CLIENT

INFORMATION

HANDBOOK

My Therapist’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Case Manager’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Director: Kim Ray

Emergency or after hours contact number: **405**-**517-3778**

Emergency Numbers: **9-1-1**

Resource Number**: Heartland Help Line 2-1-1**

One Step at a Time Counseling

CLIENT ORIENTATION & HANDBOOK

For Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Admission/Intake Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This handbook contains information that the State of Oklahoma and National Accreditation (CARF) requires One Step at a Time Counseling (ONE STEP AT A TIME) to disclose to you as an orientation to One Step at a Time Counseling treatment services.

This handbook contains the following:

* A. ORIENTATION TO SERVICES
* B. CONFIDENTIALITY & PRIVACY POLICIES
* C. CLIENT RIGHTS & RESPONSIBILITIES
* D. HIV/AIDS/STD & TB EDUCATION & TESTING INFORMATION
* E. ADVANCE DIRECTIVE INFORMATION
* F. FINANCIAL & ATTENDANCE POLICIES
* G. GRIEVANCE POLICY & PROCEDURES
* H. EMERGENCY PLANS
* I. CONSENT FOR TREATMENT & OTHER GENERAL SERVICES CONSENTS
* J. TRANSPORTATION CONSENT
* K. POLICIES ON RESTRAINT, LEGAL/ILLEGAL DRUGS, TOBACCO & WEAPONS
* L. CRITERIA FOR DISCHARGE & PROGRAM RULES
* M. CODE OF ETHICS

WHEN YOU HAD YOUR FIRST MEETING OR SESSION WITH THE ONE STEP AT A TIME ADMISSIONS COUNSELOR:

You had been asked to read, acknowledge and sign that your admissions counselor has reviewed this packet with you, answered any questions you may have, and offered you this packet as a copy of the One Step at a Time Client Handbook that includes all of the same information reviewed during that first meeting or session.

**We welcome you to One Step at a Time Counseling Services!**

**One Step at a Time Counseling Services Client Handbook**

* A. ORIENTATION TO SERVICES

Each person entering into services with One Step at a Time Counseling shall receive a Client Handbook with the information that shall orient consumers to services in the following areas:

1. Your primary care clinician’s name and contact information
2. Client Rights and Responsibilities
3. Grievance procedures
4. Methods of contributing input for improvement of services
5. Program rules
6. Description guide of your active participation in services, assessment, and treatment planning
7. Agency hours of operations and after hours contact numbers
8. Professional Code of Ethics, Confidentiality, and Privacy policies
9. Financial and attendance policies
10. Emergency plans,
11. Policies on tobacco and weapons, seclusion restraint, and prescription medication
12. If appropriate, information and referral regarding advance directives, HIV/AIDS/STDs and TB education and testing
13. Requirements for follow-up regardless of discharge outcome.

The admissions counselor will insure that you have been offered a copy of the One Step at a Time Counseling Client Handbook at the conclusion of this admissions/intake session.

**Services Provided to our Clients**

Home Based Individual/Family Therapy: Home Based Therapy for individuals, couples, and Families with Clinicians with various specialty areas such as substance abuse/addictions, trauma recovery, parenting education including skills development and case management services

Assessment Services: Assessment Services are evaluating clients to determine their skills, abilities and needs. It also helps determine the client’s needs concerning chemical dependency issues, independent living skills and needs, educational performance and other pertinent areas are covered by this service.

Treatment Plan Development: A treatment plan is a way the providers work with the client to develop strengths and needs of particular areas they would like to focus on during treatment.

Individual Counseling: Focus on individual clients needs and issues

Family Counseling: Focus on of family issues, relationships, and stressors.

Parenting Skills: To assist parents in acquiring appropriate parenting and nurturing skills for

Their children.

Anger Management:Group classes aimed towards assisting with anger management, venting,

coping and ways of alleviating anger

Individual/Group Rehabilitation: Assists client with improving functioning within their

 community, i.e., employment, volunteers work, independent living skills and interacting

 with others

Crisis Intervention

If there is a need for intervention between sessions, please contact your provider(s) for further assistance or 911 for emergencies.

Discharge Criteria

ONE STEP AT A TIME preferred method of discharge is when you and your providers and can decide together when there is no longer a need for services. The common criteria for discharge are an improved moods and behaviors and using the tools discussed during sessions on your own.

