



A Memorial Health System Affiliate

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# Client Orientation Handbook

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# **WELCOME** to Memorial Behavioral Health (MBH)

We are dedicated to serving you with high-quality mental health services. You can expect that we will conduct our business in an ethical and law-abiding manner at all times, always respecting your rights and keeping you, our client, as the center of our focus.

## **OUR STATEMENT OF VALUES**

**S**ervice

**E**xcellence in Performance

**R**espect for the Individual

**V**alue of Employees

**I**ntegrity in Relationships

**C**ommunity Responsibility

**E**qual Access



Receipt of **CLIENT ORIENTATION HANDBOOK**

I have been informed of my rights and responsibilities. The information was explained using language that I understand. I have received a copy of the Client Orientation Handbook.

This statement, which I am receiving upon initiating mental health services, contains information about how to contact state agencies and other organizations that serve to advocate for and protect my human rights, including the Illinois Guardianship and Advocacy Commission, Equip for Equality and the Illinois Department of Human Services' Office of Inspector General (OIG). I understand that I may ask MBH for assistance in contacting these groups.

\_\_\_\_\_  
Client signature (12 years or older)                      Date

\_\_\_\_\_  
Client name (Please Print)                      ID #

\_\_\_\_\_  
 Parent     Guardian signature                      Date

I have explained client rights to the client, and I believe that he/she understands.

\_\_\_\_\_  
Witness signature                      Date

## **CONSENT** for Treatment

I have been informed about the programs and services available at Memorial Behavioral Health (MBH).

I am aware that one or more therapists, recovery specialists or other MBH staff may conduct all or part of my care or attend to my needs. I also understand that their participation in my care will be within the scope of their respective professional education, training, experience and licensure/certification. I understand my treatment may change based on my needs and preferences, when I agree in advance.

I understand that the practice of mental health treatment is not an exact science and that no guarantees have been or can be made about the likelihood of success or outcome of any treatment.

I understand there are risks and benefits in mental health treatment and am agreeing to treatment, including mental health assessment and an individual recovery plan.

I understand that the highly confidential information in my client record may be reviewed by MBH staff or any agency providing funding for my mental health treatment.

I agree that during the time that I am a client at MBH, I will keep the agency informed of my current address, telephone number, employment status and my pay source.

If I need to reschedule an appointment, I will call at least 24 hours in advance. If at any time I decide to stop treatment at this clinic, I will tell my therapist or recovery specialist.

I understand that MBH provides emergency services 24 hours a day, and if I have a mental health emergency when the agency is closed, I can get after-hours emergency services by calling the National Suicide Prevention Lifeline number listed in this handbook.

## Memorial Behavioral Health **CODE OF CONDUCT**

MBH has a Code of Conduct created to support our Statement of Values. This code makes sure we continue to provide quality care, act professionally and honestly, and follow healthcare laws and regulations. All of our employees must follow our Code of Conduct, which includes:

- ① **Providing a safe and healthy environment**
- ② **Protecting confidentiality and privacy**
- ③ **Keeping accurate client and financial records**
- ④ **Bill and collect fees only for services provided**

The information in this booklet should answer questions you may have about us and the services we offer. If you have other questions or concerns, please ask.

## Service **LOCATIONS & HOURS** of Operation

### **Memorial Behavioral Health – Springfield Adult Services**

710 N. Eighth St.  
Springfield, IL 62702  
Telephone: 217-525-1064 (Voice) | 217-588-7805 (TTY)  
Hours: 8:30 a.m. – 5 p.m. (M-F)

### **Memorial Behavioral Health – Springfield Children’s Center**

710 N. Eighth St.  
Springfield, IL 62702  
Telephone: 217-757-7700 (Voice) | 217-757-7799 (TTY)  
Hours: 8 a.m. – 5 p.m. (MWF) | 8 a.m. – 7 p.m. (T&TH)

