



# Client Handbook



To Provide Excellent, Efficient, Compliant, Data-Driven  
Clinical Care to All Who Desire It

**Crisis Services Available 24 Hours by  
330-845-HELP (4357) - Crisis**

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

**Phone: 330-264-9029 Fax: 330-263-7251**



## The Counseling Center's Locations

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### **Wooster (Main Office)**

2285 Benden Drive, Wooster, Ohio 44691  
Phone: 330-264-9029  
Fax: 330-263-7251  
Monday, Wednesday 8am – 8pm  
Tuesday, Thursday & Friday 8am – 5pm

### **Wooster Psychiatric Services**

2285 Benden Drive, Wooster, Ohio 44691  
Phone: 330-264-4299  
Monday 8am – 6pm  
Wednesday 8am – 8pm  
Tuesday, Thursday & Friday 8am – 5pm

### **Rittman**

22 W Ohio Ave, Rittman, Ohio 44270  
Phone: 330-925-5466  
Monday 8am – 5pm  
Wednesday 8am – 5pm

### **Orrville**

859 S. Main Street, Orrville, Ohio 44667  
Phone Number: 330-683-5106  
Thursday 8am – 5pm

### **Millersburg**

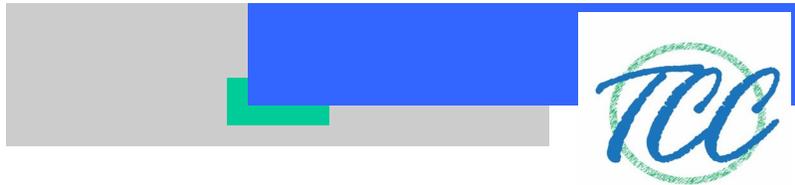
212 North Washington, Millersburg, Ohio 44654  
Phone: 330-674-6697  
Monday and Thursday 8am – 5pm

### **Major Holidays Observed (Offices Closed): Crisis is Always available**

New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving, Friday after Thanksgiving, Christmas Eve, and Christmas Day.

**Please note:** If a holiday falls on a Sunday, it will be observed on the following Monday; and if it falls on a Saturday, it will be observed on the preceding Friday.

\*Days and times are subject to change.



## **The Counseling Center of Wayne and Holmes Counties**

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The Counseling Center has been serving Wayne/Holmes area residents since 1953. The Counseling Center is a progressive community behavioral health agency headquartered in Wooster, a medium-sized college town, located in scenic rural Northeastern Ohio within 30-60 minutes of Akron, Canton, Cleveland and Mansfield. With offices in Wooster, Millersburg, Orrville and Rittman, The Counseling Center provides assistance to over 5,000 individuals and families each year.

Our staff includes social workers, counselors, psychologists, psychiatrists, psychiatric nurses, and peer recovery supporters. The Center provides an array of programs and services designed to treat behavioral health and emotional problems in both children and adults, as well as ongoing recovery services and prevention programs. We have been accredited by CARF since 1997.

The Counseling Center is a 501 (c)(3) non-for profit corporation governed by a Board of Directors. We are also thankful to be a contracted partner agency with the Mental Health and Recovery Board of Wayne and Holmes Counties and a core partner agency of the United Way of Wayne and Holmes Counties. In addition, we are blessed to partner with the Ohio Department of Mental Health and Addiction Services, Case Western Reserve University, Aetna OhioRise, and Genoa Healthcare.



Supported in part by the Wayne-Holmes Mental Health and Recovery Board Levy

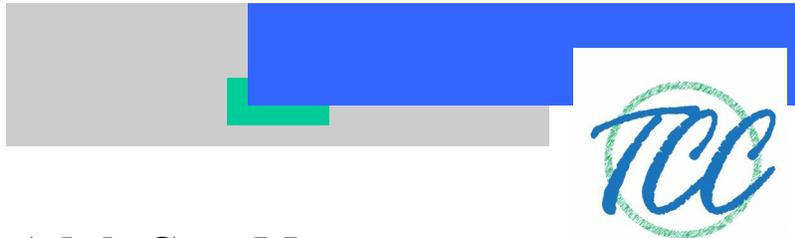




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## **Adult Case Management**

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Adult Case Management is a collection of services available to clients who would benefit from specialized services. These services assist you and your family with psychiatric, medical, social, financial, education, and other resources. CPST focuses on assisting you in identifying and accessing those services and supports that will help you lead a more satisfying life.

Case management services can be long term and ongoing and are designed to make sure that you receive the kind of care and services that you need to live successfully in the community, become involved in meaningful activities and to function at your best.

Your case manager will help you to set up and coordinate not only services from The Counseling Center, but also those from other health professionals, schools, courts, and social agencies. They can meet with you in your home or in other community settings at times mutually agreed upon, but they will be able to be reached by phone during business hours. Crisis services are available to you 24 hours a day.

At the outset, your case manager will help you set clear treatment goals and will regularly check in with you about the progress you are making.

Depending on your needs, your case manager might suggest other kinds of treatment services. If you agree to participate in those services, your case manager will help with arrangements. This may include an evaluation by a staff provider to discuss how medication may assist you. It is very important to continue with case management while taking medication. Please be honest about how you are feeling and what is going on in your life. Help yourself and your provider by not using alcohol or other drugs and taking all prescription medication as directed. We are here to help—please do not drop out or lose contact with us!



## Crisis Services

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Crisis Intervention/Services is an intensive, short-term support and evaluation process to help people cope with and overcome serious personal crises.

Because crises can occur anytime, crisis intervention services are immediately available 24 hours a day, seven days a week at **330-845-4357** or **330-264-9029**. The crisis staff provide an opportunity for you and other important people in your life to find solutions to problems by talking about them with a trained mental health professional. Crisis intervention services can help you understand your difficulties, develop skills to help you cope, and help you access other types of mental health services you may need.

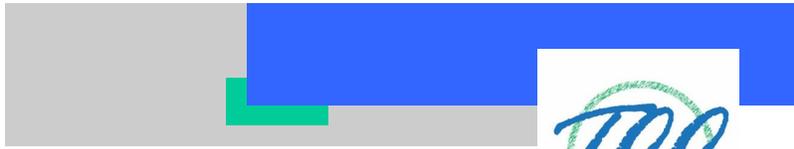
Your crisis therapist is primarily concerned about your safety and well-being, as well as those of people around you. For that reason, the staff member may ask you questions about whether you are having any thoughts about harming yourself or someone else, about how well you are managing daily activities, and about what kinds of alcohol, drugs, and medications you may be taking.

Sometimes crisis situations are so serious that treatment in a hospital or psychiatric hospital is necessary to ensure your safety and stabilize your situation. If your emergency services therapist determines that you need such intensive types of care, they will help you arrange admission to an appropriate facility.

If you go to such a treatment facility, your emergency services therapist or another Counseling Center staff member will stay in touch with the facility to make sure that appropriate mental health services are available to you after you are discharged. After you are discharged, it is extremely important for you to attend any follow-up treatment sessions that your crisis therapist arranges for you.

In some cases, your emergency services therapist might suggest that you see one of the agency's psychiatrists/providers to evaluate your need for certain kinds of medication to help you feel or function better. However, if you agree to take medication, realize that medications are only for symptom relief.

It is very important to be honest with the crisis therapist so that they can assist you with the best course of treatment. This includes your use of alcohol or other drugs or other factors that may be contributing to your crisis. Do not give up and keep an open mind! Sometimes crises can lead to positive change and growth. Let us show you how.



## **Intensive Home-Based Therapy (IHBT)**

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Intensive Home-Based Therapy (or "IHBT") is an intensive type of mental health counseling designed to help stabilize difficult family situations so that children can continue to live at home and families can remain intact. IHBT is an intensive, time-limited process that takes place in your home and can help you and your family discover solutions to the challenges you face. By talking with an IHBT professional, you and your family can discover new ways to understand your difficulties, develop new skills to help you cope with life's demands and improve family relationships. More importantly, you and your family can learn about yourselves, find ways to better meet your own and each other's emotional needs, and live a more satisfying family life.

Your IHBT therapist will listen carefully to understand your situation and needs and will provide caring support and direction to help you and your family discover the solutions that will work best for you and your family and to set clear goals for treatment. The therapist may also teach you new ways of handling discipline, coping with stress, or communicating with others.

During IHBT, the intervention specialist might suggest additional treatment services. In some cases, your IHBT professional might suggest that you or a family member see one of the agency's psychiatrists to determine if medication might improve functioning or emotional well-being. However, if you or another family member agrees to take medication, realize that medications are only for symptom relief. By themselves, they do not solve the underlying problems causing your distress.

**IHBT is intensive and sessions may involve several hours, several times a week. However, IHBT is time-limited, usually lasting 90 days. If you or your family needs more than the typical 90 days, your IHBT professional may either provide more sessions or arrange a referral to another mental health professional for additional care.**

- To help assure that IHBT services are as successful as possible, you will need to be completely honest and open with your IHBT therapist about your experiences, thoughts, and feelings. Be open to new ways of looking at your problems and new ways of behaving.
- Please be on time for all scheduled appointments. Your IHBT professional may look at missed appointments or cancellation with less than 24-hour advance notice as signals that you or your family is not ready for change.
- While you and your family are in IHBT, don't abuse alcohol or drugs and be sure to take any medications only as prescribed. Abuse of legal, illegal or prescription chemical substances is one of the most common reasons why of mental health therapy is unsuccessful.



## **Mental Health Day Treatment**

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As individuals, there are times in which we get overwhelmed and our ability to cope with our situations requires more support than typical mental health services. In these situations, entering a longer term, more frequent level of service can meet the needs that other services are not.

Day Treatment can help to assist by providing daily support to an individual in building their skills and understanding of their current mental health issue. This service includes both individual and group support to allow for additional insight to be built into current stressors and potential interventions to be identified. The goal is to have an individual stable and able to remain in the community and out of psychiatric hospitalization by the end of the program.

- Day treatment provides intensive, person-centered and comprehensive care through an initial assessment with a licensed professional to determine individual needs and collaborate on an individualized treatment plan for the program.
- Interventions of the day treatment program can include Skills Development, Problem solving, Conflict Resolution, Emotions/Behavior Management, Positive Coping Skills development, Psychoeducation, Community Resource Connection, Relational Skill Development, and other personalized interventions as developed collaboratively as a part of the individual treatment plan.
- Psychiatric services are also provided for those who need medication to assist in stabilizing Symptoms. Day treatment runs 5 days a week for a minimum of 3 hours of treatment services per day. These services can include both individual and group support and are provided by licensed and/or certified treatment professionals. The length of treatment will be determined by you and the Day Treatment therapist in the first meeting as a treatment plan is developed. Treatment time can vary depending on your level of participation in the process in reaching your personal goals discussed in the treatment planning process.

# Mobile Response Stabilization Services (MRSS) - Youth Crisis



## What is **MRSS?** Mobile Response Stabilization Service

MRSS (Mobile Response Stabilization Service) is available to help young people under 21 who are experiencing significant behavioral or emotional distress.



### How do I contact MRSS?

**Call 9-8-8 and ask for MRSS**

When you call our crisis workers will help connect you with our MRSS staff.

For general information call **330-500-MRSS (6777)**



### What Happens After I Call?

An MRSS staff person will be in touch with you by phone to make arrangements to respond to your needs. A team of behavioral health professionals can be dispatched to offer on-site support to a young person's home, school, local emergency room, or another location in the community. The team will stay until the situation is calm.

*Please note that Mobile Response availability will be limited to weekdays and non-holidays throughout the beginning stages of the program.*

### What Happens After Everything Is Calm?

The therapist will assess your specific needs and strengths, and will offer up to 42 days of intensive support which could include home-based psychotherapy, skill building, peer support, and referral to on-going community services and resources to strengthen your family and help your family's path to success.



