

PERSONS-SERVED HANDBOOK

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Still Waters Professional Counseling | 3711 Executive Center Dr. Martinez, GA 30907

Dear Persons-Served:

Thank you for choosing Still Waters to meet your mental health needs. I am very pleased to welcome you and to let you know that the staff here will do everything we can to make sure your needs are met, and your concerns addressed.

You can expect to be treated with respect and dignity by all staff, both administrative and clinical. We strive to provide the highest quality care possible and encourage you to let us know if you are not satisfied with your services or have any concerns or suggestions about your treatment. Still Waters operates within federal, state and community ethical standards. Our ethical policies and procedures are available should you wish to have a copy. Please let your Counselor, or me know immediately if you feel we are not upholding our ethical standards.

The information provided to you describes the services Still Waters offers and explains the rights you have as an individual of mental health services. If you feel your rights have been violated, please contact Still Waters' Management Team at **706-955-9224** or toll free at **877-727-1777**.

If you have any questions or concerns, please do not hesitate to speak to your therapist or counselor, a supervisor, or me at any time.

Again, welcome to Still Waters. I wish you the best on your road to recovery.

Sincerely,

LeAnn Jean, LPC, CEO

A LETTER TO THE PERSONS SERVED

Dear Persons-Served:

Thank you for choosing Still Waters to meet your mental health needs. We are pleased to welcome you and to let you know that our staff will do everything we can to make sure your needs are met and your concerns addressed.

Quality services depend on the close working relationship between your therapist, staff, and yourself. As an individual, you have certain responsibilities and one is to actively participate in treatment and help to develop your treatment plan with your therapist. You are also responsible for attending your treatment sessions and to cancel your appointments as soon as you know you will be unable to attend them. For a complete list of Individual Rights and Responsibilities please refer to page 17, 18 & 19 of this handbook.

One of our core values is to respect the rights and dignity of those served and to create an environment of recovery. Consistent with this value, there are policies that we follow regarding your scheduled appointments and when you begin to chronically miss them, recommendations may be made to close your case. Our policy is to notify you by telephone and/or a letter that if you do not contact your therapist within two (2) weeks of receiving a phone call or letter or you fail to attend a rescheduled appointment we will close your chart for non-participation in your treatment. Also, as part of your treatment you will be scheduled to see one of our psychiatrists, who at some point, may prescribe medication to you. If this happens you are still expected to have regular meetings with your therapist and see your psychiatrist at least every 90 days or as scheduled. If you begin to miss appointments with your therapist and psychiatrist but continue to call our office for re-fills of medications that have prescribed, we will have no choice but to staff your case with the treatment team for possible closure. If your case is closed, no more medications can be prescribed by our agency. You will receive a letter stating that your chart has been closed and no more medications will be prescribed along with appropriate referrals if continued treatment is needed.

If you are currently taking a controlled substance or antipsychotic medication your case will be reviewed with your physician before the chart is closed.

Also, if you are not consistent with therapy such as showing for one appointment, missing the next and then showing again, your case may also be reviewed for closure. If this happens you will also be notified by a telephone call and/or a non-compliance letter in which we will provide you with an opportunity to notify us of whether or not you would like to continue services within 7-10 business days. We will always take into consideration any special circumstances that you may be experiencing but it is your responsibility to discuss these issues with your therapist.

Signed,

Still Waters Staff

CONSENT TO EXAMINATIONS AND TREATMENT

Consent and authority is hereby given to this mental health facility and its professional staff to perform or have performed examinations and/or psychotherapy and/or related mental health treatments and to administer medications when deemed necessary or advisable by appropriate members of the professional staff in consultation with me. This statement has been fully explained to me and I understand it.

I have been provided a copy of the Still Waters Notice of Privacy Practices and given an opportunity to review it and ask questions.

SIGNIFICANT OTHER PARTICIPANTS INVOLVED IN THE IDENTIFIED PATIENT SERVICES

I agree to participate in therapy focused on the patient signing above. I understand that any information that I give may be included in the patient's record and disclosed as allowed by law. I also understand that if I want to receive therapy or other treatment services, a separate consent to examination and treatment is required.

Printed Name: _____

Date: _____

Signature: _____

Date: _____

AUTHORIZATION TO RELEASE INFORMATION, REQUEST FOR PAYMENT AND ASSIGNMENT OF BENEFITS

The purpose of the release is to recover insurance benefits, obtain pre-certification and to accomplish other insurance related objectives.

You may withdraw this consent at any time by written notification to Still Waters provided action has not been taken in reliance upon this authorization. Without written notice to withdraw this consent, it expires at the earlier of (a) completion of the stated purpose or (b) two years from date of signature.

NOTE: The execution of this form does not authorize the release of information other than as noted. The information requested on this form is protected by State or Federal laws. All items must be completed. If the information is not complete, we may not be able to comply with your request.

