



## **Universality Health Care Clinic**

547 Riverside Drive Suite #A

Salisbury, MD 21801

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### ***INFORMED CONSENT FOR TREATMENT***

# **CLIENT ORIENTATION HANDBOOK**

## **Our Mission**

The mission at **UNIVERSALITY HEALTHCARE** is to enhance the health and wellbeing of others and promote social and personal change. We provide a wide range of family-related counseling, residential, and community-based services to residents of the state of Maryland. Our staff provides superior programs that improve the quality of life for individuals, families and the community.

The goal of **UNIVERSALITY HEALTHCARE** is to provide hope and change the lives of those we service. We achieve this by acting as one family and one community and our dedication to providing personalized quality service, promoting diversity, and striving to exceed expectations set before us. Our vision is to be recognized as the model family service agency in the state of Maryland and its environs.

## **Our Philosophy**

Mental illness, emotional distress, and chemical dependency are viewed and treated as conditions which interfere with the ability of a person to maintain health and well-being. At **UNIVERSALITY HEALTHCARE**, our goal is to restore the health and well-being of the people we serve. Our treatment approach is eclectic, with an emphasis on psychotherapeutic insight and cognitive behavioral treatment methods. We offer a wide variety of programs that are designed to meet the needs of the community.

## **Welcome to Universality Healthcare**

Please take the time to read this booklet. This booklet is designed to provide you with information that you need to know about **UNIVERSALITY HEALTHCARE** when you become a client here. It includes information about the services we provide, and explains how the clinic operates, our rules, your rights as a client and the complaint resolution process. If you have any questions after reviewing this orientation manual, please discuss them with your therapist.

## **Your Therapist**

Soon you will begin your initial session with your therapist. From this point forward your therapist will be your point person for providing the information you need. If you have any accessibility barriers or accommodation needs, please share them with your therapist. Your therapist will answer any questions you have about the agency, explain the forms you sign and review the papers you completed. He or she and will begin talking with you about the situation that has brought you to the agency, help you identify goals for treatment, and work with you to develop your treatment plan. Your therapist will coordinate the services you receive at the agency, services you receive outside of the agency, and provide you with information about community resources.

## **Service Locations and Days and Hours of Operation**

**UNIVERSALITY HEALTHCARE** provides outpatient counseling services at:

**547 Riverside Dr, Suite A**

**Salisbury, MD 21801**

The clinic are open Monday through Friday, 9:00 a.m. to 5:00 p.m. Saturday hours are by appointment. The business office is closed on weekends.

## **Our Services**

We provide counseling and psychiatric services for children and adults at our location. We offer a variety of family counseling and mental health treatment modalities, including individual, group, family, and couple counseling. In addition, we provide anger management classes for youth and adults, substance abuse education and treatment groups as well as mental health evaluations, substance abuse and driver's license assessments, for voluntary and court-mandated individuals.

**UNIVERSALITY HEALTHCARE** also has psychiatric services and psychological testing available for clients who are receiving counseling services through the clinic.

### **Psychiatric Services**

Clients receiving psychiatric services must attend regular counseling sessions while they are seeing an clinic Nurse Practitioner or psychiatrist and are required to have regular appointments with the them for medication reviews. Any prescriptions written by the doctors are written to provide enough medication until the next scheduled medication review. Clients are expected to monitor their medication supply and schedule their appointments to ensure they do not run out of medication.

### **Coordination of Care**

In the interest of providing holistic care, with your permission we attempt to coordinate our care with your primary care physician. While it is not a requirement to receive services, we suggest that all clients who come for counseling have a primary care physician to address any physical health problems. A list of resources available to assist in locating a physician is available from your therapist.

### **Appointment Scheduling**

Except for your initial appointment or any appointments with our Nurse Practitioner or Psychiatrist, which are scheduled through our office staff, appointments are scheduled directly with your therapist. Please note that we require notice of cancellation at least 24 hours in advance, and we do charge for no shows and late cancellations. If you need to cancel an appointment, please call the clinic and leave a message for your therapist or the receptionist.