### **Memorial Behavioral Health – Jacksonville**

340 W. State St., P.O. Box 370  
Jacksonville, IL 62650  
Telephone: 217-245-6126 (Voice/TTY)  
Hours: 8:30 a.m. – 5 p.m. (MWF) | 8:30 a.m. – 7 p.m. (T&TH)

### **Memorial Behavioral Health – Lincoln**

515 N. College St.  
Lincoln, IL 62656  
Telephone: 217-735-2272 (Voice)  
Hours: 8 a.m. – 4:30 p.m. (M-F)

### **Memorial Behavioral Health – Springfield Residential Center**

200 W. Lake Shore Drive  
Springfield, IL 62703  
Telephone: 217-525-1064 (Voice) | 217-529-2650 (TTY)  
Residential 24 hours

If you have a mental health condition and are using alcohol, street drugs or medicines not prescribed by your doctor, it is very important that you discuss this with your therapist or recovery specialist. We will give you information on how alcohol and other drugs interact with specific mental health conditions.

## **RATING** MBH Services

From time to time, your therapist or recovery specialist may ask you to complete a survey that asks you to rate the quality of care you receive, if you are achieving your goals and if you are satisfied with our services. This information is very important to us because we use it to improve our services. The survey is totally confidential, so please take time to fill one out. Your opinion is very important to us.

## Rules about **DRUGS, ALCOHOL** and **WEAPONS**

We want everyone to be safe when coming to our office, so drugs, alcohol and weapons are not allowed. If you come to our office and appear to be under the influence of drugs or alcohol, we will ask you about it. If you tell us you have been using drugs or alcohol, we may cancel your appointment and get treatment for you. If you drove yourself to our office, we will help you get a ride home if we think it is unsafe for you to drive.

If you bring a knife or other weapon to our office, we will ask you to give it to our staff before you can receive services. If you do not give up your weapon, you will be asked to leave our property or we will call the police. We will call the police any time someone brings a gun to our office.

## How **ALCOHOL** and **DRUGS AFFECT YOUR MENTAL HEALTH**

There are risks involved with alcohol and drug use. It is very common that alcohol and other drugs can cause signs and symptoms of depression and anxiety. Using alcohol and drugs can cause or make the following symptoms worse:

- ▶ Problems with sleep
- ▶ Problems with memory and concentration
- ▶ Aggressive behavior
- ▶ Hyperactivity
- ▶ Hearing and seeing things that aren't real
- ▶ Agitation and irritability
- ▶ Mood swings
- ▶ Loss of motivation
- ▶ Racing thoughts

## **SUICIDE PREVENTION** Lifeline Numbers

MBH has trained professionals who are available to help you deal with the major emotional crises of life 24 hours a day, 365 days a year.

**If you or someone you know is in crisis or at risk of suicide, please call the National Suicide Prevention Lifeline at 800-273-TALK (8255).**

Do not call the National Suicide Prevention Lifeline unless you are having a mental health emergency. If you need to talk to someone about an appointment, your bill or your medicine, call the phone number of one of the offices listed on page 3 during regular business hours. **If you are having a medical emergency, call 9-1-1.**

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If a child is at risk to himself or others, and any time you or others think a child is having a mental health crisis, call CARES (Crisis And Referral Entry Service).

**CARES is a service that handles mental health crisis calls for children and adolescents in Illinois.**

### **CARES**

800-345-9049 (Voice) | 773-523-4504 (TTY)

**If a person is in danger of harming himself or herself, take the individual to the nearest hospital emergency department or call 9-1-1.**

## Our **PROGRAMS** and **SERVICES**

We can help you find out which MBH services you qualify for. If we do not have a service you need, we can help you find another organization that does.

### **Programs**

- ▶ Outpatient mental health for children & adults
- ▶ Crisis intervention
- ▶ Case management
- ▶ Residential services
- ▶ Employment services
- ▶ Medical services
- ▶ Screening, assessment & support services (SASS)
- ▶ Project for Assistance in Transition (PATH) from homelessness.

