





## Behavioral Health Consent for Treatment

Application is hereby made by the undersigned for voluntary admission to the services of Stigler Health and Wellness Center, Inc. outpatient behavioral health services.

I certify that I am eighteen years of age or over. Voluntary admission may be made for any person eighteen (18) years of age or over on his/her own signature. Any person at least 14 years of age may be admitted with the consent of such person and the consent of the person's parent or guardian.

All persons receiving services from this facility shall retain the rights, benefits, and privileges guaranteed by the laws and constitution of the State of America, except those specifically lost through due process of law. OS 43A, Section 1-103(h).

- All persons shall have the rights guaranteed by the Substance Abuse Consumer's Bill of Rights, unless and exception is specifically authorized to these standards or an order of a court of competent jurisdiction.
- I understand that my treatment records may be subject to review by funding sources and accrediting bodies to verify and evaluate services delivered.

I understand that OS 43A, Section 4-201 requires that each consumer of the agency be charged for care and treatment provided. An individual will not be refused needed treatment because of inability to pay, OS 43A, Section 4-202.

Date of Birth: \_\_\_\_\_ Patient #: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_ County: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Primary Contact#: \_\_\_\_\_ Secondary Contact #: \_\_\_\_\_

Guardian Name: \_\_\_\_\_

Guardian Phone Numbers: \_\_\_\_\_ Relationship to consumer: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

Referred By (parent, school, self, ect.): \_\_\_\_\_

Name & credentials of all clinicians that will be providing services:

Individual: \_\_\_\_\_ Family: \_\_\_\_\_ Group: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Consumer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Consumer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness (Clinician)

\_\_\_\_\_  
Date

<b>Race:</b>
<input type="checkbox"/> White
<input type="checkbox"/> Black/African American
<input type="checkbox"/> American Indian
<input type="checkbox"/> Asian
<input type="checkbox"/> Native Hawaiian/ Pacific Islander
<b>Ethnicity</b>
<input type="checkbox"/> Hispanic/Latino



**Patient Questionnaire**  
**Thoughts and Behaviors – (Child)**

Please check (v) how often the following behaviors occur:

	Never	Rarely	Sometimes	Frequently
1. Loses temper easily.				
2. Argues with adults.				
3. Refuses adults' request.				
4. Deliberately annoys people.				
5. Blames others for own mistakes.				
6. Easily annoyed by others.				
7. Angry-resentful.				
8. Spiteful/vindictive.				
9. Defiant.				
10. Bullies/teases others.				
11. Initiates fights.				
12. Uses a weapon				
13. Physically cruel to people.				
14. Physically cruel to animals.				
15. Stealing.				
16. Forced sexual activity.				
17. Sexual acting out.				
18. Intentional arson.				
19. Burglary.				
20. "Cons" other people.				
21. Runs away from home.				
22. Truant at school.				
23. Doesn't pay attention to details.				
24. Several careless mistakes.				
25. Does not listen when spoken to.				
26. Doesn't finish chores/homework.				
27. Difficulty organizing tasks.				
28. Loses things.				
29. Easily distracted.				
30. Forgetful in daily activities.				
31. Fidgety/squirmy.				
32. Difficulty remaining seated.				
33. Runs/climbs around excessively.				

Client Name: \_\_\_\_\_ Date \_\_\_\_\_ Patient # \_\_\_\_\_

	Never	Rarely	Sometimes	Frequently
34. Difficulty playing quietly.				
35. Difficulty awaiting turn.				
36. Interrupts others.				
37. Hyperactive.				
38. Problems pronouncing words.				
39. Poor grades in school.				
40. Expelled from school.				
41. Drug abuse.				
42. Alcohol dependence.				
43. Depression.				
44. Crying or feeling like crying.				
45. Shy/avoidant/withdrawn.				
46. Suicide threats/attempts.				
47. Fatigued.				
48. Anxious/nervous.				
49. Excessive worrying.				
50. Sleep disturbance.				
51. Panic attacks.				
52. Mood shifts.				
53. Feeling irritable.				
54. Impaired judgment.				
55. Irritable.				
56. Loneliness.				
57. Frequent confusion.				
58. Changes in eating habits/gains or losses.				
59. Elevated mood.				