To learn more about MRSS visit

**[mrssohio.org](http://mrssohio.org)**



## Mobile Response Stabilization Services (MRSS)



Mobile Response and Stabilization Services, or MRSS, is a time-specific, specialized crisis and stabilization service for youth aged 21 and under. MRSS is designed to work with the youth and their immediate support system to manage a family-defined crisis by identifying ways to help stabilize the youth within the home. The goal of MRSS is to keep the youth in their home while providing support to build skills within the family and work towards service linkage.

MRSS can include on-site de-escalation services, a plan of action for ways to prevent future crises, support, and skill building opportunities. MRSS will also assist in linking to ongoing services outside of MRSS program. MRSS works closely with our Crisis Team who can provide additional support as appropriate.

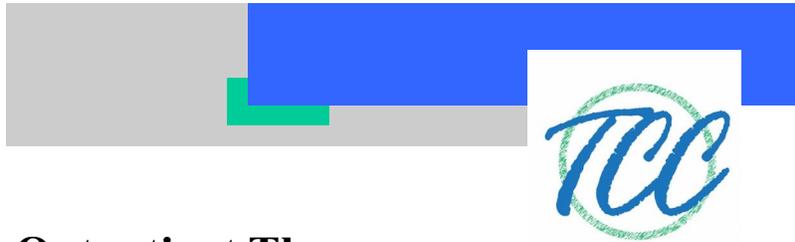
Your MRSS therapist is primarily concerned about your safety and the safety of those around you. There may be a time when the MRSS therapist sees that MRSS is not the safest option, and they may recommend inpatient treatment with MRSS follow up. If this recommendation is made, your MRSS therapist will work to get the youth connected with additional crisis services for appropriate placement.

At the start of your MRSS services, you and your therapist will work together to set clear goals for treatment. These goals will be short-term, as MRSS is a time-limited service. However, having something to work towards often improves outcomes. During MRSS, your therapist will likely suggest additional services to assist in ongoing progress after MRSS ends. These recommendations may include outpatient therapy, a case manager, psychiatry services, school-based services, or an intensive outpatient program.

MRSS is needs-based and intensive. A single MRSS visit could take a few hours depending on the situation at hand. MRSS is designed to come in and stabilize a situation and help you and your family get connected to ongoing services.

For MRSS to be most effective, it will be important for you and your family to be honest with your MRSS therapist. Be open to new ways of looking at your problems and new ways of coping with your situation and changing behaviors.

- Please be on time for any scheduled appointments or call your therapist if there is a change to your schedule. While you and your family are involved with MRSS, we recommend that you do not use alcohol or other drugs.
- Do not give up hope! Many times, a crisis is just the first stage of making important changes that can have a lasting positive impact on you and your family's lives.



## Outpatient Therapy

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Therapy is a process by which you and, in some cases, other important people in your life can discover solutions to the problems you face. By sharing about your problems with a trained therapist, you can discover new ways to understand your difficulties, develop new skills to help you cope with life's demands, improve your relationships with the people around you, and learn to feel and function better.

At the start of therapy, your therapist will help you set goals for your treatment. With clear treatment goals, therapy can be much more beneficial. Occasionally during therapy, your therapist will ask you to assess your progress toward your goals and may ask you to fill out a questionnaire to see how well therapy is working for you.

During therapy, your therapist might suggest other kinds of additional treatment services that might be helpful. In some cases, your therapist might suggest that you see a psychiatrist to prescribe medication to help you feel or function better.

However, if you agree to take medication, realize that medications are only for symptom relief. If you use medication, it is very important to continue with your regular therapy.

Therapy sessions last about one hour and usually occur every 1 to 3 weeks. Therapy is time-limited, and most people meet their treatment goals in 12 or fewer sessions. If your situation requires more time than that, your therapist may provide additional sessions.

- Please be on time for all scheduled appointments. See the TCC attendance policy for further guidance.
- While you're in therapy, do your best not to use alcohol or drugs and be sure to take any medications only as prescribed.
- Don't drop out too early. It's okay to have uncomfortable thoughts or feelings and to be tempted to quit. Experience shows if you can push beyond those thoughts and feelings, you can make significant gains.



## **Psychiatric Services/ Medication Management**

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Psychiatric Services providers prescribe and monitor the use of medication as one way of dealing with the troubling symptoms that are part of many mental health troubles. You may experience an increase in your quality of life especially when medications are combined with other treatments such as counseling, case management and other support services.

Your prescriber is here to evaluate your need for medications. They will prescribe appropriate medications when indicated and monitor the effectiveness of any medications.

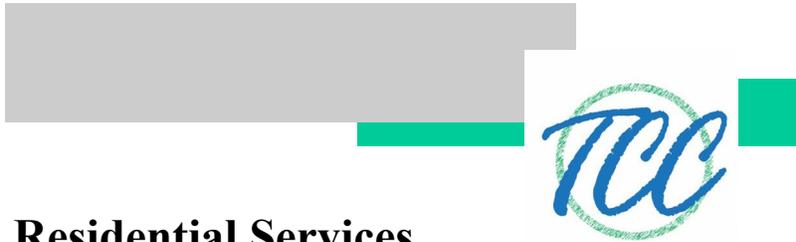
The Counseling Center also has nurses available to consult with you and/or assist with medication refills. If you have questions or concerns about your medication, contact psychiatric services at (330) 264-4299 during business hours and ask to talk to one of the nurses.

If your prescriber determines that counseling, or any other service, will be beneficial in your treatment, a referral will be made to a specialist in that area. It is very important that you follow your prescriber's requests to seek additional assistance.

Your initial appointment with the prescriber will be approximately one hour and subsequent visits may be 20 to 30 minutes.. During this time the prescriber will review some personal and medical history with you.

Attendance at these appointments is very important. Please do not cancel your appointment except for emergency situations since appointment times are very limited. If you are late for an appointment, you will likely not be able to be seen. Please give 24-hour notice for appointment cancellations. See the TCC attendance policy for more information.

Take your medications as prescribed. Do not adjust times or dosages without consulting with your prescriber. Alcohol and other drugs will affect your medication's effectiveness and may be unsafe. Be sure to tell your prescriber about any other medications you may be taking, including over-the-counter medications or herbs. It can be helpful to keep a journal of issues, side effects, or questions you may have regarding the medication(s). You can bring this to your next appointment or call the nurse in between appointments.



## Residential Services

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The Counseling Center has developed a continuum of housing options for residents of Wayne and Holmes Counties who are severely mentally disabled and need mental health assistance/treatment to obtain and maintain the skills necessary for successful community living. Residential services are individualized, recovery-oriented, trauma informed, and focused on enhancing the individual's ability to successfully live in the community. "The principles of a recovery-oriented approach include understanding that each person is different and should be supported to make their own choices, listened to and treated with dignity and respect."

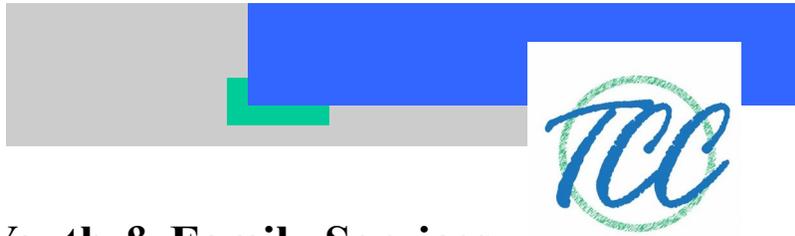
The trauma-informed approach used at the Center focuses on client strengths and empowerment; choice in treatment options; collaboration among health care staff, patients, and their families; ensuring client physical and emotional safety; and establishing clear expectations about proposed treatments and who provides that treatment.

Residential Service Components include:

1. The Residential Treatment Program provides 24-hour supervision (19 beds), room, board, laundry, limited personal care, self-administration of medication monitoring, transportation and leisure activities for individuals who are severely mentally disabled. Individuals participating in the Residential Treatment Program require intensive services, supervision, and support to live successfully in the community.
2. Community Housing/Residential Support Program (ten beds) provides room, laundry facilities, part-time staff supervision, monitoring of self-administration of medication and support to individuals who are severely mentally disabled. Individuals participating in the Residential Support Program are usually in a transitional stage moving from living in a more restrictive environment to living independently in the community. Program residents have basic daily living skills but may need to further develop those skills to assure successful adaptation to the community.

Description of the target client population:

1. Adult residents of Wayne or Holmes Counties who are severely mentally ill and currently hospitalized with no placement available.
2. Persons who are severely mentally ill and currently homeless.
3. Persons who are severely mentally ill and recently released after a psychiatric hospitalization.
4. Persons who are severely mentally ill with a history of multiple hospitalizations.
5. Persons who are severely mentally ill with a documented need for clinical support and supervision.



## Youth & Family Services

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Therapeutic Behavioral Services for Children (TBS) is a type of mental health service designed to make sure that youths with complex, multiple needs receive the kinds of care and services that will allow them to continue to live at home and function at their best. TBS services focus on locating and coordinating all the types of services that youths and families may need from not only The Counseling Center, but from other health professionals, schools, courts and social agencies. Youth TBS case managers provide valuable guidance and personal support to children and their families.

The TBS case manager will usually meet with you and your child in your home, in your child's school and in other community settings, at times that are mutually agreeable. However, he/she will also be available to you and your child as unexpected questions or needs might arise in between appointment times.

At the outset, your children's TBS case manager will help you set treatment goals for your child. The case manager will also occasionally ask you to assess progress toward those goals.

In some cases, your children's TBS case manager might suggest that you or a family member see one of the agency's psychiatrists to prescribe medication to help improve functioning. However, if you or another family member agrees to take medication, realize that medications are only for symptom relief. If medication is warranted, it is important to continue with case management services as well.

Your children's TBS case manager and all other professionals from The Counseling Center keep all information about you and your family in strict confidence. They will not share any information about you or family members with anyone outside of The Counseling Center without written permission. The only exceptions would be (a) if you are under 18 years old or a dependent adult (in which case, parents or other legal guardians *have* the right to know about your therapy), (b) if you or another family member shares information that raises concern about your or someone else's safety or (c) if professionals from The Counseling Center are ordered by a court of law to provide information about you or your family members.

The frequency of contact with your children's TBS case manager will depend on your family situation and your child's needs. The goal is to build up the resources and skills of your child and family members so that these supportive services are no longer necessary.

- Please be on time for all scheduled appointments. Contact your case manager or the agency if there is a need to change an appointment.



## Client Code of Conduct

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The Counseling Center desires to promote an atmosphere of hope, healing, and mutual respect. To receive services here, these guidelines must be followed:

- Aggressive/threatening behavior, foul language, or any type of abusive behavior towards TCC staff, visitors, or other clients will not be tolerated. Please treat others with respect.
- The use of cell phones or any similar devices for video or audio recording is prohibited.
- Appearing to be under the influence of alcohol and/or other substances while on TCC property is prohibited. Urine drug screening may be required to continue to receive services.
- Sexually suggestive behavior, clothing, or language will not be tolerated.
- No firearms or any type of weapons are permitted on TCC property.
- Theft or destruction of TCC property, or any illegal activity, will result in legal intervention. This includes the possession, sales, or use of drugs on TCC property.
- Minors under the age of 14 must be supervised while on TCC property-no exceptions. Parents/guardians must remain on the property even when children are engaged in counseling.
- Only certified service dogs will be allowed inside all Counseling Center buildings.
- The use of nicotine products, including vaping, is prohibited in all TCC buildings or within 25 feet of a building entrance per Ohio law (see posted signs). If you are interested in nicotine cessation treatment, please discuss this with your provider.
- All medication brought to TCC should be properly secured, ideally in a medication lock box.

Thank you in advance for your cooperation with these guidelines. We are here to help you. Your kindness and patience towards staff and others is appreciated!