Other reasons for discharge: you move out of the area, you, your guardian or referral source (if they have the authority to do so) decides to stop services, or you would benefit from a higher level of services. And non-compliance, which means not attending sessions repeatedly or blatant failure to follow expectations and rules explained in this manual. If discharge due to non-compliance occurs, you will be notified, and appropriate referrals will be made so you may continue services with an agency that may better suit your needs.

* B. CONFIDENTIALITY & PRIVACY POLICIES

 **If you choose to speak with a counselor about personal issues, including alcohol and drug use, you are entitled to complete confidentiality in accordance with professional counselor ethics. Written permission must be provided by you to release any information outside the counseling office. A release specifies who shall receive such information and for what use. Any questions regarding confidentiality should be asked during your first appointment with a counselor.**

Your health record contains personal information about you and your health. State and federal law protects the confidentiality of this information. Protected Health Information ("PHI") is information about you, including demographic information that may identify you as a patient. This information relates to your past, present, or future physical or mental health or condition and related healthcare services. Federal law and regulations specifically protect the confidentiality of alcohol and drug abuse patient records. State law specifically protects the confidentiality of mental health patient records. Integrative Focus is required to comply with these additional restrictions. This includes a prohibition, with very few exceptions, on informing anyone outside the agency that you are receiving and participating in treatment services or disclosing any information that identifies you as an alcohol, drug, and/or mental health patient. The violation of these laws or regulations by this program is a crime. If you suspect a violation, you may file a report to the appropriate authorities in accordance with applicable law.

**How We May Use and Disclose Health Information About You**

• **For Treatment.** We may use medical and clinical information about you to provide healthcare services to you.
• **For Payment.** We may use and disclose medical information about you so that we can receive payment for the

 treatment services provided to you.

• **For Healthcare Operations.** We may use and disclose your PHI for certain purposes in connection with the

 operations of our program.
• **Without Authorization.** Applicable law also permits us to disclose information about you without your

 authorization in a limited number of other situations, such as with a court order.

• **With Authorization.** We must obtain written authorization from you for other uses and disclosures of your PHI.

One Step at a Time commitment to each patient’s confidentiality is ensured by our legal responsibility as mandated by state and feral law (including 42 CFR, part 2). Each service provider is dedicated to upholding these standards in all communications and records. Service provider, patients, family members, and visitors all sign a confidentiality statement and agree to keep all knowledge or information confidential at all times.

One Step at a Time respects the privacy of its clients; we do not sell, rent or loan any identifiable information regarding its clients. Any information you give us is held with the utmost care and will not be used or shared in ways for which you have not consented.

* C. CLIENT RIGHTS & RESPONSIBILITIES
1. All clients have the right to be treated with respect and dignity. This shall be construed to protect and promote human dignity and respect for individual dignity.
2. Each client has the right to receive services in humane psychological environment protecting them from harm, abuse and neglect.
3. Each client has the right to receive services in a safe, sanitary, and humane living environment.
4. Each client has the right to receive services in an environment, which provides privacy, promotes personal dignity, and provides opportunity for the client to improve his/her functioning.
5. Each client has the right to receive services without regard to his/her race, religion, sex, ethnic origin, age, degree of disability, handicap condition, legal status, and/or ability to pay for the services.
6. No client shall ever be neglected or sexually, physically, verbally, or otherwise abused.
7. Each client will be provided with prompt, competent, appropriate treatment services and an individualized treatment plan.
	1. The client shall be afforded the opportunity to participate in his/her treatment and treatment planning, and may consent, or refuse to consent, to proposed treatment.
	2. The client’s rights to consent, or refuse consent, may be abridged for those clients adjudged incapacitated by a court of competent jurisdiction, and in emergency situation defined by law.
	3. When the client permits, the client’s family and/ or significant others shall be involved in the treatment and treatment planning.
8. The records of each client shall be treated in a confidential manner.
9. Each client has the right to refuse to participate in any research project or medical experiment without informed consent of the client, as defined by the law. A refusal to participate shall not affect the services available to the client.
10. A client may voluntarily participate in work therapy and shall be paid just compensation for such work.
11. Each client has the right to request the opinion of an outside medical or psychiatric consultant, at the expense of the client; and/or the right to an internal facility consultation, at no cost to the client.
12. Each client has the right to assert grievances with respect to any alleged infringement of these stated rights of client, or any other subsequently statutorily granted rights.
13. No client shall ever be retaliated against, or subject to, any adverse conditions or treatment services solely or partially because of having asserted his/her rights as fore stated in this section.
* D. HIV/AIDS/STD & TB EDUCATION & TESTING INFORMATION

There are a number of places you can turn to for HIV/AIDS help and advice in Oklahoma, including local

HIV and AIDS organizations. The below hotline lists the services and support available for [HIV](http://www.avert.org/hiv.htm) and [AIDS](http://www.avert.org/aids.htm)

 within the region.

