



Clinical Outcomes Group, Inc.

Improving the Health of Our Communities

CLIENT HANDBOOK

**1 South Second St. First Floor
Pottsville, PA 17901
(570) 628-6990**

PUBLIC HEALTH SERVICES PROVIDED

Outpatient Substance Abuse Treatment

Anger Control Education

Re-Entry Services

Center of Excellence

Prevention Education

RAIDERS Promise Project

Specialty Programs

HOURS OF OPERATION

Monday = 8:00 a.m. to 4:30 p.m.

Tuesday = 8:00 a.m. to 4:30 p.m.
after 4:30 p.m. by appointment only

Wednesday = 8:00 a.m. to 4:30 p.m.
after 4:30 p.m. by appointment only

Thursday = 8:00 a.m. to 4:30 p.m.
after 4:30 p.m. by appointment only

Friday = 8:00 a.m. to 4:30 p.m.

Financial Responsibility of Clients Receiving Treatment

All clients entering any type of drug and/or alcohol treatment services with Clinical Outcomes Group, Inc. will be assessed on a regular basis for financial responsibility.

Personal financial responsibility is determined by client income, insurance eligibility, and the funding ability through Schuylkill County Drug and Alcohol Programs.

In the event a client is deemed to be responsible for full or partial personal liability, that client will be notified immediately of the liability rate. Clients are expected to bring payment in full to each session and payment will be accepted in the form of cash, money order, or check. Clients will not be permitted to continue services if they are not meeting their financial responsibilities for services.

Any client who pays for services via a personal check shall understand that in the event the check is returned to Clinical Outcomes Group, Inc. for non-payment they will receive a \$20 returned check fee. If this occurs then a client will no longer be permitted to pay with a personal check.

Process

1) **Assessment:**

The initial step in the treatment process is to have an assessment with a counselor. The purpose of the assessment is to gain information necessary to make the best treatment recommendations possible. The assessment will consist of a obtaining a personal history to include: medical, social, family, occupational, educational and a substance use. After gathering all the necessary information, an appropriate level of care will be determine, as well as any referrals for additional services. The Clinician will review over this recommendation and provide appropriate explanations. All necessary releases and paperwork will be completed at this time. In addition you will receive information on TB screening and referral as well as HIV information. A clinician will also explain you financial responsibility for your treatment services. At the time of the assessment you will also be assessed for Intensive Case Management Services. The clinician will provide further explanation if you are eligible for Intensive Case Management services.

2) **Outpatient Counseling:**

The first step in the counseling process is to be assigned a counselor. You will be contacted by mail or phone as to who your counselor is and the date and time of your first appointment. You will also be given a date and time to begin group counseling if appropriate. At the initial counseling appointment, you will develop an individualized treatment plan with your counselor to address specific areas of concern. You will review over assessment information to provide any additional information or to gain clarification on information. Together with your counselor you will establish the frequency of individual counseling. Any additional paperwork or clarification will be done during the first session. The length of your counseling will be assessed in an ongoing process with you and your counselor. As part of your counseling you will be subject to random urine screens. If necessary and appropriate your counselor will coordinate your treatment with other professionals involved with your case.

Rules and Regulations of Clinical Outcomes Group Inc.

It is our intention to create a safe and healthy environment for our clients. We ask that all clients adhere to the rules of the facility to ensure that you gain the maximum benefit from your experience at Clinical Outcomes Group.

1. Comply with all rules and regulations of the program. Failure to do so may result in termination from treatment.
2. No violence or threats of violence.
3. No profane language towards others or staff members.
4. Do not attend treatment while under the influence of alcohol or drugs.
5. Attend all scheduled appointments; if you are unable to attend an appointment notify staff at least two hours prior to the scheduled appointment. Repeated missed appointments may result in termination from treatment.
6. Face to face contact with your counselor must occur at least once every thirty days. If this does not occur you may be discharged from treatment.
7. Drug paraphernalia, weapons of any type, or clothing promoting substances of abuse is not permitted while at the facility.
8. Clinical Outcomes Group is a smoke-free environment. Smoking is not prohibited in the facility or property.
9. Failure to adhere to the above mentioned rules will be cause for termination from services. Notification will be made in writing to client.

