Community Counseling Center

Your Behavioral Health + Wellness Resource

Client Orientation Handbook

Providing Behavioral Health Services
in Cape Girardeau, Bollinger, Perry,

This handbook provides information about:

- Orientation to the Agency
- Emergency/Evacuation/First Aid Information
- Staff and Consumer Responsibilities/Code of Ethics
- Your Individual Rights
- Agency/Program Specific Rules
- Programs and Services
- What's Next
- Authorizations and Consent for Treatment/Notice of Privacy Practices
- And more!

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Orientation

Welcome to Community Counseling Center

Our agency is a private charitable, 501 (c) (3), not-for-profit behavioral health organization that has been in service since 1974. It is our mission "to provide comprehensive behavioral health and prevention services to every person in need in our five-county region" (Cape Girardeau, Bollinger, Madison, Perry, and Ste. Genevieve counties). To promote and conserve the health of individuals living with mental health and substance abuse conditions regardless of race, creed, color, sex, sexual orientation, gender identify, language, socioeconomic status, disability, or national origin."

Community Counseling Center is the Administrative Agent for the Missouri Department of Mental Health that is entrusted to provide a full array of comprehensive mental health services in our five-county area. Services are provided according to the needs of the individual. Clients and staff work together to develop a plan of treatment that is consistent with the goals and wishes of each person served.

We provide a variety of treatment services. Please see available services within this booklet.

Office Hours of Operation

All office locations are open Monday - Friday starting at 8:00 am – 6:30 pm

24/7 Crisis services are available. Crisis hotline: 988

What's Next

1. You will meet with one of our trained intake staff to complete your initial evaluation screening. This screening will help us identify urgent needs and initial treatment recommendations.
2. If you agree with initial treatment recommendations, you will work with a Qualified Mental Health Professional to complete a full comprehensive assessment to help us develop your Individual Treatment Plan with you.
3. You will work with this staff to identify goals, objectives, natural supports, and other items as it relates to the development of your individualized treatment plan.
4. You will also be assigned a primary provider based on treatment recommendations and program(s) assigned to address your needs. This individual will be responsible for providing services as well as coordinating your overall treatment with the agency.

Annually an assessment update will be completed and throughout treatment your treatment plan will be reviewed and updated as needed based on you and your treatment team's input.

Accommodations

Pursuant to the American with Disabilities Act of 1990, it is the consumer's responsibility to request reasonable accommodations. Please let us know if you have any special needs and we will make every attempt to accommodate those needs.

Emergency and Evacuation

Quality of services as well as the health and safety of those receiving services are two very important issues for Community Counseling Center. You will notice emergency plans/maps posted throughout the facilities. These plans identify the evacuation routes, telephone numbers for the police, fire emergency, and poison control, The emergency plans/maps also identify the nearest exits and where the nearest first aid/emergency kits are located.

To ensure the safety of our consumers, visitors, and personnel, the agency performs routine emergency drills to adequately prepare for possible emergencies. If you are present during a drill or actual emergency, a staff member will provide direction on the appropriate procedure (i.e., evacuation of building, taking shelter within the agency, etc.). Please follow the direction of staff during such drills or emergency to protect the safety of yourself and others.

Consumer Suggestions, Feedback, and Surveys

Consumers are encouraged to give input into the agency concerning quality of care, achievement, outcomes and satisfaction of services. You can provide input by submitting a written note to the Clinical Director or through our formal grievance procedure which will be explained in detail under your Individual Rights. In addition, well-being surveys are gathered throughout the fiscal year at each clinic location and phone surveys are completed in several of our community-based programs to obtain input related to satisfaction. There are also periodic surveys sent out to consumers by the state of Missouri. It is important that you complete and return.

Agency Code of Ethics

Each employee of the Community Counseling Center (CCC) is mandated to follow an Agency Code of Ethics that regulates their professional conduct and guides their moral and legal relationships within the agency and with consumers. A summarized copy of the agency Code of Ethics has been provided below:

These principles guide the agency's Code of Ethics:

Autonomy:	To honor the right to make informed individual decision to promote wellness and recovery.
Beneficence:	To do good to others.
Non-Maleficence:	To do no harm to others.
Justice:	To be fair and give equality to others.
Fidelity:	To be loyal, honest and keep promises.
Integrity:	To be what we say are, to follow professional codes of conduct and to support the mission and vision of the Center.

All CCC employees are to provide professional behavioral health services in a manner that respects the dignity and promotes the welfare of each person served.

Each CCC employee is responsible to the Center to act in the best interest of the person served.

The Center will employ persons qualified by education and experience.

Each CCC employee is responsible to the community and the Center to treat all persons served with dignity and respect.