### **Emergency Access to Therapist or Doctor**

In the event of an emergency, your Therapist, Nurse Practitioners and Psychiatrist are available during the daytime. Most time, Call 911 immediately if you cannot reach them. After business hours callers will receive a voice message to call 911 in the event of a medical emergency.

***If you require immediate emergency medical assistance, do not dial the clinic, call 911. If you are in crisis and have a need to speak with your therapist when the clinic is closed, please call (4430 355-7517).*** Please contact the clinic during regular business hours to address non-emergent issues. Contact a Poison Control Center right away, online or by phone, if you suspect a poisoning. **Poison Control: 1-800-222-1222**

### **Admission and Orientation**

**UNIVERSALITY HEALTHCARE** has specific admission eligibility criteria (diagnosis, intensity of symptoms, assessment tools, medications) for client's seeking mental health and substance abuse treatment. Eligibility criteria for admission & treatment services are set to insure adequate and appropriate services for our clients that meet medical or Mental necessity. **UNIVERSALITY HEALTHCARE** will not accept clients when their level of care cannot be met or are outside our scope of services and appropriate referrals will be provided

When you come for treatment, there are many forms to fill out and sign. Some forms provide information we need to give you, others are required by insurance companies or other funders, or referral sources. All clients must sign a *Consent to Treatment*, as this form establishes that we have your permission to work with you. As part of your orientation to the clinic your therapist will review the forms with you and talk with you about the information presented and answer any questions you have from reading this book. ***Please read all consent forms carefully to ensure you are aware of and understand your responsibilities as a client as well as requirements.***

## **Assessment**

To begin the treatment process the therapist must obtain certain information about you, such as information about your family and family history; your friends/support system; your living situation and current living environment; your sexual orientation, health and medical status and current medications; your educational status and performance history and relevant developmental issues; employment status and history; interests and leisure activities; financial or legal issues; ethnic and cultural background; military service history; trauma history, substance use history; mental health history; previous treatment history for substance abuse or mental health; spiritual orientation; as pertains to the circumstances that brought you to the clinic for counseling. The Personal History form helps your therapist to obtain this information quickly and is part of the *assessment*, which is the phase of treatment when your therapist gets to know you. The assessment is a very important part of the counseling process, as it provides the therapist the information, he/she needs to develop an understanding of your situation or problem, your needs, your expectations of and preferences for treatment, as well as an awareness of your strengths and abilities. The assessment becomes the therapist's foundation for developing a treatment plan/personal care plan with you or your family.

## **Personal Care Planning/Treatment Planning**

When the assessment is complete, your therapist will work with you (and for marriage or family therapy, any other participating family members, as applicable) to develop an individualized *personal care plan/treatment plan*, which is the "road map" for your treatment. As part of your "road map" your therapist will work with you to determine an aftercare plan. Together you and

your therapist will develop your goals and objectives and identify the services and activities that will help you to achieve them. Because identifying and working on goals is an important part of therapy, your therapist will help you to break down the goals into steps for achieving them and will help you to identify some measures so you will know when they have been achieved. You and your therapist will create a written document that identifies your goals and objectives, the types of services and interventions you will receive, and the type and frequency of your sessions and who will participate in the therapy. **UNIVERSALITY HEALTHCARE**, uses best practice models to help deliver the highest quality service available. Staff is trained in Motivational Interviewing and Stages of Change and other techniques that will assist them in understanding your specific needs. After your plan is complete, your therapist will provide you with a copy of your plan, so if your therapist does not give you one, ask them for it!

From that point forward you and your therapist will review your goals, progress, and your satisfaction with treatment while you are in treatment at least every 6 months but will likely be more often due to changes in goals. During the review process you and your therapist will review the course of your therapy and your progress on your goals, and revise or develop new goals that will become part of your treatment plan. We encourage you to speak openly with your therapist about any discomfort or concerns that come up during treatment, but treatment review sessions also provide opportunities to talk about such issues if you haven't been comfortable doing so before that point in time. Your therapist will appreciate your willingness to share your thoughts, and you will have a better working relationship with open and honest communication.

