



700 Brooksedge Blvd.  
Westerville, Ohio 43081  
614-882-9338  
[www.concordcounseling.org](http://www.concordcounseling.org)

# CLIENT ORIENTATION BOOKLET

Your Primary Provider is: \_\_\_\_\_  
614-882-9338 Extension: \_\_\_\_\_

## MISSION STATEMENT

*To provide the best behavioral health services by  
instilling hope, improving lives, and serving with heart*

## **Description of Services Offered and Expectations**

Concord Counseling Services is a private, non-profit agency that provides mental health, alcohol and drug, and prevention services to individuals, couples, families, and groups. Concord provides an array of professional treatment services that include, but are not limited to assessments, individual, family, and group therapies, psychiatric services, client linkage and advocacy, and drug and alcohol services. These services are provided by staff appropriately licensed by the State of Ohio as well as by community support providers (case managers). Concord has the highest level of accreditation through CARF and is certified through the Ohio Department of Mental Health and Addiction Services.

We do not discriminate in the provision of service on the basis of race, color, creed, national origin, religion, age, gender, sexual orientation, lifestyle, socioeconomic status, language, handicap (physical, developmental or mental illness or disability including HIV infection, AIDS related complex, or AIDS), or inability to pay. All staff is guided by an agency code of ethics and, if professionally licensed, the current ethical codes applicable to their license. This includes guidance related to conflicts of interest. Staff will encourage your growth and development, foster your well-being, promote your independence and recovery, and respect your rights.

Assessment will be an ongoing process to help us determine the best services to meet your individual needs. Your active participation in the development of your goals and objectives is crucial to address the reasons that brought you to treatment. You will receive an explanation of your diagnosis and what you can expect while in treatment. You will also be told at the end of your assessment what the recommended length of stay is and the treatment recommendations. Also, during the assessment phase, you will be asked to complete an outcome survey and periodically thereafter. This will be used by you and your provider to identify problem areas and to later gauge progress.

You will receive a copy of your treatment plan. During the course of treatment, staff will work carefully with you to meet your goals and objectives and assist with a seamless transition to recommended services, additional resources and/or successful termination. Transition and discharge criteria will be identified during the development of your treatment plan. A planned discharge occurs when you have met all your goals in the treatment plan.

You will have a final session with your provider to review progress and discuss any referrals and/or recommendations. You will be provided with a Service Termination Summary/Continuing Care Plan. This plan will provide you with a summary of discharge recommendations. At times, an unplanned transition or discharge may occur if you leave service without plan or notice. If this occurs you will be contacted by phone and/or letter of the termination of services. You will receive information on how to reinstate services, if applicable.

There are some programs where motivational incentives may be used. This is determined by program administration to assist individuals in moving more quickly into desired results. Involvement of family members and/or other support persons is highly encouraged and expected in treatment. Family/Support persons can be actively involved in the assessment, development of individual treatment, ongoing evaluations of the services received, and can improve your progress and recovery. Your permission is needed to include family/support person in your treatment. Some individuals may be mandated to services by the court or other organizations. We will follow all

legal requirements regarding reporting and follow-up. A Release of Information will be required to communicate with these organizations and will be discussed at your first session. We request that you do not record sessions with your providers. This can be disruptive to the therapeutic process and recordings can be vulnerable to access by unauthorized persons. If you have any questions regarding recording your sessions please talk with your service provider.

You are expected to attend all scheduled appointments and work as a team with our staff which may include your therapist, case manager, nurse, and/or psychiatrist. Recovery cannot happen without your active participation in all phases of treatment, including developing a treatment plan, asking questions, and discussing any concerns with your providers.

### **Hours of Operation / Access to Service After Program Hours**

Concord's office hours are Monday, Wednesday and Thursday 9:00 a.m. to 8:30 p.m., Tuesday 9:00 a.m. to 8:00 p.m. and Friday 9:00 a.m. to 3:00 p.m. If a crisis is sufficient to need immediate attention or occurs during non-business hours, call Netcare ACCESS at 614-276-2273 or go to the nearest hospital emergency room.