Professional and administrative staff will function within the limits of their professional competencies.

CCC employees and Center will provide only those services which are necessary for treatment, wellness and recovery.

No one is denied services due to inability to pay.

The Center does not discriminate and provides reasonable accommodations to serve person with physical and mental disabilities.

The Center will encourage client wellness and recovery.

The Center will encourage the development of professional skills and knowledge for staff.

The Center will bill services appropriately and ensure appropriate documentation.

Any consumer who has questions about the ethical conduct of the agencies employees may contact the Director of Compliance for a resolution to these questions.

Consumer's Individual Rights

Treatment Rights and Involvement

1. You have the right to nondiscriminatory access to services no matter of your status of race, religion, ethnicity, disability, sexual orientation, language, HIV status and/or other conditions specified in the Americans with Disabilities Act of 1990 (42USC 12 10 1).
2. You have the right to appropriate treatment and related services to address your assessed needs as well as participate in your treatment to the best of your ability.
3. You have the right to be informed and provide consent related to the composition of your service delivery team.
4. You have the right to information needed in sufficient time to allow for decision making regarding treatment.
5. You have the right to informed consent, refusal or expression of choice, and withdrawal of consent including but not limited to service delivery, release of information, concurrent services, composition of the service delivery team and involvement in research projects as applicable.
6. You have the right to develop an individualized treatment/service plan based on your identified treatment needs, receive treatment according to the plan as well as to receive a copy of this plan.
7. You have the right to participate in the development, review and revision (as needed from time to time) of your individual treatment/service plan.
8. You have the right to be told about your condition in understandable terms including:
    A. what your general mental condition is,
    B. what treatment regimens are suggested and agreed upon,
    C. the reason for suggesting these treatment regimens,
    D. what major harmful effects may occur from your treatment, and
    E. what alternative treatments, services, and/or other behavioral health agencies are available and appropriate for you.
9. You have the right NOT to receive treatment developed in your treatment/service plan without:
    A. You first knowing what the planned treatment is and
    B. You first freely giving written consent to receive the services, including concurrent services, identified in your treatment/service plan.
10. You have the right to receive services in the least restrictive environment available.

Right to Keep Your Personal Freedoms

1. You have the right to refuse any treatment, including medication treatment and in the event, refusal occurs, you have the right to know the available alternative treatment, the risks of this treatment, as well as the possible results/consequences of refusing services.
2. You have the right to be treated in a manner that does not interfere with or restrict your personal liberties, maintain your personal privacy consistent with your personal needs, supports your free movement and contact with others, be free from harm which can be reasonably prevented by CCC, free from abuse, neglect, financial or other exploitation, retaliation, humiliation as well as other expectations outlined in the Agency's Code of Ethics.
3. You have the right to not be a part of an experiment or research project without you first knowing about it, the procedures involved, the benefits and/or possible advantages expected, the potential risks and/or discomforts you may be exposed to. You must freely give written consent to become involved in the experiment or research project as well as be given all protections appropriate. CCC will ensure adherence to research guidelines and ethics.
4. You have other legal rights of protection provided by State and Federal Constitutions and by law. These include the access to qualified persons to assist you with understanding and exercising your rights outlined in this document and other provisions of law.
5. You have the right to access and be provided with a referral to legal entities for appropriate representation.

Right to Continuity of Services

1. You have the right to know about any behavioral health services you may need after you leave CCC through transition, discharge, and continued care planning.
2. You have the right to be informed of and access self-help and advocacy support services.
3. You have the right to not be transferred without reasonable notice of the transfer; reason for the transfer; being provided an opportunity to voice your objections and freely giving your written consent.

Access to Records

You have the right, upon written consent to examine your own records, with the exception of anything prohibited by state or federal statute, as well as under circumstances where your counselor or therapist has made the determination, in writing, that the disclosure of specific information in your file could cause you harm.

Upon enrollment in services, you will be provided access to a patient portal which allows you immediate access to portions of your medical record. Information such as diagnosis information, treatment plan, list of medications, etc. are available through your patient portal. Additional information can be obtained by written request.

Right to Confidentiality

1. You have the right to expect all your communications and personal records during treatment, as well as after services have been terminated/completed, to be kept confidential in accordance with all federal and state legal requirements.
2. You have the right to privacy regarding your medical information. Please refer to your Notice of Privacy Practices provided in this handbook.
3. You have the right to identify and provide written consent for the release of your records to specific individuals/entities as well as to terminate this consent in writing at any time.

