****



**CLIENT HANDBOOK**

**TABLE OF CONTENTS**

**Welcome to Phoenix Counseling Service**

**Phoenix Counseling Service’s Mission**

**Philosophy of the Program**

**You Have a Choice**

**Access to Services**

**About Our Staff**

**Services Available**

**Your Treatment Plan**

**Feedback**

**Americans with Disability Act**

**Health and Safety**

**Changing Your Clinician**

**Client Rights and Responsibilities**

**Right to File a Grievance**

**You Have the Right to be Free of Abuse**

**Privacy Notice**

**Grievance Procedure**

**What if I Have an Emergency or a Crisis?**

**Handbook Receipt Signature**

**Welcome to Phoenix Counseling Service**

We’re pleased that you have chosen our agency. This handbook was created with the participation of consumers, family and support network members, advocates, and agency staff. It is provided as a guide to acquaint you with our mission and values, services and policies as well as your rights and responsibilities as our client.

**Phoenix Counseling Service’s Mission**

To provide clinical services unique to each individual in any environment they find most challenging and focus on individual strengths so each client has the chance to achieve their highest potential.

**Philosophy of the Program**

* Your therapist will provide individualized strength based therapeutic interventions.
* The collaboration and the merging of medical, psychological, social and educational needs of each individual is an essential component.
* Input from the individuals we serve is a key in treating barriers and improving a client’s life mastery.
* Your therapist will be trained and provide tools specific to the behavioral and emotional challenges of the at-risk population.

**You Have a Choice**

We recognize that you have a choice in selecting a mental health agency, and we thank you for choosing Phoenix Counseling Service. We believe that your choice of Phoenix Counseling Service was a good one, and that we will exceed your expectations.

**Access to Services**

Phoenix Counseling Service receives referrals from Community Based Care Organizations, Schools, Child Protection Investigators, pastors, self-referrals, and daycare facilities. Business hours are Monday through Friday 9:00 am to 6:00 pm. Our staff is available for evening and weekend appointments. Services are provided in the home and school settings according to individual needs.

**About Our Staff**

At Phoenix Counseling Service, we employ clinical staff with Master’s Degrees in Counseling or similar field. We require at least 2 years of experience working with the population and provide ongoing training. A licensed therapist supervises all clinicians.

**Services Available**

At Phoenix Counseling Service we provide individual, group and family counseling.

**Your Treatment Plan**

Your involvement in developing a mutually agreed-upon treatment plan is important to your care. You, and possibly those supporting your treatment (with your permission), will develop a treatment plan that outlines your goals and how to achieve them. You, your clinician, and other members of the treatment team will review and update your plan. You may request a copy of your plan. You and your clinician will meet to review your progress toward achieving your goals and objectives. You and your clinician may change and update your plan as appropriate during treatment.

**Feedback**

At Phoenix Counseling Service, we consider you a partner in your treatment. To know if we are providing the best services, we ask for your evaluation and input. Your clinician will check with you periodically about this. However, we encourage your feedback at any time if you feel your care could be improved. We will periodically ask you to complete a client satisfaction survey. These surveys only take a few minutes to complete and give us valuable information regarding future service improvements.

**Americans with Disability Act**

If you have a special need or disability, please let us know so that we can provide a reasonable accommodation and ensure that you are comfortable while receiving quality client care. No otherwise qualified, disabled individual shall be solely, by reason of a disability, excluded from participation in or be denied benefits or subject to discrimination while a client of Phoenix Counseling Service.

**Health and Safety**

Phoenix Counseling Service is a smoke-free environment. Smoking and use of tobacco products are not permitted.

To protect the safety and health of our clients, staff, and visitors, we prohibit the possession of any weapons or illegal substances on all properties of Phoenix Counseling Service.

**Changing Your Clinician**

Clinically appropriate staff will be selected at intake. If you feel the service relationship is not helpful, you have a right to request a review and possible change of clinicians.