**** I AM AWARE THAT WHEN MY MEDICAL RECORDS REFLECT INFORMATION CONCERNING PSYCHOLOGICAL OR PSYCHIATRIC IMPAIRMENTS, DRUG ABUSE, AND/OR ALCOHOLISM, AND/OR INFORMATION REGARDING HUMAN IMMUNODEFICIENCY VIRUS (HIV) AND OTHER INFECTIOUS DISEASES, WHICH THIS INFORMATION WILL BE RELEASED AS PART OF MY MEDICAL RECORDS.**

INSURANCE

I hereby request payment of and assign my insurance or medical payment benefits for medical care and maintenance to Still Waters or its contract provider under the terms outlined by the **Health Insurance Claims Policy and Procedure** and I hereby authorize Still Waters to release any information from the medical records of the above-named which is necessary to fulfill the purpose of this release to contract providers and insurance company.

MEDICAID

I request payment of authorized Medicaid benefits to be made on my behalf for any services furnished to me by or in Still Waters and its providers, including physician services. I authorize Still Waters to release any information from my medical records necessary to fulfill the purpose of this release to its contract providers and I authorize any holder of medical and other information about me to release to Medicaid and its agents any information needed to determine these benefits or benefits for related services.

MEDICARE

I request payment of authorized Medicare benefits to be made on my behalf for any services furnished to me by or in Still Waters and its contract providers, including physician services. I authorize Still Waters to release any information from my medical records necessary to fulfill the purpose of this release to its contract providers and I authorize any holder of medical and other information about me to release to (a) Medicare and its agents and (b) the Social Security Administration or its intermediaries any information needed to determine his/her benefits for related services. I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct.

Other Insurances

I request payment of authorized benefits to be made on my behalf for any services furnished me by Still Waters and its contract providers, including physician services. I authorize Still Waters to release any information from my medical records necessary to fulfill the purpose of this release to its contract providers and I authorize any holder of medical or other information about me to release all information needed to determine these benefits or benefits for related services.

CONFIRMATION OF RECEIPT OF ORIENTATION HANDBOOK

I have been provided a copy of the Persons Served Handbook and given an opportunity to review it and ask questions. The Persons Served Handbook includes the following:

- A list of Community Mental Health Services and cost

- A list of areas that will be covered in orientation

- Members of my treatment team

- Numbers to call in case of an emergency

- Hours of operation

- Important phone numbers

Other items included in orientation are:

- treatment Options

- Grievance and Appeal

- Access to After-Hour Services

- Code of Ethics & Notice of Privacy

- Practices

- Program Policies & Program Rules

- Development of your Plan of Care

- Information about Discharge Criteria & Procedures

- Rights & Responsibilities of the Person Served

- Services to Receive & Expectations about results

- Requirement for Follow-Up

- Familiarization with the Premises

- Identification of Person Responsible for Service Coordination

- Assessment Purpose and Process

- Coordination of Services with other Agencies

- How Still Waters Hears Your Ideas and Concerns I also understand that I may be billed for services provided even though I may not be present, such as:

 - Targeted Case Management

 - Service Plan Development

NOTICE OF PRIVACY PRACTICES (EFFECTIVE JAN. 2016)

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.

Still Waters is required by Law to protect the privacy of your Protected Health Information (PHI). PHI is information identifying you and about your health care or payment for your health care, or information about your past, present, or future medical condition. We are required by Law to provide you, a Still Waters Individual with this notice explaining our legal duties and privacy practices concerning your PHI. Identified Alcohol and Drug treatment programs usually have stricter privacy requirements.

We must follow the terms of this notice and only use/disclose PHI as described in this notice. We may change the terms of this notice and make the new notice effective for all Still Waters PHI. A current notice (with effective date at the top right) is posted in our service waiting areas where you and others will be able to read it, and on our website: www.stillcorp.com. You may get a copy of the current notice by calling the office where you were or are receiving services and asking that a copy be mailed to you or ask for a copy during your next visit.

For questions about this notice or our Privacy Practices, or if you are writing about your PHI, including requests for restrictions on its use or disclosure, about your Privacy Rights described below, or to make a complaint about our Privacy Practices, please contact the local Privacy Officer where you are or were receiving services, or the Privacy Officer.

You may also make a complaint to the Georgia Department to Human Services (HHS) by calling (706) 737-1433 or 1-800-GEORGIA (1-800-736-7442) or if you believe your privacy rights have been violated by writing: Office of Civil Rights, Medical Privacy, Complaint Division, U.S. Department of Health and Human Services, 200 Independence Avenue, SW, HHS Building, Room 509H, Washington, D.C. 20201. Phone: 866-OCR-PRIV (627-7748) TTY: 886-788-4989 or E-mail: www.hhs.gov/ocr. Regardless of how you make a complaint, there will be no retaliation and you will still have the same access to Still Waters services.

In General: How We Use/Disclose Your PHI

When we provide treatment to you, we need to gather, use and share your PHI. Your PHI may identify you by name, address, date of birth, social security number, photo, etc., and include your diagnosis, type of treatment and other treatment or Payment information. After you have the opportunity to review this notice and object or request some restrictions, we may share your PHI with Still Waters staff involved in treatment, Payment and Operations who need to use/share your PHI in their job. We may also share PHI with others involved in your treatment/Payment outside of Still Waters, including other medical providers, insurance companies, Medicare/Medicaid and other payers.

