



SOLUTIONS

Behavioral Healthcare Consultants

ORIENTATION CHECKLIST

Name

{Name}

GENERAL GUIDELINES

I understand & agree that while participating in any program at Behavioral Healthcare, I may not consume or use any type intoxicant unless prescribed for me by a physician due to a medical condition; Agree to advise Behavioral Healthcare staff of any medications(s) prescribed to me prior to or following admission to services; Understand that I must submit to all random drug screens and/or breathalyzer testing requested by Behavioral Healthcare staff; Understand that refusal to submit to testing or continued use of any substance, including alcohol, while receiving services at Behavioral Healthcare could result in an extension, revision and/or termination of my original treatment plan or service contract.

I agree to conduct myself appropriately at all times understanding that I am in an office where professional services are provided to persons with behavioral health problems. I will not use abusive or foul language and I will not make abusive or degrading statements to or about anyone.

I will respect the confidentiality of others and the treatment process. I understand no recording devices are allowed and regardless of the ability to record cellular phones are not permitted in therapeutic sessions and must be powered off.

I understand per Behavioral Healthcare policy upon accumulated unexcused absence from services, I can be unsuccessfully discharged.

I understand that payment is expected each time I receive services at Behavioral Healthcare and at the time such services are rendered.

I agree to follow the treatment plan / service contract as detailed below:

I will attend sessions on time. Excessive tardiness can result in modification or extension of my treatment plan

I agree to comply with all federal and state laws while receiving services at Behavioral Healthcare.

Furthermore, if under any form of supervision by a court and/or probation I agree to comply with all orders of supervision.

I will not behave in any way that would make anyone feel threatened.

The Following Items are identified and discussed in the Client Handbook

1. Program Guidelines
2. Client Rights
3. Client Responsibility

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4. General Program Structure
5. Hours of Operations, Access AOver Hours & Emergency Counseling Services
6. Confidentiality & Limits of Confidentiality
7. Grievance Procedures
8. Emergency Numbers Pinellas/ Pasco Counties
9. Infection Control Procedures
10. Educational Information Published by NIDA: "Drug Abuse and the link to HIV/AIDS and Other Infectious Diseases"

I have received the information referenced above or someone has read and explained all of the above referenced to me.

I am aware and informed of the nature and purpose of the services, possible alternative options and approximate length of care.

I understand that, while there are clear benefits for receiving services, desired outcomes are not guaranteed.


I understand that I will be provided the opportunity to ask questions throughout the process.

I agree to follow all of the rules described and am aware of my rights and responsibilities in the program.

I understand that I can revoke my agreement with any and all conditions listed in this document, but understand that it may result in a transfer of treatment to another program or possible discharge from services.

Client Signature:

Date:
3/7/2019



Solutions Behavioral Consultants Guidelines

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Office hours are Monday through Friday 10:00am — 7:00pm. Group and individual counseling is available in the evening by appointment only.

Hours may change as needed.

Office Telephone Number: 727-586-6942

****You may be terminated from the program for any of the following reasons:****

- Possession, use or sale of alcohol or drugs on premises.
- Overtly aggressive behavior towards anyone on premises.
- Sexual misconduct (verbal or behavioral) on premises.
- Repeated failure to keep appointments, attend group or failure to comply with your treatment plan.
- Absent from treatment for 30 consecutive days. No credit for services provided prior to that period. You will be required to start over.
- Repeated long periods of absences less than 30 days. It is at the discretion of your counselor if you would be required to start over.
- Refusal to submit to random drug screening while in treatment.

CLIENT RIGHTS

Client's have the right to treatment without regard to; race, creed, sex, national origin or sexual preference.

Individuals will be treated with dignity and respect at all times.

Individuals have a right to confidential records within the law.

Clients' have a right to access their personal records. Request for such records shall be in writing, and provided under the direction of either the Program Director or the Executive Director.

CLIENT RESPONSIBILITIES

Clients' are responsible to provide complete, accurate and up-to-date information regarding past and present problems, both physical and emotional, that pertain to treatment.

The client is responsible for his/her own behavior and actions if treatment is refused or the treatment plan is not followed.

The client is responsible to respect the rights of others while on premises.