### **Transition Criteria and Procedures**

As you make progress on or complete your treatment goals, a time may come when you feel ready to stop seeing your therapist. Of course, you can stop coming at any time without discussing your intention, but we encourage you to share these feelings of readiness with your therapist and discuss how you have achieved your goals. The way treatment ends are an important part of therapy. If counseling has been a very positive experience, termination sessions may be celebratory but difficult when saying good-bye to someone who has helped you to make important changes in your life. Even if therapy has been less than you hoped it would be and you decide to stop because you are not getting what you need, sharing your feelings is an opportunity for growth. Whatever the reason you are ready to end treatment, sharing your feelings honestly will ensure that your treatment ends in the best possible way. Whatever your reason, your therapist will want to ensure you have resources to maintain and support your growth, and will want to develop an aftercare plan with you to that end. Your therapist may provide resource information to help you stay on track or provide you with referrals if you need to move in a different direction. Although it may be difficult, a final session with your therapist is will facilitate positive growth.

### **Advance Directives for Crisis Care**

If a higher level of care is required to ensure your safety while you are in treatment at **UNIVERSALITY HEALTHCARE**, your therapist will work with you and/or your family to locate

the best treatment resource to assist you. You have the right to state your preferences for this type of situation in advance, and to express your views and opinions regarding care. This planning process is sometimes called *Advance Directives*. While in a medical setting the term, “*Advance Directives*” is used to refer to decision-making about end-of-life care, at **UNIVERSALITY HEALTHCARE** it means identifying choices and making decisions *ahead of time* regarding care preferences when experiencing a life-threatening emotional crisis. *Advance Directives* are particularly relevant to individuals who have experienced severe episodes of depression and who have attempted suicide or have displayed serious suicidal tendencies. For such an individual an *Advance Directive* might identify a preferred support person, doctor, hospital, or inpatient program, and identify the process to be followed in the event a need for a higher level of care arises. An insurance company or limitations on the ability to pay for services might dictate the options available, but as a client you have the right to indicate your preferences and be involved in advance planning for such contingencies. In a way, *Safety Planning* is an example of an *Advance Directive*. Safety planning is a component of quality care. Your therapist may approach you to develop a Safety Plan for specific problems or behaviors as part of your treatment plan. Your active cooperation and participation in developing and implementing a safety plan is important to your health and well-being and predicts achieving positive results from treatment.

### **Coordination of Services**

To ensure quality care, we make efforts to coordinate your treatment services with your Primary Care Physician. If you do not have a physician, we invite you to see the list of health care resources and facilities provided, as we encourage all clients to locate a primary care doctor. You may also contact your preferred hospital system to locate a physician. There are some resources included for low-income health and dental services in the event you do not have insurance. Please note that you are not required to give consent for coordination, although your therapist may determine this is a necessary part of treatment and may discuss this issue with you again in the future. As discussed previously, no information will be provided to anyone without your consent, except in the situations identified.

### **Program Rules**

Safety is everyone’s business! **UNIVERSALITY HEALTHCARE** has only a few rules, and some policies we’d like to share. These rules are for your safety and the safety of everyone in our facilities. Failure to abide by any of the rules below could lead to discharge from the program.

1. Please take note of the building’s emergency exits and the safety areas identified in the building. Also, please review the evacuation route posted near the door in your therapist’s office. In case of an emergency, please follow instructions provided by staff promptly. Please note that first aid equipment is located in the front office, and you may contact the front desk if you have a related need.

2. For your children's safety: please do not leave young children unattended in the waiting room or in other areas of the building.
3. In the event an emergency occurs while you are in the building, please notify staff immediately.
4. In the event of an emergency, staff will initiate emergency procedures. If emergency procedures are initiated by staff, please follow their direction promptly and proceed safely to the location identified.
5. Our location is a substance free facility. *No alcohol or other drugs (including prescription or over the counter drugs) may be brought on site.*
6. *Tobacco products and smoking are not permitted in the facility.* If you smoke, please extinguish all smoking materials before entering the building, using the ashtrays provided outside of the building entrance to keep our building clean and neat.
7. ***No weapons are allowed on the premises at any time.***
8. ***Assaultive or aggressive behavior will not be tolerated and is grounds for discharge from the program.*** **UNIVERSALITY HEALTHCARE** does not use seclusion or restraint on clients or consumers. Efforts will be made to de-escalate situations therapeutically, but 911 will be called if efforts to de-escalate the situation are unsuccessful. If an individual is discharged for assaultive or aggressive behavior a follow-up contact will be made within 72 hours to ensure he /she is linked to appropriate care.
9. **UNIVERSALITY HEALTHCARE** does not offer motivational incentives.
10. If you have a fever or vomiting, please call and cancel appointment as soon as possible so as not to spread any illness.