We may use/share your PHI in an emergency/your incapacity before you have an opportunity to review this notice, object or request restrictions. You will have that opportunity after the emergency or incapacity is over. We may use sign-in sheets at our service sites and call you by name when your medical provider is ready to see you.

Associates providing services to Still Waters by written agreement, such as consultants, and require that they agree to protect your PHI privacy.

When practical and when it will not compromise your treatment, we will try to accommodate your request to restrict PHI use/disclosure and limit it to the Minimum Necessary to accomplish the purpose for the use/disclosure. Unless permitted in this notice, we cannot use/share your PHI unless you sign an Authorization. You may cancel an Authorization in writing and we will no longer use/share PHI for that purpose. However, we cannot take back any use/release made with your Authorization and we must keep records of your treatment.

Some Specific Uses/Disclosures After You Have the Opportunity To Review This Notice, Object and/or Request Restrictions:

treatment: We may use/share your PHI needed for your Still Waters and other providers' treatment or care (your diagnosis, medications, treatment plan, etc.), including PHI needed for case management, consultation and referral with/to other treatment or care providers.

Payment: We may use/share PHI (treatment dates or types) to bill/be paid for treatment (insurance/Medicaid/Medicare or another payer). We may also share PHI with payers before we provide treatment to get their approval or find out if the type of treatment is covered.

Operations: We may use/share PHI for our Operations, for example, sharing PHI between our offices to determine what services you need. We may sometimes share PHI for Operations of agencies and organizations with health care accrediting or licensing authority.

General Notification: We may share with your caregiver, family, close friend, or a person whom you identify: your name, location where you are receiving treatment and your general condition.

Persons Involved in Treatment/Payment: We may share PHI with your caregiver, family, close friend, or other person involved in your treatment or Payment as needed for your treatment or Payment.

Keep You Informed: We may phone and/or mail you reminders for appointments, need for our services, treatment information, health care benefits or related services and satisfaction surveys.

Uses/Disclosures without Right to Object/Request Restrictions:

Public Health and Health Oversight: We may share PHI with a public health authority such as the Georgia Department of Public Health related to: prevention/control of disease, injury or disability; births/deaths, or disease/condition. Still Waters may share your PHI with the Georgia Department of Human Services, law enforcement or other agency authorized to receive abuse/neglect reports. We will normally let you know unless it would place you or others at risk. We may share PHI with the Food and Drug Administration (FDA) to report adverse events including medication reactions or problems with products. We may also share PHI with agencies authorized to receive reports for health oversight activities (such as HHS and Georgia Attorney General) for audits, inspections and investigations.

Lawsuits, Disputes or other Legal Proceedings: If you are involved in a legal proceeding, we may share PHI by a court order under Georgia Code, showing that disclosure is necessary for the

proceeding and failure to disclose is against public interest. Without a court order however, a subpoena or other lawful process alone, normally does not permit PHI disclosure, unless from another public agency assuring that disclosure is necessary and that it has attempted to notify you or obtain an order protecting the subpoenaed PHI.

Law enforcement: We may share PHI with law enforcement: if required by Law, such as reporting abuse/neglect; by court order, subpoena, warrant or other lawful process; to identify/locate a suspect, fugitive, witness, missing person or crime victim; suspicion as to cause of death; crime on our premises; crime when responding to emergency not on our premises; or a serious, imminent threat.

Military and VA: If you are in the military, we may share PHI as required by military command authorities, including for foreign military personnel, to foreign military authority. We may release PHI for VA determination of veteran's benefit eligibility.

Court Ordered Treatment/Evaluation or Emergency Admission: We may use/share your PHI as needed for your emergency admission, judicial admission or commitment, or other court ordered treatment or evaluation. We may share your PHI as needed for participants in such proceedings upon evidence of their appointment/authority, including: judge, designated examiners, your attorney, and guardian ad litem.

By Law: We will share your PHI when otherwise required by law.

Your PHI Privacy Rights protects you from identification or use in research/data analysis.

Right to a Paper Copy of this Notice: You have the right to request a paper copy of this notice at any time by contacting the Program Services Director.

Right to Request Restrictions: You have the right to request in writing restrictions on our use/sharing of your PHI for treatment, Payment or Operations. You may request that PHI not be shared with others (such as your spouse). Although we are not required to agree to a request, we will accommodate reasonable requests if practical and if it will not compromise treatment. If we agree, we will comply with the restriction except in an emergency/other exception under Law. You may request a restriction in writing stating the PHI to be restricted, if you want to restrict its use, sharing or both, and to whom the restrictions apply.

Right to Request Confidential Communications/Notification: You have the right to request in writing how you want us to communicate with you by indicating how/where you are to be contacted, for example, only at work or by regular mail. We will accommodate reasonable requests if practical and if it will not compromise your treatment.

Right to Inspect and Copy: You have the right to ask in writing to see and receive a copy (applicable charges for copying, postage/retrieval) of your PHI in our records. We may deny in writing your access to some information including: Psychotherapy Notes; PHI needed for some legal proceedings; research PHI; PHI given to Still Waters under the promise of confidentiality if likely to reveal the source, or if a Still Waters licensed health care professional determines that access is reasonably likely to endanger your or other person's life or safety.