Right to Provide Input and/or Complain

1. If you have concerns about any of your treatment services at Community Counseling Center, you are encouraged and expected to report these to staff, the staff's immediate supervisor, and/or the Compliance and Safety Coordinator.
2. You have the right to evaluate your services and provide input for suggestions and/or issues through the satisfaction surveys discussed in the orientation section, as well as through our grievance procedure which will be discussed further below.
3. You have the right to make a complaint about your treatment or denial of your rights outlined without fear of negative consequences or retaliation by this agency.
4. You have the right to a prompt, fair, impartial consideration of your complaint according to the procedure below:

   Step 1: We recommend that you first attempt to discuss the issue directly with the staff involved.

   Step 2: If you are not comfortable or dissatisfied with the results of this discussion, you should then ask to speak with the program supervisor. You can expect a response within 5 working days.

   Step 3: If the program supervisor has failed to provide satisfactory results, you may contact the Compliance and Safety Coordinator, verbally or in writing regarding the issue and concerns. You can expect a response within 5 working days.

   Step 4: If you are still dissatisfied, the issue/concern can be brought to the attention of the Chief Executive Officer who will contact you within 5 working days.

   Step 5: If the issue continues to be unresolved after speaking with the Chief Executive Officer, you may submit a written complaint to the Community Counseling Center Board of Directors. The issue will be reviewed by the Board within 30 days. The decision of the Board will be final.
5. You have the right to report any infringements of your rights, including your right to be free from abuse or neglect. A list of external entities you can make the reports to has been provided on the back of this handbook.

Limitations to Your Rights

1. Community Counseling Center staff are ethically and legally responsible, as mandated reporters, to breach confidentiality in the event that a consumer is considered a danger to themselves and/or others or if a consumer reports a suspected child abuse or neglect to Community Counseling Center staff.
2. Any restrictions to your rights, including confidentiality, as outlined by federal and state statutes.
3. Provide services and treatment, including medications, when a medical emergency exists which would endanger the life or adversely affect the health of the consumer and he/she is unable to give consent.
4. Communicate with courts or responsible officials required by statutes, rules, court decisions, or subpoena/court order. This includes any reporting or follow-up requirements based on mandated treatment, even after discharge, regardless of reason for discharge.

Loss of Rights and Privileges:

Program consumers are encouraged to participate in all program services according to their individual needs, goals, and preferences. Exceptions to this include when the treatment team determines that the client may be at risk to self or others or is noncompliant with treatment recommendations or agency rules discussed above. In these circumstances, services may be adjusted or restricted as determined by the treatment team.

If your rights or privileges are restricted due to the above or justifications listed in the Consumer Individual Rights, you, your parent/guardian, and/or any other entity you have designated shall be notified of these restrictions as well as these restrictions being documented in your clinical record.

Reinstatement of rights and privileges:

When it is determined the circumstances resulting in a consumer's services being adjusted or restricted have been resolved, the client will regain their rights and privileges as determined by the treatment team. Program staff and/or interdisciplinary team meetings will be held to discuss actions to be taken and time lengths involved. Continued consumer status will be determined during program staffing and/or interdisciplinary team meetings. You have the right to attend and participate in such meetings.

Overall Agency & Group Rules

Participation in service activities may be limited in the following instances:

1. Physical violence is not tolerated.
2. Abusive and sexually inappropriate language is not tolerated.
3. Seclusion and restraint are not utilized by CCC, with the exception of our Cottonwood Residential and Youth Day Treatment programs. For all other programs, aggression (verbal or physical) will be responded to using positive behavioral interventions, including de-escalation and crisis intervention. In the event attempts to de-escalate are unsuccessful, law enforcement will be contacted to assist with safety concerns.
4. Legal or prescription drugs brought into the agency should be maintained on your person at all times and not left out where others can access them. Prescriptions should be in labeled prescription bottles, when possible. Legal or prescription drugs that are found will be submitted to our nursing department. If we are unable to identify the owner, nursing staff will destroy medication.
5. Medical marijuana may not be used or possessed in any form on the premises of the Center.
6. Illegal drug or alcohol use is not tolerated on agency property. Consumers who are determined to be under the influence of drugs or alcohol and are disrupting services of others will be asked to leave the agency and may return when able to participate.
7. Weapons (guns, knives) may not be brought on agency property. If a weapon is presented to staff for safekeeping, staff will determine a responsible party (consumer friend or family member) and request that they secure the weapon for the consumers benefit. If no responsible person can take possession of the weapon, the police are to be notified and requested to take the weapon from the premises. Any consumer determined to have a weapon in their possession and are unwilling to proceed with safekeeping will be asked to leave the agency property.
8. To promote a healthy environment, the use of tobacco products is prohibited on any CCC campus or in an agency own/operated vehicle by visitors, consumers, and personnel with the exception of the following programs/services campus:
   a) PSR program(s)
   b) IRTS program(s)
   c) PISL program(s)
   d) ITCD Group service(s)