SCREENING AND INITIAL ASSESSMENT (Part I)

1. Why have you contacted us? What problems are you having? What are you hoping to get out of treatment? \_\_\_\_\_

2. How long have the problems you mentioned been bothering you?

1 week  A few weeks  A month  A few months  1 year or more  Unknown

Yes  No

3. Are you currently taking medication for mental health reasons?

If yes, please list: \_\_\_\_\_

Yes  No

4. Are you currently out of mental health medication?

Yes  No

5. Have you ever been a member of a Day Treatment or Clubhouse Program?

Yes  No

6. Have you ever been hospitalized for mental health reasons?

If yes, name of hospital \_\_\_\_\_ Diagnosis: \_\_\_\_\_ Date: \_\_\_\_\_

Yes  No

7. Have you ever been a client at a mental health clinic?

If yes, which mental health clinic? \_\_\_\_\_

Yes  No

8. Do you feel if you are not seen today, you may hurt yourself? How? \_\_\_\_\_

Yes  No

9. Do you feel if you are not seen today, you may hurt someone else?

If yes, who? \_\_\_\_\_

Yes  No

10. Are you hearing noises or voices that others do not hear? What? \_\_\_\_\_

Yes  No

If voices, do they tell you to harm yourself or others?

Yes  No

11. Are you seeing persons or things that are not there or that others do not see? What? \_\_\_\_\_

Yes  No

12. Are you experiencing withdrawal symptoms from alcohol or other drugs?

If yes, please list drug(s) and symptoms: \_\_\_\_\_

Yes  No

13. Are you currently a victim of sexual or physical abuse?

If yes, when were you last abused? \_\_\_\_\_

Yes  No

14. Have you in the recent past or present experienced any pain?

If yes, where is/was the pain located? \_\_\_\_\_

\_\_\_\_\_  
Clinician Signature

\_\_\_\_\_  
Date



<b>Client Name:</b>
<b>Patient #</b>

### Health and Medication History

Yes  No  Are you taking any medications (prescribed, as well as “over the counter”) at the present time?

If yes, please list:

NAME OF MEDICATION	PURPOSE	STRENGTH/DOSAGE	PRESCRIBED BY	DATE BEGAN	HOW IT HELPS YOU	SIDE EFFECTS
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Yes  No  Are you presently being treated for a medical or surgical problem?

If yes, please explain: \_\_\_\_\_

Who is your personal physician(s)? \_\_\_\_\_ Date of last physical exam: \_\_\_\_\_

Do you use tobacco? Yes  No  Pack/day \_\_\_/\_\_\_ Other: \_\_\_\_\_

Do you use alcohol? Yes  No  How much \_\_\_\_\_ How often \_\_\_\_\_

Do you use street drugs? Yes  No  IV Drug use? Yes  No  Date of last use? \_\_\_\_\_

What type(s) \_\_\_\_\_ How often \_\_\_\_\_

Yes  No  Have you had any recent change in appetite/weight gain or loss? If yes, please explain

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

Yes  No  Have you had any recent change in sleeping patterns? If yes, please explain \_\_\_\_\_

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

Yes  No  Do you use any assistive technology devices such as a pacemaker, hearing aid cane, etc:

If yes, please list: \_\_\_\_\_

\_\_\_\_\_

Client (Guardian) Signature \_\_\_\_\_

\_\_\_\_\_ Date

Clinician \_\_\_\_\_

\_\_\_\_\_ Date



**CONSENT OF PROTECTED HEALTH INFORMATION**

Please identify the person or persons you authorize your Protected Health Information (oral or recorded information) to be released to by Stigler Health and Wellness Center, Inc. (SHWC).

This may include your spouse, parents, siblings, children, friends or guardian. Please list below:

NAME	RELATIONSHIP	HOME PHONE #	CELL PHONE #

Stigler Health and Wellness Center, Inc. is required to have your permission to leave messages regarding your Protected Health Information (test results, instructions, appointment reminders, etc.)

Please check the appropriate boxes:

\_\_\_\_\_ **Yes**, SHWC **may** leave a message on my answering machine/voice mail regarding my Protected Health Information.

Comments: \_\_\_\_\_

\_\_\_\_\_ **No**, SHWC **may not** leave a message on my answering machine/voice mail regarding my Protected Health Information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Patient #

\_\_\_\_\_  
Patient Name

**This authorization shall remain in effect until revoked.**



# **Stigler Health & Wellness Center, Inc.**

## **Behavioral Health Services**

### **CONSUMER HANDBOOK**



**Stigler Health & Wellness Center, Inc.**

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Dear Consumer,

Thank you for allowing our qualified staff to assist you in your journey to overcome the obstacles to enjoy a healthy, happy and productive life. Stigler Health and Wellness Center, Inc. is dedicated to providing you with a comprehensive care plan to meet your needs.

It is the mission of Stigler Health and Wellness Center, Inc. to improve the quality of life for persons in Oklahoma. We are committed to providing quality health care services for all area patients.