**Oklahoma HIV/AIDS Hotline
1-800-535-AIDS** (Voice/TDD)

 HIV/AIDS infection is a serious disease that gradually leads to death. There is no known cure. Mainly sexual contact and needle sharing spread HIV infection. The risk of becoming infected is increased by having multiple sex partners, or by sharing needles. The risk can be decreased by avoiding sex or by maintaining a mutually faithful relationship with an uninfected person. The risk of infection can also decrease by the use of latex condoms during sex and wearing rubber gloves when handling blood and other body fluids.

 Testing is recommended for all high-risk behavior clients so they will be informed of their condition and, if HIV positive, better prepared to take health-care precautions and alert their sex partner. If you would like to be tested, please talk with your counselor. Your counselor will help you choose an appropriate testing site and provide pre and post-test counseling.

 STDs Anyone who has had sexual contact can get an STD. Men and women of all ages, regions, ethnic backgrounds, and economic levels can get them. One out of four Americans between ages 15 and 55 will catch at

 least one STD. Many STDs are spread through contact with infected body fluids such as blood, vaginal fluids, or

 semen. They can also be spread through contact with infected skin or mucous membranes, like sores in the

 mouth. If STDs aren't treated, they can have serious side effects such as pain, worsening infection, infertility

 (being unable to have children), increased risk for some types of cancer, brain damage, heart disease, birth

 defects, and even death.

 Tuberculosis is a [reportable disease](http://www.ok.gov/health/Disease%2C_Prevention%2C_Preparedness/Acute_Disease_Service/Disease_Reporting/) in Oklahoma.  Tuberculosis (TB) is an infectious disease caused by the bacterium Mycobacterium tuberculosis, which usually affects the lungs. However, other parts of the body can be affected.  When someone with TB disease of the lung coughs, sneezes, laughs, or sings, TB bacteria get into the air. People who share the same air space with this person may breathe in the bacteria. Anyone can get TB. People at greater risk include family members, friends, and coworkers who share the same air space with the person who has TB disease of the lungs. People with TB infection (without disease) have TB bacteria in their body but are not sick because the bacteria are not active.  They cannot spread the bacteria to others. However, these people may develop TB disease in the future, if the TB bacteria become active. A TB skin test is given to detect TB infection. If the skin test is positive, a chest x-ray and other exams will be done to make sure you do not have TB disease. You can get free TB tests at many of your local health departments or you may go to your private doctor.

 For help, information, and testing, please contact:

Oklahoma City-County Health Department
921 NE 23rd St
Oklahoma City, Oklahoma 73105
(405) 427-8651

As a client of the One Step at a Time Counseling Services, you will be offered a referral and assistance, if needed, to link to the Oklahoma County Health department or another comparable service for HIV/AIDS/STD & TB education and testing.

* E. ADVANCE DIRECTIVES.

What is the Advance Directive? Oklahoma's Advance Directive for Health Care allows you, if you are 18 years of age or older, to inform physicians and others of your wishes to provide, decline or withdraw life-sustaining medical care and to donate specified organs when you have been diagnosed by your attending physician and another physician to be in a terminal condition, a persistently unconscious state, or an end-stage condition. The Advance Directive also allows you to appoint a Health Care Proxy to make certain decisions on your behalf.

If you have completed an Advance Directive and been diagnosed as terminally ill or persistently unconscious by two physicians as defined in the Advance Directive and your attending physician does not want to comply with your wishes, that physician must act promptly to arrange for your care by another physician or health care provider.

After you complete an Advance Directive, you may revoke it in whole or in part at any time and in any manner, without regard to your mental or physical condition. A revocation is effective upon your communication to your attending physician or other care provider or a witness to the revocation.

Make copies of your Advance Directive for your personal records, your family, your physician, your attorney, your Health Care Proxy and alternate Health Care Proxy. If your physician is unwilling to comply with the Advance Directive, the physician must tell you.