## Client Attendance Policy

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Thank you for choosing The Counseling Center. We look forward to assisting you with your behavioral health needs. To benefit from our services, consistent attendance is key. We will do our best to work with your schedule and find a convenient time and location.

If you must cancel your appointment, please call **330-264-9029** for counseling/case management services and **330-264-4299** for psychiatric/medication management services, at least 24 hours in advance. We will try to reschedule you as soon as possible.

If you do not attend your appointment(s) without notice, your provider will attempt to contact you. If we are unable to contact you, we will take this as an indication that you are not interested in continuing care and your case will be closed. **Clients receiving medication management services will also receive a more detailed attendance policy.**

If you do not attend more than 3 scheduled sessions within six months for any reason unless approved by your provider, your case may be closed. The Counseling Center reserves the right to discontinue services for lack of attendance or participation in the appropriate services. Notification of this along with other treatment referrals will be sent to you or discussed with you.

If you have any questions about this policy, please talk with your provider.



## Requesting a Copy of Your Medical Records

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If you are requesting a physical paper copy of your medical records or you would like your records to be faxed to another provider, legal representative, social service agency or other entity, you will need to submit your request **in writing** by completing a Release of Information Form with your Counseling Center provider or a designated staff member. Proof of identification, guardianship, custody, or other documentation may be required. Once the Release of Information form has been completed and forwarded to the Director of Health Information, your request will be processed.

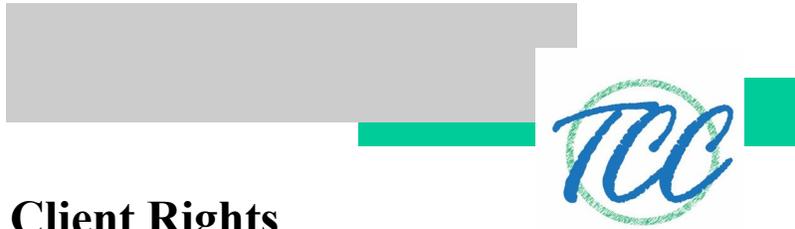
Please allow 3-7 business days for your request to be processed. We currently do not offer an electronic copy of records. If you have any questions, you may contact the Director of Health Information at 330-264-9029 ext. 1111.



## Client Rights

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1. The right to be treated with consideration and respect for personal dignity, autonomy, and privacy;
2. The right to reasonable protection from physical, sexual, or emotional abuse and inhumane treatment;
3. The right to receive services in the least restrictive, feasible environment;
4. The right to participate in any appropriate and available service that is consistent with an individual service plan (ISP), regardless of the refusal of any other service, unless that service is a necessity for clear treatment reasons and requires the person's participation;
5. The right to give informed consent to or to refuse any service, treatment, or therapy, including medication absent an emergency;
6. The right to participate in the development, review and revision of one's own individualized treatment plan and receive a copy of it;
7. The right to freedom from unnecessary or excessive medication, and to be free from restraint or seclusion unless there is immediate risk of physical harm to self or others. *The Counseling Center does not use restraint or seclusion procedures.*
8. The right to be informed and the right to refuse any unusual or hazardous treatment procedures;
9. The right to be advised and the right to refuse observation by others and by techniques such as one-way vision mirrors, tape recorders, video recorders, television, movies, photographs or other audio and visual technology. This right does not prohibit an agency from using closed-circuit monitoring to observe seclusion rooms or common areas, which does not include bathrooms or sleeping areas;
10. The right to confidentiality of communications and personal identifying information within the limitations and requirements for disclosure of client information under state and federal laws and regulations;
11. The right to have access to one's own client record unless access to certain information is restricted for clear treatment reasons. If access is restricted, the treatment plan shall include the reason for the restriction, a goal to remove the



## Client Rights

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- restriction, and the treatment being offered to remove the restriction;
12. The right to be informed a reasonable amount of time in advance of the reason for terminating participation in a service, and to be provided a referral, unless the service is unavailable or not necessary;
  13. The right to be informed of the reason for denial of a service;
  14. The right not to be discriminated against for receiving services on the basis of inability to pay, (whether payment for those services would be made under Medicare, Medicaid, or CHIP), race, ethnicity, age, color, religion, gender, gender identity, national origin, sexual orientation, physical or mental handicap, developmental disability, genetic information, human immunodeficiency virus status, or in any manner prohibited by local, state or federal laws;
  15. The right to know the cost of services; and freedom from financial or other exploitation.
  16. The right to be verbally informed of all client rights, and to receive a written copy upon request;
  17. The right to exercise one's own rights without reprisal, except that no right extends so far as to supersede health and safety considerations;
  18. The right to file a grievance;
  19. The right to have oral and written instructions concerning the procedure for filing a grievance, and to assistance in filing a grievance if requested;
  20. The right to be informed of one's own condition; and,
  21. The right to consult with an independent treatment specialist or legal counsel at one's own expense.

**Any client (or guardian) who believes that their rights have been violated may file a grievance. Information about filing a grievance and the Grievance Reporting form is available from any staff member and on our website:**

**<https://www.ccwhc.org/for-patients#Forms>**

**In addition, Compliance Officer and Client's Rights advocate, Megan Solsman, is available to assist with any complaint/grievance. She can be reached at 330-264-9029 Monday through Friday 8am-4pm.**



## Residential Client Rights

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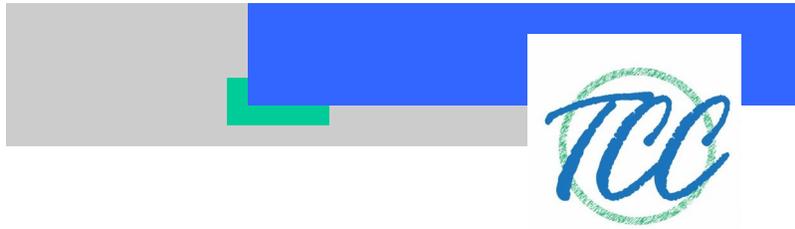
1. The right to be verbally informed of all resident rights in language and terms appropriate for the resident's understanding, prior to or at the time of residency, absent a crisis or emergency.
2. The right to request a written copy of all resident rights and the grievance procedure.
3. The right to exercise one's own rights without reprisal, except that no right extends so far as to supersede health and safety considerations.
4. The right to file a grievance.
5. The right to be treated all times with courtesy and respect, and with consideration for personal dignity, autonomy and privacy.
6. The right to receive services in the least restrictive, feasible environment.
7. The right to receive humane services in a clean, safe, comfortable, welcoming, stable and supportive environment.
8. The right to reasonable protection from physical, sexual and emotional abuse, neglect, and exploitation.
9. The right to freedom from unnecessary or excessive medication, and the right to decline medication, except a class one facility which employs staff authorized by the Ohio Revised Code to administer medication and when there is imminent risk of physical harm to self or others.
10. The right to be free from restraint or seclusion unless there is imminent risk of physical harm to self or others.
11. The right to be advised and the right to refuse observation by others and by techniques such as one-way vision mirrors, tape recorders, video recorders, television, movies, photographs or other audio and visual technology. This right does not prohibit a facility from using closed-circuit monitoring to observe seclusion rooms or other areas in the facility, other than bathrooms or sleeping areas, or other areas where privacy is reasonably expected, e.g. a medical examination room.
12. The right to confidentiality of communications and personal identifying information within the limitations and requirements for disclosure of resident information under state and federal laws and regulations.



## **Residential Client Rights**

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13. The right to have access to one's own record unless access to certain information is restricted for clear treatment reasons. If access is restricted, a treatment/ service plan shall include the reason for the restriction, a goal to remove the restriction, and the treatment/service being offered to remove the restriction.
14. The right to be informed of one's own condition.
15. The right not to be discriminated against on the basis of race, ethnicity, age, color, religion, gender, national origin, sexual orientation, physical or mental disability, developmental disability, genetic information, human immunodeficiency virus status, or in any manner prohibited by local, state or federal laws.
16. The right to practice a religion of his or her choice or to abstain from the practice of religion.
17. The right to be informed in writing of the rates charged by the facility as well as any additional charges, and to receive thirty days' notice in writing of any change in the rates and charges.
18. The right to reside in a class one residential facility, as available and appropriate to the type of care or services that the facility is licensed to provide, regardless of previous residency, unless there is a valid and specific necessity which precludes such residency. This necessity shall be documented and explained to the prospective resident.
19. The right to continued residency unless the facility is no longer able to meet the resident's care needs; the resident presents a documented danger to other residents, staff or visitors; or the monthly charges have not been paid for more than thirty days.
20. The right not to be locked out of the facility at any time.
21. The right of adult residents not to be locked in the facility at any time for any reason.
22. The right to consent to or refuse treatment or services, or if the resident has a legal custodian, the right to have the legal custodian make decisions about treatment and services for the resident.
23. The right to consult with an independent treatment specialist or legal counsel at one's own expense.



## Residential Client Rights

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24. The right to communicate freely with and be visited without staff present at reasonable times by private counsel and, unless prior court restriction has been obtained, to communicate freely with and be visited at reasonable times by a personal physician, psychologist or other health care providers, except that employees of a board, a provider, personnel of the Ohio protection and advocacy system, or representatives of the state long-term-ombudsman program may visit at any time when permitted by the Revised Code. The right to communicate includes receiving written communications, which may be opened and inspected by facility staff in the presence of the resident recipient so long as the communication is then not read by the staff and given immediately to the resident.
25. The right to meet with staff from the Ohio department of mental health and addiction services in private.
26. The right not to be deprived of any legal rights solely by reason of residence in the facility.
27. The right to personal property and possessions:
  - a. The right of an adult resident to retain personal property and possessions.
  - b. The right of a child resident to personal property and possessions in accordance with one's health and safety considerations, and developmental age, and as permitted by his/her parent or guardian.
28. The right of an adult resident to manage his/her own financial affairs, and to possess a reasonable sum of money.
29. The right to use the common areas of the facility.
  - a. Adult residents shall have right of access to common areas at all times.
  - b. Children and adolescent residents shall have the right of access to common areas in accordance with the facility's program schedule.
30. The right to engage in or refrain from engaging in activities:
  - a. The right of an adult to engage in or refrain from engaging in cultural, social or community activities of the resident's own choosing in the facility and in the community.
  - b. The right of a child or adolescent to access cultural and social activities.



## Residential Client Rights

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31. The right to meet or communicate with family or guardians, and visitors and guests:

- a. The right of an adult:
  - i. To reasonable privacy and the freedom to meet with visitors and guests at reasonable hours.
  - ii. To make and/or receive confidential phone calls, including free local calls.
  - iii. To write or receive uncensored, unopened correspondence subject to the facility's rules regarding contraband.
- b. The right of a minor:
  - i. To visitors and to communicate with family, guardian, custodian, friends and significant others outside the facility in accordance with instructions from the minor's parent or legal guardian.
  - ii. To write or receive mail subject to the facility's rules regarding contraband and directives from the parent or legal guardian, when such rules and directives do not conflict with federal postal regulations.

32. The right to be free from conflicts of interest; no residential facility employee may be a resident's guardian, custodian, or representative with the exception of an employee that has a previously established legal relationship to a resident, e.g. parent, spouse or child if permitted by facility policy.

