

Phone numbers and websites that may be useful for you:

Florida Child Abuse Hotline — 1-800-96-ABUSE (22873)
Agency for Health Care Administration (AHCA) - 1-888-419-3456
Regional Alcohol, Drug Abuse and Mental Health Program Office – 407-317-7010

www.impowerfl.org — IMPOWER
www.apa.org — American Psychological Association
www.dcf.state.fl.us — Florida Department of Children and Families
www.flpic.org — Partners in Crisis
www.sprc.org — Suicide Prevention Resource Center
www.psych.com — American Psychiatric Association
www.nami.com — National Alliance on Mental Illness



**OUTPATIENT SERVICES
CLIENT MANUAL**

Client's Name: _____

Provider Name: _____

Phone Number: _____

Contact us:

Seminole County Outpatient Office:

587 E SR 434, Suite 1021, Longwood, FL 32750
(407) 331-8002 | fax: (407) 331-8659

Osceola County Outpatient Office:

1900 N Central Blvd, Kissimmee, FL 34741
(407) 931-2911 | fax: (407) 931-2711

Brevard County Outpatient Office:

1037 Pathfinder Way, Suite 130 Rockledge, FL 32955
(321) 639-1224 | fax : (321) 639-1194

www.impowerfl.org

Welcome to IMPOWER!

IMPOWER, is a 501 (c)(3) nonprofit organization, dedicated to the mission of “changing lives, by protecting, counseling, teaching and inspiring individuals and families to reach their full potential”. Established in 1994, IMPOWER serves thousands of people each year in the home, school and other community-based settings through a continuum of behavioral, mental health and child well-being services. Accredited by the Council on Accreditation (COA), all of IMPOWER’s programs adhere to rigorous professional and quality standards.

The Outpatient Services Program provides counseling, psychiatric and medicine management for children, adolescents and adults who are experiencing mental or behavioral health problems or co-occurring mental health and substance abuse issues. Our services include individual therapy, family therapy, group therapy and parenting skills training. At IMPOWER, we believe in a client-centered approach and ensuring services are individually developed based on client needs. With a strong belief in prevention, IMPOWER staff work on implementing cognitive behavior therapy, play therapy, solution focused and other proven techniques in order to help our clients work the challenges in their life. Our clinical staff believe in the capacity of every person to learn techniques and coping skills that will aid them in dealing with changes and overcoming any life difficulties or issues.

Our clinical and administrative teams are supervised by experienced managers, and continue to receive on-going training in order to provide quality services. Our staff are committed to providing personal attention, assistance and inspiration to empower our clients and aid them developing the skills to overcome problems and aid in the recovery of past and present experiences.

We thank you for allowing us to help you. Please read the enclosed procedures carefully as they contain your rights and other information that can be helpful to you.

”The doctor and the counselor helped me a lot in learning how to handle my son’s behaviors. He is doing better at school as well as home. I am really pleased with the services!”
- Parent of an Outpatient Services Client

To find out what disclosures have been made: You have a right to get a list of when, to whom, for what purpose, and what content of your PHI has been released other than instances of disclosure for treatment, payment, and operations; disclosures to you, your family; or pursuant to your written authorization. The list also will not include any disclosures made for national security purposes, to law enforcement officials or correctional facilities, or disclosures made before April 14, 2003. We will respond to your written request for such a list within 60 days of receiving it. Your request can relate to disclosures going as far back as six years. There will be no charge for up to one such list each year. We reserve the right to charge to for more frequent requests.

You have the right to receive this notice: You have a right to receive a paper copy of this notice and/or an electronic copy by email upon request.

HOW TO FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES

If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your protected health information, you may file a complaint with the person listed below. You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue SW, Washington D.C., 20201. We will take no retaliatory action against you if you make such complaints.