If you signed a Directive to Physicians or other Advance Directive for Health Care under Oklahoma law prior to 2006, it is recommended that you complete the new Advance Directive because of additional options under the existing law. If you would like more information and assistance, ONE STEP AT A TIME refers you to:

**Oklahoma Bar Association**

**P.O. Box 53036, 1901 N. Lincoln Blvd., Oklahoma City, OK 73152-3036**

**Phone (405) 416-7000; Fax (405) 416-7001**

* F. FINANCIAL & ATTENDANCE POLICIES

By consenting to treatment services with One Step at a Time Counseling agree to the following financial and attendance policies:

*Financial:*

1. I understand that One Step at a Time makes every effort to work with me on financial matters.
2. I understand that I will not be refused services due to an inability to pay.
3. I understand that it is my responsibility to maintain eligibility of my Medicaid or other insurance benefit source.
4. I understand that should my eligibility be suspended for any reason, or I failed to make arrangements to maintain my eligibility, I may be responsible for any/all services which occur until eligibility is restored at current established counseling rates.
5. I understand that One Step at a Time has the right to charge for missed sessions or sessions rendered when my benefits fall into an ineligible or denied status if pre-certified by my insurance company.
6. I realize that I am responsible for paying for any missed (group and/or individual) sessions, unless I called to cancel or reschedule at least 24-hrs. in advance
7. If I am paying privately for my treatment services, I realize that I am responsible to pay for my services at the time they are rendered. I may request a payment plan with One Step at a Time business financial manager, but I must stay current with that plan.

 *Attendance:*

1. I understand that on occasion, cancellations are necessary and I that each appointment time is reserved exclusively for me, the individual patient; therefore, I shall make every reasonable effort to maintain my appointments with my counselor(s).
2. I understand that One Step at a Time has a 3 missed session limit and it is my responsibility to insure that do not misses 3 or more without the require advance cancellation notice or I may be charged for missed sessions.
3. I realize that if I need to reschedule my appointment, I must call at least 24-hrs. in advance.
4. I realize that if I do not show up or appear to my appointment and do not call my counselor 24-hours in advance of my appointment I will be charged a missed session fee of equal to my fee for that session.
5. I understand that if I missed the 3 sessions, or if I do not call and reschedule my appointment(s), I could be discharged from treatment.
* G. GRIEVANCE POLICY & PROCEDURES
* Every client of GRIEVANCE POLICY & PROCEDURES

Every client of One Step at a Time Counseling Service 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.

The following procedure must be used by any client of One Step at a Time Counseling services 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 Administrative Director. 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 Clinical Director. The Clinical Director will investigate the complaint with the counselor or other involved parties and make a decision within 24 hours.
* If the client does not agree with the Clinical Director’s decision, the client may make his or her complaint or appeal in writing to the Executive Directors. The Executive Directors must make a decision in writing within 72 hours.

 The client has the right to 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 405-522-

 3908 or write to PO Box 53277, OKC, OK 73152, Attention Consumer Advocacy Division.

The following procedure must be used by any client of One Step at a Time counseling services 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 Administrative Director. 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 Clinical Director. The Clinical Director will investigate the complaint with the counselor or other involved parties and make a decision within 24 hours.
* If the client does not agree with the Clinical Director’s decision, the client may make his or her complaint or appeal in writing to the Executive Directors. The Executive Directors must make a decision in writing within 72 hours.

* H. EMERGENCY PLANS

ONE STEP AT A TIME shall orient each client to emergency procedures whether receiving services in the home or other location or in the office setting. Whereas ONE STEP AT A TIME may not and cannot in most case control events outside of their offices, our service providers will make every effort to take reasonable measures to avoid potentially harmful situations to themselves and clients. If a fire is discovered in one of the rooms, the major objective is to protect the safety of clients and service providers. The secondary objective is to preserve property.

1. If you discover a small fire, locate the nearest fire extinguisher and put out the fire.
2. If you discover a large fire, notify the receptionist or nearest staff member to call 911 to report the fire and address of the facility.
3. Exit from the building shall be clearly marked with emergency evacuation routes are posted in the main waiting areas of each building and in staff offices.
4. A floor plan for each building shall be clearly marked with emergency evacuation route is posted in the main waiting areas of each building and in staff offices.
5. All service providers will be trained upon employment to the fire plan and the related procedures.