We will normally provide access to PHI within 30 days of request. If the PHI is not located on site, we will notify you and may take up to 60 days to provide access. Within the 60 days, if

there will be more delays, we may take a 30 day extension by letting you know in writing the reasons for delay and date we will take action. If you agree, instead of providing access, we may provide a written summary of PHI requested (charging you the agreed upon preparation cost). If we deny a request, we will do so in writing giving our reasons and you may have the right to have that decision reviewed.

Right to Request Amendment: If you believe your PHI is incorrect or incomplete, you have the right to ask in writing that we amend it, stating why the PHI is inaccurate/incomplete. Normally we will act within 60 days of request but may take up to 90 days. We may deny your request if the PHI was not created by Still Waters, is not part of PHI you may see and copy, or if it is accurate and complete. If we deny your request, we will do so in writing giving our reasons and you may file a written disagreement and we may provide you with a written reply.

Right to an Accounting of Disclosures: You have the right to ask in writing for an accounting of our disclosures of your PHI for up to 6 years before your request. However, an accounting does not include disclosures made: for treatment, payment or operations; for general notification; to you or your caregiver; made by authorization; for national security or intelligence; to correctional facilities/law enforcement holding custody; or to health oversight/law enforcement if it would impede those activities. We will normally provide an accounting to you within 60 days of request but may take up to 90 days if we tell you in writing the reasons for the delay and the date that it will be provided. The first list within a 12-month period will be free. We will let you know the cost of additional lists before we charge you.

Right to File a Complaint: You have the right to file a written complaint with the Privacy Officer and/or HHS as described on the first page.

Definitions of Terms Used in This Notice:

“Authorization”: Required in writing for use/sharing of PHI for non-treatment, payment or operation purposes, unless otherwise permitted in the notice. Authorization must describe the PHI shared, name of the person/entity to receive PHI, purpose of use/disclosure, expiration date, statement of right to cancel, that PHI used/shared may re-disclosed, signature and date, and if signed by Personal Representative, a description of authority, and a copy given to the individual or his or her Personal Representative.

“Business Associate”: Person or entity, in providing a service to Still Waters, who may receive PHI (e.g., consulting, computer services), but does not include an entity whose only relationship to Still Waters is as a treatment provider. By the terms of the agreement with Still Waters, a Business Associate must protect the privacy of PHI.

“Designated Record Set”: Group of treatment and Payment records containing PHI, kept and used by Still Waters, to be made available to the individual for inspecting/copying in accord with the notice.

“Law”: Includes 45 CFR Part 160 (HIPAA), 42 CFR Part 2 (alcohol and drug).

“Minimum Necessary”: To use/share PHI only as needed to fulfill the intended purpose and when practical to de-identify information. PHI use/disclosure is not limited when needed for treatment, by authorization, access to own PHI, or when required by law.

“Operations”: Activities of Still Waters employees, officials or volunteers in carrying out their Still Waters duties including activities related to treatment or payment, such as oversight, monitoring and administration of treatment/payment. Operations also specifically include Still Waters offices, programs and activities involving: medical records/health information; billing, reimbursement, accounting or collections; quality assurance, improvement or monitoring; corporate compliance; Individual rights, advocacy, affairs or benefits coordination; information technology; judicial processing; legal; audit, review, monitoring or investigations; medical or other health care student or resident training; and conducting/arranging Still Waters activities as required by law. Still Waters may also sometimes share PHI for operations of other agencies and organizations that have health care accrediting or licensing authority.

“Payment”: Still Waters billing/reimbursement, eligibility determination, estate recovery, collections and related activities, and may include payment activities of another public agency also providing individual’s treatment.

“Personal Representative”: Person authorized to act for the individual: parent/guardian/custodian of a child; adult acting in place of a parent; person appointed by the probate court as guardian having health care power, or power to act for a deceased individual; or a person appointed by the individual through a power of attorney.

“Protected Health Information”, “PHI”: Includes information that identifies an individual in any form (electronic, written, oral, etc.) collected, created, maintained or received by Still Waters relating to past, present or future physical/mental health or condition; health care provided or past, present or future payment for provided health care. PHI specifically includes information related to a prospective or actual commitment for involuntary treatment under applicable Law, but normally does not include education or Still Waters employment records.

“Psychotherapy Notes”: Therapist’s detailed written notes of conversations during individual/group/family/other counseling session, not intended to be shared/put in medical record. They do not include information normally kept in a medical record, such as type of service, date/time/duration or billing code; diagnosis, treatment plan, medication, progress or assessment results. Authorization is normally required for the disclosure of psychotherapy notes.

“Treatment”: Provision, coordination or management of health care and related services, by Still Waters or other health care providers, including when needed, for consultation or referral, case management and consultation/referral with/to other treatment or care providers.

Still Waters Mission

“Making a Difference One Life at a Time”

Our mission is to provide the highest quality of mental health service to individuals and families in need of counseling, crisis intervention, and prevention in the most appropriate, education and accessible manner.

We aspire to be the premier provider of behavioral health services supporting the recovery of persons with mental illness in Burke, Columbia, Glascock, Hancock, Jefferson, Jenkins, Lincoln, McDuffie, Richmond, Screven, Taliaferro, Warren, Washington, and Wilkes Counties.