   For the above programs, participants will be allowed to use tobacco products in designated locations during breaks. For these purposes, tobacco products are defined as cigars, cigarettes, pipes, hookahs, all forms of smokeless tobacco, clove cigarettes and other smoking devices such as vapor and electronic cigarettes.
9. Program consumers are expected to wear seat belts during vehicle transportation.
10. Group Rules: Confidentiality of group members' communication and information by other group members is not protected by law. Therefore, group members must agree to uphold the confidentiality of information presented in group by other members.

    This includes but is not limited to names, physical description, as well as the content discussed in group.

    Upon enrollment in group services, you will be notified that participating in a group does not guarantee confidentiality due to the nature of other members being present, but also that you understand as a member that you are required to keep all information presented confidential.

Compliance with Treatment Recommendations

Program consumers are encouraged and expected to comply with treatment recommendations, including attendance for all scheduled sessions. If unable to be here for a scheduled appointment, you are expected to call ahead of time (24 hours or more) to cancel and reschedule.

Transition and Discharge Information

Transition to another provider or level of care as well as discharge from services is based on your individual needs and participation in treatment. This determination will involve your treatment team as well as your participation in decision making. Although transition and/or discharge is individualized, below is basic information regarding transition and discharge criteria:

Transition Criteria:

1. Individual's level of functioning no longer justifies medical necessity based on the outlined admission criteria or level of functioning describes for levels of care. They would be transitioned to a lower level of care as determined by the treatment team, including the consumer and/or guardian.
2. Individual's level of functioning has decreased or there has been a symptom increase requiring a more intensive level of care such as residential services.

Discharge Criteria:

1. Met all treatment related goals or no longer in need of services;
2. Moved out of our catchment area;
3. Refusal of services;
4. Placed in setting that no longer meets eligibility (i.e., nursing home)

CCC Policy on Service Animals

It is the policy of Community Counseling Center to abide by the ADA guidelines as to service animals.

A service animal is a dog that is individually trained to do work or perform tasks for a person with a disability. Examples of such work or tasks include guiding people who are blind, alerting people who are deaf, pulling a wheelchair, alerting and protecting a person who is having a seizure, reminding a person with a mental illness to take prescribed medications, or performing other duties. Service animals are working animals, not pets. The work or task a dog has been trained to provide must be directly related to the person's disability. Dogs whose sole function is to provide comfort or emotional support do not qualify as service animals under the ADA.

Only service animals will be allowed in any of our facilities.

Under the ADA, service animals must be harnessed, leashed, or tethered, unless these devices interfere with the service animal's work or the individual's disability prevents using these devices. In that case, the individual must maintain control of the animal through voice, signal, or other effective controls.

Recording of Protected Health Information

It is the policy of Community Counseling Center to abide by Health Insurance Portability and Accountability Act (HIPAA) Standards for Privacy of Individually Identifiable Health Information (Privacy Standards), 45 CFR Parts 160 and 164.

Written client informed consent is not required before workforce members may photograph, or audio record a client for treatment, security, or healthcare operations purposes, per HIPAA privacy rule. Prior to any recordings of this type, staff will explain the purpose of the recording to clients.

Client consent is not required to document or release information related to an investigation of potential abuse, neglect, domestic violence, assault, threat of harm to self or others, or other situations permitted by law.

Any other situations outside of these areas would require written client consent for video, audio and/or photography of clients by staff members.

Although consent of both parties is not required, it is the agency's policy to prohibit covert recordings by clients, client family members, or visitors of agency workforce or other clients. Community Counseling Center requires clients to notify providers of intention to record sessions.

Missed Appointment & Late Arrival Policy

In order to maximize the utilization of available appointments, Community Counseling Center has established parameters in defining "Missed" appointments as well as guidelines in managing clients/patients who miss appointments.

Types of Missed Appointments:

No Show:	Does not show for scheduled appointment and provides no notification to Community Counseling Center.
Late Cancellation:	Any appointment cancelled less than 24 hours before their appointment.
Late Arrivals:	Arrive 10 minutes or more late for a scheduled appointment, without prior notification. A client/patient arriving 10 minutes or more late, will be rescheduled for another date, worked into the schedule for that day (when possible), or referred to Access to Care or other assigned staff (such as their case manager) depending upon number of previous no-shows or late arrivals.
Client Cancellation:	Cancel/reschedule the appointment twenty-four (24) hours or more before the time of scheduled appointment or at the time of reminder call.