**The following are important documents and should be read carefully. Please ask your therapist or call the Phoenix Counseling Service office if you have questions about these documents.**

**Client Rights and Responsibilities**

(per Florida Statute 381.026)

***PATIENTS HAVE THE RIGHT TO:***

* A patient has the right to be treated with courtesy and respect, with appreciation of his or her individual dignity, and with protection of his or her need for privacy.
* A patient has the right to a prompt and reasonable response to questions and requests.
* A patient has the right to know who is providing medical services and who is responsible for his or her care.
* A patient has the right to know what patient support services are available, including whether an interpreter is available if he or she does not speak English.
* A patient has the right to bring any person of his or her choosing to the patient-accessible areas of the health care facility or provider’s office to accompany the patient while the patient is receiving inpatient or outpatient treatment or is consulting with his or her health care provider, unless doing so would risk the safety or health of the patient, other patients, or staff of the facility or office or cannot be reasonably accommodated by the facility or provider.
* A patient has the right to know what rules and regulations apply to his or her conduct.
* A patient has the right to be given by the health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.
* A patient has the right to refuse any treatment, except as otherwise provided by law.
* A patient has the right to be given, upon request, full information and necessary counseling on the availability of known financial resources for his or her care.
* A patient who is eligible for Medicare has the right to know, upon request and in advance of treatment, whether the health care provider or health care facility accepts the Medicare assignment rate.
* A patient has the right to receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.
* A patient has the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.
* A patient has the right to impartial access to medical treatment or accommodations, regardless of race, national origin, religion, handicap, or source of payment.
* A patient has the right to treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
* A patient has the right to know if medical treatment is for purposes of experimental research and to give his or her consent or refusal to participate in such experimental research.
* A patient has the right to express grievances regarding any violation of his or her rights, as stated in Florida law, through the grievance procedure of the health care provider or health care facility which served him or her and to the appropriate state licensing agency.

***PATIENTS HAVE THE RESPONSIBILITY TO:***

* A patient is responsible for providing to the health care provider, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his or her health.
* A patient is responsible for reporting unexpected changes in his or her condition to the health care provider.
* A patient is responsible for reporting to the health care provider whether he or she comprehends a contemplated course of action and what is expected of him or her.
* A patient is responsible for following the treatment plan recommended by the health care provider.
* A patient is responsible for keeping appointments and, when he or she is unable to do so for any reason, for notifying the health care provider or health care facility.
* A patient is responsible for his or her actions if he or she refuses treatment or does not follow the health care provider’s instructions.
* A patient is responsible for assuring that the financial obligations of his or her health care are fulfilled as promptly as possible.
* A patient is responsible for following health care facility rules and regulations affecting patient care and conduct.

**Right to File a Grievance**

Phoenix Counseling Service provide clients, their relatives, legal guardians, and other interested parties with the right to initiate a written complaint when there is concern with the services being provided, staff actions, or violations of rights. If you are unhappy with the services you are receiving you may discuss this with a particular staff member or their immediate supervisor. You may also share your concerns by filing a written complaint.

Depending on the nature of the complaint, there are various ways of responding. These could include investigations, interviews, and involvement from the Management Team. You will be notified the outcome of your grievance within 10 days of filing. If/when the complaint gets elevated you will be notified of the outcome within 10 days. If you’re still not happy with the resolution of the complaint, you may notify your Case Manager for further investigation.

See full Grievance Procedure at the end of the handbook.

**You Have the Right to Be Free of Abuse**

Phoenix Counseling Service staff follows state and federal regulations regarding abuse and neglect reporting.

We will not knowingly abuse or neglect any client or fail to report suspected abuse or neglect. Any client who feels they have been a victim of abuse, neglect or exploitation at our facility should call the **Abuse Hotline at 1-800-962-2873**



**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT**

**HIPAA**

**PRIVACY NOTICE**

**This notice describes how information about you may be used and disclosed and how you can get access to this information.**