## **Mandated Clients**

Some individuals are mandated to attend treatment due to involvement with the legal system. We are frequently required by the court to provide feedback regarding attendance and participation of mandated clients, which we do only with a signed consent form. Please be advised that we do not report attendance and participation for clients who neither attend nor participate. We encourage all clients-- regardless of how and why you came to be here--to find ways to benefit from the services you will receive. Through active participation you may find the experience to be of personal benefit beyond the completion of the court's requirement. The rules for the substance abuse program and Alternatives to Domestic Aggression program will be explained as you begin in those programs.

## **Involuntary Discharge**

**UNIVERSALITY HEALTHCARE** has policies that allow for discharge from services under certain circumstances, including

- If an individual violates program rules and brings alcohol, drugs or weapons into the program
- If an individual needs a higher level of care than **UNIVERSALITY HEALTHCARE** provides
- If an individual violates their treatment agreement by not showing up for or cancelling sessions

- If an individual does not honor their agreement to pay for services
- If an individual is at risk of harming him/her self, or makes threats to harm others, or against **UNIVERSALITY HEALTHCARE**.

In the event any individual is discharged for non-compliance or a violation of program rules, he/she will be notified and provided with a referral to and/or linked with appropriate care. In general clients are involved in the transition planning process before they are discharged from treatment. However, if UHC has no contact with you for 30 days, you may be discharged from treatment. We do make efforts to contact you before we initiate a discharge, but if we are unable to reach you via phone or letter and/or you do not respond, we will close your case. In this instance you may be reinstated as a client by contacting the agency to request an appointment, and paying any outstanding balance on your account.

### **Client Fees and Payment for Services**

Client fees are based on the type of service you will be receiving and the type of funding paying for the service. We are required to bill third party insurances if you have insurance coverage, although an individual may choose to waive this requirement if he/she pays the full clinic fee for service. Sliding Scale are used for Individuals who are unable to afford Services. They must provide proof of income that documents the need for subsidy at intake, and every 90 days thereafter. We expect clients to be responsible for all established fees and co-pays, and we ask that you pay any out of pocket costs at the time of services. Since we provide services on a sliding scale we must receive payment for all services we provide, which enables us to continue this important service for the community.

### **Privacy, Confidentiality and Release of Information**

Information regarding your health care, including payment for health care, is protected by two federal laws: the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and the Confidentiality of Alcohol & Drug Abuse Patient Records, 42 CFR Part 2. **UNIVERSALITY HEALTHCARE** provides confidentiality and disclosure protection as afforded by the State of Maryland and Federal guidelines. Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

Client privacy is carefully safeguarded at **UNIVERSALITY HEALTHCARE**. Access to your personal information is restricted to authorized clinic personnel. This means that by law, no contractual, support or administrative staff of **UNIVERSALITY HEALTHCARE** may disclose any identifying information about any client, or disclose that a client receives services at the agency, to any person outside the program, unless:



1. The disclosure is allowed by a court order;
2. The individual poses a danger to him or herself, or the community.
3. The disclosure is made to medical personnel in a medical emergency
4. To qualified personnel for research, audit, or program evaluation.
5. To report a crime committed on the premises of or against **UHC** personnel.
6. To appropriate authorities to report suspected child abuse or neglect.
7. The release is part of our business operations and is to a qualified service organization with which we have a business associate agreement. For example, **UNIVERSALITY HEALTHCARE** can disclose information without your consent to obtain legal or financial services, or to another medical facility to provide health care to you, as long as we have obtained this agreement.
8. The client consents in writing.