### **Services**

- ▶ Mental health assessments
- ▶ Psychiatric evaluations and treatment
- ▶ Individual recovery planning
- ▶ Individual therapy/counseling
- ▶ Group therapy/counseling
- ▶ Family therapy/counseling
- ▶ Medication monitoring and training
- ▶ Mentally ill substance abuse services
- ▶ Community support
- ▶ Crisis intervention

## Adolescent **INFORMATION** and **REFERRALS**

Minors 12 or older can ask for therapy or counseling services without parent/guardian permission for up to five 45-minute sessions at no charge.

We will give 10 days' notice in writing before we temporarily suspend or terminate your services. If you disagree with this decision, you can file a Client Grievance form. If you do not file a Client Grievance, or if your Client Grievance is denied, you can reapply for services on the date listed on your suspension notice.

If you are suspended for being aggressive or have assaulted another client or staff member, you will be referred to another social service provider within 72 hours.

Any client affected by a restriction, his or her parent or guardian, as appropriate, and any agency designated by the client shall be notified of the restriction and given a copy of the plan to remove the restriction of rights. Documentation shall include a plan with measurable objectives for restoring the client's rights. Plan must be signed by the client or the client's parent or guardian, the QMHP and the LPHA.

## Rules about **APPOINTMENTS**

- ▶ First appointments are made by our Access Center.
- ▶ If you need to cancel or reschedule an appointment, please call us the day before.
- ▶ If you do not show up for an appointment without calling us, we may cancel your services.

## Rules about **SMOKING** and **TOBACCO**

We are a smoke-free organization. We do not allow smoking or chewing tobacco in our offices and only in certain areas on our property. If you want to smoke or chew tobacco, please ask our staff for directions to the designated area. Please put cigarette and cigar butts in ashtrays outside our buildings and do not throw them on the ground.



## **YOUR RESPONSIBILITIES** continued...

- ④ Take any medications prescribed for you.
- ⑤ Let your therapist or case manager know about changes in your life, especially if there is a change in your physical health.
- ⑥ Treat our staff and other clients with the same dignity and respect that you deserve.
- ⑦ Pay any co-pays, deductibles or other fees due.
- ⑧ Notify us if you have a change of address, telephone number or insurance.

## **RESTRICTION/SUSPENSION and TERMINATION OF SERVICES**

We want to provide the best service to all of our clients and ensure the safety and well-being of everyone who comes to our office. We may temporarily restrict, suspend or terminate services if you:

- ▶ Abuse our staff or other clients (physically, mentally, verbally or sexually).
- ▶ Ignore safety rules or the safety of others at our office.
- ▶ Steal, damage or destroy MBH property or the property of our staff or other clients.
- ▶ Abuse or sell drugs we prescribe for you.
- ▶ Abuse drugs or alcohol while on our property.
- ▶ Come to our office with a weapon.
- ▶ Do not keep appointments or follow your recovery plan.
- ▶ Are using our services only for another reason, like custody issues, divorce court, avoiding responsibility for a criminal act.
- ▶ Do not pay for services when you can afford to pay.

## How we **WORK WITH YOU** in **TREATMENT**

When you begin services at our organization, you will meet with one of our trained and qualified staff members to answer a questionnaire that we call a Mental Health Assessment. The purpose of this is to gather enough information to decide what your needs are and place you in the right kind of services. Once your Mental Health Assessment is done, your therapist or recovery specialist will talk with you about your needs and goals, and work with you to develop a Recovery Plan. Together you will decide what kind of services you need and want, how often, and how long you need or want to use our services. Together you can also decide if any of your family members or other individuals can or should be part of your treatment.

If you need or want to know about other services we offer or other services in the community, your therapist or recovery specialist can answer your questions and help you get started.

## **DISCHARGE** Planning

Discharge planning begins at the time you begin services at MBH and is an important part of your recovery plan. We want to meet your needs and help you meet your goals, so we review your progress at every session. When you are ready to leave our services, we may recommend activities, support groups or services offered by other organizations that can help you continue recovery and well-being.

