

# CLIENT ORIENTATION HANDBOOK



## **Main Office Location**

108 West Market Street  
Bloomington, IL 61701

Phone: (309) 827-5351

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

## **Welcome!**

Thank you for choosing the McLean County Center for Human Services (MCCHS/CHS) for your behavioral health needs.

Since 1927, the Center for Human Services has been a not-for-profit social service organization serving our local community. It is governed by a volunteer Board of Directors, which sets policy and direction and employs a Chief Executive Officer to administer the affairs of the organization.

The Center is currently accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) and licensed by the Illinois Department of Human Services.

Please review this handbook which contains important information regarding our agency and your services here.

### **MISSION STATEMENT**

The Center for Human Services provides high-quality, recovery-oriented, community-based, behavioral health services to bring hope to individuals struggling with their mental wellbeing, empowering them to build happy, healthy lives.

### **VISION STATEMENT**

The Center provides exemplary programs to help McLean County individuals and families achieve hope, stability, and independence. We operate at “the Center” of our community to provide timely, caring, professional behavioral health services.

- Listening to the voices of our clients, we continually strive for service excellence to assist McLean County residents across the lifespan.
- Our growing behavioral health programs span youth, adult and family counseling, medication prescribing and management, crisis intervention, supportive housing, case management, and recovery support services.
- We are a preferred employer, committed to the professional growth and lifelong learning of our clinical teams and staff, and to serving as an effective community partner.

## **WHAT TO EXPECT AS A CHS CLIENT**

### **Initial Assessment**

When you come to the Center, you will receive an assessment for services. The purpose of this assessment is to determine if you are eligible for our services. If so, you and the assessor will determine how best to proceed with your treatment plan, including evaluating which services and programs will best meet your needs and goals. We encourage the inclusion of family/significant others in treatment planning. The decision is made by reviewing your strengths, preferences, abilities, and needs and then matching them to the appropriate Center program and staff. You will then be assigned a primary clinician, who will be primarily responsible for coordinating your care.

### **Our Staff**

The Center employs qualified staff with diverse, yet complementary backgrounds. The staff includes professionals trained in psychology, psychiatry, social work, counseling, nursing, and other related fields.

At times, students and/or interns may be involved in your treatment. This involvement may vary from simple observation to such individuals serving as your primary clinician. All students are supervised by professional staff.

You have the right to know the qualifications of anyone involved in your treatment. If you have any questions or concerns regarding those involved in your treatment, please speak with your clinician or their supervisor.

### **Financial Obligations**

Any financial obligations you may have will be discussed with you at intake. These often depend on your insurance and financial circumstances. If such circumstances change over the course of your treatment, your obligations may subsequently change. Any fees that are applicable are expected to be paid by you at the time of services.

Along with insurance, the Center receives funding to provide select services to clients at no or reduced cost. You will likely be asked for information that may qualify you to use this funding. If you do not qualify for such funding or if such funding becomes unavailable, and you have no other means to meet your financial obligations, you may be ineligible to begin or continue in all or certain services.

### **Treatment**

Participating in treatment may result in a number of benefits to the client, including improving interpersonal relationships and resolution of part or all of the concerns that led the client to seek services. Treatment may also help facilitate positive growth and development. Working towards these benefits, however, requires effort on the part of the client. Services, particularly therapy, require very active involvement, honesty, and openness in order to change thoughts, feelings and/or behaviors. Clinicians will ask for the client's feedback regarding their views on services, progress, and other aspects of treatment. During treatment, remembering or talking about unpleasant events, feelings or thoughts can result in considerable discomfort or strong feelings and it is possible that experiences of anxiety, depression, insomnia or other discomfort may temporarily increase. The clinician may challenge some of the client's assumptions, or propose different ways of looking at

situations, which can cause uncomfortable feelings. Attempting to resolve the issues that prompted treatment in the first place may result in changes that were not originally intended. Services may result in decisions about changing behaviors, employment, substance use, schooling, housing or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it is slow and frustrating. The Center offers no guarantee or assurance that services will yield positive or intended results. The client is ultimately responsible for their own behaviors.

## **Methodologies Utilized**

During the course of treatment, the clinician is likely to draw on various methodologies depending on the presenting problem and what is, in the clinician's professional judgment, in the best interest of the client. If the client has any questions about any of the procedures used in the course of treatment, including risks, the clinician's expertise in employing them, or about the treatment plan, the client should not hesitate to ask. Clients also have the right to ask about other treatment methodologies. If the clinician concludes that the client could benefit from any treatments that the clinician does not provide, the clinician will assist the client in obtaining such treatments whenever possible.

We want you to participate in determining your issues and your treatment plan for those issues. If you have any questions about your diagnosis or treatment, please discuss them with your clinician.