Before **UNIVERSALITY HEALTHCARE** can use or disclose any information about your health in a manner which has not just been described, we must first obtain your specific written consent allowing us to make the disclosure. As such, if you desire us to notify anyone regarding your participation in treatment (such as a court, probation department or the Department of Human Services) you must complete a form allowing us to contact that individual or agency. If you need reports sent or want information released to another individual or agency, you must sign a consent form that explains what information will be released, to whom and why, and for what period of time the consent is valid. If you sign a consent form for release of information, you may revoke any such written consent in writing. A release expires one year from the date of signature, unless a more recent date is specified. As a result, if you remain in treatment at **UNIVERSALITY HEALTHCARE** longer than a year, your therapist will ask you to resign the release and consent forms when you have been here 12 months.

### **Your Privacy Rights Under HIPAA**

Under HIPAA (The Health Insurance Portability & Accountability Act) and the 42 C.F.R. Part 2 Confidentiality Laws, you have certain privacy rights regarding the health information we have about you. Your requests must be made in writing to the **UNIVERSALITY HEALTHCARE** Privacy Officer. We will respond to most requests within 30 days.

- Right to Restrict Use. You have the right to request restrictions on certain disclosures and uses of your health information. **UNIVERSALITY HEALTHCARE** is not required to agree to any restrictions you request, but if we do agree we are bound by that agreement and may not use or disclose any information which you have restricted *except as necessary in a medical emergency*.
- Right to Inspect & Copy. In most cases you have the right to look at or get copies of your records. In accordance with HIPAA, you will be charged a fee for the cost of copying your records.
- Right to a List of Disclosures. You have the right to ask for a list of disclosures. This list will not include the times that information was disclosed for treatment, payment or health care

operations. The list will not include information provided directly to you or your family, or information that was sent with your authorization.

- Right to Amend. You may ask us to change your records if you feel that there is a mistake. We can deny your request for certain reasons, but we must give you a written reason for our denial.
- Right to Request Confidential Communications. You have the right to request that we communicate with you in a certain way or place. For example, you may ask us to send information to your work address instead of your home. You do not have to explain your request.
- HIPAA and Consent to Contact. Under the HIPAA regulations (Health Insurance Portability and Accountability Act) we are required to obtain your permission to contact you after you discontinue services at the agency. We do contact clients after discharge to participate in a survey about how they are doing and their experience at **UNIVERSALITY HEALTHCARE**. When you sign the treatment consent form please indicate whether or not you are willing to be contacted for a follow-up survey. *Even if you consent to being contacted, you do not have to participate in a survey.* Please note that at times we may need to contact you while you are receiving services here. If you have preferred method of contact (i.e., phone, email, etc.) or want to be contacted at a specific phone number (i.e., home phone, cell phone, work phone, email account, etc.) while you are receiving services here, please inform us of your preference and if we may leave a message at that number. Also, if you change your phone or address, please don't forget to let us know.

## **Client Input Mechanisms**

**UNIVERSALITY HEALTHCARE** provides a variety of ways in which you may provide feedback and input to the clinic. We encourage an open dialogue with your therapist regarding your experience as a client through treatment planning and treatment plan reviews, but we also provide a variety of formal mechanisms by which you can make your experience known. The "*How Are We Doing?*" survey is available and may be completed at any time. All surveys are confidential, although you are welcome to share your name if you like.

In addition to the "*How are We Doing?*" surveys, we survey all clients who come into the clinic during the survey week that occurs each quarter. During the survey period each client who comes in for an appointment is provided a Client Satisfaction Survey. We ask you that you complete and return the survey on the same day you receive it. If you receive medication management services you may also be asked to complete a survey regarding your experience with our Nurse Practitioners.

We also will ask you to complete a survey after discharge. This survey is focused on to what extent our services helped you and your satisfaction with the clinic. A link to participate in this short on-line survey is provided to all clients at the time of discharge. In addition, if you give us permission to contact you, you may be contacted to participate in a follow-up survey that occurs

between 90 and 180 days after treatment ends. In this survey we will ask you about how you are doing and how you have been since treatment ended, and will ask a few general questions about your satisfaction with the agency. Of course, even if you give us permission to contact you, you can choose not to participate if contacted.