**Any client (or guardian) who believes that their rights have been violated may file a grievance. Information about filing a grievance and the Grievance Reporting form is available from any staff member and on our website:**  
<https://www.ccwhc.org/for-patients#Forms>

**In addition, Compliance Officer and Client's Rights advocate, Megan Solsman, is available to assist with any complaint/grievance. She can be reached at 330-264-9029 Monday through Friday 8am-4pm.**



## Grievance Procedure

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### GENERAL

- A. The following definitions are for client rights and grievances in rule 5122-24-01 of the Administrative Code:
1. "Client advocate" means the individual designated by a provider with responsibility for assuring compliance with the client rights and grievance procedure rule as implemented within each provider or board and shall have the same meaning as client rights officer or client rights specialist.
  1. "Grievance" means a written complaint initiated either verbally or in writing by a client or by any other person or provider on behalf of a client regarding denial or abuse of any client's rights.
  2. "Reasonable" means a standard for what is fair and appropriate under usual and ordinary circumstances.
- B. The Counseling Center will have the following:
1. Written client rights policy that lists all of the client rights identified in this rule;
  2. Written client grievance procedure;
  3. Policy for maintaining for at least two years from resolution, records of client grievances that include, at a minimum, the following:
    - a. Copy of the grievance,
    - b. Documentation reflecting process used and resolution/remedy of the grievance; and,
    - c. Documentation, if applicable, of extenuating circumstances for extending the time period for resolving the grievance beyond twenty business days.
- C. The Counseling Center post of Client Rights
1. The client rights policy and grievance procedure shall be posted in each location in which services are provided, unless the certified agency location is not under the control of the provider, i.e., a shared location such as a school, jail, etc. and it is not feasible for the provider to do so.
  2. The client rights policy and grievance procedure shall be posted in a conspicuous location that is accessible to persons served, their family or significant others and the public.
  3. When a location is not under the control of the provider and it is not feasible for the provider to post the client rights policy and grievance procedure, the provider shall assure that copies are available at the location for each person that may request a written copy.



## Grievance Procedure

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### PROVISION OF CLIENT RIGHTS

- A. The Counseling Center will explain and maintain documentation in the client's individual patient record an explanation of rights to each person served prior to or when beginning assessment or treatment services.
- B. In a crisis or emergency, or when the client does not present for services in person such as through a hotline; The Counseling Center may verbally advise the client of at least the immediately pertinent rights only, such as the right to consent to or to refuse the offered treatment and the consequences of that agreement or refusal. Full verbal explanation of the client rights policy shall be provided at the first subsequent meeting.
- C. Clients or recipients of referral and information service, consultation service, and prevention service as described in Chapter 5122-29 of the Administrative Code may have a copy and explanation of the client rights policy upon request.
- D. Explanations of rights shall be in a manner appropriate for the person's understanding.
- E. All staff shall be required to follow the client rights policy and client grievance procedure. There shall be documentation in each employee's personnel file, including contract staff, volunteers and student interns that each staff member has received a copy of the client rights policy and the client grievance procedure and has agreed to abide by them.
- F. The client grievance procedure shall have:
  - 1. Statement to whom the client is to give the grievance;
  - 2. Designation of a client advocate who will be available to assist a client in filing of a grievance, the client advocate shall have their name, title, location, hours of availability, and telephone number included with the posting of client rights as required by paragraph (D) of this rule;
  - 3. Requirement that the grievance must be put into writing; the grievance may be made verbally and the client advocate shall be responsible for preparing a written text of the grievance;
  - 4. Requirement that the written grievance must be dated and signed by the client, the individual filing the grievance on behalf of the client, or have an attestation by the client advocate that the written grievance is a true and accurate representation of the clients grievance;



## Grievance Procedure

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5. Requirement that the grievance include, if available, the date, approximate time, description of the incident and names of individuals involved in the incident or situation being grieved;
6. Statement that the provider will make a resolution decision on the grievance within twenty business days of receipt of the grievance. Any extenuating circumstances indicating that this time period will need to be extended must be documented in the grievance file and written notification given to the client;
7. Requirement that a written acknowledgment of receipt of the grievance be provided to each grievant. Such acknowledgment shall be provided within three business days from receipt of the grievance. The written acknowledgment shall include, but not be limited to, the following:
  - a. Date grievance was received;
  - b. Summary of grievance;
  - c. Overview of grievance investigation process;
  - d. Timetable for completion of investigation and notification of resolution;
  - e. Treatment provider contact name, address and telephone number.

### GRIEVANCE PROCEDURE RESOURCES

- A. To file a grievance with the agency or assistance with filing a grievance, please contact:

**Megan Solsman**  
**Compliance Officer/Patient Rights Officer/Client Advocate**  
**Email : [msolsman@ccwhc.org](mailto:msolsman@ccwhc.org)**  
**Phone : (330) 264-9029**  
**Office Location: 2285 Benden Dr. Wooster, OH 44691**  
**Availability: Monday – Friday 8am – 4 pm**

**If complaint is regarding the Chief Compliance Officer, the CEO or designee will be assigned for investigation. Please contact (330) 264-9029 for assistance.**



## Grievance Procedure

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- B. You have the option to file a grievance with outside organizations, that include, but are not limited to, the following:
1. Mental Health and Recovery Board of Wayne & Holmes Co.  
Address: 1985 Eagle Pass, Wooster, OH, 44691  
Phone: (330) 264-2527
  2. Ohio Department of Behavioral Health (ODBH)  
Address: 30 East Broad Street, 36th Floor Columbus, Ohio 43215  
Phone: (614) 466-2596
  3. Disability Rights- Ohio  
Address: 200 S. Civic Center Dr. #300 Columbus, OH. 43215  
Phone: (800) 282-9181
  4. U.S. Department of Health and Human Services, civil rights office  
Address: Centralized Case Management Operations  
U.S. Dept. of Health and Human Services  
200 Independence Ave., SW  
Room 509F HHH Bldg Washington, D.C. 20201  
Phone: 1-877-696-6775

## Treatment Consent and Notification Preferences



The benefits of behavioral health services may include improved ability to cope with problems of living, skill development in areas such as communications and assertiveness, symptom reduction, and growth in the areas of personal goals and values. I/we understand that to resolve difficult life issues and feelings, treatment may involve discussion of unpleasant experiences or thoughts, and exploration of painful feelings, which can result in increased emotional strain. While I expect benefits from this service, I/we fully understand that because of factors beyond The Counseling Center's control, such benefits or expected outcomes cannot be guaranteed.

I/we agree to provide information related to the problems or concerns for which treatment is sought, and to participate in the development and implementation of an individualized treatment plan. I/we am/are aware that if medication is recommended, the purpose, risks, benefits, and possible side effects will be fully explained.

I understand The Counseling Center is a comprehensive behavioral health center certified by the State of Ohio Department of Behavioral Health and accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), to provide a wide range of behavioral health treatment and services.

I/we have received a Client Handbook which contains the following information:

- Client's Rights, Grievance Procedure, Privacy Notice, and Records Protection information
- Policy on Fees/Payment Authorization
- Attendance Policy
- Code of Conduct
- Treatment Consent/Electronic notification information, and Telehealth instructions
- Treatment Consent for Psychiatric Services
- Controlled Substance Medication Agreement
- Treatment, Payment, and Operations Consent Form
- Overview of services
- Advanced Directives/Medical Power of Attorney
- Evacuation maps for all outpatient offices

An agency representative has reviewed this information with me/us.



## Treatment Consent and Notification Preferences

**Additional notices:** The Ohio Behavioral Health Information System (OBHIS) is a required reporting system used by the Ohio Department of Behavioral Health (ODBH) to collect basic data from all providers of mental health and/or substance use disorder agencies. This data is used to audit billing services and to monitor outcomes. The Counseling Center is mandated by law (ORC 5119.61 and OAC 5122-28-04) to report information on all clients treated for a mental health or substance use disorder, when services are covered in whole or part by public funding through Medicaid, the local Mental Health and Recovery Board, or ODBH. I understand the information sent through the OBHIS reporting program will be used for data collection purposes only and Personal Health Information (PHI) is protected.

**Legally mandated clients:** I/we understand that my provider will report my treatment involvement to my referral source as indicated by my signing of the appropriate release of information.

**Notifications:** Electronic notification is a convenient way to stay in touch. However, **except for** text/phone appointment reminders generated from the protected electronic health record, and telehealth services via Doxy, other electronic forms of communication cannot provide the security required to fully protect your confidential personal health information. There is a level of risk inherent in all electronic communication, such as texting, in that it may not be confidential or may be intercepted by others. I understand this information and give consent to electronic communication by checking the following box (es):

- Voice mail messages for appointment reminders, scheduling, minimal non-PHI related information
- Text messaging-**ONLY** for appointment/scheduling reminders, minimal non-PHI related information.
- NONE

Since email may not be a secure form of communication with providers/therapists/case managers, we will not be able to communicate with you in that manner.

**For minors:** I acknowledge that I am the parent/legal custodian of this child. I am aware that by law, both parents have access to this child's medical record. If there is a court ruling/journal entry to prevent such access, it is my responsibility to provide an official copy of that document to the Health Information Director of The Counseling Center.



## Treatment, Payment and Operations Consent

I consent to The Counseling Center of Wayne and Holmes Counties (TCC) to use and/or disclose my Protected Health Information (PHI) and, alcohol/drug use and/or abuse (Title 42 CFR Part 2), which identifies me or which can reasonably be used to identify me, for purposes of treatment, payment and health care operations. I understand that if HIPAA covered entities and business associates receive these records for treatment, payment and health care purposes, the records may be redisclosed in accordance with HIPAA.

**Treatment** includes but is not limited to the administration and performance of all treatments such as diagnostic assessments, clinical documentation, outcome summaries and discharge notes.

**Payment** includes but is not limited to the authorization of payments directly to TCC. I hereby acknowledge the release of my health care records to third party insurers or authorized persons whose disclosure is necessary to establish or collect a fee, such as insurance payors, The Mental Health and Recovery Board of Wayne and Holmes Counties, and billing and collection services.

**Health Care Operations** include but are not limited to my health care information for anyone involved in my treatment or my quality of my care including but not limited to quality assessments and outcome evaluations, reviewing qualifications of health care professionals, and health insurance contacts or benefits (42 CFR 164.501)

I understand that records or information disclosed under this consent may be redisclosed by the recipient and that the information redisclosed may no longer be protected by 42 CFR Part 2. 42 CFR prohibits unauthorized use or disclosure of the records.

I understand that information shared for treatment, payment, or health care operations, to covered entities and business associates, cannot be redisclosed for civil, criminal, administrative, and legislative proceedings against me unless I have given separate, written consent.

This consent will remain until revoked or expire one year from the end of your treatment date.

I certify that I have read and fully understand the above statements and consent fully and voluntarily to its contents. I certify that I have received TCC's Privacy Notice.



# Treatment Consent for Psychiatric Services

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## INITIAL EVALUATION

The Counseling Center's prescribers conduct a thorough psychiatric evaluation during the initial session. This assessment focuses on determining the best treatment plan possible and is specific to each individual patient. It is extremely important for the initial assessment to be as comprehensive as possible and may include information about previous providers, past psychiatric treatment, and medication trials.

## PSYCHIATRIC SERVICES OVERVIEW

The Counseling Center is a comprehensive community behavioral health care provider with mental health specialists such as psychiatrists and psychiatric advanced practice nurses (APRNs) who work in conjunction with other mental health professionals to provide quality behavioral healthcare. Your prescriber may need to obtain medical records, lab reports, and consult with other healthcare providers such as primary care doctors or other behavioral health service providers. If a referral or consultation is necessary, your provider will discuss this with you. Any request for documents, consultation, or release of documents will require your prior approval and a signed authorization for obtaining and/or releasing information.

## MEDICATION MANAGEMENT

Psychiatric medications are used in conjunction with psychotherapy or other supportive services. It is important to find the best combination of medications and therapy for everyone. We recommend that you are in therapy or case management services while you are being prescribed psychiatric medications. Because all medications have the potential for side effects, your prescriber will discuss the risks, benefits, side effects, government warnings, and alternative treatments with you.

The medications that are prescribed to you may require dosage adjustments or complete changes of medications until the right medication or combination of medications is found. Some medications require lab work and regular monitoring to ensure appropriate dosing. If your provider asks you to complete lab work or updated vitals, please be sure to do that to continue your medication(s).

Treatment is voluntary and you cannot be forced to take medication(s). There are many medications that should not be stopped without consulting with your prescriber due to the possible risks involved. Please consult with your provider before discontinuing medication.