### **Treatment Risks / Benefits**

Behavioral health treatment can be helpful in improving how you function and clients often have improvement in the symptoms that led you to seek treatment. Talking with a trained professional can help you better understand why you feel or behave the way you do. You can also learn how to deal with a specific problem or manage intense emotions. There are, however, some risks to treatment. These include experiencing uncomfortable feelings and emotions that result from discussing the difficult situations and life experiences that led you to treatment. Talking about and facing personal issues may be painful at times, but you should begin to feel better about yourself and have more skills to deal with issues in your life. Your therapist, case manager, nurse, and/or psychiatrist can discuss the risks and benefits associated with the specific treatment methods and interventions you will receive.

### **Advance Directive Declaration for Mental Health Treatment**

An Advance Directive Declaration for Mental Health Treatment is a legal document that empowers you to state your treatment preferences and name a person (proxy) to act for you when medical and mental health professionals determine that you are not able to make informed health care decisions.

### **What are the benefits of having an Advance Directive Declaration for Mental Health Treatment?**

- You can give written instructions to your mental health care providers about your choices for medication, treatment programs and providers if you choose to do so.
- You can name a proxy, if you choose, to advocate for your treatment choices or to make decisions in your place when you lack the capacity to do so.

### **How does an Advance Directive relate to recovery?**

- It helps you to define and recognize "red flag" behaviors and actually may help you gain knowledge and control of your psychiatric condition while helping others recognize the signs.

- Developing an Advance Directive when healthy allows you the opportunity to openly discuss signs and symptoms of your illness, as well as your treatment preferences. When properly planned and implemented, it is a natural fit with empowerment and recovery.

**If you would like more information and/or an Advance Directive form please talk to your clinician or case manager.**

### **Quality Improvement**

You may also be asked to provide input regarding the quality of your care, achievement of outcomes and your satisfactions with services throughout your treatment and after the completion of treatment. Your input is important and valuable to us. We utilize this information to improve services, develop new services and identify any problems. Quality Improvement activities and results are available upon request by contacting the Director of Clinical Data and Quality at 614-882-9338.

### **Appointments / Cancellations**

The time established for your appointments is dedicated to serve you. You may occasionally need to reschedule due to unforeseen events. We ask that you provide a minimum of 24-hour notice when you need to reschedule an appointment; more time is greatly appreciated so that we may use your saved time for someone else. Three or more missed appointments without a 24-hour notice suggests a lack of investment in treatment and may result in termination of all services. As such, to re-engage or reschedule treatment after three or more missed appointments without a 24-hour notice, you must speak with your clinical provider to determine the appropriate course of services and to make a determination about scheduling additional appointments. Because of the nature of our work, there are times when critical situations demand our immediate attention. If we need to cancel an appointment you will be called immediately and given a chance to reschedule. We will attempt to return your phone calls within 24 hours and reschedule a canceled appointment, whenever possible, within 48 hours.

### **Concord's Rules and Restrictions**

Concord does **not** use mechanical restraint, seclusion, chemical restraint, or major aversive behavioral interventions. Concord staff may utilize verbal de-escalation training procedures in order to intervene with a client experiencing behavioral difficulties. At no time will Concord staff utilize cruel and/or unusual punishment to manage a client, including physical and verbal abuse. Concord does not exclude children or adolescents from services solely based on juvenile justice status.

Concord's policies prohibit all tobacco products including electronic/vapor cigarettes inside agency buildings and request that any smoking be done away from the entrance. Use or possession of alcohol or illicit drugs is prohibited on Concord property. Any legal substances (ex. vitamins, supplements) and prescription drugs brought on Concord property must be kept in your possession at all times and not shared with any other person.

Weapons of any kind are prohibited on agency property. Only law enforcement officers in the performance of their duties are permitted to possess or carry firearms or weapons. Please be aware that weapons brought onto Concord property in violation of this policy may be turned over to the police department for disposition. Physical aggression and verbally threatening behavior is not permitted.