Unless you choose to identify yourself, all surveys are confidential and non-identifying with the exception of the follow-up survey completed by telephone post discharge. We encourage you to help us improve our services by completing our surveys while in treatment and after discharge. We use all feedback you provide to improve our services and plan for the future.

### **Clients' Rights**

All clients of the clinic have specific rights, which are listed further on in this orientation booklet. The therapist who completes the initial intake session will review the HIPAA and Recipient Rights Acknowledgement form with you and ask you to sign it, to indicate you have been informed of your rights. A parent or guardian must sign for clients age 17 or younger.

The agency has policies that protect clients' rights. See the agency's Code of Ethical Conduct for therapists.

### **Grievance and Appeal Procedures**

We know that not everyone is satisfied in working with the clinic. We suggest you discuss any issue or concern with your therapist or his/her supervisor right away, since problems often can be resolved through this approach. If your concern is not satisfactorily addressed, you may choose to speak with the Receptionist, who is available to discuss concerns regarding any rights you feel have been violated. If you and the receptionist cannot find a simple solution, you have the right to fill out a formal complaint in writing in which Dr Labake will be made aware.

The clinic has a formal complaint process for addressing issues that cannot be resolved informally. A formal complaint is made by submitting a written complaint on an agency complaint form. You may request one from your therapist or obtain one from the front desk staff. Written complaint forms are sent to the agency's Recipient Rights Advisor, who will investigate the complaint and respond in writing within 30 working days. If the disposition is not satisfactory, a written appeal may be made. Within the clinic, the written appeal will go to the QA Committee, which will respond within 30 days. For non-publicly funded clients, the QA Committee will make the final determination, after which no further appeals may be made.

Please take the time to review your rights, found later in the booklet.

## **UHC Ethical Code**

All personnel including the members of the Board of Directors, administrators, therapists, psychiatrists, support staff, employees, and other persons providing services for **UNIVERSALITY HEALTHCARE** are required to abide by the **UNIVERSALITY HEALTHCARE** Code of Ethics. Therapists and other mental health care professionals are also required to abide by the Codes of Ethics of their respective licensing and credentialing bodies. For example, physicians and psychiatrists must adhere to the Code of Ethics of the American Medical Association, AMA, psychologists must adhere to the Code of Ethics of the American Psychological Association, APA, etc. **UNIVERSALITY HEALTHCARE** prides itself on its ethical integrity and will not compromise its integrity for any reason. Ethical violations are grounds for immediate termination of employees.

### **Conflict of Interest**

Clinic personnel are required to adhere to the ethical codes of **UNIVERSALITY HEALTHCARE** and their respective professions and place ethical and professional responsibilities over their personal interests. Clinic staff adheres to the following in order to avoid an actual or perceived conflict of interest.

1. **UHC** prohibits all personnel from accepting any gift other than something of token or nominal value from clients, competitors, suppliers or others.
2. **UHC** does not allow personnel to conduct private business affairs on our premises.
3. **UHC** prohibits the steering, directing or referring potential and actual clients to an individual or business owned or operated by a family member of the agency.
4. Therapists may not have contact with clients, or former clients outside of the agency.
5. Employees of **UNIVERSALITY HEALTHCARE** are prohibited from recruiting or transferring UHC clients to their private practice, or another agency without the written permission of UHC and the full consent of the client being served.

All persons associated with **UNIVERSALITY HEALTHCARE** are provided with the National Association of Social Worker's (NASW) interpretations regarding Conflicts of Interest and Dual Relationships as a guide on how to conduct their personal and professional affairs.

#### Conflicts of Interest (NASW Code of Ethics, 1.06)

- (a) Social workers should be alert to and avoid conflicts of interest. Social workers should inform clients when a real or potential conflict of interest arises and take reasonable steps to resolve the issue in a manner that makes the clients' interests primary and protects their interests to the greatest extent possible. In some cases, protecting clients' interests may require termination of the professional relationship with proper referral of the client.

(b) Social workers should not take unfair advantage of any professional relationship or exploit others to further their personal, religious, political, or business interests.