# Treatment Consent for Psychiatric Services

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## ATTENDANCE AND BEHAVIOR POLICY

Consistent attendance for appointments with prescribers is crucial to proper medication management and good outcomes. As a result, The Counseling Center requires that if you miss three or more appointments in a 6-month period for any reason, you may be asked to come in on a walk-in basis (rather than able to make an appointment) and may experience a delay in getting prescription refills or lesser quantity of medication refills.

The misuse of medications prescribed by The Counseling Center and/or the use mood/mind-altering substances such as alcohol, marijuana in any form, along other drugs, poses a risk to your safety. We reserve the right to discontinue medication(s) under those conditions and we will make a referral for substance use treatment and/or potentially refer you to a different provider. Other Counseling Center services would still be available as appropriate. Please refer to the agency's **Code of Conduct** for further information regarding your expectations for participating in services.

## CONTROLLED SUBSTANCES

Controlled medications (i.e., certain anti-anxiety meds, stimulants, sedatives/hypnotics, narcotics, and gabapentin) can be useful, but have high potential for misuse and addiction. These types of medications are monitored by state and federal laws. Read and sign the **Controlled Substance Medication Agreement** for further details.

## TELEHEALTH APPOINTMENTS

Your provider may offer the option of a virtual appointment through a telehealth system called DOXY, by using a computer, tablet, or cell phone. See the telehealth guidelines in the agency's consent form and handbook. Audio only/phone calls for medical appointments are not permitted.

## SPECIAL TREATMENT CONSENT AGREEMENT

My signature below indicates that I have read the Treatment Consent for Psychiatric Services / Medication Agreement and understand and agree to abide by its terms. On this basis, I authorize the psychiatrist/APRN to provide treatment and services as they deem advisable. If I have any questions about this consent, I agree to discuss this with my provider.



## Controlled Substance Medication Agreement



Controlled substance medications (i.e., anti-anxiety meds, stimulants, pain meds, gabapentin) are closely controlled by state and federal regulations. They also have the potential for misuse or dependence. If I am prescribed controlled medication, I agree to comply with the following:

1. I agree to take my medication(s) as prescribed and will not exceed the maximum prescribed dosage/quantity.
2. I agree I will not change the way I take my medication(s) without the prior approval of my prescriber.
3. I agree to inform the Counseling Center's Psychiatric Services medical staff of any adverse effects or reactions to any of the medications I am taking.
4. I am responsible for the controlled substance medications prescribed to me. If my medication is misplaced, stolen, or if I run out early for any reason, I understand that this medication may not be replaced regardless of the circumstances.
5. I will keep medication(s) only for my own use and will not share, sell to, or "trade" them with other people. I will keep all medications locked away from children.
6. I understand that obtaining controlled substance medications under false pretenses and tampering with a prescription is illegal and will result in legal consequences.
7. As with other prescriptions, prescriptions and/or refills of controlled substance medications:
  - a. Will be made only during regular office hours *Monday through Friday, in person/telehealth session, and during a scheduled office visit*. Refills will not be available outside of those hours.
  - b. Will only be maintained if I consistently attend required appointments with my provider. No exceptions.
8. I understand that it may be necessary for my prescriber to communicate diagnostic and treatment information with my pharmacist, primary care physician or other health care professionals working with me.
9. I understand that the Counseling Center prescribers frequently check the Ohio Automated Rx Reporting System (OARRS) which monitors all controlled substance prescribing in the state of Ohio.

## Controlled Substance Medication Agreement



Any unreported prescribed controlled medications prescribed to me may result in the immediate discontinuation of controlled medication or discharge from Psychiatric Services with a referral for another provider.

10. If requested, I agree to comply with requested urine drug testing, at my own expense and that I may be required to bring my medications to my appointment for pill counts to document that I am taking my medications as prescribed.

11. I understand that no further controlled substance medications will be prescribed if my urine tests reveal the use of licit or illicit drugs other than those medications prescribed to me in my treatment plan. Medical/recreational marijuana is included, as well as alcohol.

A referral for substance use disorder treatment may be provided.

12. I understand that if I display aggressive behavior (arguing, physical aggression, cursing) toward any provider or staff member, no further controlled substance medication(s) may be prescribed. See the agency's Code of Conduct for further details.

13. I understand that the misuse of controlled substance medications will result in no further controlled substance medication(s) being prescribed.

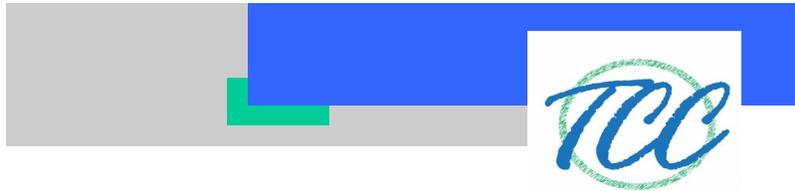
14. I agree to inform the Counseling Center of any new medical conditions and/or new medication(s) I am prescribed. ***I also agree to abide by my provider's requirement for updated vitals and/or laboratory testing to maintain my prescription.***

15. If I am involved in a Medication for Opioid Use Disorder Program (MOUD) and prescribed Suboxone, Methadone or Vivitrol, I must let my provider know. Consultation with the MOUD provider may be necessary prior to prescribing medication.

16. I understand that no more than one controlled medication at a time will likely be prescribed.

I understand that if I violate any of the above conditions, my prescription for controlled medication(s) may be discontinued. If the violation involves obtaining these medications from another individual/physician, I may be reported to the other physician, pharmacy, and the appropriate legal authorities.

I have been fully informed of the risks and potential benefits of controlled substance medications including but not limited to side effects, potential for dependence (addiction), withdrawal, and overdose potential.



## The Counseling Center's HIPAA Privacy Notice

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**I. 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.**

**II. WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION.**

A. We are required to protect the privacy of your health information. We call this information "protected health information," or "PHI" for short, and it includes information that can be used to identify you. We must provide you with this notice about our privacy practices that explains how, when, and why we use and disclose your PHI. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure.

B. However, we reserve the right to change the terms of this notice and our privacy practices as the law or agency protocols change. Any changes will apply to the PHI we already have. You will be notified in writing at the time of your next appointment following any such changes. A copy of this notice is available from the any office during normal business hours.

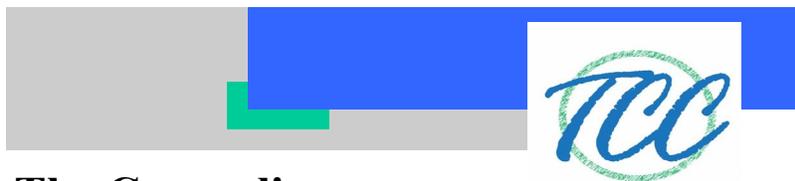
**III. HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION**

We use and disclose health information for many different reasons. For some of these uses or disclosures, we need your prior consent (Treatment Consent Document) or specific authorization (Release of Information Document). Below, we describe the different categories of our uses and disclosures and give you some examples of each category.

**A. Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations Require Your Prior Consent.**

We may use and disclose your PHI with your consent for the following reasons:

**1. For Treatment.** We may disclose your PHI to physicians, nurses, pharmacists, medical students, and other health care personnel who provide you with health care services or are involved in your care. For example, if you're being treated for diabetes, we may disclose your PHI to your primary care physician to coordinate your care.



## The Counseling Center's HIPAA Privacy Notice

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**2. To obtain payment for treatment.** We may use and disclose your PHI to bill and collect payment for the treatment and services provided to you. For example, we may provide portions of your PHI to our billing department and your health plan to get paid for the health care services we provide you. We may also provide your PHI to our business associates, such as billing companies, claims processing companies, and others that process our health care claims.

**3. For health care operations.** We may disclose your PHI to operate this facility. For example, we may use your PHI to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided health care services to you. We may also provide your PHI to our accountants, attorneys, consultants, and others to make sure we're complying with the laws that affect us.

**4. Revocation of Releases of Information.** You and/or your guardian have the right to revoke or modify a signed release of information at any time. Please talk with your provider or the Director of Health Information Services about how to do that.

### **B. Certain Uses and Disclosures Do Not Require Your Consent.**

We may use and disclose your PHI without your consent or authorization for the following reasons:

**1. Coordination and continuity of care.** As allowed by law, and unless you specifically object, we may use your PHI in treatment to assure service coordination and continuity of care both within the organization and between the Counseling Center and other professionals or organizations involved in your overall healthcare. To help assure continuity of care, the agency participates in the Clinisync Health Information Exchange so your medical records can be electronically shared among your doctors and healthcare providers. You can opt out of this exchange at any time by filling out the front page of this document.

**2. When a disclosure is required** by federal, state, or local law, judicial or administrative proceedings, or law enforcement by court order. For example, we make disclosures when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence;



## The Counseling Center's HIPAA Privacy Notice

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when dealing with gunshot and other wounds; or when ordered in judicial or administrative proceedings.

**3. For public health activities.** For example, we report information about births, deaths, and various diseases, to government officials in charge of collecting that information, and we provide coroners, medical examiners, and funeral directors necessary information relating to an individual's death.

**4. For health oversight activities.** For example, we will provide information to assist the government when it investigates or inspects a health care provider or organization.

**5. To avoid harm to yourself or others.** To avoid a serious threat to the health or safety of a person or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.

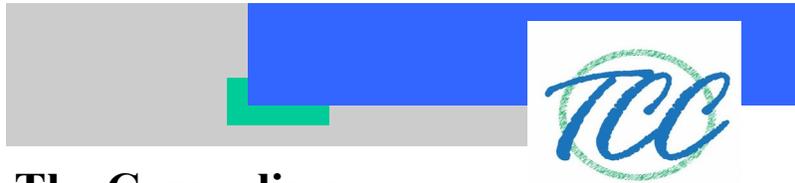
**6. For emergency medical or psychiatric situations.**

**7. For specific government functions.** We may disclose PHI of military personnel and veterans in certain situations. And we may disclose PHI for national security purposes, such as protecting the president of the United States or conducting intelligence operations.

**8. For workers' compensation purposes.** We may provide PHI to comply with workers' compensation laws.

**9. Reporting of suspected child, elderly, and animal neglect/abuse to the proper authorities**

**10. National Instant Criminal Background Check System (NICS)** the identities of those individuals who, for mental health reasons, already are prohibited by federal law from having a firearm. The final rule gives states improved flexibility to ensure accurate but limited information is reported to the NICS. This rulemaking makes clear that, under the Privacy Rule, certain covered entities are permitted to disclose limited information to the NICS. The information that can be disclosed is the minimum necessary identifying information about individuals who have been involuntarily committed to a mental institution or otherwise have been determined by a lawful authority to be a danger to themselves or others or to lack the mental capacity to manage their own affairs.



## The Counseling Center's HIPAA Privacy Notice

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An individual who seeks help for mental health problems or receives mental health treatment is **not** automatically legally prohibited from having a firearm; nothing in this final rule changes that.

Other allowed uses of your PHI according to the federal Privacy Rule include:

**11. To protect the public's health such as in a local infectious disease outbreak**

**12. To make required reports to police in the event of a gunshot wound, or a crime committed on Counseling Center property**

### **C. Additional Uses of PHI.**

In addition, unless you specifically object, we may contact you from time to time by email, text, regular mail or by telephone to confirm appointments, provide information about related services, inquire about your satisfaction with services, or inform you about the status of your account.

### **D. Substance Use treatment Records**

Additional provisions for federal protection of substance use treatment records are available under Confidentiality of Substance Use Disorder Patient Records, 42 CFR Part 2.