As part of your Consumer Orientation, many issues will be discussed. A BioPsychoSocial assessment will be performed to determine all of your needs and an appropriate course of treatment. The assessment generally consists of many questions regarding several aspects of your life.

From the information gathered, an individual treatment plan will be developed, with your assistance, to identify specific behaviors that you wish to address with your treatment team. These mutually identified and agreed upon goals and objectives will be addressed in a variety of settings which could include Individual, Family and Group Therapies, Please notify our staff if you are in need of a specific service.

Typically, consumers discharge from services when your individual goals are met. Your treatment team will begin discussing discharge criteria with you upon intake so that all involved can remain focused on problem resolution. If at any time during your course of treatment you feel that you would like to discontinue services, please notify someone on your treatment team so that they can inform you of the transition procedures.

Listed below is the contact information for the office location of Stigler Health and Wellness Center, Inc. administrative office hours are 8am to 5pm. If you have an emergency and it is after hours please call 911 or go to your closest emergency room.

You can find additional information regarding Stigler Health and Wellness Center, Inc. on our website at [www.thwcinc.com](http://www.thwcinc.com).

Administrative Hours of Operation: 8am-5pm

Clinician Hours: Varies

Stigler, OK	Eufaula, OK	Poteau	Sallisaw
Phone- 918.967.3368	918.689.3333	918.647.2155	918.790.2653

Checotah, OK	Wilburton, OK	Warner, OK
Phone-918.473.0048	918.465.0005	918.463.2837

Provider Clinician Name: \_\_\_\_\_

Provider Clinician Contact # \_\_\_\_\_

The representative for coordinating grievance issues is CQI Coordinator, Teresa Noah. The individual with the authority to make decisions on grievances for behavioral health complaints is CQI Coordinator, Teresa Noah and BH Director, Ashley A. Roberts, LPC. Teresa Noah can be reached at 918.790.2653. Ashley A. Roberts can be reached at 918.967.3368x2148.

## **A. MISSION STATEMENT:**

Stigler Health and Center, Inc. is committed to providing quality health care services for all area patients.

## **B. CODE OF ETHICS**

Stigler Health and Wellness Center, Inc. therapists adhere to their Licensing Board Code of Ethics. The Code of Ethics and Standards of Practice of the American Counseling Association is a lengthy document which has been condensed for your information as a summary of ethics with which Stigler Health and Wellness Center, Inc. will comply. If at any time you would like a copy of the complete Code of Ethics, please contact our office at 918.967.3368 and one will be mailed to you.

- Counselors respect diversity and must not discriminate against consumers for any reason.
- Counselors must make every effort to avoid dual relationships with consumers.
- Counselors must not engage in any type of sexual intimacy with consumers.
- Counselors must take steps to protect consumers from trauma resulting from interactions during group work.
- Counselors must terminate any counseling relationship if it is determined that they are unable to be of assistance.
- Counselors must keep information related to counseling services confidential, except in very specific circumstances.
- Counselors must not disclose information about one family member in counseling to another family member without prior consent.
- Counselors and staff must maintain confidentiality with all records at all times.
- Counselors must obtain permission before recording sessions or transferring records.
- Counselors must not engage in sexual harassment or receive any unjustified personal gains, goods or services.
- Counselors must communicate to group members that confidentiality cannot be guaranteed in group work.

## **C. CONSUMER RIGHTS**

Each consumer has the right to be treated with respect and dignity and will be provided the synopsis of the Bill of Rights as listed below.

- (1) Each consumer shall retain all rights, benefits, and privileges guaranteed by law except those lost through due process of law.
- (2) Each consumer has the right to receive services suited to his or her condition in a safe, sanitary and humane treatment environment regardless of race, religion, gender, ethnicity, age, degree of disability, handicapping condition or sexual orientation.
- (3) No consumer shall be neglected or sexually, physically, verbally, or otherwise abused.
- (4) Each consumer shall be provided with prompt, competent, and appropriate treatment; and an individualized treatment plan. A consumer shall participate in his or her treatment programs and may consent or refuse to consent to the proposed treatment. The right to consent or refuse to consent may be abridged for those consumers adjudged incompetent by a court of competent jurisdiction and in emergency situations as defined by law. Additionally, each consumer shall have the right to the following:
  - (A) Allow other individuals of the consumer's choice participate in the consumer's treatment and with the consumer's consent;
  - (B) To be free from unnecessary, inappropriate, or excessive treatment;
  - (C) To participate in consumer's own treatment planning;
  - (D) To receive treatment for co-occurring disorders if present;
  - (E) To not be subject to unnecessary, inappropriate, or unsafe termination from treatment; and
  - (F) To not be discharged for displaying symptoms of the consumer's disorder.
- (5) Every consumer's record shall be treated in a confidential manner.
- (6) No consumer shall be required to participate in any research project or medical experiment without his or her informed consent as defined by law. Refusal to participate shall not affect the services available to the consumer.