CONTACT PERSON FOR INFORMATION OR TO SUBMIT A COMPLAINT

If you have questions about this Notice or any complaints about our privacy practices, please contact us at:

IMPOWER
Attn: Laura Higginbotham, Director of Outpatient Services
1037 Pathfinder Way, Suite 130
Rockledge, FL 32955
(321) 639-1224

Administrative Office
VP of Quality, Chief Operating Officer or Chief Executive Officer
3157 N. Alafaya Trail
Orlando, FL 32826
(407) 215-0095

USES AND DISCLOSURES REQUIRING YOU TO HAVE AN OPPORTUNITY TO OBJECT

We may disclose a limited amount of your PHI if we inform you about the disclosure in advance and you do not object, as long as the disclosure is not otherwise prohibited by law.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the following rights relating to your protected health information:

To request restrictions on uses/disclosures: You have the right to ask that we limit how we use or disclose your PHI. We will consider your request, but are not legally bound to agree to the restriction. To the extent that we do agree to any restrictions on our use/disclosure of your PHI, we will put the agreement in writing and abide by it except in emergency situations. We cannot agree to limit uses/disclosures that are required by law.

To choose how we contact you: You have the right to ask that we send you information at an alternative address or by an alternative means. We must agree to your request as long as it is reasonable for us to do so. You do not need to give us a reason, but you must specify how or where you wish to be contacted.

To inspect and request a copy of your health information: Unless your access to your records is restricted for clear and documented treatment reasons, you have a right to see your health information used to make decisions about your care upon your written request. Usually, this would include clinical and billing records, but not psychotherapy notes. We will respond to your request within 30 days. If we deny your access, we will give you written reasons for the denial and explain any right to have the denial reviewed. If you want copies of your health information, a charge for copying may be imposed, depending on your circumstances. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying.

To request amendment of your PHI: If you believe that there is a mistake or missing information in our record of your PHI, you may request, in writing, that we correct or add to the record. We will respond within 60 days of receiving your request. We may deny the request if we determine that the PHI is: (1) correct and complete; (2) not created by us and/or not part of our records, or; (3) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your PHI. If we approve the request for amendment, we will change the PHI and so inform you, and tell others that need to know about the change in the PHI.

WHAT YOU CAN EXPECT FROM IMPOWER

Counseling Services:

Treatment is generally provided in your home, school, community, or in our office. Our focus is on helping the whole family, not just the person who was referred for services. If the client is a child, parents should plan to participate in weekly family sessions with their children.

Sessions are scheduled on a regular basis, generally one (1) hour per week, but may vary more or less, depending on the seriousness of the issues.

Treatment is usually about 6 months, but it can be shorter or longer depending on your needs and progress.

At the first session, the clinician will help you begin to develop a treatment plan, which will list the issues and goals you will be working on in treatment. You will have full access to information and participation in the treatment planning and will help to make decisions about the problems and situations that you choose to be a focus of treatment.

Every 3 months, your clinician will review your progress in a Treatment Plan Review, which you (and your parent, as applicable) will sign along with others on your treatment team.

If your clinician is not licensed, another licensed staff will meet with you, usually during the first session, to complete an assessment and develop a diagnosis.

Clinicians are available for emergency situations however, if you are having a crisis and need immediate help you should call 911.

By the end of treatment, you should feel stable and have some strategies which you can apply as needed to help you on your own.



Psychiatric Services and Medication Management:

Psychiatric assessments as well as medication management are provided at each of the IMPOWER office locations. A qualified doctor or physician's assistant (PA) or nurse (ARNP) will be evaluating your symptoms and decide, with your input, if you could benefit from medications or other services.

Medication management appointments are generally scheduled every 4 to 8 weeks, depending on the seriousness of the issues and the effectiveness of the medication.

At every visit, the Doctor, PA or ARNP will review your progress and determine, with you, if any changes are needed.

If you present any side effects from any of the prescribed medications, you should immediately call the office so that your concerns can be addressed with the doctor, PA or ARNP.