### **E. For Service paid out-of-pocket and in full.**

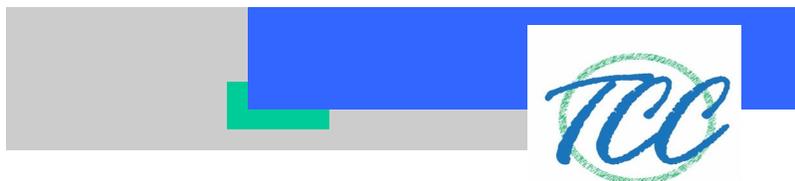
You have the right to request that services you have paid for out-of-pocket and in full are not disclosed to your health plan, except where we are required by law to make a disclosure.

### **F. All Other Uses and Disclosures Require Your Prior Written Authorization.**

In any other situation not described in sections III A, B, and C above, we will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke that authorization in writing to stop any future uses and disclosures (to the extent that we haven't taken any action relying on the authorization).

## **IV. WHAT RIGHTS DO YOU HAVE REGARDING YOUR PHI?**

You have the following rights with respect to your PHI:



## **The Counseling Center's HIPAA Privacy Notice**

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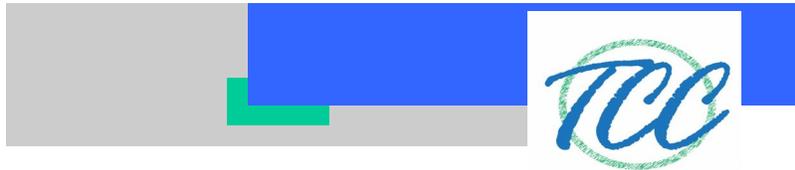
**A. The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask that we limit how we use and disclose your PHI. We will consider your request but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.

**B. The Right to Choose How We Send PHI to You.** You have the right to ask that we send information to you to an alternate address or by alternate means (for example, e-mail instead of regular mail). We must agree to your request so long as we can easily provide it in the format you requested.

**C. The Right to See and Get Copies of your PHI.** In most cases, you have the right to view and/or obtain copies of your PHI that we have, but you must make the request in writing. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed. There may be charges for copies made.

**D. The Right to Correct or Update your PHI.** If you believe there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. Special forms are available for this purpose from the Privacy Officer. We will respond within 60 days of receiving your request. We may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by us, (iii) not allowed to be disclosed, or (iv) not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you don't file one, you have the right to request that your request and our denial be attached to all future disclosures of your PHI. If we approve your request, we will make the change to your PHI, tell you that we have done it, and tell others that need to know about the change to your PHI.

**E. The Right to Opt Out of Clinisync Health Information Exchange.** Sharing records electronically is a simple, fast way for your healthcare provider to get a "whole" picture of your health in one record. Only doctors and staff who treat you can look at your health information. Your records remain private in a secure network that is audited.



## **The Counseling Center's HIPAA Privacy Notice**

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**F. Forms.** All of the rights outlined above have forms available on our website at <https://www.ccwhc.org/for-patients#Forms> or you can contact Medical Records to obtain a copy of the form you desire.

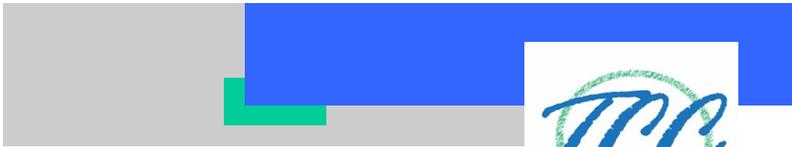
### **V. HOW TO COMPLAIN IF YOU BELIEVE YOUR PRIVACY RIGHTS HAVE BEEN VIOLATED**

If you think that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed in Section VI below. You also may send a written complaint to the Secretary of the Department of Health and Human Services. We will take no retaliatory action against you if you file a complaint about our privacy practices.

### **VI. WHO TO CONTACT TO COMPLAIN ABOUT OUR PRIVACY PRACTICES**

If you have any questions about this notice or any complaints about our privacy practices or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact:

**Megan Solsman, Compliance Officer/Patient Rights Officer/HIPAA Privacy Officer is available to file a complaint or for assistance with filing a complaint. She may be reached at 330.264.9029, Monday – Friday from 8:00 am – 4:00 pm. Office Location: 2285 Benden Dr, Wooster, OH, 44691.**



## Health Information Exchange (HIE)

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**The Counseling Center of Wayne and Holmes Counties participates in the CliniSync Health Information Exchange**

### **What is a Health Information Exchange?**

An electronic health information exchange is a system that allows doctors, nurses, and pharmacists and other healthcare providers to access and securely share a patient's medical and behavioral health information electronically.

### **How Does this Apply to me?**

As a resident of the State of Ohio, you are automatically **opted into** this exchange of information if you have received medical services with any of the participating providers. You can **opt out** of the Health Information System at any time by completing a **Request to Change Consent for CliniSync HIE** form, which you will find attached. You can also get this form from you CCWHC Service Provider.

### **Can Anyone See my Personal Health Information?**

No, your medical information is kept private and secure and is viewable only by authorized healthcare providers.

### **What Does This Mean for Me as a Client of CCWHC?**

The Counseling Center of Wayne and Holmes Counties will **NOT** be sharing your personal information. Designated treatment staff may view clinical information such as lab test results, current medications, allergies, and other clinical information vital to your care. *Additionally, substance use treatment records are not shared with the Health Information Exchange regardless of where the treatment was received.*



## **Telehealth Information and Consent**

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When your provider/therapist/case manager agrees that it is appropriate, telehealth services are available at The Counseling Center. Telehealth services are a way to visit your provider from any place, primarily your home, while your provider is in a different place. You will need to have internet access and a smartphone, tablet, or computer. The following are guidelines and conditions for participating in telehealth services:

1. I understand that I have the right to withdraw my telehealth consent at any time without effecting my right to future services or programs.
2. I understand that there are risks, benefits, and consequences associated with telehealth services including and not limited to, disruption of transmission by technology failures, interruption and/or unintended breaches of confidentiality by unauthorized persons, and/or limited ability to respond to emergencies. The Counseling Center staff must follow strict guidelines regarding their surroundings during the session.
3. I understand that there will be no recording of any of the online sessions by either party. All information disclosed within sessions and written records pertaining to those sessions are confidential and may not be disclosed to anyone without written authorization, except where the disclosure is permitted/required by law.
4. I understand that the privacy laws that protect the confidentiality of my protected health information will also apply to telehealth services, unless an exception to confidentiality applies (like mandatory reporting of child, elder or vulnerable adult abuse; danger to self or others; medical emergency).
5. I understand that if I am having suicidal or homicidal thoughts, actively experiencing psychotic symptoms or any mental health crisis that cannot be resolved, it may be determined that telehealth services are not appropriate at that time.



## Telehealth Information and Consent

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6. I understand that during a telehealth session, we could encounter technical difficulties resulting in service interruptions. If this occurs, please end, and restart the session. If we are unable to reconnect within 10 minutes, I will call my provider.
7. I understand that my provider/therapist/case manager may need to reach my emergency contact and/or appropriate authorities in case of an emergency.
8. I understand that I can only receive telehealth services while I am physically residing in the state of Ohio.
9. I understand that if I am receiving psychiatric medical services, I must attend a minimum of one (1) in-person session per year, or whenever my provider requires an in-person appointment.

### OVERVIEW-HOW TO USE DOXY

The Counseling Center provides telehealth services through a HIPAA compliant, safe, and secure Internet based audio-visual program called Doxy. Patients should talk with their provider if they are interested in telehealth services.

- Please remember, patients need to have both audio and video services for telehealth since the pandemic is over.
- We do not allow any recording of telehealth services.
- Telehealth services should take place in private space. Please do not allow others to overhear your telehealth session. If you are in a public space like a restaurant, store, etc. we will need to reschedule.
- All telehealth patients must be seen in the office face-to-face at least once a year.
- If you have a mental health emergency, please call 911, or for non-life threatening urgent issues, please call The Counseling Center's crisis team at: 330-845-HELP (4357).

## Telehealth Information and Consent

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Using your smartphone, computer, or tablet:

Go to the internet and type in: [ccwhc.doxy.me](https://ccwhc.doxy.me)  
Choose your clinician's room name and click  
"Enter Room."

A screenshot of a web portal for telehealth. The page has a white background with a blue header. On the left is the TCC logo. The main content area contains the text "Enter your clinician's room name:" above a dropdown menu. The dropdown menu is currently open, showing the text "Who are you here to meet with?" and a downward arrow. Below the dropdown is a blue button with the text "Enter Room".

Appointment reminders will include information for telehealth appointments.

There is also a link you can click for telehealth services available on our website at [www.ccwhc.org](http://www.ccwhc.org).

Please contact a staff member at **330-264-9029** for assistance.

Thank you for your patience as we work with you to make sure you have the services you need in a safe and secure manner.



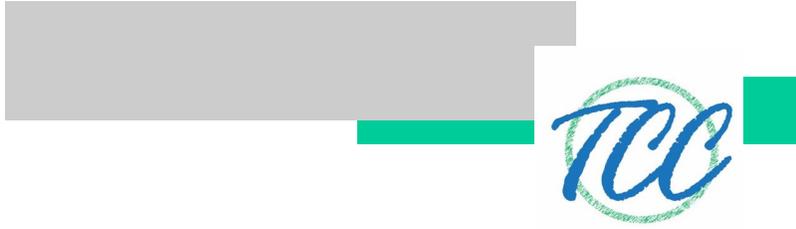
## **Our Policy on Fees**

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As a private, not-for-profit corporation, we are committed to offering the best quality, affordable services. However, we realize that not every family can afford to pay the full cost of care on their own. As a resident of Wayne or Holmes Counties, the local Mental Health and Recovery Board (MHRB) may pay part of the cost of your care through their payment system called Partner Solutions. The amount of assistance that the MHRB can provide depends on your income and your family size. The Finance department will explain our fee system to you and determine your individual adjusted fee, if eligible.

### **FEE INFORMATION:**

- Since we charge you the least amount possible for our services, we appreciate your payment at the time of each session.
- We will bill your insurance, but we cannot guarantee that your insurance will cover your bill. If your insurance denies your claims, you will be responsible for payment based upon your individual adjusted fee, if eligible. It is your responsibility to verify insurance benefit for our services.
- If we do not receive the necessary verification to bill Partner Solutions, Medicaid, or your insurance, or if you choose not to use your insurance, you will be responsible for payment of our usual and customary fee. Refer to “Chart of Client Fee Levels.”
- In order to determine if you qualify for fee subsidy from the MHRB, you must provide us with documentation of your income. If you do not provide documentation, you may be billed the usual and customary fee.
- To avoid having a delinquent account, you must make a payment EACH month. Payment plans are available by contacting the Finance department. Delinquent accounts may be referred to a collection agency.
- If there are circumstances which interfere with your ability to pay for your service, please contact our Finance department or discuss it with your counselor. We will work with you to find a solution. If you have questions regarding your fees, the billing department will be available to discuss them with you. If you have a question about a bill, please call and ask for the billing department.
- It is YOUR RESPONSIBILITY to inform us of any changes in income, family size, or custody of children that may affect your fees or your ability to pay for services.

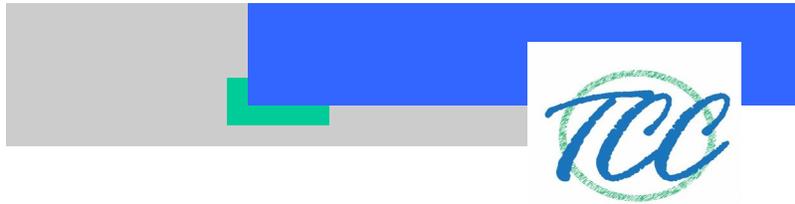


## **Our Policy on Fees**

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### **AUTHORIZATION TO BILL THIRD PARTY:**

I hereby request that The Counseling Center bill the charges for any eligible services that I receive to the payors that have been verified and on record at The Counseling Center. I authorize payment of medical benefits to The Counseling Center for services provided. I also authorize the release of any medical information necessary to process claims to the plan administrator or its authorized agent, if applicable, for the purpose of determining benefits payable in connection with my claim. I understand that if my insurance or other payors do not cover the billed services, I will be responsible for payment based on my adjusted fee; and that any insurance payments received by me will be forwarded to The Counseling Center.