(7) A consumer shall have the right to assert grievances with respect to an alleged infringement on his or her rights.

(8) Each consumer has the right to request the opinion of an outside medical or psychiatric consultant at his or her own expense or a right to an internal consultation upon request at no expense.

(9) No consumer shall be retaliated against or subjected to any adverse change of conditions or treatment because the consumer asserted his or her rights.

(d) Each affected facility and program shall have written policy and implementing procedures, and shall provide documented staff training to insure the implementation of each and every consumer right stated in this Chapter.

(e) Each affected facility and program shall have written policy and implementing procedures to insure each consumer enjoys, and has explained to him or her, these rights, and these rights are visibly posted in both consumer and public areas of the facility.

(f) The ODMHSAS Office of Consumer Advocacy and the ODMHSAS Office of the Inspector General, in any investigation or monitoring shall have access to consumer, facility or program records and staff as set forth in this Chapter.

(g) All facilities that are certified by, operated by, or contracted with the Department shall post the contact information for the ODMHSAS Office of Inspector General and ODMHSAS Office of Consumer Advocacy prominently in each consumer treatment unit and in consumer admissions, visiting and public areas.

The above rights are meant as a synopsis of the Mental Health and Drug or Alcohol Abuse Services Bill of Rights. A full copy of the rights, OAC 450:15-3-6 through 450:15-3-27, is available upon request.

#### **D. CONFIDENTIALITY OF CONSUMER RECORDS**

The confidentiality of consumer records is protected by Federal Law and Regulations and Oklahoma Statutes. Information and/or copies of records concerning past or present treatment or services provided by Stigler Health and Wellness Center, Inc. to the above referenced consumer will not be disclosed to third parties unless:

1. The consumer, or those authorized by Federal or State law, consents by written authorization to Stigler Health and Wellness Center, Inc. for the release of such information to a third party.
2. The disclosure is ordered by a court of competent jurisdiction and a copy of said order is provided to Stigler Health and Wellness Center, Inc. in advance of the Stigler Health and Wellness Center, Inc. disclosure.
3. The clinician has a "duty to warn" in the event there is a dangerous situation, in the opinion of the clinician, and the consumer and/or others are considered to be in danger.

Federal Laws and Regulations and Oklahoma Statutes do not protect any information concerning suspected child abuse, domestic violence, elder abuse or neglect from being reported under State law to appropriate State or local authorities. In crisis situations in which a consumer is at eminent risk of harming him/herself or others, and a no-harm contract is not feasible, local law enforcement and/or the state contracted gatekeeper for inpatient treatment may be contacted without prior authorization from the consumer.

Violation of the Federal Law and Regulations and/or Oklahoma Statutes is a crime. Suspected violations may be reported to appropriate officials. (See 42 U.S.C. 290 dd-3 and 42 U.S.C. 290 ee-3 for Federal Laws and 42 CFR Part 2 for Federal Regulations.)

Stigler Health and Wellness Center, Inc. adheres to all governmental requirements. You have the right to privacy and Stigler Health and Wellness Center, Inc. will safeguard your privacy. Stigler Health and Wellness Center, Inc. has developed a consumer privacy process that will guard your personal information. If, for any reason, you believe the Stigler Health and Wellness Center, Inc. has violated your right to privacy as a consumer you can file a formal complaint to the following.

Office of Civil Rights

U.S. Department of Health and Human Services  
1301 Young Street, Suite 1169  
Dallas, TX 75202  
Phone: (214) 767-4056  
Fax: (214) 767-0342

Please rest assure that Stigler Health and Wellness Center, Inc. values you as a consumer and will make every effort to ensure confidentiality in all applicable areas as this is our priority.

## **E. CONSUMER NOTICE OF HEALTH INFORMATION PRACTICES (HIPAA) and 42 CFR**

**THIS NOTICE DESCRIBES HOW MEDICAL AND DRUG AND ALCOHOL RELATED INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.**

### **General Information**

Information regarding your health care, including payment for health care, is protected by two federal laws:

- The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") 42, U.S.C., §1320d et. seq., 45 C.F.R. Parts 160 & 164, and the
- Confidentiality Law 42 U.S.C. § 290dd-2, 42 C.F.R. Part 2.