(c) Social workers should not engage in professional, social or business relationships with clients or former clients, as there is a risk of exploitation or potential harm to the client. In instances when such relationships are unavoidable, social workers must take steps to protect clients and are responsible for setting clear and appropriate boundaries.

### **Universality Healthcare Clients' Rights**

As a client at **UNIVERSALITY HEALTHCARE** you have specific rights:

1. A consumer's Recipient Rights shall be guaranteed to without regard to race, color, national origin, religion, sex, age, mental or physical handicap, marital status, sexual preference or political beliefs.
2. The right to all civil rights guaranteed by state and federal law. **UHC** does not fingerprint clientele.
3. The right to all confidentiality and disclosure protection afforded by the State of Michigan and Federal guidelines.
4. The right to considerate, respectful and appropriate care. In a crisis situation **UHC** will not physically restrain any client, and does not use seclusion measures. **UHC** does not use special treatment interventions or intrusive treatment procedures. Efforts are made to defuse a situation before it escalates, however, in the event that a situation cannot be de-escalated, 911 will be called.
5. The right to complete, current information concerning the diagnosis, treatment and prognosis in terms that you can be reasonably expected to understand.
6. The right to receive the information necessary to give informed consent prior to the start of any procedure or treatment, and the right to refuse treatment to the extent permitted by law, and to be informed of the consequences of this action.
7. The right to give informed consent or expression of choice regarding service delivery, release of information, concurrent services and members of the service delivery team.
8. The right to help make your own treatment plan.
9. The right to suggest changes in treatment services provided by **UHC**.
10. The right to expect **UHC** to look into any and all client complaints.
11. The right to talk with your own doctor or lawyer.
12. The right to obtain a copy or summary of your client record, unless the Clinical Director recommends otherwise due to a potential hazard.
13. The right to question our fee schedule and to request a written summary of fees from our business office.
14. The right to ask questions about the qualifications and training of therapy staff at **UHC** and the Recipient Rights Advisor.
15. The right to access self-help and advocacy support services.
16. The right to approve the recording of any treatment session. If the client's therapy consists of video or audio recording, the therapist must obtain a proper consent form with signatures, and approval from the Clinical Directors PRIOR to conducting the session. **UHC** does not photograph clientele.
17. The right to refuse to participate in research studies or clinical trials. **UHC does not conduct research on its clients.** If, however, a student intern, therapist, or other staff of **UHC** wishes

to cite the clinical file of a particular client, or conduct a research study for a school project using a client's personal information, the client has the right to be notified and must be notified before this occurs. In this situation, PRIOR written approval must be obtained from the Clinical Directors and/or Chief Executive Officer, which will not be given without the appropriate release/consent forms properly signed & dated by the client and a witness to indicate consent.

18. The right to ask questions regarding the use of psychotropic medication, and to refuse medication treatment. **UHC** does not participate in experimental therapy or use experimental drugs.
19. The right to identify an individual who may act on your behalf in the event of an emergency and the right to participate in advance planning for crisis intervention /emergency services, or a higher level of care. This planning, called "Advance Psychiatric Directives," will be initiated by your therapist, as appropriate.
20. The right to services provided by competent, qualified and experienced professional staff. If there is a need to change the assigned staff person within or outside the program, the reason for the change will be explained to you. **UHC** does not utilize volunteers to provide therapy services.
21. The right to receive services free from neglect, physical, mental or sexual abuse, financial exploitation, humiliation, and retaliation by agency staff.
22. The right to complain or file a grievance or suggest changes in program policies and services to the program staff, administration or to funding bodies without retaliation or the imposition of barriers to service.
23. The right to talk to the rights advisor at **UHC** if you think your rights have been violated.
24. The right to make a formal written complaint. You may obtain a complaint form from the site supervisor, front desk staff, or your therapist. The Rights Advisor will investigate your complaint and provide a written response to you with a summary of actions to be taken within 30 working days. If the response is not satisfactory, you may file a written appeal.
25. The right to appeal the decision of the Recipient Rights Advisor. If the disposition is not satisfactory, a written appeal may be made. Within the agency, the written appeal will go to the Quality Assurance Committee, which will respond within 30 days. Quality Assurance Committee will make the final determination, after which no further appeals may be made.