## Our **FEES**

We charge fees for our services depending on what kind of

**OUR FEES** continued...

care we provide to you. If you do not have insurance or are on Public Aid, we may offer reduced fees. MBH can also assist you in accessing public payers for financial assistance, like Illinois Department of Healthcare & Family Services (Public Aid). We ask all clients to sign a fee agreement and provide proof of income. If you have insurance, Medicaid or Medicare, we will need a copy of your insurance card. Our Billing department can help you find out what your insurance covers. ***Co-pays and/or self-pay fees must be paid at each visit. If no payment or agreement is made after three consecutive months, your case will be reviewed and sent to a collection agency. All collection fees are clients responsibility.***

## **COURT TESTIMONY** Services

The role of MBH therapists and recovery specialists is to provide mental health treatment, not to give witness testimony in any court case you may be involved in. It is especially important for children in treatment at MBH to have a therapist who is not involved in court actions. ***If you need an expert witness for court, you should hire a therapist or psychologist who does not work for MBH.***

If your therapist, recovery specialist or MBH psychiatrist is asked to testify in court or give a deposition for your legal matters:

- ① The fee is **\$450 for a minimum three hours for your therapist or recovery specialist to provide testimony.** Any time over the three hour minimum is charged to you in 15-minute blocks of time, at **\$100 per 15-minute block.**
- ② The fee is **\$400 for a minimum one hour for your psychiatrist to provide testimony.** Any time over the one-hour minimum is charged to you in 15-minute blocks of time, at **\$100 per 15-minute block.**

**Accounting for Disclosures.** You may request an accounting of any disclosures we have made related to your confidential information, except for information used for treatment, payment or healthcare operations purposes or that we shared with you, or information that you gave us specific consent to release. It also excludes information we were required to release. To receive information regarding disclosure made for a specific time period, no longer than six years and after April 14, 2003, please submit your request in writing to our Privacy Officer. We will notify you of the cost involved in preparing this list.

**Questions and Complaints.** If you have any questions, or wish a copy of this policy or have any complaints, you may contact our Privacy Officer in writing at 710 N. Eighth St., Springfield, IL 62702 for further information. You also may complain to the Secretary of U.S. Department of Health and Human Services if you believe MBH has violated your privacy rights. We will not retaliate against you for filing a complaint.

**Changes in Policy.** We reserve the right to change this Privacy Policy based on the needs of MBH and changes in Illinois and federal law.

## Your **RESPONSIBILITIES**

- ① Make and keep recommended appointments. If you have to miss an appointment, please call to reschedule.
- ② Participate in planning your treatment.
- ③ Be active in trying to achieve your treatment goals.

**You have the following privacy and confidentiality rights under Illinois and Federal law:**

**Copy of Record.** You are entitled to inspect your client record our agency has generated about you. We may charge you a fee for copying and mailing your record.

**Release of Records.** You may consent in writing to release your records to others, for any purpose you choose. This could include your attorney, employer or others who you wish to have knowledge of your care. You may revoke this consent at any time, but only if we have not already released information based on your prior authorization.

**Restriction on Record.** You may ask us not to use or disclose part of the clinical information. MBH is not required to agree to your request if we believe it is in your best interest to permit use and disclose the information. The request should be made in writing to our Privacy Officer.

**Contacting You.** You may request that we send information to another address or by other means; however, we will not provide you information by email. We will honor your request as long as it is reasonable and we are assured it is correct. We have a right to verify that the payment information you are providing is correct.

**Amending Record.** If you believe that something in your record is incorrect or incomplete, you may request we amend it. To do this, contact your therapists or case manager, or the site administrator, and ask for the Request to Amend Health Information form. In certain cases, we may deny your request. If we deny your request for an amendment, you have a right to file a statement that you disagree with us. We will then file our response, and your statement and our response will be added to your record.