Under these laws, Stigler Health and Wellness Center, Inc. may not say to a person outside Stigler Health and Wellness Center, Inc. that you attend the program, nor may Stigler Health and Wellness Center, Inc. disclose any information identifying you as an alcohol or drug abuser, or disclose any other protected information except as permitted by federal law.

Stigler Health and Wellness Center, Inc. must obtain your written consent before it can disclose information about you for payment purposes. *For example*, Stigler Health and Wellness Center, Inc. must obtain your written consent before it can disclose information to your pay source in order to be paid for services. Generally, you also sign a written consent before Stigler Health and Wellness Center, Inc. can share information for treatment purposes or health care operations. However, federal law permits Stigler Health and Wellness Center, Inc. to disclose information *without* your written permission in the following instances:

1. Pursuant to an agreement with a qualified service organization/business associate;
2. For research, audit or evaluation;
3. To report a crime committed on Stigler Health and Wellness Center, Inc.'s premises or against Stigler Health and Wellness Center, Inc. personnel;
4. To medical personnel in a medical emergency;
5. To appropriate authorities to report suspected child abuse or neglect;
6. As allowed by a court order.

*For example*, Stigler Health and Wellness Center, Inc. can disclose information without your consent to obtain legal and financial services, or to a medical facility to provide health care to you, as long as there is a qualified service organization/business associate agreement in place.

Before Stigler Health and Wellness Center, Inc. can use or disclose any information about your health in a manner which is not described above, it must first obtain your specific written consent allowing it to make the disclosure. Any such written consent may be revoked by you in writing.

### **Consumer Rights Regarding Health Information**

Under HIPAA you have the right to request restrictions on certain uses and disclosures of your health information. Stigler Health and Wellness Center, Inc. is not required to agree to any restrictions you request, but if it does agree it is bound by that agreement and may not use or disclose any information which you have restricted except as necessary in a medical emergency.

You have the right to request that we communicate with you by alternative means or at an alternative location. Stigler Health and Wellness Center, Inc. will accommodate such requests that are reasonable and will not request an explanation from you. Under HIPAA you also have the right to inspect and copy your own health care information maintained by Stigler Health and Wellness Center, Inc. except to the extent that the information contains counseling notes or information compiled for use in a civil, criminal or administrative hearing or in other limited circumstances.

Under HIPAA you also have the right, with some exceptions, to amend health care information maintained in Stigler Health and Wellness Center, Inc. records, and to request and receive an accounting of disclosures of your health related information made by Stigler Health and Wellness Center, Inc. during the six years prior to your request. You also have the right to receive a paper copy of this notice.

#### **Duties of the Organization**

Stigler Health and Wellness Center, Inc. is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. Stigler Health and Wellness Center, Inc. is required by law to abide by the terms of this notice. Stigler Health and Wellness Center, Inc. reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains. Such changes will be communicated to present consumers through provision of a copy of the revised notice. Former consumers making appropriate requests will be provided a copy of the updated notice at the time of request.

#### **Reporting Complaints and Violations**

You may complain to Stigler Health and Wellness Center, Inc. and the Secretary of the United States Department of Health and Human Services if you believe that your privacy rights have been violated under HIPAA. Such complaints should be pursued through the established Stigler Health and Wellness Center, Inc. Grievance Procedure. You will not be retaliated against for filing such a complaint.

Violation of the Confidentiality Law by a program is a crime. Suspected violations of the Confidentiality Law may be reported to the United States District Attorney in the district where the violation occurs. For further information, you may contact an administrator for Stigler Health and Wellness Center Inc. at 918.967.3368 or CQI Coordinator, Teresa Noah at 918.790.2653.

## **F. COMPLAINT/GRIEVANCE/APPEAL PROCEDURE**

If you ever have a problem with any of the employees or the functioning of Stigler Health and Wellness Center, Inc. it is asked that you file a grievance report. This serves two purposes; first it allows us to correct the problem, and second, this information will be used to determine trends and areas needing performance improvement. Stigler Health and Wellness Center, Inc.'s procedures concerning formal complaints is as follows:

- It is the consumer's responsibility to document the occurrence on a form provided by Stigler Health and Wellness Center, Inc.
- The form is to be mailed to Teresa Noah at 1505 East Main Street Stigler, OK 74462
- The form must be received in the Stigler office within 10 business days of the occurrence.
- In the event that the consumer is unable to complete the form, they may contact a supervisor or the COO, Brooke Lattimore in order to make the complaint. Additionally, Stigler Health and Wellness Center, Inc. will provide the consumer the contact number at the Oklahoma Department of Mental Health and Substance Abuse Office of Consumer Advocacy so that they may speak to an advocate not in direct relation to Stigler Health and Wellness

Center, Inc. The contact information will be clearly supplied on the grievance form provided to the consumer.