New Patients

If a client/patient is a no-show for their first appointment, they will be rescheduled only after a conversation with an identified Community Counseling Center staff, to address any barriers that would keep them from making their scheduled appointment. If the client no-shows for a second initial appointment, then they will be required to go back through Access to Care to assess their need for services.

Established Patients

Program Provider will review reason for a missed appointment at the next attended session to identify potential barriers and assist with removal of barriers, when possible.

Program Provider will review/update any current crisis prevention/safety plan or develop such plan with client, if applicable and determined appropriate.

Therapy.Services – For outpatient therapy, if three (3) missed appointments are documented within a consecutive, three (3) month time period, no further appointments will be scheduled until the client is able to meet with Access to Care or other assigned staff (such as their case manager) to assess needs/barriers to keeping scheduled appointments &/or to assess for need for services.

Psychiatry.Services.(Medication.Management) – For psychiatry, if four (4) appointments are missed within a consecutive, twelve (12) month period rescheduling can occur after going through Access to Care services or with another assigned staff (such as case manager) to assess need(s) and potential barrier(s) to keeping scheduled appointments and/or to assess for need for services.

If a client/patient misses their medication management (established patient) appointment, they will only be given weekly refills of medication of non-controlled and Schedule 4 controlled medication, until they are seen by the physician, with a maximum of 4 weeks of refills. Any Schedule 2 controlled medications will be refilled at the discretion of the physician.

Programs/Services

Program/Service Descriptions are available upon request or can be found at www.cccntr.com .

Adult Behavioral Health

Our Adult Behavioral Health Program offers services to adults ages 18 and older.

- Individual/Group/Family/Couple Counseling
- Mental Health Assessment and Treatment Planning
- Psychiatric Evaluation & Follow Up
- Medication Management
- Community Support Case Management
- Crisis Intervention
- Supportive Community Living
- Healthcare Home
- Integrated Treatment for Co-Occurring Disorders (ITCD)
- Clustered Apartments
- Substance Use (ASAM Lvl 1 and ASAM Lvl 2.1)
- Intensive Residential Treatment Services
    - Ridgeway
    - Lou Masterman
    - JAH Diversion Beds
- Psychiatric Individualized Supported Living (PISL)
    - Brick House
- Medication Assisted Treatment (MAT)
- Individual Placement and Support (IPS)
- TMS Therapy

Youth Behavioral Health

Our Youth Behavioral Health Program offers services to youth below the age of 17. Services can be provided in an array of settings including in the youth's home, school, through community visits, and/or at any of our office locations.

- Individual/Group/Family Counseling
- Mental Health Assessment and Treatment Planning
- Psychiatric Evaluation & Follow Up
- Medication Management
- Community Support Case Management
- Healthcare Home
- In Patient Diversion (Cottonwood)
- Day Treatment
- Crisis Intervention
- School Based Therapy
- Substance Use (ASAM Lvl 1 and ASAM Lvl 2.1)
- TMS Therapy (Ages 15 and up)

Crisis Intervention Services (Adult & Youth)

Mental health crisis situations can occur 24-hours a day, 7-days a week. In order to respond to these crisis situations, CCC provides the accessibility to an Emergency Services Specialist at all hours.

During normal hours of operation, you would contact the office in your service area.
For crisis services after hours, you can call 988 for the Crisis Intervention Service Hotline.

During crisis situations, Community Counseling Center staff will attempt to verbally de-escalate the situation and if there is a determined risk of physical harm to self or others, they will contact the police to assist with safety needs.

Prescribing Practices

Psychiatric services are available at Community Counseling Center (CCC) locations in Cape Girardeau, Bollinger, Madison, Perry and Ste. Genevieve counties. In addition to providing direct care, our physicians direct the course of treatment for patients served by the Center and provide education and consultation to staff and the general medical community.

All the services offered at CCC, including psychiatric care and medication, are actually the tools needed for the path of recovery and not the solution for the emotional and mental health challenges. The psychiatric care will be based on diagnosis and in accordance to the standards of care including guidelines set by the Federal Drug Administration (FDA) and American Psychiatric Association guidelines.

Controlled Medications Policy:

One of Community Counseling Center's primary goals is to make sure that clients remain safe while being prescribed a controlled substance. Medications whose potential for addiction are such that they are defined as "controlled substances" under federal and state law may not be prescribed for clients in the care of CCC providers unless the conditions are met as outlined in the procedure section.

As an active participant in treatment, clients are expected to adhere to the following components of the agency's policy regarding controlled medications. Failure to abide by any of these components of the policy could result in the prescribing provider no longer prescribing these or other medications to clients and/or could result in discharge from psychiatric services at Community Counseling Center.