## **Service Termination**

Generally, services will end when you and your clinician mutually decide that you have met your goals and/or are not benefiting from further treatment. However, we may also terminate services and/or close your case if:

- You miss several scheduled appointments
- You don't return our phone calls or answer our letters to reschedule your appointments
- You do not appear to be benefiting from our services or your issues are beyond our scope of competency
- Funding allowing you to participate in services/programs is reduced or eliminated.
- You are deemed to be dangerous or threatening to staff or others
- You violate program rules or conditions for treatment
- You involve staff in litigation (additional information can be found later in this document)

At times, the need to close your case to the entire agency may not be necessary, but services provided by a specific program and/or clinician may be terminated.

Clients have the right to terminate treatment at any time (unless court-ordered). Our goal is to assist you plan a successful transition from our services to your next goal.

## **AVAILABLE SERVICES AT THE CENTER FOR HUMAN SERVICES**

**Adult Counseling** - Individual counseling is offered to help adults adjust, or overcome, their emotional problems. Services are solution-oriented with the goal of helping people reach their established goals in as brief a period of time as possible.

**Youth Counseling** - Children and teens with emotional and behavioral problems, as well as victims of abuse, are served through the Child and Adolescent Program. Trained therapists work with youth and their families to help them cope more effectively. The program emphasizes family involvement and works toward improving parent/child relationships.

In addition, specialized services are offered to youth who are considered at risk of hospitalization or out-of-home placement. These services include intensive counseling and case management and are generally provided in the family's home environment. The goal is to prevent unnecessary placement or hospitalization.

### **Community Support Services**

The Community Support Program offers adults with mental illness a comprehensive psychosocial rehabilitation program focusing on individual recovery. Activities and classes covering psychiatric rehabilitation and skill development, peer support and socialization, and community resource development are included.

This program also provides a 24-hour staffed, eight-bed Rooming House.

### **Case Management**

The Case Management Program provides outreach-oriented services to adults with severe mental illnesses. These services are individualized and provided at variable levels of intensity based upon client needs. Goals include helping persons affected with mental illness achieve self-sufficiency and maintain community living. Several residential options with various levels of support are also offered.

### **Medical/Psychiatric Services**

Psychiatrists are available to provide evaluation and treatment for Center clients in need of medical intervention. Assistance is given by nursing staff to provide services including medication monitoring and client education.

### **24-Hour Crisis Team**

The Crisis Team provides quick, on-site counseling and evaluation to individuals in crisis situations. Team members travel to all parts of McLean County and function as a mobile crisis unit.

The Crisis Team is on call 24 hours a day, seven days a week. Team members work closely with law enforcement agencies, emergency room personnel, and other social service agencies.

The Team also assesses the need for psychiatric hospitalization. One goal of the program is to intervene, stabilize, and arrange for appropriate services so that unnecessary hospitalization can be avoided.

### **Behavioral Health Urgent Care**

The Behavioral Health Urgent Care (BHUC) Program provides a safe environment for persons to go to who are experiencing a behavioral health crisis. Services include crisis screening, crisis

intervention, short-term counseling, linkage to resources, and peer support. The program provides an alternative to emergency departments when appropriate. Program services are available free of charge to individuals 18 and older. The program is located in our Tower building at 520 N. Center Street. The entrance is on the south side of the building facing Jimmy John's (look for the blue door). Hours may vary.

## **YOUR RIGHTS AS A CLIENT**

Your "rights" are protected in accordance with Chapter 2 of the Illinois Mental Health & Developmental Disabilities Code (405ILCS5). These include:

- ❖ All constitutional/legal rights
- ❖ All of your rights regardless of your sex, age, race, religion, color, creed, sexual orientation, financial status, disability or origin
- ❖ All of your rights, including the right to be free from discrimination, regardless of your sex, gender, age, race, religion, color, creed, ethnicity, sexual orientation, financial status, marital status, military status, citizenship, disability, origin, or any other basis prohibited by law.
- ❖ No recipient of services shall be presumed to be a person under a legal disability solely due to being a recipient of services. Determinations of disability status are made by a court.
- ❖ Your right and responsibility to actively participate in your treatment
- ❖ Individuals who reside in agency facilities:
  - Shall be permitted unimpeded, private, and uncensored communications with persons of their choice by mail, telephone, and visitation. The agency will ensure that space for visitation and phones/mail are accessible. This right may be reasonably restricted as allowed by statute.
  - Shall be permitted to receive, possess, and use personal property and have reasonable storage space for that property. This right may be reasonably restricted as provided by law, such as when necessary to protect a service recipient or others from harm.
- ❖ If a recipient of services provides labor which is of any consequential economic benefit to a service provider, that recipient shall receive wages commensurate with the value of work performed and consistent with applicable laws/regulations.
- ❖ Right to keep your information and record private and confidential, except when we are required by law to provide information. Otherwise, to release protected health information about you, we will complete and ask you to sign a release of information form. ***Please see section, "Your Right to Confidential and Private Treatment" for more details.***
- ❖ Right to say yes or no regarding treatment recommendation/services and be informed of the risks/benefits of such items before giving/denying consent
- ❖ Right to discontinue treatment or refuse specific services at any time (except those under court order)
  - If you exercise this right, we would appreciate you notifying us in advance so that other clients may utilize the times/appointments allotted to you.
- ❖ Right to a safe treatment environment and to be informed regarding the facility evacuation plan and infection control practices
- ❖ Right to receive the least restrictive and individualized services/treatment
- ❖ Right to know the qualifications of your clinician and the techniques/approaches used in your treatment. These will be explained by your clinician.
- ❖ Right to ask your therapist how you are doing in the course of treatment
- ❖ Right to know about the program hours of operation, services, and activities available to you and the cost of those services.
- ❖ Right to know the rules and expectation of your clinician(s)/program(s)
- ❖ Right to know who to contact when you have questions