Core Values

In order to best serve our individuals and remain true to our employees, Still Waters embraces the following core values:

PROFESSIONALISM

CARING

COMPASSIONATE

Frequently Asked Questions

- 1. Who is an Individual?** *A person using services provided by Still Waters may be called an individual.*
- 2. Who is a Counselor?** *A counselor is the staff member who will be responsible for helping you get the services you need. He or she may be a social worker or counselor. This is the person who will be your main contact.*
- 3. How often will I see my counselor, nurse or doctor?** *It depends on your needs. Many individuals see their counselor, nurse and/or doctor once a month. Others are seen more or less often. Regardless of your scheduled appointments, they will be available to you when you need help. If your counselor isn't available, someone else will be here to help.*
- 4. How will I know what services will be most helpful to me as an individual?** *You will be assigned a counselor who will help you develop a treatment plan. This plan is a guide in working toward your goals. A physician, your counselor, and other members of your treatment team will also help you.*
- 5. How long will I need to come to Still Waters for services?** *The length of your treatment will be a decision made by you with help from your counselor, physician, and treatment team.*
- 6. What kinds of services might I receive to help in my recovery?** *Services are based on the help you need. These may be help in crisis situations; an evaluation by a physician, clinician, and other staff member; help with medication; individual therapy; family therapy; group therapy and special recovery groups; individual living skills; help with employment and housing; and coordination with other agencies.*
- 7. What is a Treatment Plan?** *You will want to take an active part in planning the course of your treatment. This will include assessing your strengths, needs, abilities, and preferences and what you expect from your treatment. Your treatment plan acts as a road map: it spells out the goals you want to achieve, how you will go about reaching them, and how you and your counselor will be able to measure your progress. Together you will determine the treatment services that can help you.*
- 8. What if I have an emergency after regular hours of operation?** *You should call our after-hours crisis line at: **706-699-1280**. An after-hours crisis counselor will be available to assist you. However, if you and/or someone else is at risk of harm to themselves or others, or in a life-threatening emergency, please call **911** immediately.*
- 9. Whom should I contact if I have other questions?** *You should call your counselor or our office staff who are available to assist: Mon.-Thurs. from 8 a.m. - 8 p.m. and Fri. 8 a.m.-5 p.m.*

Treatment

Clinical Assessment:

On the first appointment, a therapist will meet with the individual to ask him or her about current problems and aspects of personal and medical history that are important to determine the impact of the problems, establish the appropriate diagnosis, and plan the treatment.

In completing the initial clinical assessment (intake), the therapist may ask the individual for permission to interview relevant persons. These persons can assist the therapist in better understanding the individual and help the individual in recovery, stabilization, and solution of the problems. These persons may include parents, other relatives, friends, teachers and/or a referral source.

Orientation:

Once the initial clinical assessment is complete, the therapist will provide the individual with an orientation that includes a discussion of his or her findings about the individual's problems and possible treatments to resolve it. This will help the individual make the best choices about his or her treatment. The therapist will also provide the individual with information about his or her rights, responsibilities with treatment, grievance procedures, post discharge follow-up, the building facility, and the procedures to follow while in the building.

Evaluation of Treatment:

An important aspect of treatment is to measure how effective it is in helping the individual solve his or her problems. To do so, the therapist will complete a 6-month update. At the beginning, measures will be taken to determine the severity of the individual's problem and how it affects other areas of his or her life, during treatment, to evaluate the individual's progress, and at the end of treatment, to determine the individual's need for supports, after treatment.

Clinical assessments will also occur at different times of treatment and will be conducted by the therapist, the psychiatrist or the nurse to determine the individual's progress and tailor the treatment plan to meet the individual's needs through treatment.

Treatment Plan:

Once the clinical assessment (intake) is completed, the therapist and the individual will develop the treatment plan, based on the individual's expectations, goals and objectives. The treatment plan will also make use of the individual's strengths and abilities that have been helpful to the individual to resolve problems or maintain stability.

An important part of the treatment plan is to identify the level of functioning expected by both individual and the therapist in order for discharge to occur. The discharge plan will also identify any other needs the individual may have at the time of discharge to maintain stability or recovery after treatment.

If while receiving treatment the individual has other condition(s) that require treatment at the same time, the therapist will make the appropriate referrals to ensure that the individual receives the most appropriate services, whether within the facility or in the community.

Discharge:

Discharge from treatment is considered when the individual has met his or her objectives and goals of treatment or when the therapist and individual reach an agreement that discharge is appropriate.

At this time the therapist will encourage the individual to review his or her progress and how it relates to the expectations established at the beginning of treatment. The therapist, the individual and other relevant person(s) will evaluate the individual's level of functioning and will determine the need for other support through other programs within Still Waters or outside in the community. If the need for further services is determined, the therapist will discuss these needs with the individual and the new provider (with the individual's consent and signed release of information form) and how this provider could help the individual maintain stability or recovery and continue to enhance his/her quality of life. The therapist will then prepare a discharge summary and a signed referral indicating the individual's written consent, along with a copy of the discharge summary to the new provider(s) and/or any relevant person(s) as appropriate.