- You are responsible for notifying CCC, 3 to 4 days before running out of a medication
- You are responsible for your prescriptions and your medications; you will store your medications in a safe place so that they do not get misplaced, stolen, wet, and/or destroyed. Your psychiatrist will not automatically consent to refills if any of these events occur.
- You agree to take your medications as prescribed and understand that if you abuse/misuse your medications, you put yourself at risk for psychological dependence or addiction as well as possible discharge from medication services; in addition you understand that you will not receive early refills under these circumstances.
- You agree not to use alcohol, illegal drugs or other people's prescribed medications while being prescribed a controlled medication and understand that doing so has a potential for deadly interactions.
- You agree to keep follow-up appointments as scheduled and if you need to reschedule, you will call the office to do so more than 24 hours prior to your appointment time.
- You agree to routine and random urine drug screenings as ordered by your psychiatrist.

Urine Drug Screening Policy

The staff of Community Counseling Center is committed to providing effective treatment to patient's suffering from disorders, including those requiring treatment with controlled substances. In order to monitor and account for the patient's compliance in taking their medication as prescribed, all patients will be subject to urine drug screening.

All new patients over the age of six (6) will be required to submit a urine sample for baseline urine drug screening at time of first appointment with the provider. Refusal to submit a urine sample for this initial UDS could result in rescheduling of the appointment until such time as the client agrees to comply with this requirement.

Any existing patient that is currently being prescribed controlled medications will submit a urine sample for urine drug screening a minimum of two (2) times per year, with possible additional random testing ordered by the provider when warranted.

Any existing patient that is started on a controlled medication for the first time, will submit a urine sample for urine drug screening at the next follow-up appointment with the provider. The patient will then be required to submit a urine sample for urine drug screening a minimum of two (2) times per year, with possible random testing ordered by the provider when warranted.

Any existing patient not currently prescribed controlled medications could be subject to random urine drug screening per provider's order. The provider may also order urine drug screening to check for non-controlled medication compliance when current treatment no longer seems to be effective.

The provider reserves the right to obtain a random drug screen during an appointment if there is reason to suspect non-compliance with medication. Any patient will be called to come to the clinic to submit a drug screen if adequate cause exists. The following justifies adequate cause:

a) A call has been placed to the clinic from another prescribing office or pharmacist that patient is abusing or diverting his/hers controlled prescription
b) Information has been received by the provider from the client's ITCD, SUD, or CPRC staff reporting signs, symptoms and/or behaviors that would indicate a need for urine drug screening.
c) Any patient who displays behavior, signs or symptoms consistent with withdrawal.
d) Any patient who displays behavior indicating a loss of their normal mental or physical faculties.

Any patient who refuses to provide a urine sample for drug testing shall not receive a prescription for a controlled substance. In addition, the provider has the right to discontinue services with any client unwilling to comply with UDS screening when requested by the provider.

Any patient who is found to be intentionally or unintentionally tampering with/or falsifying a urine sample for the purpose of testing shall not receive a prescription for a controlled substance and will be subject to education on CCC policies on substance use/diversion. The patient will also be required to repeat a urine screen within 24 hours of prior testing. Based on the results of this testing the patient's controlled substance medication needs will be reassessed. Potential consequences may be immediate discontinuation or taper of controlled medications.

Medical Marijuana

Although Missouri has approved the use of medical marijuana for specific medical conditions/illnesses, due to federal requirements that health care providers maintain compliance with federal laws and regulations regarding the provision of health care services, physicians employed by the Center may not certify clients with qualifying medical conditions for the purpose of authorizing the use of medical marijuana.

Center employees can assist with completing the application to receive a medical marijuana card and support the client during physician appointments as part of case management or peer support services offered. Center employees are not permitted to transport medical marijuana products with or for clients.

Financial Policy

Payment is due at the time of service unless you have third-party coverage or have made prior arrangements with the Center. The Center accepts insurance reimbursement, Medicare, and Medicaid. It is our desire that no client be denied services for financial reasons. Clients who meet income and residence guidelines may have their fees reduced. At time of completing admission paperwork, proof of residence and income information is required to determine eligibility for services and related fees. Clients are responsible for any co-pays or deductibles/spend-downs associated with their payer source. The Center reviews all financial and proof of residence information at least once per year. Fee amounts and patient responsibility may change at that time. If it is determined that you are responsible for any fees associated to your services (beyond co-pays and deductibles/spend-downs), you will be informed of this at the time of admission.

Notice of Privacy Practices

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.