- ❖ Right to purchase and seek services from private physicians and other mental health professionals
- ❖ Right to be free from abuse and neglect, as well as know to whom to report concerns of abuse (physical, sexual, or mental injury), neglect, exploitation (someone taking unjust advantage of you financially or sexually for their own benefit or advantage), or humiliation (not treating you with respect and/or dignity)
- ❖ Right to know that your clinician may recommend you work with a different clinician at the Center, but will only do so for good cause and after discussion with you. This includes immediate, pending, and potential future needs.
- ❖ Right to reasonable accommodations as required by the Americans with Disabilities Act and Section 504 of the Rehabilitation Act and the Human Rights Act [775 ILCS 5]
- ❖ Right to choose whether or not to participate in any research study with written informed consent.
  - If you choose to participate, a specific “release of information” will also be required, in writing, to allow use and disclosure of any of your personal information for the research.
  - If you decline to participate, it will not affect your treatment, payment, enrollment in a health plan, or affect your eligibility for benefits/services.
- ❖ Right to contact the Illinois Department of Healthcare and Family Services (HFS), the public payer, or its designee and to be informed of your healthcare benefit and HFS/the public payer’s process for reviewing grievances
- ❖ Right to offer suggestions and/or raise your concerns about our organization or our staff, including filing a formal grievance/complaint (***see subsequent sections for information regarding these processes***). You also have the right to know that we may ask, at any time, how we are doing in providing you the care/services recommended.
- ❖ Right to know that you are free from retaliation (revenge) and will not be denied, suspended, or terminated from services nor have services reduced for exercising any of your rights
- ❖ Right to have access to information pertinent to you in sufficient time to facilitate decisions
- ❖ Right to informed consent, refusal, or expression of choice regarding:
  - Concurrent services
  - Composition of your service delivery team
- ❖ Right to have access or referral to the following:
  - Legal entities for appropriate representation
  - Self-help support services
  - Advocacy support services

**Clients in the Community Integrated Living Arrangement (CILA) also have the following rights:**

- ❖ To remain in the CILA Program unless one of the following applies:
  - You voluntarily withdraw
  - Your medical needs cannot be met by the CILA program
  - Your behavior is dangerous to self or others
  - You have been transferred to a program in another agency
  - The termination has been approved by the Illinois Department of Human Services
- ❖ To have unimpeded and uncensored communication
- ❖ To have visitation
- ❖ To personal property
- ❖ To use your monies that are available to you
- ❖ To be paid for work performed
- ❖ To be free from restraints and not be secluded
- ❖ To refuse medical and dental procedures

## IF YOU FEEL YOUR RIGHTS HAVE BEEN VIOLATED

You should expect the Center to maintain a high standard of ethics in regard to you and your treatment. If you feel your rights have been violated or that our staff has acted unethically, please immediately contact Kevin Mulloy, Compliance Manager, at 309-827-5351. You may also contact the other agencies listed below if you feel that it is appropriate.

- ❖ **CARF International** – provides accreditation to the Center and reviews comments/concerns submitted by clients
  - Address: 6951 East Southpoint Road • Tucson, AZ 85756
  - Phone: 1-866-510-2273
  - Internet: <http://www.carf.org/contact-us> Email: [feedback@carf.org](mailto:feedback@carf.org)
- ❖ **Guardianship and Advocacy Commission** – provides legal representation, investigates complaints of rights violations, provides state guardianship
  - Address: 401 Main Street, Suite 620 • Peoria, IL 61602
  - Phone: (309) 671-3030
- ❖ **Equip for Equality, Inc.** – provides self-help and advocacy support services and legal services
  - Address: 235 South 5<sup>th</sup> Street P.O. Box 276 • Springfield, IL 62705
  - Phone: (217) 544-0464
- ❖ **Illinois Department of Healthcare and Family Services**
  - **Office of the Inspector General** – Investigates employees/contractors including fraud, monitors safety, conducts audits, and eligibility and quality of care reviews
    - Phone: 1-844-453-7283
  - **Health Benefits Hotline** – contact number for inquiries regarding status or applications for benefits
    - Phone: 1-844-843-6154
- ❖ **Illinois Department of Human Services**
  - **Bureau of Accreditation, Licensure, & Certification** – investigates and resolves alleged infringements of rights
    - Address: 401 N. 4<sup>th</sup> Street, Second Floor • Springfield, IL 62702
    - Phone: (217) 557-9282
  - **Office of Inspector General** - Investigates reports of abuse, neglect, and exploitation
    - Phone: 1-800-368-1463
- ❖ **Illinois Department of Children and Family Services** – Investigates reports of abuse/neglect of minors under the age of 18
  - Address: 406 E. Monroe • Springfield, IL 62702
  - Phone: (217) 785-2509