Failure to participate in treatment by behavior or by non-attendance may result in termination. If it is determined that your behavior is disruptive to others' treatment or to the welfare of the organization, with the Executive Director's approval, you may be restricted from services or program for a temporary period of time. The details of this type of situation will be given to you in writing by your provider and their supervisor.

Any individual involved in criminal activity while on Concord Counseling premises or while in the community with Concord staff is subject to legal prosecution to the fullest extent of the law. A person who appears to be impaired by drugs and/or alcohol will be assisted in making other arrangements for transportation if they drove to agency. If a person should choose to leave and drive while impaired law enforcement may be contacted to ensure safety of the person and others in the community. Services may also be suspended or terminated. Clients who violate these policies will be informed of any suspension or termination and will receive information about how services may be reinstated, if applicable.

### **Financial Policies**

#### **Subsidized Services**

Through our contract with the Alcohol, Drug and Mental Health Board of Franklin County (ADAMH), we may be able to offer some subsidized services to those who are experiencing emotional, alcohol, and/or drug problems and whose monthly gross income and dependents fall within the public subsidy guidelines while ADAMH funds are available.

In order to apply for subsidized services you must:

1. Be a resident of Franklin County and
2. Provide documentation of your gross monthly household income (amount before taxes are taken out), and
3. Provide information of any and all insurance and/or other assistance that must be billed prior to receiving the public subsidy.

You may decline to disclose your income or provide us with the needed documentation and pay the full cost of services you receive.

**Billing Information** will be collected and verified when you call for your first appointment. Prior to your first appointment Concord's Intake staff will meet with you to discuss financial coverage and complete all paperwork necessary to receive services. You will need to provide your insurance card(s), and if applying for subsidized services, proof of gross monthly household income, and dependents. Verification of insurance coverage is your responsibility prior to your appointment. Until insurance coverage is verified, you are responsible for 100% of the charges. We strongly encourage you to contact your insurance company to verify your behavioral health coverage prior to receiving services!

**Fees for Services:** The fee for services is based on hourly charges. Sessions scheduled for shorter or longer periods will be billed accordingly. Co-pays and deductibles must be paid at the time of service.

**Outstanding Balances:** Although Concord files insurance claims as a courtesy, you will receive a statement if your account has a balance due. Your insurance is a contract between you and the insurance company. It is very important that you understand the provisions of your policy.

Concord is not guaranteed payment by the insurance companies and it is your responsibility to follow up on denied or unpaid claims. We encourage clients to keep their accounts paid. If financial problems affect your timely payment of the amount due, please contact our Billing Department at 614-882-9338 for assistance. The Billing Department may contact those with outstanding accounts that are over 90 days past due.

### **Privacy Policy**

Please refer to the Notice of Privacy Practices that you received for detailed information on your privacy rights. Staff are required to report to the appropriate authorities any suspected abuse and/or neglect of children, the elderly and developmentally disabled.

#### **CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS**

The confidentiality of alcohol and drug abuse patient 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 patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser *Unless*:

- (1) The patient consents in writing;
- (2) The disclosure is allowed by a court order; or
- (3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

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

Benjamin C. Glassman  
303 Marconi Boulevard, Suite 200  
Columbus, OH 43215  
Phone: 614-469-5715  
Fax: 614-469-5653

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

Federal laws 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.

(See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR part 2 for Federal regulations.)

## Client Rights Statement

In Ohio you are provided with specific safeguards for your rights while you are receiving services at Concord Counseling Services. The following “Rights of Clients” statement is designed to inform you and your family of those rights. The rights of minor children will be covered by the legal consent of parents, adoptive parents, or legal guardians.

