state and federal laws and regulations;
- 11) The right to have access to one's own client record unless access to certain information is restricted for clear treatment reasons. If access is restricted, the treatment plan shall include the reason for the restriction, a goal to remove the restriction, and the treatment being offered to remove the restriction;

- 12) The right to be informed in a reasonable amount of time in advance of the reason for terminating participation in a service, and to be provided a referral, unless the service is unavailable or not necessary;
- 13) The right to be informed of the reason for denial of a service;
- 14) The right not to be discriminated against for receiving services on the basis of race, ethnicity, age, color, religion, gender, national origin, sexual orientation, physical or mental handicap, developmental disability, genetic information, human immunodeficiency virus status, or in any manner prohibited by local, state or federal laws;
- 15) The right to know the cost of services;
- 16) The right to be verbally informed of all client rights, and to receive a written copy upon request;
- 17) The right to exercise one's own rights without reprisal; except that no right extends so far as to supersede health and safety considerations;
- 18) The right to file a grievance;
- 19) The right to have oral or written instructions concerning the procedure for filing a grievance, and to assist and to assistance in filing a grievance if requested;
- 20) The right to be informed of one's own condition; and,
- 21) The right to consult with an independent treatment specialist or legal counsel at one's own expense.

### **TO FILE A GRIEVANCE**

The griever contacts the Client Advocate or any other staff person to assist him or her in writing the grievance. Staff can be contacted at:

Mettle Services LLC  
5120 Godown Rd  
Columbus, OH 43220  
614-270-3110

Or specifically contact the Client Advocate for Mettle LLC

Dr. Bill McKinney  
5120 Godown Rd  
Columbus, OH 43220  
614-270-3110  
Monday - Friday 8:00am to 5:00pm

Every effort will be made toward promptly accessibility of the Client Advocate

The Client Advocate will explain how the grievance will be handled. The grievance must be submitted in writing. If the client needs assistance writing the grievance, the Client Advocate will take the verbal grievance and then transpose it into written text. The grievance must be dated and signed by the client

unless the grievance is being filed on behalf of the client. The grievance should include an attestation by the client advocate that the grievance is true and accurate. The grievance must include, if available, the date, approximate time, and description of the incident and names of individuals involved in the incident or situation being grieved.

The grievance will be resolved within 20 working days from the time of the filing of the grievance.

The client has the option to file a grievance with outside organizations, that include, but are not limited to the following;

A) ADAMHSCC Board  
447 E Broad Street  
Columbus, OH 43215  
614-224-1057

C) Disability Rights Ohio  
200 Civic Center Drive, Suite 300  
Columbus, OH 43215  
614-466-7264

B) Ohio Department of Mental Health  
and Addiction Services  
30 E Broad St., 36th floor  
Columbus OH 43215-3430  
614-466-2596

D) US Department of Health and Human  
Services - Regional Office/ Chicago  
233 N Michigan Ave., Ste. 1300  
Chicago IL's 60601  
312-353-1385

A written acknowledgement of receipt of the grievance will be provided to each grievant. Such acknowledgment shall be provided within three business days from receipt of the grievance. The written acknowledgment shall include, but not be limited to, the following;

- A) Date grievance was received;
- B) Summary of grievance;
- C) Overview of grievance investigation process;
- D) Timetable for completion of investigation and notification of resolution; and,
- E) Treatment provider contact name, address and telephone number. When the grievance is complete, there will be a written explanation of the resolution, or to the griever if other than the client with the client's permission.

The grievance procedure is posted at Mettle Services LLC, 5120 Godown Rd., Columbus, OH 43220 A

written copy of the grievance procedure is available to anyone upon request by contacting:

Mettle Services  
LLC.  
5120 Godown Rd  
Columbus, OH 43220  
Monday through Friday 8:00 AM to 5:00 PM

When the Client Advocate is the subject of the grievance, please contact:

Beth Gerken, Clinical Director  
Mettle Services LLC  
5120 Godown Rd.  
Columbus, OH 43220  
614-270-3110

Each staff person, including administrative, clerical and supportive staff has clearly understood, specified, continuing responsibility to immediately advise any client or other person who is articulating a concern, complaint or grievance, about the name and availability of the agency's Client Advocate and the complainant's right to file a grievance.

All grievance information, including; copy of grievance, documentation reflecting the grievance outcome, documentation of any extenuating circumstances that extend the investigation period and other supporting documentation will be retained for a minimum of 2 years after resolution of the grievance.