## IF YOU ARE DISSATISFIED WITH CHS SERVICES

If you feel you have not been treated fairly, are dissatisfied, or want to file a grievance, you may:

- Discuss the issue with your therapist/case manager
- Ask to speak with their supervisor (the receptionist or your therapist/case manager will assist you in identifying and contacting this person. If you are still dissatisfied after this interaction, you may ask to speak with the supervisor's manager or director.
- Ask to speak with Kevin Mulloy, Compliance Manager
- Write a formal letter of grievance to the Chief Executive Officer expressing your concern



Our staff will respond to your concern within a few days. You may also ask to appeal the initial determination regarding your concern.

You may also express a concern to any of the agencies listed in the previous section regarding rights violations (e.g. Guardianship and Advocacy, Department of Human Services, etc.)

## **CLIENT SUGGESTIONS**

If you have a suggestion on how to improve our services, please discuss with your therapist/case manager or other staff member. There is also a suggestion box in the lobby of our main office location where you may place written suggestions. Additionally, the agency regularly conducts surveys of individuals served to gain insight into the effectiveness of our services and conduct of our staff. These surveys may be conducted in-person, via telephone, or online. Even though we may not be able to accommodate all suggestions, we value your feedback.

## **YOUR RIGHT TO CONFIDENTIAL AND PRIVATE TREATMENT**

### **Notice of Privacy Practices**

This section serves as your notice of privacy practices of the McLean County Center for Human Services. We are required by various regulations to share this information with you. We respect client confidentiality and only release protected health information about you in accordance with the Illinois and federal laws. This notice describes how protected health information about you may be used and disclosed and how you can get access to this information. Please review it carefully, as you will be asked to acknowledge, in writing, your receipt of our privacy practices.

### **Some Information about State and Federal Confidentiality Laws**

Confidentiality of all information collected on you is protected by the Illinois Mental Health & Developmental Disabilities Confidentiality Act, the Federal Health Insurance Portability and Accountability Act (HIPAA), and the Health Information Technology for Economic and Clinical Health Act (HITECH), which describe how health information about you may be used and disclosed and how you can access this information.

With the exception of certain types of information/situations (see section titled "Information Disclosed Without Your Consent"), any information disclosed, protected by federal confidentiality rules (42CFR, Part 2) or the Illinois Mental Health and Developmental Disabilities Act, is prohibited from further disclosure unless further disclosure is expressly permitted by the written consent of the person to whom it pertains. A general authorization of medical or other information is NOT sufficient for this purpose. Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

### **Your Health Information**

Each time you receive services from the Center, information is collected about you and your health status. This information is known as Protected Health Information (PHI) and is gathered and filed in your clinical record. PHI also includes information you or others give us about you as well as your status/identity as a client. Although your health record is the property of the McLean County Center for Human Services, the information belongs to you. You have the following rights regarding your record:

- **Copy & Inspection:** You are entitled to inspect the health information the Center has generated about you. This means you may inspect or obtain a copy of health information that we use to make decision about your care.
- **Amending Record:** If you believe that something in your record is incorrect or incomplete, you may request we amend it. To do this, contact the Privacy Officer and ask for the Request to Amend Health Information form. In certain cases, we may deny your request. If we deny your request for an amendment you have a right to file a statement you disagree with us. We will then file our response and your statement and our response will be added to your record.
- **Release/Disclosure:** you can request that we disclose all or part of your record to other individuals or entities. This could include your attorney, employer, family, or others who you wish to have knowledge of your care. This request must be in writing and contained required elements as required by law. This includes your right to request that we restrict all or parts of your record from disclosure. This must also be in writing and state the specific restriction requested and to who you want the restriction to apply. The Center is not required to agree to your request if it is allowed by law and we believe it is in your best interest to permit use and disclosure of the information.
  - You may revoke this consent at any time, but only to the extent no action has been taken in reliance on your prior authorization.
- **Accounting for Disclosure:** You may request an accounting of any written disclosures we have made related to your protected health information, except for information we used for treatment, payment, health care operations purposes, or other incidental disclosures permitted by law. This may also exclude information we were required to release. If you wish to exercise this right, please submit your request in writing to our Privacy Officer. Please note that this information is not available for disclosures made prior to 2003. We may also decline request for a list of disclosures that exceed a six year time period.