## Advanced Directives

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Advance directives are legal documents that provide written instructions about who can make medical decisions on your behalf and what your end-of-life wishes are.

Having an advance directive in your electronic health record file with your medical and behavioral healthcare providers helps to ensure that you receive the care you want if a medical condition or injury renders you unable to make decisions or communicate.

The Counseling Center of Wayne and Holmes Counties recommends if you have a Healthcare Power of Attorney to share it with the agency, so it can be scanned into your electronic health record.

### Know your rights.

- You have the right to choose your own medical care based on your values, beliefs, and personal choices.
- You have the right to complete advance directive documents at no charge if you understand your options and can communicate your wishes. You can find the forms at [Ohio DNR Form \(eforms.com\)](http://OhioDNRForm.com).
- You have the right to NOT complete advance directive documents too. Advance directives are always optional.

### An advance directive is especially important if:

- Your caregiver or healthcare representative is not your legal next of kin;
- You have multiple next of kin; OR
- You have specific medical wishes due to a medical condition, religious belief or family situation.

### How to complete Advanced Directives.

Advance directives can be completed without a lawyer. The documents need to be signed by two witnesses or a notary. A witness may include anyone except the following: your designated decision maker(s); anyone related by blood, marriage, or adoption; your attending physician; or the administrator of the nursing home residence where you receive care.



## Advanced Directives

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### Can I make changes to my advanced directives?

You may make changes to your advanced directives at any point by completing new documents, having them signed and making sure the most recent version is included in your electronic medical record. You may also revoke a previous advance directive document.

Your advanced directives should be updated at every major life events such as marriage, divorce, new medical diagnosis or the death of a loved one.

### How do I talk to my loved ones about my wishes?

It is important to speak with your family members concerning your end-of-life wishes. The Conversation Project ([The Conversation Project - Have You Had The Conversation?](#)) will help you through discussing and thinking about your wishes/ preferences, goals and values, and completing your advanced directives.

### What do I do with my advanced directives after they are completed?

After you have completed your advanced directives, do the following:

- Talk to those people who will be involved with your healthcare decision making about your wishes.
- Give a copy of your advanced directives to the ones who will be following your advance directive.
- Give a copy of your advanced directives to your healthcare providers.
- You can send your Healthcare Power of Attorney to:

The Counseling Center of Wayne and Holmes Counties  
2285 Benden Driver  
Wooster, OH 44691



## **Additional Resources**

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### **988 Lifeline**

Our skilled, judgment-free counselors are here to provide compassionate support. You deserve to feel heard and cared about anytime, anywhere, 24/7/365. Whether you're facing mental health struggles, emotional distress, alcohol or drug use concerns, or just need someone to talk to, our caring counselors are here for you. You are not alone. **9-8-8**

### **Domestic Violence**

Ending violence, creating peace! OneEighty prides itself on providing comprehensive and compassionate services that are tailored to the individual needs of the client and the community. **Domestic Violence, Rape, Sexual Assault Crisis Hotline 330-263-1020 or 800-686-1122**

### **NAMI**

National Alliance on Mental Illness, the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. **330-264-1590**

### **Alcoholics Anonymous**

A.A.'s program of recovery is built on the simple foundation of one alcoholic sharing with another. If your drinking is out of control, A.A. can help. **330-253-8181**

### **Ohio Means Jobs**

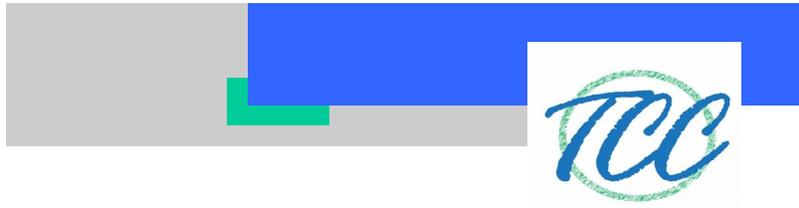
Find a job, learn career skills, meet the requirements of your government benefits **330-264-5060**

### **211 for Essential Community Services**

Call **2-1-1** for Food Assistance, Housing, Clothing, Utilities, Transportation, Employment Assistance, Health Care Assistance, and may other resources.

### **Wayne Metropolitan Housing Authority (WMHA)**

WMHA is headquartered in **Wooster, Ohio** in the heart of downtown Wooster. We offer many programs to help you find a home. **330-264-9597**