- Teresa Noah is the coordinator of Stigler Health and Wellness Center, Inc. complaint / grievance procedures. Teresa Noah and Behavioral Health Director, Ashley A. Roberts, LPC is responsible for decision making regarding the resolution of the complaint/grievance within the Behavioral Health Department. Teresa Noah will conduct interviews and investigate the incident in a manner specific to each occurrence as needed. In the event that Teresa Noah or Behavioral Health Director, Ashley A. Roberts, LPC is the subject of the complaint / grievance, the COO, Brooke Lattimore will be responsible for the decisions regarding resolution of the grievance.
- Resolution of the complaint / grievance shall be made within 14 days upon receipt of the form, and a copy of the determination shall be mailed to the consumer.
- If the consumer is not satisfied with the resolution, he/she has the right to appeal the determination of the grievance, in writing, within 10 business days of the notification. The COO, Brooke Lattimore will then be responsible for contacting an external Human Resource vendor for a comment on the determination.
- If the consumer remains unsatisfied with the resolution, he/she has the right to contact the previously mentioned Office of Consumer Advocacy.
- Filing a grievance or complaint shall not result in retaliation or barriers to service.
- All parties in the complaint/grievance process have rights and responsibilities. During the investigation process, an individual accused through the complaint/grievance process has the right to:
  - A. Be advised of the nature of the allegation
  - B. Be advised of the investigative process
  - C. Be interviewed by any involved Advocate and allowed to give his or her position regarding the allegation.
  - D. Submit a written statement relating to the allegation
  - E. Seek advice from other parties concerning rights and responsibilities in Office of Consumer Advocacy investigations.

An individual accused through the complaint/grievance process shall:

- A. Be available and accommodating for interviews
- B. Refrain from any action which interferes with the investigation
- C. Provide pertinent information and respond fully and truthfully to questions asked
- D. Refrain from intentionally misdirecting the investigation

## **G. CONSUMER ORIENTATION INFORMATION**

### **After Hours Access:**

Stigler Health and Wellness Center, Inc. does not take emergency or after-hour calls. Access to the Health and Wellness Center Mental Health professional staff is by appointment. You as the consumer agree to contact local emergency personnel (i.e. 911, police, ambulance, etc.) if you feel you may hurt yourself or someone else, or in the event of any physical, psychological, or other emergency.

### **Custody or Divorce Actions:**

Stigler Health and Wellness Center Inc. therapists do not testify in court regarding custody or divorce actions. Custody evaluations and expert testimony require a specific procedure and

relationship with the client that is different from a therapeutic relationship. It is in fact, unethical for the therapist to move from a therapist's role to one of advising the court regarding the fitness of a parent or the child's needs concerning who would be the "best" parent. Should the need arise for this type of evaluation and testimony, we will be happy to refer you to independent psychologists we have found to be expert in this area of service. Because the great risk of malpractice suits and because we do not see it as appropriate to participate in these cases, a minimum fee of \$1,500 per half day or less out of the office will be assessed should we be legally required to testify in any court proceeding. We ask that you respect this professional boundary.

### **Use of Tobacco Policy**

Due to the acknowledged hazards arising from the use of tobacco products, it is the policy of Stigler Health and Wellness Center, Inc. to provide a tobacco-free environment for all employees, patients and visitors. This policy covers all forms of tobacco products and applies to both employees and non-employee visitors of SHWC. This policy serves as a condition of employment.

### **DEFINITIONS**

- 1) There will be no use of all forms of tobacco products, electronic cigarettes, and other vapor delivery devices within the facilities or on the property 24 hours a day, seven days a week.
- 2) This policy applies to all employees, volunteers, clients, visitors, vendors, and others on business at SHWC 24 hours a day, seven days a week.
- 3) There will be no tobacco use in personal vehicles 24 hours a day, seven days a week while on or around SHWC property during work duty hours.
- 4) There will be no tobacco use in worksite vehicles 24 hours a day, seven days a week.

### **Seclusion and Restraint**

Stigler Health and Wellness Center, Inc. does not use any methods of seclusion, restraint, restriction of rights or special treatment interventions of any kind under any circumstances, including emergency holds.