### Rights of Clients

1. The right to be treated with consideration and respect for personal dignity, autonomy and privacy.
2. The right to reasonable protection from physical, sexual or emotional abuse or inhumane treatment.
3. The right to receive services in the least restrictive, feasible environment.
4. The right to participate in any appropriate and available service that is consistent with an individual service plan (ISP), regardless of the refusal or any other service, unless that service is a necessity for clear treatment reasons and requires the person’s participation.
5. The right to give informed consent to or to refuse any service, treatment or therapy, including medication absent an emergency.
6. The right to participate in the development, review and revision of one’s own individualized treatment plan and to receive a copy of it.
7. The right to freedom from unnecessary or excessive medication, and to be free from restraint or seclusion unless there is immediate risk of harm to self or others.
8. The right to be informed and the right to refuse any unusual or hazardous treatment procedures.
9. The right to be advised and the right to refuse observation by others and techniques such as one-way vision mirrors, tape recorders, video recorders, television, movies, photographs or other audio and visual technology. This right does not prohibit an agency from using closed-circuit monitoring to observe seclusion rooms or common areas, which does not include bathrooms or sleeping areas.
10. The right to confidentiality of communications and personal identifying information within the limitations and requirements for disclosure of client information under state and federal laws and regulation.
11. The right to have access to one’s own client record unless access to certain information is restricted for clear treatment reasons. If access is restricted, the treatment plan shall include the reason for the restriction, a goal to remove the restriction and the treatment being offered to remove the restriction.
12. The right to be informed a reasonable amount of time in advance of the reason for termination of participation in a service, and to be provided a referral, unless the service is unavailable or not necessary.
13. The right to be informed of the reason for denial of a service.
14. The right not to be discriminated against for receiving services on the basis of race, ethnicity, age, color, religion, gender, national origin, sexual orientation, physical or mental handicap, developmental disability, genetic information, human immunodeficiency virus status, or in any manner prohibited by local, state or federal laws.
15. The right to know the cost of services.
16. The right to be verbally informed of all client rights, and to receive a written copy upon request.
17. The right to exercise one’s own rights without reprisal, except that no right extends so far as to supersede health and safety considerations.

18. The right to file a grievance.
19. The right to have oral and written instructions concerning the procedure for filing a grievance, and to assistance in filing a grievance, if requested.
20. The right to be informed of one's own condition.
21. The right to consult with an independent treatment specialist or legal counsel at one's own expense.
22. The right to have access to quality improvement activities. Concord's Director of Clinical Data and Quality is available for client questions or input.
23. The right to services that is responsive and sensitive to an individual's ethnic and cultural heritage.
24. The right to information, upon request, in sufficient time to facilitate decision making regarding services including information and referral, consultation, education, prevention, and training.
25. The right to be free from abuse, financial or other exploitation, retaliation, humiliation, or neglect by any Concord staff member.
26. The right to refuse involvement in research projects or give informed consent to participate in research projects.
27. The right to referral to legal entities for appropriate representation, self-help support services and advocacy support services.
28. The right to other legal rights as defined by local, state and/or federal laws.

### **Grievance Procedure**

Concord Counseling has established a Grievance Procedure for use by any client or applicant for service. If you have a concern regarding how you were treated by any staff member of Concord Counseling, you may verbally present your grievance to the person involved, the person's supervisor, or the Client Rights Officer. If you are not satisfied with the results you may file a written grievance by contacting Concord's Client Rights Officer.

#### **Grievance Procedure Steps**

1. All client rights complaints will be heard during regular business hours by the Client Rights Officer at 614-882-9338. Concord's staff will notify the Client Rights Officer of any client complaints and be responsible for referring the client to the Client Rights Officer.
2. The Client Rights Officer will explain the grievance procedure and assist, if needed by the griever or the griever's representative, with filing the Grievance Form. The Client Rights Officer will access all relevant information about the grievance during the investigation and provide a written response that is considered to be a proposed resolution and explanation to the griever or, with the client's permission, to the designated representative if other than the client. This will be completed within twenty (20) business days of the date the grievance was filed.
3. Although a grievance may be filed at any time the griever so desires, Concord encourages grievances to be filed within sixty (60) days. Extenuating circumstances will be taken into consideration.
4. If the Client Rights Officer is the subject of the grievance, the Executive Director will act as the impartial decision maker
5. The Clients Rights Officer will provide representation for the griever at an agency hearing if a hearing is requested by the client. Reasonable opportunity will be given to the griever or representative to be heard by an impartial decision maker. This response will be accomplished within two business days.