Clients whose services are paid for by Medicaid or Community Mental Health have additional appeal options. Medicaid recipients have the right to participate in the Fair Hearing process under Medicaid in addition to the other grievance processes identified above.

### **Clients' Responsibilities**

In addition to having rights, you also have responsibilities. Follow through on your responsibilities as a client predicts a positive treatment outcome. Your responsibilities as a client include the following:

- To provide the full and accurate information necessary to appropriately plan and provide care
- To review and inspect required forms prior to signing
- To treat **UHC** staff with respect, dignity and without discrimination
- To maintain a safe working environment for **UHC** staff by honoring the program rules

- To attend scheduled appointments and sessions or to cancel scheduled appointments / sessions at least 24 hours in advance
- To pay for services in a timely manner in the amount identified in the fee agreement
- To participate in the development of treatment goals and objectives and making decisions about the treatment plan, the services to be delivered, and the methods to be used in the treatment process

## **UNIVERSALITY HEALTHCARE CODE OF ETHICS**

Macomb Family Services, Inc. prides itself on its ethical integrity and will not compromise its integrity for any reason. Therapists are required to ascribe to the same set of ethical standards that **UHC** does. Ethical violations are grounds for immediate dismissal.

**Principle (1) Integrity:** Contractual therapists at **UHC** have a prime responsibility of representing themselves and the clinic honestly within the limits of their education, experience, and areas of expertise. **UHC** contractual therapists will not misrepresent themselves to the agency, the public, or the clientele we serve.

**Principle (2) Responsibility:** Contractual therapists at **UHC** have a prime responsibility of providing the best possible services to all clients. Contractual therapists have the responsibility of terminating services when it is clear that the client is no longer benefiting from their therapy. Contractual therapists have the responsibility of maintaining professionalism in the work place and agree to follow agency policy & procedures.

**Principle (3) Confidentiality:** Contractual therapists at **UHC** respect the rights and confidentiality of all clients and staff without deviation. Contractual therapists will not divulge client information to any source without the written consent of the client. Contractual therapists will not discuss cases with other therapists and/or support staff without that consent.

**Principle (4) Supervision:** Contractual therapists at **UHC** provide professional services in the best interest of the client and therefore, seek supervision in all cases either verbally or by using the form specified for this purpose. All therapists should request supervisory consultation when the client presents with problems outside of the scope of their expertise, education or experience and when there is a high risk involved. When there is any question of competence, conflict, high risk or other unusual events, contractual therapists are expected to seek clinical supervision.

**Principle (5) Boundaries:** Contractual therapists at **UHC** will treat colleagues with respect, courtesy and good faith. Therapists will not offer professional services to clients whom are already engaged professionally by another therapist at **UHC** except with the knowledge of the initially treating therapist and with supervisory approval.

**Principle (6) Conflict of Interest:** Contractual therapists at **UHC** will not engage in any implied or explicit behaviors that conflict with the integrity of **UHC**, the client, or the profession of mental health & substance abuse therapy. Contractual therapists will not engage in any dual relationships with clients. Any relationship outside the therapeutic milieu is deemed unethical.

**Principle (7) Continuing Education:** Contractual therapists at **UHC** will obtain and provide evidence of their contact hours of continuing education in their field per year. Continuing education can be

obtained either through clinic sponsored training or other professionally approved events. Regularly scheduled staff meetings do not constitute evidence of continuing education credit.

*The above 7 principles are not exclusive. Contractual therapists at **UHC** are expected to abide by the ethical codes of their personal licensing/credentialing body as well. The **UHC** Code of Ethics is consistent with the Codes of Ethics of the National Association of Social Workers (NASW), the Michigan Certification Board for Addiction Professionals (MCBAP), the American Psychological Association (APA), and the American Counseling Association, (ACA). It is the responsibility of each therapist to abide by these codes. A copy of each is kept at all offices for therapists to review.*

**\*UHC: UNIVERSALITY HEALTHCARE**