### **SAFETY MANAGEMENT PROGRAM**

#### **RESTRICTION OF WEAPONS IN FACILITIES POLICY**

It is the policy of the administration of Stigler Health and Wellness Center, Inc., that possession of weapons, including legally owned guns, is prohibited on the premises of the Clinics and its managed properties. EXCEPTION: Officers of City, County, State and Federal Law Enforcement agencies.

### **Health, Safety and Licit/Illicit Drugs**

If it becomes apparent that a consumer presents themselves as under the influence of drugs or alcohol during a counseling session and interferes with cognitive functioning to receive proper treatment, they will be asked to leave Stigler Health and Wellness Center, Inc. property. If anyone comes onto Stigler Health and Wellness Center, Inc. property with licit or illicit drugs, the police will be called immediately.

If you have any questions, concerns, or comments regarding this information, please contact the CQI Coordinator, Teresa Noah at 918.790.2653.

## **H. CONSUMER EXPECTATIONS**

Due to the importance and need for the full allotted time in quality health care it is necessary to keep regularly scheduled appointments. In order for your time services to be as productive as possible, it is asked that you agree to these stipulations:

- Keep scheduled appointments with all our Clinicians.
- Be prompt for your appointments.
- If you can not make an appointment, give at least 24 hour notice.

If you fail to show up or call for scheduled appointments more than 3 times, it will be assumed



that the services we are providing are not appropriate or effective for you and we may refer you to another agency or discontinue services.

Other expectations:

- Upon termination we need at least one session to discuss that decision.
- If you have not seen your family doctor, or had a physical checkup in the last year, it is recommended that you do so.
- You may be asked to participate in surveys periodically. This information will be utilized to ensure quality of care, achievement of outcomes, and to measure consumer satisfaction. Your participation is greatly appreciated but not required.

## **I. HIV/AIDS/STD EDUCATION**

HIV is a virus which never leaves the body once it has been contracted. Many viruses stay in the body for only a few days but once a person has tested positive for HIV, he/she will always be positive. HIV actually stands for Human Immunodeficiency Virus and over time it infects and kills white blood cells which help the body fight off certain types of infections and cancers, leaving the body highly susceptible to other illnesses.

Once HIV has progressed far enough that it effectively weakens the body and immune system, the carrier usually becomes ill from one of several infections, such as pneumonia or tuberculosis, that their body and immune system are no longer strong enough to fight. When the HIV virus has progressed this far it is called AIDS, which stands for Acquired Immune Deficiency Syndrome. The time it takes for HIV to progress into AIDS varies and may take up to 10 years or more.

As is often the case with many sexually transmitted diseases, it is often impossible to tell if someone else has HIV and many carriers do not know that they are infected. Initial symptoms are non-specific, often resembling symptoms of common cold or flu viruses, and may include:

- Fatigue
- Fever
- Rash
- Headache
- Swollen lymph nodes
- Sore throat

These symptoms are not a reliable way to diagnose HIV as they will only occur within days or weeks of the initial exposure. Testing for HIV antibodies is the only way to know whether you have been infected.

The HIV antibody test only works after the immune system of the infected person has been able to develop antibodies. The “window period” between the initial infection and when antibodies are detectable may be from 2 weeks to 6 months. The average “window period” lasts about 3 months and standard HIV testing during this time is ineffective. It is recommended that persons who test negative have additional testing in 6 months in order to rule out this “window period” and obtain an accurate result.

Persons who are engaging in at risk behaviors are more likely to contract HIV and other sexually transmitted diseases than persons who are not. If you or your sexual partner(s) have engaged in any of the following behaviors you are at risk and should be tested.

- Any type of unprotected sexual contact
- Sex with an IV drug user
- History of STDs such as herpes, Chlamydia, gonorrhea or hepatitis.
- Unplanned pregnancy

- Victim of sexual assault
- Passed out after drinking or getting high or been unable to remember what happened
- Shared needles or other equipment which pierces the skin

If you are interested in contacting confidential testing sites at which you and/or your significant other can receive testing for HIV/AIDS and other STDs as well as further education please contact your county Department of Human Services office. If you, your spouse, significant other, or other sexual partners would like to receive educational counseling sessions regarding HIV and other STDs then please notify your primary clinician.