All service providers will be informed of the nearest exit and how to evacuate clients in the most efficient

Manner.

1. In the event of a fire Executive Directors and other available staff will secure clinical records. At which point the clinical records are secured they will be transported to a location designated by the Executive Director and kept under double lock and key. The current storage location for clinical records shall be

 offsite at a rental facility within transport distance to offices of ONE STEP AT A TIME.

 In event of a severe weather warning, such as tornado, again, the major objective is to protect the safety of clients and staff. The secondary objective is to preserve property.

1. Locate the nearest shelter and take cover there until the threat has expired.
2. If you are in a vehicle, vacate the vehicle and seek low shelter.
* I. CONSENT FOR TREATMENT & OTHER GENERAL SERVICES CONSENTS

In order to consent to treatment for mental health concerns, you need to know the following. This document is for the patient *or* for the parent or guardian of a child patient, in which case assume the form refers to the child.

**Treatment:** The undersigned client, either personally or through the person empowered to give this consent and oblige me as herein contemplated. Request and authorize this facility, its employees, agents, affiliates, (Jointly and Severally), and counselor to provide therapeutic care, (inpatient, outpatient or day treatment), incident to admission therein.

**I summarily request and authorize** One Step at a Time Counseling to administer any treatment and perform such other actions, as the counselor may deem necessary or advisable in the diagnosis and treatment of my illness.

**Confidentiality:** I understand that my treatment at this facility shall remain confidential where prescribed by law except as otherwise necessary to obtain payment for services rendered. For the purpose of conducting utilization reviews and/or compliance evaluation, or upon my written consent contra therapeutic by the service providers. Client records may be subject to review by any funding sources and accrediting bodies to verify and evaluate services delivered. I further authorize release of information as required by my insurance company for the purpose of admission certification, extension of stay, or other insurance matters, as necessary. I furthermore release One Step at a Time from liability under Title 76, Oklahoma Statues, Section 19, and 42 U.S.C. 290 (DD) #EE 3 for releasing information for these purposes.

**Financial:** Furthermore, I agree to comply with all One Step at a Time Counseling rules and regulations and to participate in the treatment program as prescribed. I agree to reimburse One Step at a Time Counseling for any damage to the facility or personal property that either I may cause or a client for which I am legal guardian may cause during the course of my treatment. Furthermore, I will comply with the administrative office procedures and cooperate fully in obtaining or providing for payment of services rendered to me by One Step at a Time and its staff.

**By my signature on the Voluntary Consent for Treatment & Follow-up form,** I acknowledge understanding all of items set forth therein. This consent form stands upon its own and is in no way amended by any other oral written statement.

**Informed Consent**. You have the right to make an informed decision about entering into treatment. Your therapist's explanation of the intake/admissions process, assessment, treatment plan, & this form, give you details for your INFORMED CONSENT FOR TREATMENT.

**Patient’s Rights**. Please read the Oklahoma Department of Mental Health Substance Abuse Services (ODMHSAS) statement of patient's rightson the other side. One Step at a Time clients have the right to request a consultation with the Administrative Director or a Service Provider. The best care is provided by a team including the therapist and a Clinical Director, or Case Manager/Recovery Support Specialist. I understand One Step at a Time service providers will usually consult with other skilled contractors, as required by law, regarding the best treatment plan for my care.

* **Consent to Treatment**. My signature below indicates my **voluntary consent for myself or my child to the treatment plan** described to me. If the client is a child, I attest I am the legal guardian of the child and have the right to consent to treatment for this child. This consent applies to all providers at One Step at a Time Counseling who may provide services to me and permits the sharing of information by my providers *within* Focus Pointe. I understand that consent expires at the end of treatment and I have the right to withdraw this consent at any time I choose. I understand this consent is for treatment and does not include participation in research. In case of an **emergency**, GRIEVANCE POLICY & PROCEDURES

Every client of Integrative Focus’ services 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.

The following procedure must be used by any client of One Step at a Time counseling services 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 Administrative Director. 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 Clinical Director. The Clinical Director will investigate the complaint with the counselor or other involved parties and make a decision within 24 hours.
* If the client does not agree with the Clinical Director’s decision, the client may make his or her complaint or appeal in writing to the Executive Directors. The Executive Directors must make a decision in writing within 72 hours.

