

# *Big Bear Behavioral Health, Inc*



## **TARGETED CASE MANAGEMENT CLIENT MANUAL**

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

Targeted Case Manager: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Office Hours: M-F, 8:30am-4:30pm**

**[www.BigBearCounseling.org](http://www.BigBearCounseling.org)**

## **Welcome to Big Bear!**

Thank you for choosing Big Bear Behavioral Health to provide your Case Management services. As your provider of Targeted Case Management, we are here to connect you to resources in your community and help guide you to being the strongest version of yourself possible. We will work with your counselors, your doctors, your teachers, your employers, your mentors, your family and friends at your request to support you in personal growth and in your road to independence!

You can expect contact from your TCM via telephone or in person weekly. Your TCM will always ask for your input in the services provided, but will also give you “homework” that will help you meet your goals. Your TCM is generally available during office hours.

Big Bear is able to meet all your behavioral health needs. We offer in-home and in-school counseling, psychiatric evaluations, medication management, psycho-social rehabilitation services., and anger management upon request. Please speak with your TCM if you are in need of these services, or access a referral on our website.

[www.bigbearcounseling.org](http://www.bigbearcounseling.org)

## **What can I expect from TCM?**

Targeted Case Management is designed to help families and individuals in developing skills needed to reach your full potential. TCMs advocate, refer, and support you in attaining these skills. Discharge planning begins day one, when you work with your TCM to identify your needs and set goals in meeting those needs. TCM is not treatment, so it is possible you will receive services from a Big Bear counselor as well.

Case Management services are provided in a combination of your home, school, or community, depending on your needs, desires, and long term goals. Our focus is on helping the whole family, not just the person who was referred for services. In case that the client is a child, parents should plan to participate in sessions with their children.

At the first session, the TCM will help you begin to develop a service plan, which will list the needs and goals you will be working on together. You will have full access to information and participation in the service planning and will make decisions about the problems and situations that you choose to be a focus of services.

Sessions are scheduled on a regular basis, at a minimum of once per month, but more depending on the urgency of the needs.

Every 3 months, your TCM will go over your progress in a Service Plan Review, which you (and your parent, as applicable) will sign along with others on your support team.

TCMs are available for emergency situations however, if you are having a crisis and need immediate help you should call 911. If you are concerned about ongoing crisis situations, your TCM can help you develop a Safety Plan to implement.

By the end of your service period, you should feel stable and have some strategies which you can apply as needed to help you on your own.

## CLIENT'S RIGHTS

**Respect** – you and your family will be treated with respect by all Big Bear staff.

**Anti-Discrimination** – Your religious and cultural beliefs will be respected. You will not be treated differently based on your age, sex, race, or ethnic group.

**Termination of Services** – You can stop services at any time by telling your case manager, counselor or the referrals office you would like to end services.

**Confidentiality**- Information about you will not be shared with anyone without your permission (parents if you are under 18). There are exceptions to this rule, such as if we have to report suspected abuse or neglect, if we believe someone is in danger, or if a judge orders it.

Information that your child shares with the clinician is considered private, and in most cases, and depending on the child's age, should not be revealed to parents in order to preserve the child-therapist sense of trust. Without trust, the therapeutic relationship is broken and success hard to obtain.

**Records**- You have the right to read and have copies of parts of your information. We may require that we are present to explain what is written. You are permitted to request an amendment to this information if the information is inaccurate. You may be entitled to know when a release of your information is made.

**Grievances**- You can make a complaint by discussing with your case manager or their supervisor, or writing to us at P. O. Box 780104 Orlando FL 32878 or e-mail [feedback@bigbearcounseling.org](mailto:feedback@bigbearcounseling.org) . You may request a complete copy of our Grievance Policy from your TCM or by contacting our office.

## YOUR RESPONSIBILITIES

**Attendance** – You and your family are expected to keep appointment times. If you cannot keep the appointment, you must call the counselor within 24 hours. Please be aware that therapists have the right to close your case if you repeatedly cancel your appointments or there are no-shows. If closed, you can re-apply for services by submitting a referral form.

**Participation** – You are expected to participate in your service plan and follow recommendations. This includes, but is not limited to, the development of goals, cooperation during session, and completing “assignments” between meetings.

**Notification**- You agree to inform the counselor if you move, change phone numbers, etc.

**Payment** – Some insurance coverage might require a co-pay. You are responsible to pay such co-pay to the therapist in a timely manner. Big Bear reserves the right to close your case if you fail to pay such co-pays as required by law.

## EMERGENCIES

### What is an emergency?

An emergency is a life threatening situation in which an individual is imminently threatening harm to self or others, severely disoriented or out of touch with reality, has a severe inability to function, or is otherwise distraught and out of control.

Examples: Acting on a suicide threat, Homicidal or threatening behavior, Self-injury needing immediate medical attention, severely impaired by drugs or alcohol, highly erratic or unusual behavior that indicates very unpredictable behavior and/or an inability to care for themselves.

### WHAT DO I DO IF I HAVE AN EMERGENCY?

- Call 911 Police officers can come to your house and do a quick assessment, and if necessary, take the person to a Baker Act Admitting Facility for the person to spend 24-72 hours in a safe place.
- Call your local Baker Act Admitting Facility
- Then contact your case manager

If the case manager is not there, please leave him/her a voicemail.