- ③ **The fee must be paid in full at least one week before the testimony.** If the testimony is canceled or rescheduled with less than 24 hours notice, you will still owe the fee to MBH for our lost appointment time.
- ④ Your attorney must schedule testimony at a time that is convenient for our staff. Your attorney must also call from the courthouse one hour before the testimony is needed.

If you need an MBH therapist, recovery specialist or psychiatrist to provide testimony, you may request a Client Litigation Agreement form, which you must sign, showing you agree to these requirements and understand that you will be responsible for these charges.

## Copies of **YOUR RECORDS**

If you need copies of your MBH client records, please call the Records department at the MBH location where you receive services. You will be required to complete a release-of-information form before you can receive copies. **There is a copy fee per page**, as determined by the Illinois Comptroller's office, **which must be paid prior to the release of your records**, in accordance with the MBH Copy Fee policy.

By law, we cannot provide copies of documents from other facilities (e.g., hospitals) that may be in your record. You must contact those other facilities to get copies of their records.

There is no charge for copies directly requested by your primary care physician health insurance company (for billing), or other social services agencies where you receive services. However, we must have a signed release-of-information form on file before we can send copies of your records.

## Your **RIGHTS**

The following is a list of some of the many rights you have as our client. You cannot be denied, suspended or discharged from services for exercising your rights.

### **Human Rights**

- ① You have rights, benefits and privileges guaranteed by law.
- ② You have the right to be treated with dignity and respect.
- ③ You will not be denied services because of your age, gender, race, color, creed, spiritual beliefs, ethnic origin, marital status, personal or social beliefs, physical, developmental or mental disability, sexual orientation, gender identity or expression, veteran or military status, HIV status or financial status.
- ④ You have the right to be free from abuse or neglect. Our Code of Conduct and Ethics prohibits physical abuse, sexual abuse, financial abuse, harassment and physical punishment. This code also prohibits psychological abuse, including humiliating, threatening and exploiting actions.
- ⑤ MBH strictly prohibits the use of seclusion of clients as a method of emergency intervention or otherwise. We do not use restraint as a form of treatment. It is MBH policy to use approved physical intervention methods that do not involve restraint (see policy #105.020, Personal Safety and Crisis Intervention) only as a time-limited emergency measure, in response to assault or aggression, to prevent a client from causing physical harm to self or others.
- ⑥ You have the right to have disabilities accommodated as required by the Americans with Disabilities Act, section 504 of the Rehabilitation Act and the Human Rights Act [775 ILCS 5].

**Follow-up Appointments/Care.** We may be contacting you to remind you of future appointments or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We will leave appointment information on your voicemail unless you tell us not to.

**As Required by Law.** This would include situations where we have a subpoena, court order or are mandated to provide public health information, such as communicable diseases or suspected abuse and neglect such as child abuse, elder abuse or institutional abuse.

**Coroners.** We are required to disclose information about the circumstances of client death to a coroner who is investigating it.

**Governmental Requirements.** We may disclose information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and licensure. We are also required to share information, if requested with the U.S. Department of Health and Human Services, to determine our compliance with federal laws related to healthcare and to Illinois state agencies that fund our services.

**Criminal Activity or Danger to Others.** If a crime is committed on our premises or against our personnel, we may share information with law enforcement to apprehend the criminal. We also have the right to involve law enforcement when we believe an immediate danger may occur to someone.

**Disaster Relief.** We may disclose information about you for disaster relief efforts.

## **PRIVACY and CONFIDENTIALITY** of Your Records

Our agency respects client confidentiality and only releases confidential information about you in accordance with the Illinois Confidentiality Act (704 ILCS 110) and the Federal Privacy law, the Health Insurance Portability and Accountability Act (HIPAA). If you have any questions about this policy or your rights, contact our Privacy Officer at 217-588-7702.

***In order to effectively provide you care, there are times when we will need to share your confidential information with others outside our agency. This includes for:***

**Treatment.** We may use or disclose treatment information about you to provide, coordinate or manage your care or any related services, including sharing information with others outside our organization that we are consulting with or referring you to.