This notice is intended to inform you about our practices related to the protection of the privacy of your medical records. We are required by law to ensure that medical information that identifies you is kept private. Further, we must give you this information related to our legal duties and privacy practices with respect to any medical information we create or receive about you. We are required by law to follow the terms of the notice that is currently in effect.

This notice will explain how we may use and disclose your medical information, our obligations related to the use and disclosure of your medical information and your rights related to any medical information that we have about you. This notice applies to the medical records that are generated by the Community Counseling Center.

With a few exceptions, we are required to obtain your consent or authorization for the use or disclosure of the information. We have listed some of the reasons why we might use or disclose your medical information and some examples of the types of uses or disclosure below. Not every use of disclosure is covered, but all the ways that we are allowed to use and disclose information will fall into one of the categories.

If you have any questions about the content of the Notice of Privacy Practices, or if you need to contact someone at the Center about any of the information contained in the Notice of Privacy Practices, the contact person is:

Name of Contact:	Cheri Chapman
Title:	Compliance and Safety Coordinator, Privacy Officer
Address:	402 S. Silver Springs Road
	Cape Girardeau, MO 63703
Telephone:	(573) 334-1100

In addition to Center departments, employees, staff, and other Center personnel, (any health care professional who is authorized to enter information in your medical record) will also follow the practices described in this Notice of Privacy Practices.

Use and Disclosure of Medical Information that Requires your Consent:

We can use or disclose medical information about you regarding your treatment, and payment for services if we have your consent. If you do not give us permission to use or disclose your medical information, we do not have to treat you.

For treatment: To provide you with medical treatment or services, we may need to use or disclose information about you to doctors, nurses, counselors, case managers or Center personnel who are involved in the treatment. For example, a doctor may need to know what drugs you are allergic to before prescribing medication. Departments within the Center may share medical information about you to coordinate your care. For instance, the crisis service may request information to complete paperwork.

For payment: We may use and disclose your medical information for the Center to bill and receive payment for the treatment that you received here. For example, we may use or disclose your medical information to your insurance company about a service you received at the Center so that your insurance company can pay us or reimburse you for the service. We may also ask your insurance company for prior authorization for a service to determine whether the insurance company will cover it.

For Health Care Operation: We can use and disclose medical information about you for Center operations. These include uses and disclosures that are necessary to run the Center and make sure that our clients receive quality care. For example, medical information about you and other Center clients may also be combined to allow us to evaluate whether the Center should offer additional services or discontinue other services and whether certain treatments are effective. We may also compare this information with other centers to evaluate whether we can make improvements in the care and services that we offer. To best protect your privacy when we are combining medical information, we will remove information that identifies you.

Uses and disclosures of medical information that do not require your consent or authorization:

We can use or disclose health information about you without your consent or authorization when there is an emergency or when we are required by law to treat you, when we are required by law to use or disclose certain information, or when there are substantial communication barriers to obtaining consent from you. Further, we may use or disclose your health information without your consent or authorization in any of the following circumstances.

- When it is required by law
- When it involves use and disclosure for public health activities, such as mandated disease reporting, etc.
- When reporting information about victims of abuse, neglect or domestic violence
- When disclosing information for the purpose of health oversight activities, such as audits, investigations, licensure of disciplinary actions or legal proceedings or actions
- When disclosing information related to a research project when a waiver of authorization has been approved by the Privacy committee
- When we believe in good faith that the disclosure is necessary to avert a serious health or safety threat to you or to the public's safety
- In the case of a prison inmate, information can be released to the correctional facility in which he/she resides for the following purposes: (1) for the institution to provide the inmate with health care; (2) to protect the health and safety of the inmate or the health and safety of others; or (3) for the safety and security of the correctional facility; and when disclosure is necessary to comply with worker's compensation laws or purposes

Planned Uses or Disclosures to which you may object:

We will use or disclose your health information for any of the purposes described in this section unless you affirmatively object to or otherwise restrict a particular release. You must direct your written objectives or restrictions to Community Counseling Center Attn: Security/Privacy Officer, 402 S Silver Springs Road, Cape Girardeau MO 63703. The telephone number is 573-334-1100.

We may use or disclose your health information to contact you and remind you that you have an appointment for treatment or medical care.

We may use or disclose your health information to provide you with information about or recommendations of possible treatment options or alternatives that may interest you.

We may use and disclose your health information to inform you about health benefits or services that may interest you.

We can disclose health information about you to a public or private entity that is authorized by law to assist in disaster relief efforts, i.e., the American Red Cross for the purpose of notification of family and/or friends of your whereabouts and condition.