YOUR RIGHTS

Respect: You and anyone involved with your services will be treated with respect by all IMPOWER staff.

Anti-Discrimination: Your religious and cultural beliefs will be respected. You will not be treated differently based on your age, race, sex, disability or ethnic group. You can request to include spirituality as part of the treatment if you choose. .

Terminating Services: You may decide to stop any or all services at any time.

Confidentiality: Information about you will not be shared with other people without your permission. *(Note: There are exceptions to this rule, including if we have to report suspected abuse or neglect, if we believe someone's life is in danger or if a judge orders it. Information shared in an individual session with a child may have to be shared with a parent, but the clinician will only share information if it is necessary for treatment.)* Please read our privacy notice for more specific information.

USES AND DISCLOSURES OF PHI FROM MENTAL HEALTH RECORDS NOT REQUIRING CONSENT OR AUTHORIZATION

The law provides that we may use/disclose your PHI from mental health records without consent or authorization in the following circumstances:

When required by law: We may disclose PHI when a law requires that we report information about suspected abuse, neglect or domestic violence, or relating to suspected criminal activity, or in response to a court order. We must also disclose PHI to authorities that monitor compliance with these privacy requirements.

To avert threat to health or safety: In order to avoid a serious threat to health or safety, we may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

For public health activities: We may disclose PHI when we are required to collect information about disease or injury, or to report vital statistics to the public health authority.

For health oversight activities: We may disclose health information about you to a health oversight agency for activities authorized by law. Oversight agencies include government agencies that oversee the health care system, government benefit programs such as Medicare or Medicaid, other government programs regulating health care, and civil rights laws.

USES AND DISCLOSURES OF PHI REQUIRING AUTHORIZATION

For uses and disclosures beyond treatment, payment and operations purposes, we are required to have your written authorization, unless the use or disclosure falls within one of the exceptions described below. Authorizations can be revoked at any time to stop future uses/disclosures except to the extent that we have already undertaken an action upon the uses/disclosures you have previously authorized.

For research purposes: In certain circumstances, and under supervision of a privacy board, we may disclose PHI to research staff and their designees in order to assist medical/psychiatric research.

For specific government functions: We may disclose PHI of military personnel and veterans as required by their authorities, to correctional facilities or law enforcement officials if you are under their custody, to government benefit programs relating to eligibility and enrollment, and for national security reasons, such as protection of the President.

USES AND DISCLOSURES RELATING TO TREATMENT, PAYMENT OR HEALTH CARE OPERATIONS

Generally, we may use or disclose your PHI as follows:

For treatment: We may disclose your PHI to counselors, behavior analysts, technicians, and other health care personnel who are involved in providing your health care. For example, your PHI will be shared among members of your treatment team, or with our clinical supervisors. Your PHI may also be shared with outside entities performing ancillary services relating to your treatment, such as a psychiatrist for medication management or community mental health agencies involved in the provision or coordination of your care, such as a case manager.

To obtain payment: We may use/disclose your PHI in order to bill and collect payment for your health care services. For example, we may contact your health plan, such as Medicaid or a private insurer to get paid for services that we delivered to you.

For health care operations: We may use/disclose your PHI in the course of operating our community mental health and child well-being programs. For example, we may use your PHI in evaluating the quality of services provided, or disclose your PHI to our accountant or attorney for audit purposes. Since we are a multi-layered system, we may disclose your PHI to designated staff in our other facilities, programs, or our central office for similar purposes. Release of your PHI to state agencies might also be necessary to determine your eligibility for publicly funded services. We may also disclose PHI to other healthcare providers or health plans for similar purposes.

Appointment reminders: Unless you provide us with alternative instructions, we may send appointment reminders and other similar materials to your home. We may also call to remind you of appointments. If you would not like this practice, please notify your clinician so we can take the appropriate measures.



Records: You have the right to access, read and obtain copies of your chart and personal information. IMPOWER does reserve the right to be present to explain what is written and the right to charge for the administrative cost of the copies.