**By my signature on the Voluntary Consent for Treatment & Follow-up form,**I have been informed of the following information regarding my treatment.

1. One Step at a Time is certified by ODMHSAS and CARF. Services begin with assessment or evaluation by a treatment provider.

2. Diagnostic or psychological tests may be administered to help understand the best way to assist. From a diagnostic evaluation of the problem, appropriate recommendations will be provided.

3. *Type* of treatment to be provided

4. The expected *Goals or Benefits* of the treatment

5. Any *alternative treatments* available

6. Possible *Risks* associated with the treatment, if any, and possible risks from not receiving this care

7. Estimated *Frequency* and *Duration* of the treatment

8. Estimated *Cost* of treatment & my ultimate responsibility for costs

9. The *Provider of* treatment and his or her credentials

10. Procedures to follow in an *Emergency*.

11. My right to a *second opinion, or a consultation with a supervisor or staff consultant*. (You will be assisted in obtaining a second opinion if you so choose.) Information about consultants or my therapist's supervisor, who is available if I have a question/complaint, will be given upon request.

**Hours of Operation**. One Step at a Time Counseling is open Monday through Thursday 9:00AM to 1:00PM, Friday 9:00AM to 12:00PM. Counselors may see clients before 9:30AM or on weekends by appointment only. **Limits to Confidentiality**. The information given in therapy is **confidential** and will only be released outside of One Step at a Time with your written permission (or with the permission of a parent or guardian of a minor) disclosures. However, under Oklahoma & Federal Statutes, *confidentiality has limits.*

**Access to After Hours Services.** In the event client/clients may have an emergency after the office has closed for the day, the Executive Director will be available 24 hours a day, via cell phone. Should the emergency require immediate medical assistance, the client will be encouraged to contact emergency services or go to the nearest hospital emergency room.

**I acknowledge these limitations**: a) the therapist may use information within One Step at a Time and with its business associates for treatment, payment, and other health care operations. b) The therapist is usually *required* to consult with Executive Director in order to provide a high quality of care, to answer certain subpoenas or court orders, to report threats of homicide or suicide, to report *the suspicion of child abuse or child neglect,* and may report elder abuse or abuse of a handicapped person or a crime which may occur in the future. c) The therapist may report physical assaults or crimes which occur on the clinic premises. Child welfare agencies are considered agents of the Children’s Court and may request our office notes if a child is in Safety Services or protective services.

**Limited Disclosures**. All disclosures will be made to the appropriate parties, such as authorities, parents, or intended victims of violence. When the therapist must release information *without* your consent, the information revealed will be limited to what is necessary to protect you or to protect others, or the limited information necessary for collection of a past due bill, or the information ordered to be released to the court. When information is released *with* your consent, we will release the information you request us to disclose. Certain information is privileged; your therapist can explain.

**Oklahoma Bill of Patient's Rights.** Programs providing treatment or services without the physical custody or detention of consumers 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.

(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, and 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. If the consumer permits, family shall be involved.

(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.

One Step at a Time Counseling and 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.

One Step at a Time Counseling and program shall have written policy and implementing procedures to ensure 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.

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

* J. TRANSPORTATION CONSENT

Due to the potential occasion that a client of One Step at a Time Counseling Services may be transported to/during/from the treatment services setting, it is required that consent be given by the client and/or the clients parent or guardian. By consenting to being transported for the purposes of treatment services, you acknowledge that you are informed of the activities and intended location(s) of transport by the One Step at a Time service providers. One Step at a Time Counseling Services will not be held for any liability whatsoever should the client become ill or injured in anyway while under the supervision of said contractor. One Step at a Time Counseling Services assumes no responsibility for items or possessions left in the vehicles of those transporting.

All One Step at Time Counseling Service providers are required to conform to a Vehicle Safety Checklist, therefore having all transportation requirements current and in an appropriate operational state, including licensure and insurance. All legally required safety constraints will be utilized and enforced for both the driver and passenger(s).

* K. RULES ABOUT EMERGENCY INTERVENTIONS, LEGAL/ILLICIT DRUGS, TOBACCO, AND WEAPONS

Emergency Interventions (seclusion and restraint) No physical holds, seclusion, or restraints are utilized in response to assault or aggression. Staff will attempt to de-escalate the situation through verbal interventions. If verbal interventions do not work, staff and any other person’s present will leave the area. Police will immediately be called to intervene in the situation.