6. If the complaint is still not resolved, the client has the right to make a written request to the Executive Director to appeal the decision of the Clients Right Officer. A written response from the Executive Director will be issued within two weeks after the appeal is received.
7. The Client Rights Officer will provide the grievor a statement regarding the option of the grievor to further grieve to any and all of the following: Franklin County ADAMH Board, Ohio Department of Mental Health and Addiction Services, Disability Rights Ohio, U.S. Department of Health and Human Services, and appropriate professional licensing or regulatory boards. See below for contact information.
8. The Client Rights Officer will give access to all relevant information about the grievance to one or more of the organizations specified below, to which the grievor has initiated a complaint

#### Implementation and Monitoring

1. The Client Rights Officer will maintain all records of grievances received, the subject matter of the grievance and the resolution. The Quality Improvement Committee will review these records as they occur, no less than monthly.
2. Upon request, grievance records are also available to Franklin County ADAMH.
3. Concord Counseling will allow Franklin County ADAMH to annually review the implementation of the Client Rights Policies and Grievance Procedures, and shall provide annually the summary of the number of grievances received, type, and resolution status of the grievances.
4. The Client Rights Officer will take all necessary steps to assure compliance with the Grievance Policies and Procedures.

#### **Client Rights and Grievances Resource Agencies – Outside Entities:**

Franklin County Alcohol, Drug Addiction &  
Mental Health Services Board (ADAMH)  
447 East Broad Street  
Columbus, OH 43215  
614-224-1057

Ohio Department of Mental Health and Addiction Services  
30 East Broad Street, 36<sup>th</sup> Floor  
Columbus, Ohio 43215  
614-466-2596

Disability Rights Ohio  
Ohio Client Assistance Program  
50 West Broad Street, Suite 1400  
Columbus, Ohio 43215-5923  
614-466-7264

Attorney General's Office  
30 East Broad Street, 14<sup>th</sup> Floor  
Columbus, Ohio 43215  
614-466-4986

US Department of Health & Human Services  
Office of Civil Rights, Region V  
233 North Michigan Avenue, Suite 1300  
Chicago, Illinois 60601  
1-800-368-1019

Counselor, Social Worker and Marriage and Family Therapist Board  
77 S. High Street, 24<sup>th</sup> Floor, Room 2468  
Columbus, OH 43215-5919  
614-466-0912

State Medical Board of Ohio  
30 East Broad Street, 3<sup>rd</sup> Floor  
Columbus, OH 43215-6127  
614-466-3934

Ohio Board of Nursing  
17 South High Street, Suite 400  
Columbus, OH 43215-7410  
614-466-3947

State Board of Psychology Ohio  
77 South High Street, Suite 1830  
Columbus, OH 43215-6108  
614-466-8808

Ohio Chemical Dependency Professionals Board  
77 South High Street, 16<sup>th</sup> Floor  
Columbus, OH 43215  
614-387-1110