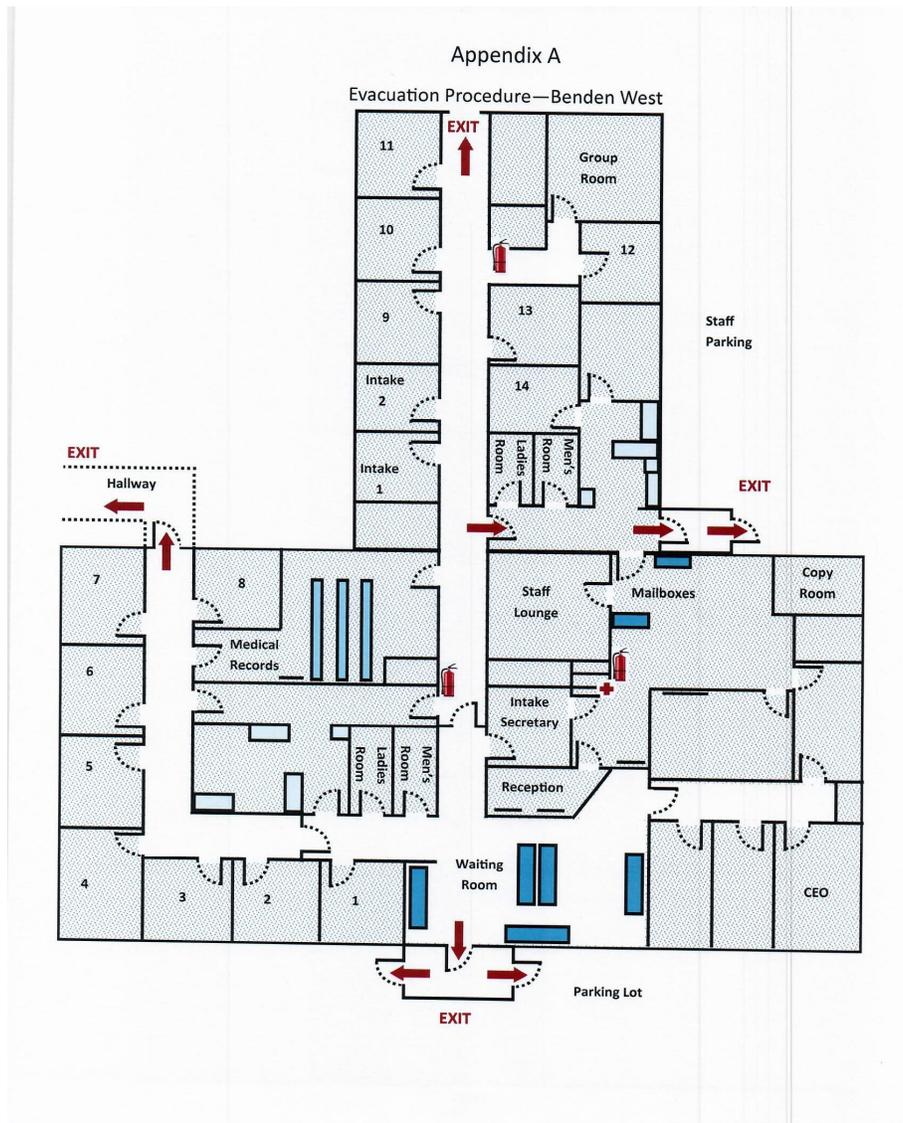


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# Evacuation Maps

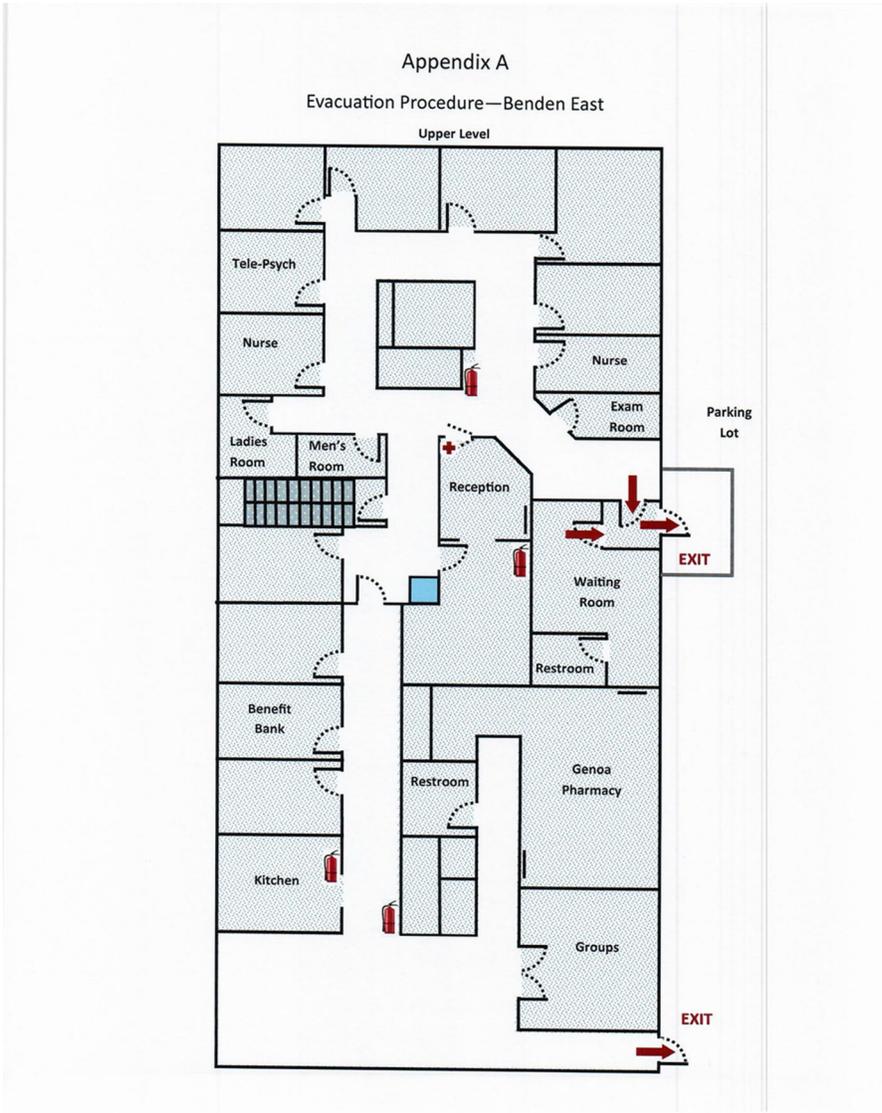


# Wooster (Main Office) Evacuation Maps



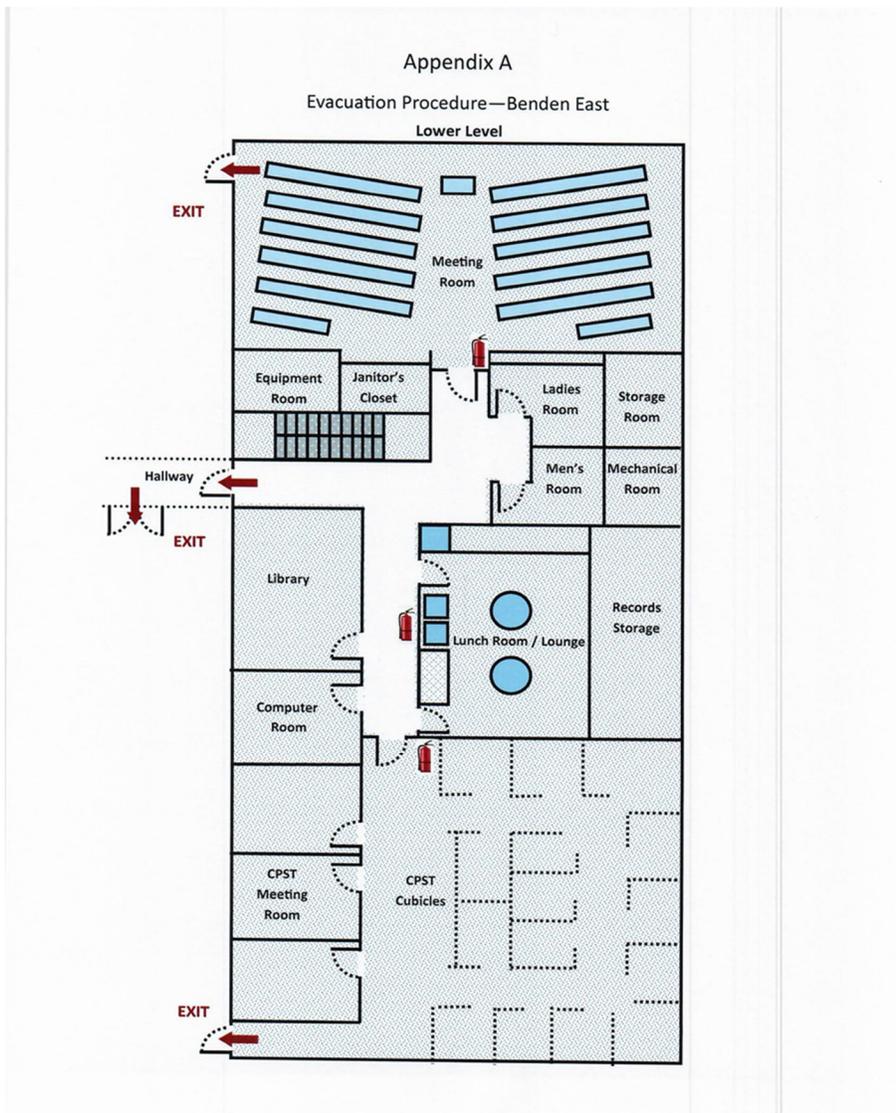


# Wooster (Main Office) Evacuation Maps



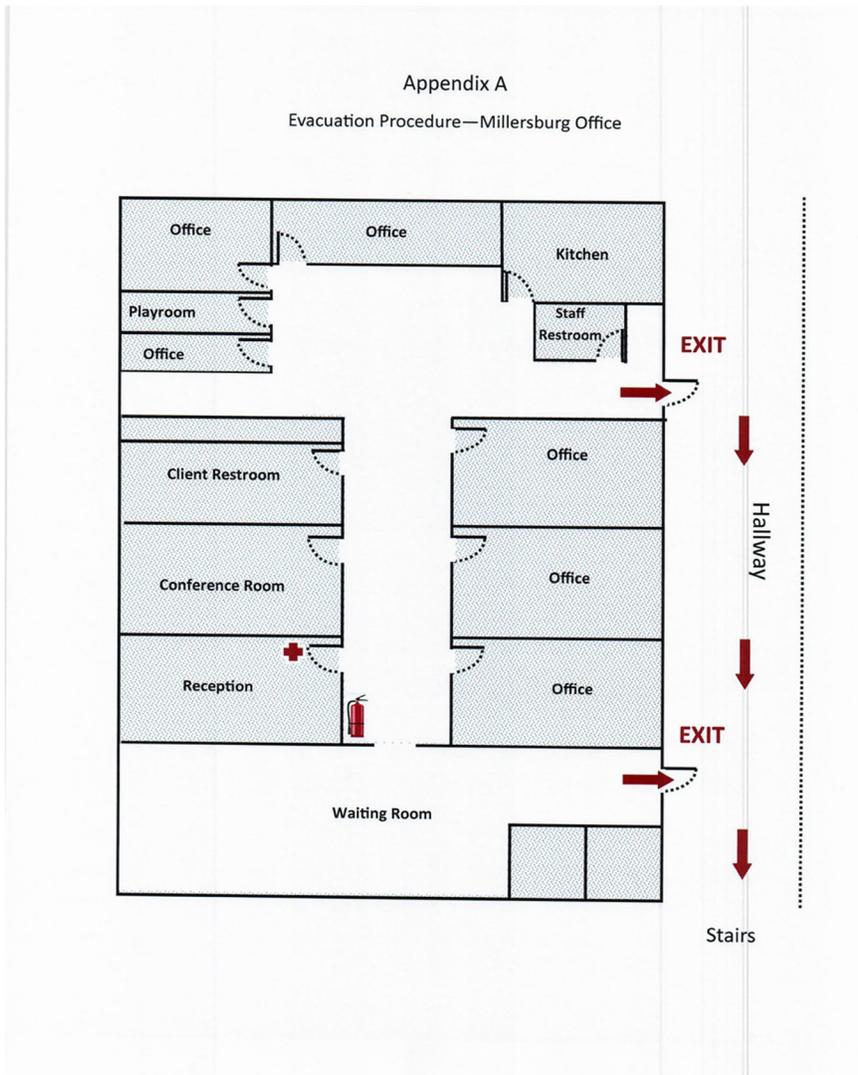


# Wooster (Main Office) Evacuation Maps



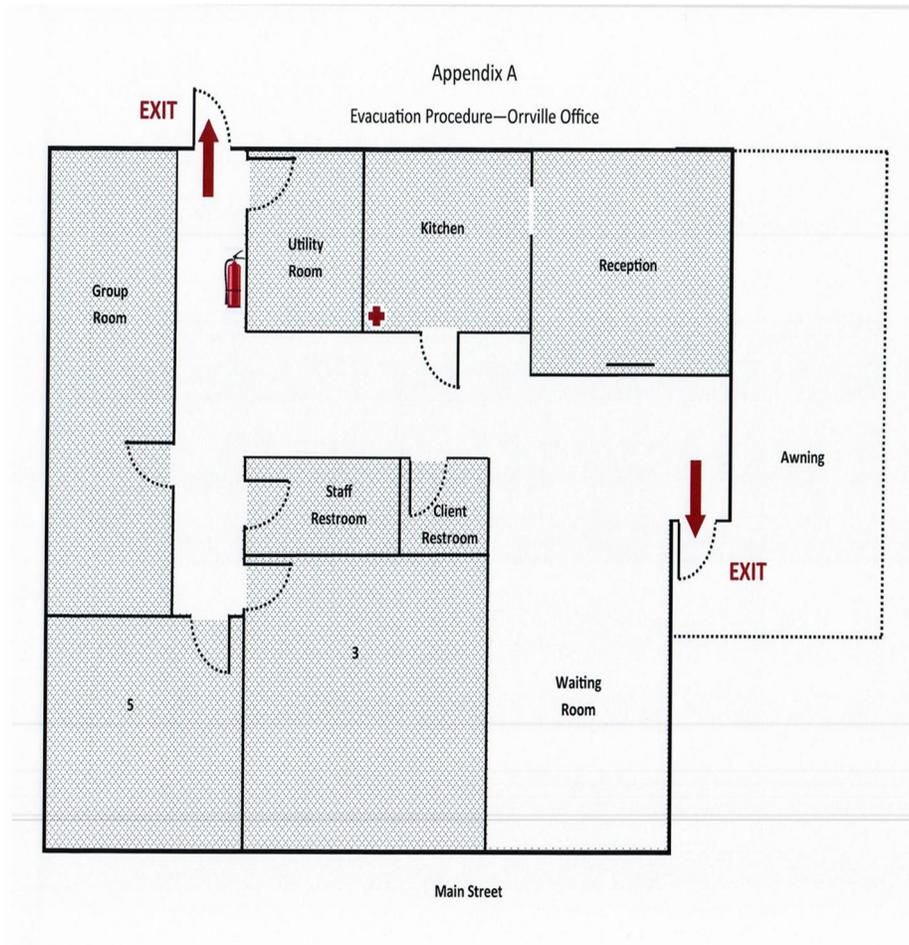


# Millersburg Office Evacuation Map





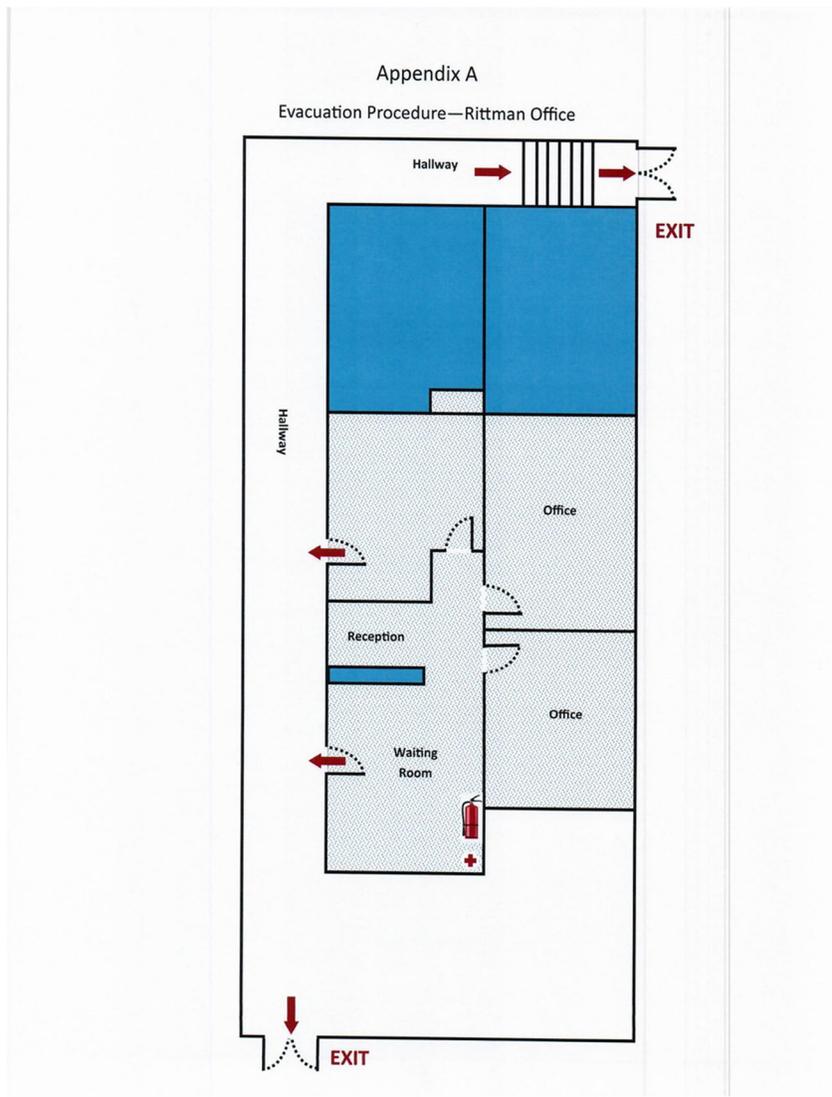
# Orrville Evacuation Map





# Rittman Office Evacuation Map

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Wooster (Main Office)  
2285 Benden Drive, Wooster, Ohio 44691  
**Phone: 330-264-9029**  
Fax: 330-263-7251  
Website: [ccwhc.org](http://ccwhc.org)

**Crisis: 330-845-HELP (4357) or  
Text/Call 9-8-8**



Supported in part by the Wayne-Holmes Mental Health and Recovery Board Levy