Oklahoma HIV/AIDS Hotline - 1800-535-2437 (TDD Available)  
 National HIV/AIDS Hotline - 1800-243-7889 (TDD Available)  
 CDC (Centers for Disease Control) National HIV/STD Hotline - 1800-342-2437 (TDD Available)  
 Native American HIV/AIDS Hotline - 1800-238-2437  
 Spanish Language HIV/AIDS Hotline - 1800-344-7432 (TDD Available) STD  
 National Hotline - 1800-227-8922 (TTY Available)

Oklahoma State Medical Association: For access to Medical services including; testing, dental, medical case management and transportation – 1-405-843-9571

**J. WELLNESS SERVICES AND SUPPORTS/CLIENT AND FAMILY HEALTH EDUCATION:**

Stigler Health & Wellness Center, Inc. provides Client and Family Health Education. Client and Family Health Education will be conducted with patients and families during regular office visits by a multidisciplinary team including nurses, providers, behavioral health practitioners, and referral to specialist if needed. The purpose of this service is to ensure that the patient and their family are provided accurate and appropriate information and assistance regarding diagnosis, treatment, and related behaviors for achieving and maintaining a healthy standard of life. You may request family health education to your LBHP provider and he/she can refer you to the appropriate professional to assist you with this service.

**K. DISCHARGE FROM OUTPATIENT BEHAVIORAL HEALTH TREATMENT**

Typically, consumers discharge from services when individual goals are met. A discharge criterion is discussed with the consumer beginning at intake so that you and the treatment team can focus on problem resolution. When you attain the level of functioning determined in the treatment planning phase, procedures will begin to discharge the consumer

On occasion, a discharge will occur for a reason other than completion of the treatment plan. In the event you are not offered certain services, you have the right to know why a particular service might be refused. Should you ever be refused treatment from Stigler Health and Wellness Center, Inc. you will be provided with a written explanation concerning the reason you were refused certain services. You as a consumer will not be subjected to any unnecessary, inappropriate, or unsafe termination from treatment. Discharge will not take place as punishment for displaying symptoms of a disorder.

***This page is to be retained by Stigler Health and Wellness Center, Inc. and placed in the CONSUMER BEHAVIORAL HEALTH RECORD.***

**L. CONSENT FOR FOLLOW-UP**

Upon termination of services from this program, we may want to contact you regarding your status and for you to answer some questions concerning satisfaction regarding services received. The purpose of this information is to assure the continuity of care and to provide Stigler Health and Wellness Center, Inc. with pertinent statistical information. You may revoke permission for follow-up at any time by giving this agency a written notice or by refusing to participate in any follow-up by Stigler Health and Wellness Center, Inc. Follow up will be the same with all persons served regardless of referral status.

CONSENT: I hereby  **GIVE**  **DO NOT GIVE** **(Please check one)** permission to Stigler Health and Wellness Center, Inc.. to contact me by telephone or letter for follow-up and to answer questions concerning my satisfaction with services and my current status.

**M. ACKNOWLEDGEMENT OF RECEIPT OF CONSUMER HANDBOOK**

Please initial to verify receipt of the following

- \_\_\_\_\_ Code of Ethics
- \_\_\_\_\_ Consumer Rights
- \_\_\_\_\_ Confidentiality of Consumer Records
- \_\_\_\_\_ HIPAA Notice Complaint/Grievance Procedure
- \_\_\_\_\_ Orientation Information
- \_\_\_\_\_ Consumer Expectations
- \_\_\_\_\_ HIV/AIDS/STD Education Session
- \_\_\_\_\_ Client and Family Health Education
- \_\_\_\_\_ HIV/AIDS/STD Referral Information

Do you or significant other wish to receive information: <input type="checkbox"/> Yes <input type="checkbox"/> No		
HIV/AIDS/STD Education	HIV/AIDS/STD TESTING	Ct/Family Health Education
<input type="checkbox"/> Self	<input type="checkbox"/> Self	<input type="checkbox"/> Self
<input type="checkbox"/> Significant Other	<input type="checkbox"/> Significant Other	<input type="checkbox"/> Significant Other
<input type="checkbox"/> Both	<input type="checkbox"/> Both	<input type="checkbox"/> Both

Is consumer under the age of 21?  Yes  No

If yes, does Stigler Health and Wellness Center, Inc therapist have permission to see him/her at school?  
 Yes  No  NA

Stigler Health and Wellness Center, Inc. has been providing quality healthcare services to our communities since 2005. As a Community Health Center, we offer services to those with private insurance, Medicare, Oklahoma Medicaid/SoonerCare, as well as the uninsured/under-insured, with fees based on household size and income.

***The undersigned acknowledges that he/she has received a copy of the Consumer Handbook which has been communicated to him/her in a meaningful way. Furthermore, he/she has read and understands this document in its entirety and further certifies that he/she agrees to the terms and provisions stated herein.***

Consumer Name: \_\_\_\_\_

Patient Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Consumer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date