If the case manager accepts text messages, you can leave a text.

Please understand that if it is after hours, the case manager may not be able to return your call right away, but please leave a message.

## NOTICE OF PRIVACY NOTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY**

### **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:**

The following describes the ways we may use and disclose health information that identifies you ("Health Information"). Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our practice Privacy Officer.

**For Treatment.** We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

**For Payment.** We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may give your health plan information about you so that they will pay for your treatment.

**For Health Care Operations.** We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, we may use and disclose information to make sure the obstetrical or gynecological care you receive is of the highest quality. We also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.

**Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services.** We may use and disclose Health Information to contact you to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

**Individuals Involved in Your Care or Payment for Your Care.** When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

**Research.** Under certain circumstances, we may use and disclose Health Information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. Before we use or disclose Health Information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Health Information.

#### **SPECIAL SITUATIONS:**

**As Required by Law.** We will disclose Health Information when required to do so by international, federal, state or local law.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

**Business Associates.** We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

**Organ and Tissue Donation.** If you are an organ donor, we may use or release Health Information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.

**Military and Veterans.** If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

**Workers' Compensation.** We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Health Oversight Activities.** We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Data Breach Notification Purposes.** We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement.** We may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors.** We may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties.

**National Security and Intelligence Activities.** We may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

**Protective Services for the President and Others.** We may disclose Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

**Inmates or Individuals in Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.



## **USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT**

**Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

**Disaster Relief.** We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

## **YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES**

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

Uses and disclosures of Protected Health Information for marketing purposes; and  
Disclosures that constitute a sale of your Protected Health Information

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

## **YOU HAVE RIGHTS ABOUT YOUR MEDICAL INFORMATION**

- You have the right to see and have a copy of your medical information that BIG BEAR keeps in certain groups of records. To see or receive a copy of your medical information, you must make a written request by filling out a Release of Information Form (available on our website or through your clinician). It is customary to ask for the following records: (1) Bio-Psychosocial Evaluation or Psychiatric Evaluation, and (2) Treatment or Service Plans. Progress notes are not to be released due to privacy. If you request an update on how the client (yourself or your child) is performing, please ask the clinician or case manager to write up a review of the case based on the progress notes. PLEASE LOOK ON OUR WEBSITE FOR DETAILS ON HOW TO REQUEST RECORDS.
- We will respond to your request within a reasonable amount of time. If you request a copy, BIG BEAR will charge you a fee for copying your information from our Electronic Medical Records. Requests for older records may take some time to obtain from storage.
- BIG BEAR may deny your request in certain situations but will explain why in writing and let you know if you have the right to have our decision reviewed by another person.
- You have the right to have us amend your medical information if you believe that BIG BEAR has information that is not correct or not complete. BIG BEAR may amend the information to indicate the problem, and notify others who have copies of the incorrect information. If you would like us to amend information, you must make a request in writing and explain why you would like us to amend the information. BIG BEAR may deny your request in certain situations. If BIG BEAR denies your request, BIG BEAR will explain why in writing.
- You have the right to have a list of who BIG BEAR has shared your information with for the previous six years. If you would like to have a list, you may send us a letter requesting a list. The list will not include some types of sharing, including sharing for treatment, payment, or health care operations. It will also not include sharing made prior to April 14, 2003. If you request a list more than once every 12 months, BIG BEAR may charge you a fee of \$50.00 to cover the cost of preparing the list.
- You have the right to request that BIG BEAR limit the use and sharing of your medical information for treatment, payment, and health care operations. BIG BEAR is not required to agree to your request. If BIG BEAR does agree to your request, BIG BEAR must follow your restrictions (except if the information is necessary for emergency treatment). You may cancel the restrictions at any time. In addition, BIG BEAR may cancel a restriction at any time as long as BIG BEAR notifies you of the cancellation and continues to apply the restriction to information collected before the cancellation.
- You have the right to request to be contacted at a different location or by a different method such as your work address instead of home address. If you would like to request a different method of contact, you must make a written request by letter.

**If you have any questions about this notice, please contact 800.840.2528**

## **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 protected health information, you may file a complaint with the person listed below. You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue SW, Washington D.C., 20201. We will take no retaliatory action against you if you make such complaints.

If you have questions about this Notice or any complaints about our privacy practices, please contact our Quality Assurance Director at:

**Big Bear Behavioral Health, Inc  
Administrative Office**

2700 N Westhall Dr

#207

Maitland, FL 32751

407-636-3530

## Phone number and websites that may be useful for you:

Additional Phone Numbers or Resources that you can call:

Abuse Reporting Hotline: 800-96-ABUSE

Suicide Hotline: 800-SUICIDE

Abuse/Neglect Hotline: 800-962-2873

Domestic Violence Hotline: 800-799-SAFE

Sexual Assault Hotline: 800-656-HOPE

Teen Talk Line 800-273-TALK

Florida Advocacy Council — 1-800-342-0825

District Alcohol, Drug Abuse and Mental Health Program Office – 1-888-419-3456

We have additional numbers in our website!

[www.bigbearcounseling.org](http://www.bigbearcounseling.org)

Contact Us: 800-840-2528

[referrals@bigbearcounseling.org](mailto:referrals@bigbearcounseling.org)