Your Rights with Respect to Health Information

Rights to Request Restrictions

You have the right to request that we restrict any use or disclosure of your health information. We are not required to agree to any restriction that you request. If we do agree to adhere to your restrictions, we will comply with your request unless the information is needed to provide you treatment. Requests to restrict uses or disclosures can be made verbally or in writing. If verbal request is received, the staff member receiving such request shall document this on the appropriate form and submit to the Security/Privacy Officer. Your request must indicate (1) what information you want limited; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

Rights to Receive Information in Alternate Form and/or Location

You have the right to receive information about your health in an alternate form and/or location. For instance, you can request that we not contact you at work. To request confidential communications, you must make your request in writing. Staff can provide you with an agency form to document this request. The request must tell us how and/or when you want to receive information. We will accommodate reasonable requests.

Right to Inspect and Copy Protected Health Information

You have the right to inspect and copy your health information that may be used to make decisions about your care, with the exception of psychotherapy notes. If you want to see or copy your medical information, you must submit your request in writing. Staff can assist you by providing an agency document that you can complete and submit. If you request copies of information, we may charge a fee for any costs associated with your request, including the cost of copies, mailing or other supplies.

In limited circumstance we can deny you access to your health information. If access is denied, you can request that the denial be reviewed. Another licensed health care professional chosen by the Center will review your request and the denial. We will adhere to the decision of the reviewer.

Right to Request Amendment to Protected Health Information

You have a right to request that your health information be changed if you believe that it is incorrect or incomplete. You have a right to request changes for as long as the information is kept by the Center. To request a change in your information, you must submit it in writing. Staff can provide you with an agency document you can complete and submit. You must give the reason that you want the information changed, including why you think the information is incorrect or incomplete.

We can deny your request if it is not in writing and if it does not include a reason why the information should be changed. We can also deny your request for the following reasons.

- The information was not created by the Center, or the person or entity that did create the information is no longer available
- The information is not part of the medical record kept by or for the Center
- The information in not part of the information that you would be permitted to inspect and copy
- We believe the information is accurate and complete

Right to an Accounting of Disclosures

You have the right to receive an accounting of disclosures of medical information that we have made, with some exceptions. You must submit your request in writing to the Security/Privacy Officer. Your request must state the time period that may not be longer than six (6) years and may not include dates before April 14, 2003. You should include how you want the information reported to you, i.e. by paper, electronically, etc. You have the right to receive a free accounting every twelve (12) months. If you request more than one (1) accounting in a twelve (12) month period, we may charge you a reasonable fee for the cost of providing that list. We will notify you of the charge for such a request and you can then choose to withdraw or change your request before any costs are incurred.

You have the right to a paper copy of this Notice of Privacy Practices. Even if you have agreed to receive this notice in another form, you can still have a paper copy of this notice. To obtain a paper copy of this notice, contact the Privacy Officer. You can obtain a copy of this notice at our website: www.ccentr.com.

Complaints

If you believe that we have violated any of your privacy rights or have not adhered to the information contained in this Notice of Privacy Practices, you can file a complaint by putting it in writing and sending it to: Community Counseling Center, ATTN: Security/Privacy Officer, 402 S. Silver Springs Road, Cape Girardeau MO 63703. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. **You will not be retaliated against for filing a complaint with either the Center or the U.S. Department of Health and Human Services.**

Changes to this Notice of Privacy Practices

We reserve the right to change or modify the information contained in this Notice of Privacy Practices. Any changes that we make can be effective for any health information that we have about you and any information that we might obtain. Each time you receive services from the Center, we will provide the most current copy of our Notice of Privacy Practices. The most recent version of Privacy Practices will be posted in our building. Also, you can call or write our contact person, whose information is included on the first page of this Notice of Privacy Practices, to obtain the most recent version of this notice.

Community Counseling Center is funded by Missouri Department of Mental Health, the Mental Health Boards of Cape Girardeau, Perry and Ste. Genevieve Counties, fees for services, grants, contracts, private and corporate gifts.

Main Office Locations:

Cape Girardeau
402 S. Silver Springs Road
Cape Girardeau, MO 63703
Phone: 573-334-1100

Madison County
309 Garrett Street
Fredericktown, MO 63645
Phone: 573-783-4104

Bollinger County:
103 El Nathan Drive
Marble Hill, MO 63764
Phone: 573-238-1027

Perry County:
120 N. Jackson Street
Perryville, MO 63775
Phone: 573-547-8305

Ste. Genevieve County:
820 Park Drive
Ste. Genevieve, MO 63670
Phone: 573-883-7407

Report any abuse, neglect, or infringement of your rights to:

Department of Mental Health - Client Rights Monitor
1706 E. Elm
P.O. Box 687
Jefferson City, MO 65102
(800) 364-9687