## How to Request Disclosure/Inspection of Information

If you wish to inspect or receive a copy of your record, or request a disclosure of your record to others, please contact our Medical Records Department by calling our main office phone number or in person at our main office. Our staff will be happy to guide you through the process including the necessary documentation.

By law, the agency has 30 days to respond to any request for information; however, depending on the amount and type of information requested, we are often able to process requests within 1-2 business days.

Older records may not be available as they may have been destroyed as allowed by law.

## Fees for Copying/Disclosure of Information

The agency will generally not charge a client for a copy of their record; however, it reserves the right to charge for repeated requests. This decision is made on a case-by-case basis.

Fees may be charged for release to other entities (such as attorneys, etc.), although typically the agency does not charge when information is sent to other health care providers.

Medical Records staff will inform you of any fees at the time you make a request for information. If you wish to dispute any fees, please ask to speak to the Privacy Officer.

## Use of Protected Information

HIPAA refers to “use” of your information when it is utilized by CHS staff. Information may be used by CHS staff not directly involved in your care. The information is considered “disclosed” if it is shared with or sent to others not employed by CHS. Except in special circumstances, only the minimum necessary information is used and/or disclosed. The agency uses your information for a variety of purposes, including:

- **Treatment:** We may use or disclose information about you to provide, coordinate, manage, or consult regarding your care or any related services.
- **Payment:** Your protected health information will be used to obtain payment for the treatment and services provided. This will include contacting your health insurance company for prior approval of planned treatment or for billing purposes.
- **Health Care Operations:** We may use protected health information about you to coordinate our business activities. This may include setting up your appointments, reviewing your care, training staff.

Please note that the Center also owns a private practice (Professional Associates of Illinois [PAI]). Certain staff work in both divisions and have access to information. Effective in 2010, the physical and electronic client records at CHS and PAI were combined into one clinical record.

## Information Sharing

The agency may at times engage in partnerships with other entities in order to increase collaboration, participate in research/program improvement, etc. Depending upon these partnerships, certain types of information (some without any identifying information) may be disclosed without the agency’s standard signed disclosure authorization form. You will be informed of these types of information sharing and provided the opportunity to opt out without any negative consequences to you. There are currently two programs in which CHS has such a partnership with:

- **Bloomington School District #87/Rush University Project AWARE**
  - This applies only to clients served in the agency’s embedded programs in District #87. In order to evaluate program effectiveness, the school district and CHS will share data and information regarding program participants with Rush University in Chicago. Rush University will analyze this data and report to the overseers of the grant. Such data includes protected health information (PHI) such as demographic, diagnostic, and assessment information.
- **Community Behavioral Health Clinic**
  - CHS is a designated collaborating organization for the Certified Community Behavioral Health Clinic administered by Chestnut Health Systems. As part of this collaboration, clients are randomly selected to receive additional assessments called the NOMS (National Outcome Measures) which were created by a government agency called the Substance Abuse and Mental Health Services Administration (SAMHSA). These assessments will include questions about your (or the person you are legally responsible for) health, substance use, handling of life’s problems, and your satisfaction with services. Unless you tell us that you don’t want to (by checking the box below), information from these assessments will be shared with Chestnut Health Systems and SAMHSA. Information shared will NOT include names or contact information. If you decide that you don’t want to share this information or have the NOMS assessment, you

(or the person you are responsible for) will not get in trouble. You will still get the support and services you need no matter what you choose.

## Information Disclosed Without Your Consent

Under Illinois and federal laws, information about you may be disclosed without your consent in the following circumstances:

- **Emergencies:** Sufficient information may be shared to address the immediate emergency you are facing.
- **Criminal Activity:** If a crime is committed on our property or against our personnel, we may share information with law enforcement to apprehend the criminal.
- **Protection from Harm:** Health information may be disclosed if an individual presents an imminent danger to themselves or others.
  - This includes cases of suspected abuse, neglect, and exploitation. Staff are mandated by law to report such cases and disclose necessary information to appropriate entities (such as the Department of Child and Family Services, Department of Human Services, etc.) without the consent of the client
  - In accordance with the Illinois Firearms Owners Identification (FOID) Card Act, the agency is required to report any individual who presents a clear and present danger, or who is admitted to certain residential programs to the Illinois Department of Human Services.
  - The aforementioned confidentiality act also mandates CHS staff to “warn” any intended victim, as well as the responsible authorities, when a client discloses an intent to cause physical harm to a specifically identified victim or victims.
- **Billing/Insurance/Funders:** We will disclose information to the insurance provider you designate in order to bill for services provided. Certain services/programs may also receive funding from various entities (such as the Department of Human Services or the McLean County Health Department). Such entities have the right to review treatment information for recipients of the services they support.
- **Governmental/Legal Requirements:** We may disclose information to a health oversight agency (i.e., US Drug Enforcement Administration, Illinois Department of Public Aid, HIPAA, US Health Care Pricing Administration Medicaid & Medicare) or accrediting bodies for activities authorized by law, such as audits, investigations, inspections, and licensure.
  - There also might be a need to share information with the Food and Drug Administration related to adverse events or product defects. We are also required to share information, if requested, with the Department of Health and Human Services to determine our compliance with federal laws related to health care.
  - If we suspect that a client is committing Medicaid fraud, either knowingly or unknowingly, then we may be required to report this to the Illinois Department of Healthcare and Family Services without client consent.
  - The agency may also disclose information to a coroner/medical examiner or funeral director for purposes of carrying out their duties.
  - The agency discloses any prescriptions of controlled substances to the Illinois Prescription Drug Monitoring Program (ILPMP).
  - In accordance with Illinois law, the agency is required to disclose admissions to its residential facilities as well as the information regarding any client deemed to be a clear and persistent danger to the Illinois State Police and Illinois Department of Human Services. This information is used to determine one’s eligibility to obtain a Firearm Owners Identification card.

- **Business Associates:** CHS can disclose health information to its business associates in order to maintain its operations. Examples include the agency's attorney, software technicians, etc. Generally such associates abide by the same privacy regulations that apply to CHS and its staff.
- **Guardians:** Guardians may have access to the following information without client consent: current condition, diagnosis, treatment/medications provided, and treatment/services needed.
  - Other information may only be accessed if the client does not object (a signed consent is required) or if the clinician does not feel that there are strong reasons to deny access.
  - This applies to all clients age 12 and older
  - Custodial Parents/Guardians of individuals under age 12 may have access to all treatment records.
  - Non-Custodial parents/guardians of minors may also have the same access as custodial guardians unless the clinician does not feel it is in the minor's best interests or if there are court orders limiting disclosure
- **Coordination of Care:** The agency may disclose health information to other healthcare providers when such information is needed to facilitate this care without a release. Examples would be when there is a transfer of custody of care to another entity (such as when a client is hospitalized or incarcerated) and that entity needs the information to effectively provide care to the client.
- **Legal Proceedings:** Disclosure of health information can be court ordered without client consent when certain circumstances are met.
  - Workers' Compensation: We may disclose information without consent to comply with workers compensation laws and other legally established programs

## Changes in Policy

CHS reserves the right to change its privacy practices based on the needs of the Center and changes in Illinois and federal laws. Before we make a significant change in our policies, we will change our notice and post the revised notice. You can receive a copy of the current notice at any time.

## Complaints

If you believe CHS has violated your privacy rights, please ask to speak with the Privacy Officer or a member of our Corporate Compliance Committee.

You may also file a written complaint with the Office of Civil Rights of the U.S. Department of Health and Human Services via mail, fax, email, or via their online portal (We encourage you to visit their website for specific information on this process including requirements for complaints). Contact Information includes:

### Address

Centralized Case Management Operations  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F HHH Bldg.  
Washington, D.C. 20201

### Email

OCRComplaint@hhs.gov

### Website

www.hhs.gov

## Questions

If you wish to have a copy of these practices, please request one from staff.

If you have questions regarding these privacy practices, please notify your clinician or ask to speak with the Privacy Officer.

## **RESPONSIBILITIES AND EXPECTATIONS OF CLIENTS**

**Specific agency programs may have additional guidelines and expectations not listed below. These will be discussed with you during the admission process.**

As a client, you are responsible:

- \* For your healthcare
- \* For your actions if you decide not to follow the instructions of your healthcare provider
- \* For reporting any information about your condition, including changes to your health status or reactions to medications
- \* For following your treatment plan agreed upon by you and your health care provider.
- \* For meeting your financial obligations to the Center and reporting any changes in your financial or medical insurance status
- \* For attending and being punctual for your appointments
- \* For being clean and sober when you come to any CHS facility
- \* To wear appropriate attire (as determined by CHS) while at any CHS location
- \* For refraining from using inappropriate/foul language in the presence of others
- \* For respecting the privacy and confidentiality of others. For this reason, taking photographs or engaging in audio/video recording of any client, staff, or visitor at the Center is prohibited unless permission is obtained from CHS management.
- \* For treating others with respect and dignity. Harassing or threatening others will not be tolerated and can result in suspension/termination of services and/or reports to law enforcement.
- \* For following all health and safety practices of the Center, including:
  - Any infection control mediation measures
  - Firearms & weapons (including knives) are prohibited at any agency facility
  - The possession or use of alcohol/illicit substances is prohibited at any agency facility or during any agency sponsored activity. Prescription medication is allowed only if packaged in the original container and kept either on your person or in a purse/bag you are holding.
    - Individuals utilizing cannabis are prohibited from using this substance while at any agency facility or during an agency sponsored activity.
  - In accordance with state law, the use of any tobacco product or variant (including, but not limited to: cigarettes, cigars, chewing tobacco, electronic cigarettes/vaping devices, etc.) are prohibited in any of its facilities and within 15 feet of any entrance.
    - The use of such products is also prohibited within any vehicle while utilized for services.
- \* Food or drink brought in from the outside is prohibited at our main office location (water is allowed).