Individual's Rights

Still Waters is committed to support and promote individual rights, as these are essential for the effectiveness of the therapeutic process. Individuals have the right:

1. To be treated in a fair and courteous manner.
2. To be protected from acts of neglect, humiliation, threat, retaliation, financial or any other form of exploitation.
3. To be protected from physical and sexual abuse, any form of harassment and physical punishment.
4. To receive treatment that is responsive to their age, gender, race and cultural orientation, sexual orientation, religion, social supports, psychological characteristics, physical or mental disability, or veteran status.
5. To confidentiality and privacy with the following exceptions:
 - When the individual or his/her guardian consents to the disclosure of information.
 - When the individual becomes a threat to his or her safety or the safety of others.
 - In the event that a judge determines the disclosure of information is necessary for a legal process.
 - When it is necessary to cooperate with law enforcement, health, welfare and other state or federal agencies.
 - When advocating for the well-being of an individual or his family.
6. To receive the necessary information regarding their diagnosis and treatment in a manner that is easy to understand, that helps them make the most appropriate decisions about consent or rejection of treatment, and about choices of treatment. The exception is, in case of emergencies, when consent is not required to provide services due to the special conditions surrounding the provision of these services.
7. To be actively involved in all aspects of their treatment place; to select the goals of treatment and development the plan in a way that meets their expectations and that is relevant to their age, culture, development and particular problems, and at the same time promotes their integration into society.
8. To receive effective and efficient services from qualified clinicians credentialed according to Still Waters standards and to know the names of the members of their treatment team.
9. To receive services in a safe, healthy, and comfortable environment.
10. To be informed of any possible billable services and respective charges to include billable services on behalf of the individual that may occur in their absence.
11. To request assistance procuring psychiatric care.

13. To request a copy of the Code of Ethics of Still Waters
14. To question or present a complaint about the clinical practices or procedures of the Still Waters and access advocacy services as necessary.
15. To receive assistance in accessing the services of guardians, custodians and legal advocates as necessary and available.
16. To be referred to other services in the community including self-help groups as needed and available.

Individuals' Responsibilities

Quality services depend on the close cooperation and collaboration of individuals and staff, with the individual assisting the staff in meeting their needs. The responsibilities of the individuals are:

1. To provide accurate information about their problems, needs, behaviors, medical problems and treatment.
2. To inform their therapists about previous psychiatric directives.
3. To inform their therapist about any medications they are taking including medications prescribed by a physician, bought over-the-counter, or natural/herbal remedies.
4. To actively participate in treatment by developing their treatment plan with their therapist and by letting the therapist know about how effective the treatment is in helping them solve their problems.
5. To inform their therapist about any needs they have that may interfere with their treatment.
6. To follow and comply with treatment recommendations including taking medications as prescribed, doing therapeutic homework, acting on referrals, and keeping appointments.
7. To cancel their appointments as soon as they know they will not be able to keep them.
8. To respect the privacy, rights and property of other individuals of Still Waters.
9. To respect the property, facility, and staff of Still Waters.
10. To share their opinions with the administration of Still Waters about the quality of services received.
11. To ensure their bills are paid in a timely manner and to inform their therapists immediately if there is a problem with a bill.

Ethical Standards & Standards of Conduct

The Code of Ethics and Employee Handbook serve as a guide for expected behavior of Still Waters' staff. This includes administrative and clinical personnel, volunteers, and interns. They also serve to help clinicians make decisions concerning their professional behavior. The standards are not absolute, and the fact that a given behavior is not addressed, it does not mean that such behavior is either ethical or unethical.

The Code of Ethics and Employee Handbook address issues related to respect for rights of individuals, avoidance of exploitative behavior, service, privacy and confidentiality, respect towards other staff members, professional responsibility, and resolution of ethical matters. The Code of Ethics is accessible to the individuals at their request.

Values and Principles

Principle One: Commitment to Individuals of Mental Health Services and their Families

We reflect our commitment by expressing in our daily work dependability, compassion, empathy, advocacy, and sensitivity.

Principle Two: Commitment to the Highest Quality of Clinical Care

We express this commitment by having our actions reflect honesty, fairness, competence, integrity, and diligence.

Principle Three: Commitment to our Coworkers

We value the contributions of every member of the Still Waters team and reflect our commitment to our coworkers in these ways: authority and autonomy, reliability, loyalty, cooperation, trustworthiness, and sacrifice.

Principle Four: Commitment to the Department of Mental Health and the State of GA

As public servants, our commitment must be to the whole agency and to the citizens of our State. We display that commitment through accountability, courage of convictions, creativity, ownership, personal responsibility, professionalism, stewardship, and partnership.

Standards of Conduct

Respect for People's Rights

In connection with their work, staff members shall not practice, condone, facilitate, or collaborate with any form of discrimination based on race, color, sex, sexual orientation, age, religion, national origin, marital status, political belief, mental or physical disability, or any other preference or personal characteristic, condition or status.

Staff members respect the rights of individuals to privacy, confidentiality, self-determination and autonomy; and in their work, they promote self-sufficiency and independence.