If you feel that you are being abused or exploited, you may call the State- Abuse Registry, toll *free* at 1-800-96-ABUSE

CONFIDENTIALITY

The confidentiality of alcohol and drug abuse client records maintained by this program is protected by Federal law and regulations. Generally, the program may not say to a person outside the program that a client attends the program, or disclose any information identifying a client as an alcohol or drug abuse client unless:

- The client consents in writing;
- The disclosure is allowed by court order; or
- The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research audit or program evaluation.
- If you are in danger of hurting yourself or others

Violation of Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

Federal law and regulations do not protect any information about a crime committed by a client, either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities. We are **mandated** to report any suspected child/elder/disabled abuse to the Abuse Hotline.

A MESSAGE TO OUR CLIENTS

At Solutions we take your treatment very seriously, and are committed to providing each and every client with the highest quality of clinical services possible.

Your satisfaction with our services, our staff, and the type and quality of the programs offered at Solutions is as important to us as it is to you.

While we sincerely hope your treatment experience at Solutions will be rewarding, informative, and satisfying, we understand that issues sometimes arise that require extra attention on our part.

For this reason we are committed to resolving any issue or problem which may arise which does not meet or exceed your expectations, if at all possible.

Wayne A. Grosnick, MS., CAP, CMHP

President/CEO

GRIEVANCE PROCEDURE

Should you, at any time while receiving services from Solutions, believe you are being treated in a manner or fashion which you consider to be unprofessional and/or not in keeping with your best interest as a client, you have the right to file a grievance and have that grievance reviewed and addressed by the Chief Administrator of the agency. A grievance form can be requested from any Solutions employee at any time.

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The Chief Administrator is obligated to review any such grievance impartially and without prejudice to the individual(s) filing it, or to the individual for whom it was filed, within 48 hours of receiving it.

Upon request, a meeting with the Chief Administrator will be scheduled at no cost to the individual(s) filing the grievance, for the purpose of clarifying and/or resolving the grievance. If a meeting with the Chief Administrator is not requested, the individual(s) who filed the grievance will be notified via telephone of the Chief Administrator's decision/action related to the filed grievance within five (5) business days of receiving it. If attempts to contact the individual(s) who filed the grievance fail for a period of five (5) additional business days, a certified letter will be mailed to the individuals in lieu of the above mentioned phone call.

If the grievance cannot be resolved to the satisfaction of the individual(s) who filed the grievance after every effort has been made to do so by the agency, the individual(s) may file a grievance with the Florida Department of Children & Families, SunCoast Region —Alcohol, Drug Abuse & Mental Health Program Office, 9393 N. Florida Avenue, Suite 1000, Tampa Florida 33612.

Emergency Numbers Pinellas/Pasco Counties

Florida Abuse Registry: 1-800-962-2873

Crisis Intervention: 727-791-3131

Suicide Prevention: 727-791-3131

Spouse Abuse Shelters: 727-442-4128

Domestic Violence: 727-898-3671 OR 1-800-500-1119

Disability Rights Florida: 1-800-342-0823

DCF Substance Abuse Program Office: 813-337-5700

Florida Senior Drug Plans: 1-888-419-3456

Financial Services Helpline: 1-800-342-2762

Price Gouging Hotline: 1-800-646-0444

Healthy Kids Insurance: 1-888-352-5437 ext. 6100

Consumer Complaints: 1-800-435-7352

Rape Crisis: 727-530-7233

Poison Control: 1-800-282-3171

Elder Help Line: 1-800-963-5337

Helpline: 2-1-1

Emergency Police and Fire: 9-1-1

Infection Control

To help assist in the efforts to prevent the spread of infections or infectious diseases Solutions has set forth policies and procedures relating to Infection Control. Both client's and staff have an obligation to uphold basic infection control standards in an effort to ensure and maintain a safe/healthy environment.

Routine hand-washing remains the most effective means of controlling the transmission of pathogens and is the single most important principle of infection control.

1. Hands should be washed (at minimum):

- When hands become soiled.
- Before preparation of food and medication.
- Before and after personal care
- After using the restroom.
- After touching ones mouth or nose.

Techniques to effective hand washing

A. Stand away from the sink to avoid clothing contact with it

B. Wet and soap **hands thoroughly** using tap water

C. Routine hand washing technique should include vigorous friction with soap and running water for at least ten seconds.

D. Attention should be given to area around and under fingernails, between fingers, and the back of the hand.

E. The type of soap is secondary to the mechanics and rinsing action.

F. Rinse well. Allow water to run from the fingertips to the forearms.

G. Grasp paper towel from dispenser. Turn off tap with paper towel placed between hand and faucet shut off; hands will not get re-soiled.

H. Discard the paper towel in the receptacle.

In the event the water supply is interrupted, hands are washed using a waterless disinfectant solution or wipe.