## **RESPONSIBILITIES AND EXPECTATIONS FOR PARENTS/GUARDIANS OF MINORS**

To help us treat your child, you (and possibly other family members) will need to participate in your child's services. Due to children's need for consistency, you and your child are encouraged to make

every appointment with your clinician. Please discuss any problems with your ability to fully participate in services with your clinician. If keeping appointments becomes problematic, the clinician will discuss this with you. Inconsistent attendance may be grounds for termination of services.

Your cooperation and participation is important. Without your insights and observations about what is occurring in your home, we will be unable to determine either the severity of the problems or whether or not services are having a positive impact on your family. At times, we may also need your help in completing certain tasks between sessions. Depending upon the individual needs of your family, these tasks may include items such as: reading articles, keeping records, completing homework assignments, and attending classes. Inconsistent participation on the part of either you or your family can create more problems than it can solve.

## **RESPONSIBILITIES AND EXPECTATIONS FOR GUARDIANS OF ADULTS**

If you are the guardian of an adult client, you will be required to periodically review and sign documents, give consent for treatment, etc. You are expected to be active in the treatment of the client. This is vital in allowing services to continue.

## **INVOLVING STAFF IN LITIGATION**

Client and/or their family members may become involved in various types of civil litigation. At times, these individuals or their attorneys may wish to involve CHS staff in such matters. The most common instances where this occurs are custody/visitation disputes, personal injury claims, or employment discriminations cases.

The role of CHS staff is to be a treatment provider and not an expert witness for the court. If you are seeking an expert witness, then you should hire someone specifically for that purpose. CHS and its staff are not prepared to become involved in any type of litigation. Staff's primary role is to treat the emotional, mental, and behavioral needs of their clients. Becoming involved in legal issues can be detrimental to the therapeutic relationship and the success of treatment. Additionally, CHS staff are neither trained nor qualified to make any recommendations regarding determinations of parental fitness, termination of parental rights, or custody disputes. Clinicians generally only become involved in litigation when they determine it is necessary to protect the child.

In the event that CHS staff are requested/ordered to testify, give disposition, or prepare reports, clients and/or their guardians/parents agree to the following conditions:

- The minimum fee for any testimony at a deposition or in court is \$300 for therapist/case managers or \$1,200 for prescribers (APNs or psychiatrists). Any time spent by staff that exceeds three hours will be charged an additional fee by the hour (\$100 for therapist/case manager; \$400 for prescribers). Time spent reviewing files, preparing for trial/deposition, participation in conferences, etc. prior to the trial/deposition counts towards the total time spent.
- For time spent involved in preparing a report for an attorney or the court, the aforementioned hourly rates apply.
- Fees may also be charged for any travel or expenses incurred by staff as a result of having to appear.

- If the testimony is cancelled or rescheduled with less than two business days' notice, the fee is still owed to the Agency for the payment of time lost for cancelled appointments. An additional fee for the same amount must be paid one week before the rescheduled time.
- Any fees must be paid at least one week prior to any appearance or report is due to occur.
- Client's or their representatives will request that their attorneys attempt to schedule any appearance at a time convenient to the clinician and will also request that the attorney call from the courthouse approximately 1 hour before the appearance is needed so that the staff will not be required to wait around, thus taking time away from other clients.
- If a client/guardian persists in involving agency staff in litigation, the agency, at its discretion, may immediately discontinue services to the client(s) involved.

## **RELATIONSHIPS WITH STAFF**

Relationships between CHS employees and clients (including their guardians and family members) will be maintained in a professional manner. Employees are to refrain from behaviors that are exploitative and potentially damaging to a client in a financial, romantic, sexual, physical, or emotional way.

Any staff relationship with a client or anyone with who they are associated (e.g. friends, family members, etc.) that could cause a potential conflict of interest or which may potentially cause harm will be reported to a supervisor. The supervisor will take appropriate actions to resolve any issues.

## **SOCIAL MEDIA AND ELECTRONIC COMMUNICATIONS**

In order to maintain appropriate boundaries, CHS staff are prohibited from "friending" (or any variant thereof) clients. Please feel free to follow CHS on our official social media accounts



@mentalhealthchs



@centerforhuman services

### **Electronic Communications (including E-Mail)**

Center staff may communicate with you via email **ONLY** if you give specific permission in writing. Your consent to email communications may be revoked in writing at any time.