Staff members respect the rights of others to hold values, attitudes, and opinions that differ from their own and in their work, they refrain from imposing their personal values and religious beliefs on the individual.

Avoidance of Exploitative Behavior

Staff members do not engage in any behavior that is exploitative or demeaning with any person who has been or is an individual.

To avoid exploitation, staff members refrain from accepting goods, services, or monetary remuneration from individuals in return for services.

Clinicians do not engage in sexual intimacies with current or former individuals.

Clinicians do not provide services to individuals with whom they have engaged in sexual intimacies.

Staff members refrain from providing direct services to individuals with whom they have a prior non-professional relationship as this may impair their objectivity and may compromise the individual's confidentiality. In such cases, it is highly recommended that the individual be referred to another provider. If an individual cannot be referred elsewhere because of extenuating circumstances, the staff member will consult with the Clinical Director to ensure that all alternatives are explored and that the case is handled with objectivity.

Staff members provide individuals with accurate information regarding fees for services before receiving any clinical services. Financial limitations are discussed at this time and billing arrangements agreed upon

Service

Clinicians perform clinical interventions only within the context of a professional relationship.

Staff members provide individuals with accurate and complete information regarding the extent and nature of services available to them and make referrals as appropriate to meet their needs.

Clinicians only provide services for which they are qualified by education, training, or experience.

Every effort will be made toward recognition of individual and cultural differences. Clinicians will obtain appropriate training, experience, and supervision to ensure that reasonable competence of services is provided.

Clinicians participate in continued education activities to maintain a reasonable level of awareness of current scientific and professional information and competence in their fields of clinical activity and skills they use.

Clinicians do not commit fraud or misrepresent their professional qualifications, experience, education, affiliations, or services performed.

Clinicians discuss with individuals early in the therapeutic relationship, appropriate issues such as nature and anticipated plan for treatment and confidentiality.

Clinicians obtain appropriate consent to treatment, using language that is understandable to individuals. In circumstances when the individual is legally incapable of giving informed consent, the clinicians will obtain informed permission from a legally authorized person as allowed by law.

Clinicians make effort to inform these persons of the proposed intervention in a manner understandable to seek their consent to those interventions and consider their preferences and best interest.

When services are provided to several persons who have a relationship, clinicians clarify at the beginning of treatment, or when appropriate, which individuals are individuals and the roles that the clinicians have with each person.

Whenever clinicians are required to perform potentially conflictive roles (legal proceedings, consultations with another service provider, etc.), they clarify the extent of confidentiality and role expectations to avoid compromising their relationship with the individual.

In ending the professional relationship, clinicians do not abandon individuals. Clinicians who anticipate the end or interruption of services to individuals notify them promptly and seek their transfer, referral, or continuation of service in relation to the individuals' needs and preferences.

Termination of professional relationships occur when it is clear that the individual no longer needs services, is not benefitting, or is harmed by continued services.

Privacy and Confidentiality

Clinicians respect the privacy of the individuals and hold in confidence information obtained in the course of their professional services except as mandated or permitted by the law for a valid reason. These reasons include, but are not limited to:

1. Consultation with another Still Waters counselor, clinical director, program services director, physician, nurse or other medical staff on behalf of the individual.
2. Duty to warn or to protect the individual or others from harm
3. Physical and sexual abuse and/or molestation
4. Statutory requirements such as court orders

Staff members refrain from discussing any information, administrative or clinical, which pertains to the individual in a public place and will make all effort to protect the identity of the individual when referring to or about him/her.

Clinicians discuss, at the outset of services, the limitations of confidentiality as applicable and the foreseeable use of the information generated through their services.

Clinicians obtain informed consent of individuals before taping, recording, or permitting third-party observation of their activities.

Clinicians make provisions for the maintenance of confidentiality of records.

Clinicians recognize that ownership of records and data is governed by legal principles, and they take the necessary measures so that records and data remain available to the extent needed to serve the best interest of the individuals.

Clinicians ensure confidentiality in the handling or entering information in electronic health record and individual files.

Respect Towards Other Staff Members

Staff members do not engage in any form of harassment or demeaning behavior. Harassment refers to deliberate, repeated comments, gestures, or physical contacts that are annoying and unwanted by the recipient.

Staff members treat colleagues and coworkers with respect, courtesy, and fairness and must afford the same professional courtesy to other professionals.

Professional Responsibility

Clinicians maintain professional standards of conduct and refrain from exhibiting behavior that may compromise their professional responsibilities or reduce the public's trust in their professional work and/or in Still Waters.

Clinicians are aware of their professional responsibilities in the community and comply with the law and social policies that serves the best interest of their individuals.

Clinicians do not use their public position for any form of financial gain or private work and their private work cannot interfere with the demands and needs of the Still Waters.

Resolving Ethical Issues

Staff members have the obligation and responsibility to be familiar with Still Waters' Policy and Procedures and Ethics Directives and Guidelines.

Staff members have the obligation to be familiar with the stipulations of Still Waters' Code of Ethics, Employee Handbook, Persons-Served Handbook, and Corporate Compliance.

When a staff member believes that a violation of the Ethics Code has occurred, it is his/her responsibility to make the staff member aware of the alleged violation and inform him/her that a report will be provided to the staff member's immediate supervisor and/or the Executive Director at Still Waters to ensure the investigation and correction of the action.