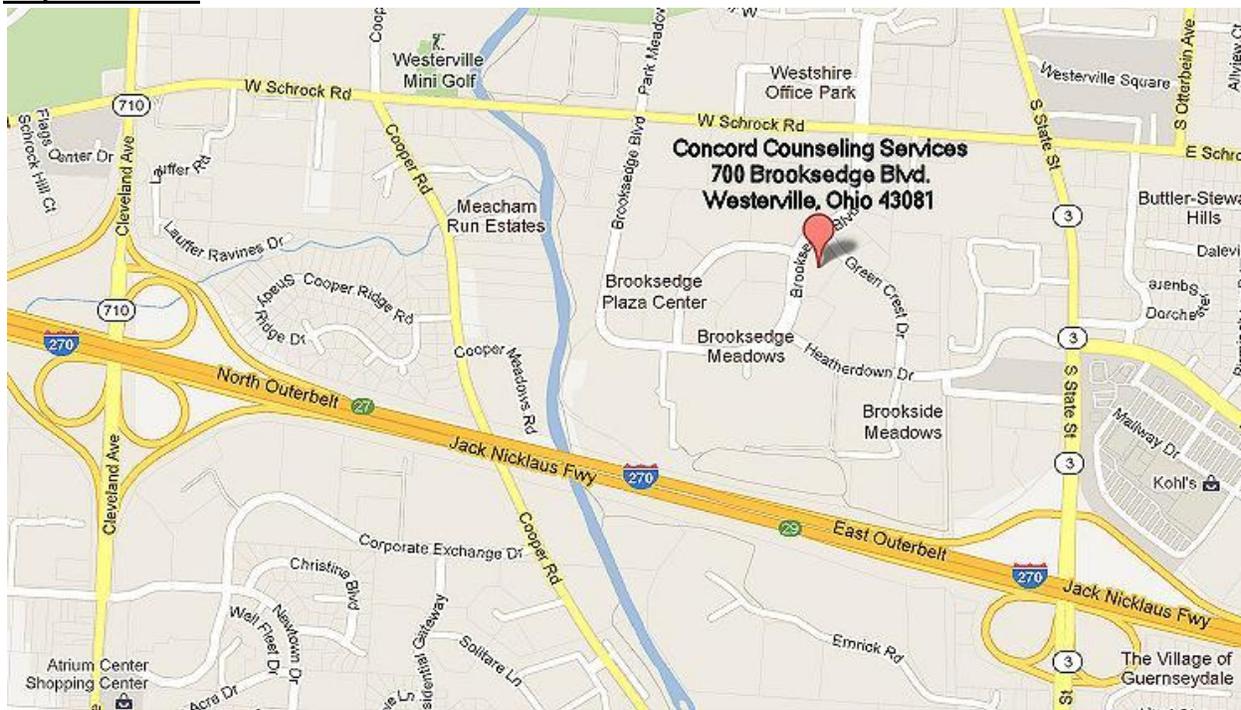
Ohio Civil Rights Commission  
30 East Broad Street, 5<sup>th</sup> Floor  
Columbus, OH 43215  
614-466-2785

The following is an AOD Risk Chart that indicates routes of transmission, symptoms, method of diagnoses, if a vaccine is available, and whether or not the disease is curable.

**AOD Risk Chart**

	Human Immuno-Deficiency Virus (HIV)	Hepatitis B (HBV)	Hepatitis C (HCV)	Tuberculosis (TB)	
<b>Routes of Transmission</b>	Unprotected anal, oral and/or vaginal sex	X	X	X (<20% of cases)	
	Sharing needles for injection drug use or tattooing/body piercing	X	X	X	
	Mother to child	X	X		
	Sharing personal items like razors, toothbrushes and nail clippers		X	X	
	When infected person puts germs into the air by coughing, sneezing, laughing or singing				X
<b>Symptoms</b>	Many people have none for years	X	X	X	
	Flu-like symptoms that go away	X	X		
	Diarrhea	X			
	Weight loss	X		X	
	Tiredness	X	X	X	
	Weakness				X
	Fever			X	X
	Night sweats				X
	Chest pain				X
	Coughing up blood				X
	Cough				X
	Headache			X	
	Jaundice		X	X	
<b>Diagnosed By</b>	Blood Test	X	X	X	
	Sputum Test			X	
	X-ray			X	
<b>Vaccine Available</b>	Yes		X (prevention only)		
	No	X		X	
<b>Curable</b>	Yes	X (medication available for chronic disease management)	X (can resolve on its own)	X	
	No			X	

**Map To Concord**



**Getting Around Concord**