**Payment.** With your written consent, information will be used to obtain payment for treatment and services provided to you. This includes contacting your health insurance company for prior approval of planned treatment or for billing purposes.

**Healthcare Operations.** We may use information about you to coordinate our business activities. This may include setting up your appointments, reviewing your care and training staff.

***Under Illinois and Federal law, information about you may be disclosed without your consent in the following circumstances:***

**Emergencies.** Sufficient information may be shared to address the immediate emergency you are facing.

- ⑦ You have the right to contact the following organizations and you may ask MBH for assistance in contacting these groups.

### **Guardianship and Advocacy Commission**

|                             |                             |
|-----------------------------|-----------------------------|
| Springfield Regional Office |                             |
| 521 Stratton Building       | 401 S. Spring St.           |
| Springfield, Illinois 62706 | Springfield, Illinois 62706 |
| Phone 217-785-1540          | TTY 866-333-3362            |
| Toll-free 866-274-8023      | Fax 217-524-0088            |

### **Equip for Equality**

|   |                  |
|---|------------------|
| 1 W. Old State Capitol Plaza, Suite 816 |                  |
| Springfield, Illinois 62701             |                  |
| Phone 217-544-0464                      | TTY 800-610-2779 |
| Toll-free 800-758-0464                  | Fax 217-523-0720 |

### **IL Department of Human Services' Office of Inspector General (OIG)**

|                             |  |
|-----------------------------|--|
| 901 Southwind Road          |  |
| Springfield, Illinois 62703 |  |
| Phone 800-368-1463          |  |
| Fax 217-786-7694            |  |

## **YOUR RIGHTS to TREATMENT**

- ① You cannot be refused emergency services based on your ability to pay.
- ② You have the right to know the name and qualifications of our staff members who work with you.



## **YOUR RIGHTS TO TREATMENT** continued...

- ③ You have the right to receive information that will help you make decisions about your treatment.
- ④ You have the right to state your preferences and make decisions about your mental health treatment, including agreeing to or refusing specific kinds of services.
- ⑤ You have the right to treatment that meets your personal needs and preferences, in the least restrictive setting.
- ⑥ You have the right to participate in creating an Individual Recovery Plan that is based on your personal needs and abilities.
- ⑦ You have the right to choose someone who can make decisions about your treatment if you are unable.
- ⑧ You have the right to know about the benefits and possible problems with any medication we prescribe for you.
- ⑨ You have the right to refuse to participate in or be interviewed for research purposes.
- ⑩ You have the right to terminate and/or refuse treatment at any time.
- ⑪ You have the right to request services from other social service agencies or community resource.
- ⑫ You have the right to contact the public payer or its designee and to be informed of the public payer's process for reviewing grievances.
- ⑬ You have the right to request translation services to help overcome any communication obstacles to provide the

best care possible. Furthermore, under the Americans with Disabilities Act (ADA), mental health providers are responsible for providing auxiliary aids and services that include qualified interpreters. The provider cannot legally charge you for the interpreting services, either directly or indirectly.

## Client **GRIEVANCES**

- ① If you ever feel you are not being treated fairly, don't agree with something about your treatment, or want to change therapists or case managers, talk to your therapist or case manager first.
- ② If you still feel the same, or can't work it out, you can file a Client Grievance form, which you can get from the receptionist.
- ③ In response to receiving a grievance, the complainant will be contacted by the appropriate manager or administrator to notify them that the grievance has been received and will be investigated, on average, within seven business days after receipt of the grievance.
- ④ The estimated timeframe for investigating and resolving the grievance will be approximately 30 days, depending on the complexity and ability to obtain and respond to the required information.
- ⑤ A final "Resolution" letter will be mailed to the complainant within the response letter's stated timeframe.
- ⑥ You will never be denied, suspended or terminated from service for filing a grievance or exercising your rights.