Legal/Illicit Drugs ONE STEP AT A TIME wants to make sure that we are all safe. No illicit substances or weapons should be with you when participating in services. We will not conduct physical searches but may ask that suspected items to be removed so the session can continue safely.

* Clients are prohibited from using, possessing, manufacturing, transporting, selling, or attempting to transport

 or sell illegal drugs.

* Clients are also prohibited from using or being impaired by alcohol in any ONE STEP AT A TIME while participating in sessions.
* The use of drugs will constitute a violation of policy unless the drug has been prescribed by a licensed

 physician, osteopath, or dentist and taken as prescribed for the client.

* Any client who violates this policy is subject to be discharged for non-compliance and possibly reported to the

 appropriate authority.

ONE STEP AT A TIME is not responsible for dispensing medication, whether prescribed or over the counter. In the event that a client brings over the counter or prescription medication to the agency, the client will have full responsibility for administering his or her own medication.

Smoking/Tobacco products ONE STEP AT A TIME strives to provide service providers, employees, visitors, and the persons served with a safe environment. Smoking is not allowed within the organization or while transporting the persons served. Smoking is also not allowed by providers during services in the community to any person served age 18 or younger. There is a designated smoking area that is outside of the office at least 30 feet from any entrance door.

Weapons There are no weapons permitted during treatment services, on the office property, during transport, or in any other capacity. This is for the safety of all clients and ONE STEP AT A TIME Counseling service provider.

* L. CRITERIA FOR DISCHARGE & PROGRAM RULES

 The following rules, if violated MAY result in discharge from the program.

1. Use or possession of mood-altering chemicals;
2. Physical violence or threats of physical violence towards a One Step at a Time staff member or client;
3. Inappropriate sexual contact;
4. Lack of progress or violation of specific behavioral contract;
5. Destruction of One Step at a Time property or property of any of the partners involved in your treatment

 and case management;

1. Any violation of law;
2. Being absent from more than three un-excused activities;
3. Being verbally abusive or disrespectful to staff and other clients;

 Other Discharge Criteria or Transitional Care plans shall be jointly developed as part of the treatment process.

* M. SERVICE PROVIDER AND ADMINISTRATOR CODE OF ETHICS

*We as professional Service Providers and Administrators do hereby commit ourselves to the highest standards of ethical and professional conduct, and agree to be guided by this code of ethics:*

**PROFESSIONALISM:** We pledge to maintain professional conduct in the workplace and will not allow personal feelings or beliefs to cause us to treat people unfairly or unprofessionally.

**PERSONAL INTEGRITY:** One Step at a Timepledges to be honest in any and all professional dealings and forthcoming about our competence to complete our tasks in a timely and professional manner. We will seek assistance from others when required.

**CONFLICTS OF INTEREST:** We will avoid conflicts of interest and biases whenever possible. When advice is sought, if a conflict of interest or bias exists, we will declare it if appropriate, and recues ourselves if necessary.

**PRIVACY:** We respect the privacy of our clients and will access private information only when it is necessary in the course of dispensing treatment services. We will protect the confidentiality of any information, regardless of the method by which it became known.

**LAWS AND POLICIES:**  We will educate ourselves and others on relevant laws, regulations and policies regarding the performance of our duties.

**COMMUNICATION:** We believe in maintaining a high level of communication, both within our organization and with our valued consumer base. We strive to listen to and understand the needs of our clients and associates.

**SYSTEM INTEGRITY:** One Step at a Time Counseling strives to ensure the integrity, reliability, and availability of the systems for which we are responsible. We pledge to design and maintain each system in a manner to support the mission and vision of the organization.

**EDUCATION:** We believe in maintaining the highest level of industry knowledge. Therefore, we continue to update and enhance our service provider’s knowledge and work-related skills. We pledge to share our knowledge and experience with our clients.

**RESPONSIBILITY TO TREATMENT COMMUNITY:** We honor the shared responsibility within the larger treatment community to maintain the integrity of our industry network and resources.

**SOCIAL RESPONSIBILITY:** As informed professionals, we encourage the writing and adoption of relevant policies and laws consistent with shared ethical principles.

**ETHICAL RESPONSIBILITIY:** At One Step at a Time, we are committed to building and maintaining a safe, healthy, and productive workplace. We accept and offer appropriate and honest criticism of our work and credit the contributions of others toward our mission.