Complaints: You can make a complaint by contacting the Outpatient Services Program Manager. Your services will not be terminated or affected in any way if you make a complaint.

Grievances: If you are unsatisfied with the outcome of your complaint, you can send a written grievance to the Program Director who will respond within 14 days. If you are still not satisfied, you may appeal in writing to the Vice President of Quality Management or the Chief Operating Officer at 3157 N Alafaya Trail, Orlando, FL 32826.

YOUR RESPONSIBILITIES

Attendance: Regular attendance with scheduled appointments is needed. If you cannot make an appointment, please call in advance of your appointment to reschedule. If you have three no shows, your case may be closed.

Participation: Participation in treatment and follow through with the treatment recommendations developed with you is necessary. Family sessions may likely be recommended if school-based treatment is being provided.

Notification: You will need to notify IMPOWER of any changes to your address or phone number and insurance so your contact and payment information may remain up-to-date. If you have any changes, you will need to complete the form: Updating Client's Demographics that you may request from your clinician or office staff.

Payment: You are responsible for services, co-payments or deductibles not paid by your insurance. This will be reviewed with you in writing prior to services being provided.

AGENCY RIGHTS AND RESPONSIBILITIES

We will provide consistent, high-quality treatment to you and your family (if applicable). If a session has to be cancelled, the clinician will notify you in advance.

We will keep an accurate written record of the treatment we provide.

We have the right to terminate services if you fail to follow through on your responsibilities (see Page 5) or if we believe that maximum benefit has been reached. We will notify you in writing of the reason for discharge if it was against your wishes. If IMPOWER discontinues treatment and you still need help, you will be given a referral to another agency that can assist you.

IMPOWER is responsible for ensuring staff are qualified and trained. Our staff can also provide training including, but not limited to: behavior techniques, de-escalation techniques, professional ethics, cultural and linguistic sensitivity, personal and family-centered services, blood pathogens, HIV/AIDS, crisis management and conflict management. IMPOWER staff is required to take a minimum of 20 hours of continuing education for these areas and more each year.

NOTICE OF PRIVACY NOTICES

**THIS NOTICE DESCRIBES HOW
MEDICAL INFORMATION ABOUT YOU MAY
BE USED AND DISCLOSED AND HOW YOU
CAN GET ACCESS TO THIS INFORMATION.**

PLEASE REVIEW IT CAREFULLY

OUR DUTY TO SAFEGUARD YOUR “PROTECTED HEALTH INFORMATION”

For effective treatment, we must collect and record information about you. Most of this information is “Protected Health Information” (PHI). PHI includes individually identifiable information about your past, present, or future physical or mental health or condition, the provision of health care to you, or payment for health care. We are required to extend certain protections to your PHI, and to give you this Notice about our privacy practices that explains how, when and why we may use or disclose your PHI. Except in specified circumstances, we must use or disclose only the minimum necessary PHI to accomplish the intended purpose of the use or disclosure.

We are required to follow the privacy practices described in this Notice though we reserve the right to change our privacy practices and the terms of this Notice at any time. You may request a copy of the new Notice from any staff of IMPOWER or at any IMPOWER Office. It is also posted on our website at www.impowerfl.org.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

We use and disclose Personal Health Information for a variety of reasons. We have a limited right to use and/or disclose your PHI for purposes of our treatment, payment, health care operations or other purposes permitted or required by law. For uses beyond that, we must have your written authorization unless the law permits or requires us to make the use or disclosure without your authorization.

If we disclose your PHI to an outside entity in order for that entity to perform a function on our behalf, we must have in place an agreement from the outside entity that it will extend the same degree of privacy protection to your information that we must apply to your PHI. We must also account for uses and disclosures as well as document them so they are available to you at your request. However, the law provides that we are permitted to make some uses/disclosures without your consent or authorization. The following describes and offers examples of our potential uses/disclosures of your PHI.