



OUTPATIENT SERVICES CLIENT MANUAL

Client's Name: _____

Provider Name: _____

Phone Number: _____

Contact us:

IMPOWER Administrative Office
111 W. Magnolia Ave.
Longwood, FL 32750
(407) 215-0095

Referrals/Scheduling
321-639-1224 option 2

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, other community-based settings and via telehealth through a continuum of behavioral, mental health, substance abuse 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 health/ behavioral health problems and/or substance abuse issues. Our services include assessment, 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

WHAT YOU CAN EXPECT

Counseling Services:

Treatment is generally provided **via telehealth**, 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.



WHAT YOU CAN EXPECT

Psychiatric Services and Medication Management:

Psychiatric assessments as well as medication management are provided via telehealth and 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. In the event of an emergency, please call 911 or go to the nearest emergency room.

Substance Abuse Program:

GOAL

Learn about the effects of harmful drugs. Learn positive strategies to not use harmful drugs. Stop all harmful drug use.

CONFIDENTIALITY

Please respect the confidentiality of other group members (see privacy notice for further details). The suspected or disclosed reports of child abuse or neglect will be reported.

ABSTINENCE FROM ALCOHOL AND HARMFUL DRUGS

We encourage you to be drug free during your treatment with us. An inability to remain drug free or abstain from harmful drug use may warrant more intensive treatment recommendations

PARTICIPATION

You are expected to participate with all aspects of your therapy. We kindly ask for 24-hour notice cancellation to avoid a time-reserve charge. If court appearances are a required part of your treatment this is an expectation of IMPOWER as well.

A DRUG AND VIOLENCE FREE ZONE

Possession or use of drugs on IMPOWER premises is not allowed. Possession or use of drugs on IMPOWER premises is not allowed. Smoking is not allowed on IMPOWER premises. IMPOWER does not use any restraint or use of seclusion in our outpatient program

WHAT YOU CAN EXPECT

Substance Abuse Programs:

LENGTH OF TREATMENT

You and your counselor will determine your treatment. Such factors as your referral source and progress toward your treatment goals will also be considered in the length of treatment. As early as intake, successful discharge criteria are being discussed. Such reason for unsuccessful discharges would include non-compliance with treatment, and/or agency rules, incarceration, leaving before completing treatment or referral to outside agency. If IMPOWER is unable to meet the client's needs we will refer the client to the appropriate source.

ASSESSMENT AND TREATMENT PLAN

Trained therapist provides an in-depth assessment in order to determine the client's needs, which in turn will be utilized to develop an individual treatment plan with the client

HOURS OF OPERATION

Office Hours are from 8:30-5:30 pm, Monday through Friday. Evening groups are provided until 7:30 pm. After business hours you can contact Narcotics Anonymous at 407-425-5157, Alcoholics Anonymous at 417-521-0012, and The Crisis Hotline at 407-425-2624

AFTERCARE

Once you have completed your treatment you will be enrolled in aftercare. This may occur weekly or monthly, depending on need.

OUTCOME AND SATISFACTION SURVEYS

Throughout the time of treatment we are continually getting your input on the services that IMPOWER is providing. This is accomplished using satisfaction surveys, which are provided at admission, midpoint, and discharge. If consent is given, a follow up survey will occur

PROGRAM MAYMENT MUST OCCUR AT THE TIME OF SERVICE

Financial obligations are arranged with the client at the time of admission

PARTICIPATION IN SELF-HELP MEETINGS

Participation in self-help meetings are required: Alcoholics Anonymous and Narcotics Anonymous are readily available. Other self-help meetings such as Women for Sobriety, Rational Recovery, etc. are also acceptable. Proof of attendance will be expected. You and your therapist, depending what program you are in and the seriousness of your addiction, will determine the number of meetings.

URINALYSIS

Urinalysis is part of any treatment program. You will be expected to provide us with a specimen when requested. Failure to leave a specimen when requested will result in a "Stall" which will be considered an administrative positive.