Notice of Confidentiality

Confidentiality of Alcohol and Drug Abuse Client Records

The confidentiality of alcohol and drug abuse client records maintained by this program is protected by Federal and State Law and Regulations. The program may not disclose information regarding a client's treatment, identifying information, unless:

1. The client consents in writing; or
2. The disclosure is allowed by a Court Order; or
3. The disclosure is made to medical personnel in a medical or psychiatric emergency, or to qualified personnel for research, audit or program evaluation.

Federal Law and Regulations do not protect any information about a crime committed by a client either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal Law and Regulations do not protect any information about suspected child abuse or neglect from being reported under State Law to appropriate State or local authorities. (See 42 U.S.C. 290ee-3 and 42 U.S.C. 290ff-3 for Federal laws and 42 C.R.F. Part 2 for Federal Regulations.)

Clients original records will remain at clinical Outcomes Group and will not be released directly to the client or a third party.

Should you have any questions relative to consent or suspect that a violation in confidentiality had occurred, please contact the Program Director at 570-628-6990.

Procedure to Initiate a Complaint

Employees and clients of Clinical Outcomes Group, Inc. may, in accordance with Federal and State employment laws and the American with Disabilities Act, file a written complaint against another employee and/or Clinical Outcomes Group, Inc. This policy is meant for the protection of employees and clients of Clinical Outcomes Group, Inc. It is always recommended to work out differences using informal methods and the hierarchy defined within the organizational chart prior to formal measures.

A classified employee or client may file a complaint by completing a complaint form and submitting it to the Executive Director. Unless there is good cause for delay, a complaint must be filed within ten working days of the occurrence. In the case of a complaint from one active employee on another (including the Executive Director), the complaint should take place as close to the date of the incident in order to properly investigate the complaint.

Upon submission of the complaint statement, the complainant will be provided with a copy of the formal complaint policy and other documents pertaining to complaint hearing procedures.

Complaints of supervisory staff including the Executive Director will take place in this same manner except at least one board member will be asked to be involved in an investigation of this manner. No involved parties, including supervisory staff or the Executive Director may be involved in the complaint procedure beyond that of their own involvement.

Members of the supervisory staff, excluding any involved parties and board members where appropriate will review the complaint and determine its validity within 3 days. At this point the complaint will be investigated or be denied.

If the complaint is denied, the complainant has 30 days to appeal the complaint. At this time the entire Supervisory staff including the Executive Director, excluding any involved parties, will review the validity of the claim and make a determination within 10 days of the resubmitted complaint.

If the complaint is found to be valid, it will be investigated by an individual or team depending upon the level of the complaint. The investigation will take no more than 30 days unless involved parties are unavailable secondary to medical or legal issues. Upon review of evidence a decision will be made at the end of this 30 day period.

If the complaint is found to be valid upon investigation, appropriate action will be taken upon the employee found to have committed the act up to dismissal from COGI and criminal charges.

If the complaint is found to be invalid at this level, the employee may appeal to the board of directors or external law enforcement or civil professionals for further investigation. This further pursuit must be completed on the employees or clients own time.

Client Rights

A person receiving care or treatment under the provision of or subject to the provisions of the Act of April 14th, 1972 (P.L.>63), know as the PA Drug and Alcohol Abuse Control Act, Section 7, shall retain all civil rights and liabilities except as provided by Law. No client shall be deprived of any civil rights solely by reason of treatment. The project shall not deny any services on the basis of age, creed, sex, ethnicity, color, national origin, marital status, sexual orientation, handicap or religion.

Other client rights are as follows:

1. Right to care and treatment which shall at all times recognize and respect the personal dignity of the client.
2. Right to individualized treatment, which includes:
 - a. Adequate and humane services, regardless of source(s) of financial support;
 - b. Client participation in the development of an individualized treatment plans;
 - c. Use of the least restrictive environment (i.e. to be able to express feelings in an accepting and non-judgmental atmosphere);
 - d. The active participation of the client and/or responsible parent/guardian in the planning of their treatment;
 - e. A periodic review of the treatment plan;
 - f. An adequate number of competent, qualified and experienced clinical staff supervising and implementing the treatment plan.
3. Right to be informed about all aspects of treatment including:
 - a. Confidentiality of client information and records;
 - b. Professional staff information of those responsible for client care;
 - c. Nature of treatment and procedure to be received;
 - d. Right to refuse treatment procedures and the participation in research projects;
 - e. Use and disposition of audio/visual equipment;
 - f. Cost and services;
 - g. Rules and regulations of the program;
 - h. Right to initiate a complaint and request a hearing on the complaint;
 1. Discharge and aftercare plan development for continued mental and physical health;
 - j. Referral and transfer procedure and options;
 - k. Sources of facility reimbursement and any limitations on duration of services