* Your confidential health care information may be released to other healthcare professionals within Phoenix Counseling Service for the purpose of providing you with quality healthcare. This could include quality assurance and billing purposes.
* Your confidential healthcare information may be released to your insurance provider for the purpose of Phoenix Counseling Service receiving payment for providing you with needed healthcare services.
* Your confidential healthcare information may be released to public or law enforcement officials in the event of an investigation in which you are a victim of abuse, a crime, or domestic violence.
* Your confidential healthcare information may be released to other healthcare providers in the event you need emergency care.
* Your confidential healthcare information may be released to a public health organization or federal organization in the event of a communicable disease.
* Your confidential healthcare information may not be released for any other purpose that that which is identified in this notice.
* Your confidential healthcare information may be released only after receiving written authorization from you. You may revoke your permission to release confidential healthcare information at any time.
* You may be contacted by Phoenix Counseling Service to remind you of any appointments, healthcare treatment options, or other health services that may be of interest to you.
* You may be contacted by Phoenix Counseling Service for marketing the operations.
* You have the right to restrict the use of your confidential healthcare information. However, we may choose to refuse your restriction if it conflicts with providing you with quality healthcare or in the event of an emergency situation.
* You have the right to receive confidential communication about your health status.
* You have the right to review and photocopy any/all portions of your healthcare information.
* You have the right to make changes to your healthcare information.
* You have the right to know who has accessed your confidential healthcare information.
* You have the right to possess a copy of this Privacy Notice upon request.
* Phoenix Counseling Service is required by law to protect the privacy of its clients. It will keep confidential any and all client healthcare information and will provide clients with a list of duties or practices that protect confidential healthcare information.
* Phoenix Counseling Service will abide by the terms of this notice. We reserve the right to make changes to this notice and continue to maintain the confidentiality of all healthcare information. Clients will receive a mailed copy of any changes to this notice within 60 days of making the change.
* You have the right to complain to Phoenix Counseling Service if you believe your rights to privacy have been violated. If you feel your rights have been violated, please direct complaints to the Phoenix Counseling Service compliance team.
* All complaints will be investigated. No personal issue will be raised for filing a complaint.

GRIEVANCE PROCEDURE

You have the right to let your concerns (grievances) about how you are being treated be known.

You have a right to be told the method you can use to let your concerns (grievances) be known. This written notice is a description of how to report grievances and complaints about services you receive from Phoenix Counseling Service. This notice should be given to you before you begin receiving services with Phoenix Counseling Service.

**PROCEDURE:**

* You and/or your legal guardian are not limited in any way in the scope, content or frequency of your grievances.
* You and/or your guardian may begin the grievance process by telling your Therapist what your complaint is either in person or in writing. Your Therapist will give you a form to fill out to describe your concern. Be sure to date it.
* Your Therapist will review and address the complaint with the guidance of his or her supervisor. If the complaint is about your Therapist, the supervisor will review the situation.
* Your Therapist (or the supervisor) will provide you with a written response within ten working days of when you first let the complaint be known.
* If you disagree with the response, you may take your complaint in writing to the Operations Manager or Chief Financial Officer. The Operations Manager or Chief Financial Officer will review the complaint and respond to you in writing within ten working days of receipt of your complaint.
* If you disagree with what the Operations Manager or Chief Financial Officer decides, you may take your complaint in writing to the Chief Executive Officer. The CEO will make the final decision and respond to you and your legal guardian in writing within ten working days.
* Concerns the program staff may have about the possible inappropriate use of this grievance process will be reviewed by your TX Team (which will include a neutral person, such as a referring agency representative or a human rights representative) and will be addressed in your TX plan.



**GRIEVANCE FORM**

You may complete this form and give to your therapist or email to [kthomas@phoenixcounselingservice.com](mailto:kthomas@phoenixcounselingservice.com) or call (813)956-5059

Our team will review each grievance received and will decide on a case by case course of action depending on the grievance’s requests/allegations. You will be notified in writing within 10 days after receipt of the complaint of the outcome.

Date

Client’s Name \_ Staff (if applicable):

Your Name

Relation to Client:

Describe the Problem:

What would be your desired resolution?

Signature: Date:

**PHOENIX COUNSELING STAFF ONLY -** OUTCOME/RESOLUTION

Date of Follow up with reporting person:

Check if Grievance filed by phone call:

Summary of discussion:

Action Taken by Management:

Further Action Required? Yes No Refer to:

Staff Signature & Title Date

**What if I Have an Emergency or a Crisis?**

In the event of any life-threatening emergency, you should **CALL 911** immediately. If someone is seriously hurt, is in grave danger, has attempted suicide, or there is a weapon involved, call 911 immediately.

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.

**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

**Phoenix Counseling Service contacts:**

Chris Badger, CEO, Therapist (352)777-0377

Keira Thomas, CFO (813)956-5059

If you need to speak to someone during business hours, and your concern is **not an emergency**, call your primary clinician or the main office number.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE RECEIVED THIS HANDBOOK AND AGREE TO ITS TERMS AND SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE HIPAA NOTICE FORM DESCRIBED ABOVE.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Client’s Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client’s Signature (Guardian if under age 18) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name of Signer if not client Relationship to Client