YOUR RIGHTS

- To be treated with dignity and respect
- To receive services regardless of your race, gender, ethnicity, culture, age, sexual orientation, HIV status, spiritual beliefs, language, disability, prior unsuccessful discharges, or number of relapse episodes. IMPOWER will not discriminate in providing services based only on these characteristics
- To not be denied services solely on the basis of socioeconomic status. As certain programs at IMPOWER receive state funding to provide mental health and substance abuse services, you will not be denied access to services based solely on your inability to pay as long as there is space and sufficient resources from state funding to provide those services
- To have access to education and training that meets your current needs (Applies only to minors who are in residential program).
- To know what is expected from you as a client. You also have the right to have the program's rules and regulations explained to you. If the program uses any type of crisis intervention procedure, including physical or mechanical restraint, you have a right to be informed of these procedures. IMPOWER does not use seclusion or medical restraint for crisis intervention
- To participate in exercise and recreation (Applies only to clients in a residential program)
- To be informed of any reasons for which you and your belongings might be subject to a search and seizure process and how that process will be conducted.
- To be informed of different treatment services that are available. We must get consent from you before providing treatment services and you can refuse these services at any time. However, if you have been court ordered to receive treatment, your refusal of services will be revealed to the court and you may be subject to legal consequences. IMPOWER does not participate in research/experimental treatment projects that would involve clients.
- To be informed of any treatment interventions that would restrict your rights or privileges. The reason for such interventions, the process for evaluating the restrictions, and the process for reinstating your rights and privileges must also be explained to you.
- To be involved in setting goals you would like to achieve while in treatment. You also have a right to be involved in the process of regularly reviewing this treatment plan to determine how close you are to achieving these goals and whether or not new goals need to be added to the plan.

- To have a primary counselor assigned to you to help you in solving your problems. You also have the right to request that you receive services from a different counselor, case manager, etc. IMPOWER will attempt to meet this request as long as it is reasonable.
- To have services provided to you in a way that meets any special needs you may have as long as it is reasonable for IMPOWER to do so. If we are not able to meet such needs, we will refer you to a provider that can meet your needs, if available
- To possess clothing and personal items unless such items are considered contraband by the program or pose a medical or safety risk to you and other clients.
- To decide on the type of information about you and your treatment that you will allow IMPOWER to use and disclose to other people or agencies. Please read The Notice of Privacy Practices for explanations on how we might use or disclose information about you without your consent.
- To communicate freely and privately with other people unless the program you are in has certain restrictions on communication. If this is the case, the program must explain these restrictions to you.
- To be protected from any form of abuse, exploitation, retaliation, humiliation, and neglect. You also have the right to a safe and private treatment environment.
- To confidentiality and privacy. 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.
- You have the right to access, read and obtain copies of your record 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
- In addition, you have the right to access your records for review and clarification. Please read the Privacy Notice for more information.
- 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.
- To file a grievance or complaint if you are dissatisfied with our services, are unsatisfied with the outcome of your complaint, or feel that your rights have been violated. The complaint must be written and submitted 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 at 111 Magnolia Ave., Longwood, FL 32750
- Customers, potential customers, and companions who believe they have been the victim of discrimination by reason of a disability in the provision of benefits or services may file a written complaint of discrimination within 180 days of the alleged discriminatory act(s) with departments of civil rights at DCF, HHS and United States Department of Justice (USDOJ), and USDOJ Disability Rights Section.

You have the option of filing complaints with agencies outside of IMPOWER

If you believe you have been a victim of discrimination by reason of disability you can contact the agencies listed below:

- **Department of Children and Families, Office of Civil Rights 850-487-1901; 850-922-9220 (TDD)**
- **US Dept. of Health and Human Services 404-331-2867; 404-562-7888 (TDD)**
- **US Department of Justice (USDOJ) 202-307-0690; 202-307-2027(TTY)**
- **USDOJ Disability Rights Section 800-514-0301; 800-514-0383 (TTY)**

If you are a minor (under eighteen years old) and you feel you have been mistreated or abused, you can contact **The Florida Abuse Registry: 1-800-962-2873**

If you are a client in a Department of Juvenile Justice program who is eighteen years of age or older, and you feel you have been mistreated or abused, you can contact the **Central Communications Center: 1-800-355-2280**

If you are an adult receiving services and you feel your rights have been violated, you can contact the **Local Advocacy Council: 407-245-0400**

Central Florida Behavioral Health Network: (877) 355-2377

Central Florida Cares Health System:

- 844-302-0433
- <http://centralfloridacares.org/> or <http://centralfloridacares.ethicspoint.com>
- Mobile Device QR code -



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 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 PRACTICES
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.

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.



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.

For uses and disclosures beyond treatment, payment and operations purposes, we are

USES AND DISCLOSURES OF PHI REQUIRING AUTHORIZATION

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 REQUIRING YOU TO HAVE AN OPPORTNITY 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.

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:

Program Managers
111 W. Magnolia Ave., Longwood, FL 32750
(407) 215-0095

Program Directors
111 W. Magnolia Ave., Longwood, FL 32750
407-215-0095

Administrative Office
VP of Quality
111 W. Magnolia Ave., Longwood, FL 32750
407-215-0095

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