Please be aware that unencrypted email is not certified as a secure medium for discussing your personal health information. For this reason, we discourage you from utilizing email to discuss or inform your clinicians of any clinical issues you may be having. CHS is not be held accountable for a breach in confidentiality related to this means of communication. Subsequently, CHS staff are only allowed to communicate certain types of information to you via email. Generally, this information is determined by you and outlined on the consent form. We cannot send documentation from your medical record via unencrypted email.

In regards to electronic communications with other entities, you will be able to give permission for CHS to engage in these activities by completing an Authorization for Disclosure form. Some entities may have secure, encrypted forms of electronic communication. This is generally considered safe and CHS may be able to send medical records via this method.

If you have any question regarding the potential risks of electronic communications, please ask to speak with the Compliance Manager and/or the Information Services Manager.



## **GENERAL INFORMATION**

### **Mental, Behavioral, or Emotional Emergencies**

There is always someone who will listen 24 hours per day. In an emergency, you have several options:

- Contact our Mobile Crisis Team by calling 309-827-5351 which will connect you to the Center. Please note that after hours, calls to the main office line will be routed to PATH. The mobile crisis team is available 24 hours a day.
- Call 988, which is the National Suicide Prevention Hotline. It is available 24 hours per day.
- Visit our Behavioral Health Urgent Care at 520 N. Center Street in Bloomington (hours may vary).

For individuals under 21 years of age, you may also utilize SASS (Screening, Assessment, & Support Services) by calling the CARES (Crisis and Referral Entry Services) hotline at 1-800-345-9049. If the situation is life-threatening, please call 911 or go to the nearest hospital emergency department.

### **Importance of Keeping Appointments**

Keeping and arriving promptly for appointments is of vital importance to maintaining services and their effectiveness. Please be aware that state regulations require us to complete various assessments and other documentation at regular intervals in order to provide services to you. If appointments are not kept and this documentation is not completed, CHS may have to close your file here and you will have to go through the screening process again and thus your ability to receive services again will not be guaranteed.

Additionally, if you are late to an appointment, the clinician may choose not to continue with the scheduled appointment. At the clinician's discretion, this may be considered a cancelled or failed appointment. Repeated cancellations or failures to attend appointments may result in the termination of services.

### **Cancelling or Rescheduling Appointments**

If you need to cancel or reschedule your appointment, please call us at 309-827-5351 as soon as possible.

### **Illness**

In order to prevent the spread of illness, we ask that you reschedule your appointment if any of the following apply to you or your child:

- ★ Stayed home from school/work or left school/work early due to illness the day of the appointment
- ★ Has had a temperature in the last 24 hours
- ★ Has head lice, impetigo, or any other contagious illness

If you or your child appears to be ill and is brought for an appointment, the clinician may choose not to see the client and will reschedule. If you cancel an appointment due to medical illness, you will not be penalized for a missed appointment (However, repeated cancellations will be evaluated on a case-by-case basis and may be considered a standard cancellation or failure).

## **Parking**

Free parking is available on the streets surround our main building for a duration of ninety minutes. Free parking is also available in the lower level of the parking garage across the street from our main building for a duration of four hours. At the Tower Building, parking is available in the lot directly in front of the main entrance.

## **Request for Accommodations**

If you have a condition or disability for which you require assistance, please ask any staff member. The agency will attempt to reasonably accommodate your request. If staff are unable to accommodate your request, you may ask to speak with a member of our Corporate Compliance Committee.

## **Cell Phones and Electronic Devices**

Talking on the phone, particularly while in our waiting areas or during sessions, is not allowed (considerations are made for emergencies or unique situations). The use of such devices to record/photograph other individuals or document in any way their activities is strictly prohibited.

## **Building and Personal Safety**

CHS employees do not utilize seclusion or physical restraint at any time. In an emergency, agency staff may use physical interventions to assist a client, visitor, or employee to regain control/composure in the emergent situation and law enforcement will be called to provide additional assistance.

In case of fire or evacuation situation, a staff member will escort you to the designated area. If you are not with your clinician at the time an alert sounds, follow the nearest staff person. We check hallways and restrooms to make sure that everyone is evacuated or led to a shelter in case of emergency. We are required to have drills. If you are present when this occurs, follow staff direction.

In accordance with state law, all passengers are required to wear seat belts when being transported by agency staff.

## **Hours of Operation**

Our administrative office hours are from 8 a.m. to 5 p.m., Monday through Thursday (On Friday, the agency closes at 3p). The agency is closed on Saturdays, Sundays, and applicable holidays. Some programs may have different hours of operation/staff availability. Your therapist/case manager will inform you of the hours they are specifically available.

## **If You Have Questions or Need to Contact Us**

While any staff person will be able to address general questions, your therapist or case manager is your “go to” person to answer any questions you may have about the agency. Our phone number is 309-827-5351 if you need to contact us.