4. Right to request to inspect your client record:
 - a. The Program Director may temporarily remove portions of the record prior to the inspections by the client, if the Director determines that the information may be detrimental if presented to the client. Any reason for removing sections is documented and kept on file;
 - b. The client may request a correction or removal of inaccurate, irrelevant, outdated or incomplete information from the records;
 - c. The client may submit rebuttal data or memoranda to his/her own records;
 - d. The client may appeal a decision submitting access to his records to the Program Director.

5. Method to request to inspect your client record:
 - a. A client may request to access their client record through a written request to their primary counselor who can further advise them concerning the access of the record;
 - b. When possible, the request form the client should be in writing and fully explain the reason for the request to inspect their record;
 - c. The primary counselor will bring forward the request to the Program Director in order to secure that arrangements for record review can occur;
 - d. Clients may also request to access their client record by directly contacting the Program Director, if they do not feel comfortable with other professional staff person concerning the request;
 - e. Arrangements concerning record access will be made as soon as reasonably possible.
 - f. A copy of the client record will not be given directly to the client; however, with a written request and a signed release of information, a treatment summary will be provided to the client within 3 business days of the written request.

6. Right to expect emergency procedures to be implemented without unnecessary delay.

7. If you receive funding for treatment under contract agreement with the Schuylkill County Drug & Alcohol Executive Commission you have the right to grieve/appeal the following issues:
 - a. Denial or termination of services,
 - b. Level of Care Determination,
 - c. Length of Stay in Treatment,
 - d. Length of Stay in Case Management,
 - e. Violation of Human/Civil Rights

Specific information regarding the process of grievance and appeal is contained in the State of Client Rights, Consent to Evaluate, Grievance and Appeals.

DRUG AND ALCOHOL RE-ADMISSION POLICY

Purpose: This policy is to ensure consistency with re-admission into both our Drug Free Outpatient Program and our Suboxone Program.

Procedure: This pertains to clients enrolled in COGI's (Clinical Outcomes Group, Inc.) outpatient, intensive outpatient or Suboxone program and are subsequently discharged for non-compliance. Non-compliance can include but is not limited to; poor attendance, relapse, refusal to follow doctor's recommendation, etc. After a discharge due to non-compliance, re-admission into COGI's outpatient and intensive outpatient programs will be handled as follows:

- For a second admission into our program, a client can be re-admitted into services after thirty days of discharge.
- For a third admission into the program, clients must wait 60 days from date of discharge. (In certain circumstances a client can be re-admitted sooner, but a decision must be made with the treatment team prior to re-admission.) All clients will be provided with the names and numbers of other facilities that may accommodate their needs until they are able to return to services at COGI.

** Although clients have the right to choose where they would like to receive services, after a client has three admissions into the program they will be referred to another Drug and Alcohol Facility for services. Exceptions to this will only be at the discretion of the treatment team.*

Clinical Outcomes Group, Inc Center for Counseling Services

Section 1. Consent to Treatment

I authorize the counselor/physician in charge of my case, to administer and provide Assessment, Counseling, Cessation and Abuse Intervention Services, as deemed necessary and advisable in the diagnosis and treatment of my case.

Client Signature/Date

Witness Signature/Date

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Section 2. Explanation of Services

- Confidentiality/Client Rights
- Financial Liability Determination for Services
- Continuum of Services Available
- Received a Copy of Client Handbook
- Re-admission Policy

Client Signature/Date

Witness Signature/Date

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Section 3. Consent to Follow Up

I hereby agree that the staff of Clinical Outcomes Group, Inc. Counseling Center have permission to conduct a minimum of one (1) follow-up contact with me following the closure/termination of my case. I also understand that I have the right to be treated by the Counseling Center without my permission to this agreement.

Client Signature/Date

Witness Signature/Date

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Section 4. Privacy Notification

In accordance with the Health Insurance Portability and Accounting Act of 1996 (HIPPA), I have been given an opportunity to receive a copy of the Clinical Outcomes Group, Inc Counseling Center Notice of Privacy Practices which describe how my clinical information is utilized and disclosed.

Client Signature/Date

Witness Signature/Date

Client accepted copy

Client rejected copy