Grievance Procedures

There are two steps that an individual may follow to request a review of a situation where he or she feels that one or more rights were violated by a staff member or Still Waters. Requests can be initiated by either the individual or anyone acting on his or her behalf. These can be submitted in writing by the individual or by the person acting on his or her behalf, with or without the assistance of Still Waters' Individual Advocate, by telephone, or personally. The procedures for a grievance will follow the same steps whether in writing or verbally.

One:

Still Waters Individual Advocate. The individual can request a review of the situation by addressing his or her concerns to the Program Services Director at 706.955.9224. The Programs Services Director is responsible for initiating a review of the issues with the individual and any involved staff in an effort to resolve the issues. The Program Services Director will receive the request, if verbal, and will ask the individual if he or she wants to present it in writing. If the individual wishes to do so, the Program Services Director will take the information and complete a "Request for Review" form including a remedial action report and will mail it to the individual. At no time will there be any retaliation or barriers to services taken toward the individual. Once the review has been completed the individual will be notified in writing within three (3) normal business days. If the situation is not resolved within three (3) normal business days from the time the report was taken, or if the individual is not satisfied with how the situation was resolved, the individual or the person acting on his or her behalf may request a review of the situation at the next level.

Two:

Still Waters Executive Director. If the solution presented by the Program Services Director is not satisfactory to the individual or the person acting on his or her behalf, the individual or this person may request a review with the Executive Director, who is expected to complete a remedial action report within five normal business days of the day the complaint was presented and will notify the individual in writing.

Hours of Operation

Still Waters' regular operating hours are Monday, Thursday, and Friday 8:00 a.m. – 5:00 p.m., and Tuesday and Wednesday from 8:00 a.m. - 6:00 p.m. although some programs offer varying schedules; please check with your counselor.

Appointments

We understand that there are circumstances that arise that are out of our control, we ask that you please notify Still Waters **at least 24 hours** in advance if you cannot keep your appointment.

Access to After-Hour Services

If you are in a crisis or you have problems call the **After-Hours Crisis Counselor Line** at **706.699.1280** or if a life-threatening **Emergency** (you or someone else is at risk of harm to themselves or others), dial **911** immediately.

Follow-Up

Appointed staff will conduct a structured telephone interview within sixty to ninety days after discharge. The information is then tabulated and incorporated into the overall outcome evaluation process.

How We Bill for Community Mental Health Services

Everyone is charged the same amount for the same service. All fees for services are set by DBHDD and the individual's respective insurance provider. We expect you to pay what you are able to pay. If you are unable to pay the entire bill, we will still provide services that you need. If you do not have Medicaid or other insurance coverage, you will be billed directly for services you receive. If you have commercial or private insurance, we may need for you to sign a form so we may bill your insurance company. We will bill at the same rates that apply to you regardless of the type of insurance that you have. If you have insurance and/or Medicare and Medicaid, we do not accept coordination of benefits. We will refer you to another provider who will be able to accept your insurance. Some services may be covered by insurance and some may not. If you have Medicaid, but no other insurance coverage, we will bill at the same rates that apply to you. Medicaid payment is payment in full and you will not be billed. If you have questions about insurance coverage, co-payments, deductibles, or your bill, please contact our **Utilization Manager** at (706) 955-9224.

Familiarization with the Building

Your counselor should provide you with an orientation of the building during your first few therapy sessions. If there is ever an emergency while you are in the building, we have our escape routes posted throughout the building, providing directions towards the nearest available exit. If you need assistance, please seek the nearest staff member for instructions on how to proceed.

Program Policies

Still Waters will not use any type of seclusion or restraints.

Smoking

It is the policy of the Still Waters to provide all staff, visitors and individuals a smoke-free environment. No smoking will be allowed inside any part of the building and will only be allowed outside the building within designated smoking areas, assigned by the CEO.

Prescription or Non-Prescription Drugs Brought into the Program

This policy addresses concerns about individuals bringing prescriptions, over the counter, or other drugs/medications, (with exception of those medications that will be discussed with the physician, clinician, or clinical director on-duty) onto the property of Still Waters. Illicit substances will not be allowed into the facility or program areas at any time. Appropriate action will be taken, including notifying the appropriate authorities for investigation. For more information regarding this policy please ask to speak to the program services director or clinical director.

Weapons Brought into the Program

It is the policy of Still Waters to enforce the provisions of the contraband law by investigating and reporting all apparent violations of the law to the appropriate authorities. Signs will be posted at each entrance regarding the bringing of weapons onto the grounds or into a program.

Program Rules

Program rules will be provided to you depending on what type of program you have been assigned. Your counselor will discuss these further upon entry into the program.

Purpose and Process of the Assessment

The assessment process serves as the basis for treatment; it is thorough and identifies the strengths, preferences, needs and abilities of the individual. A thorough clinical assessment is provided to the individual at the outset and during different times in treatment.

On the first appointment of the individual, the Intake Worker conducts the admission process, which consists of the gathering of the individual's demographic and financial information along with the individual's emergency medical information.

The assessment is provided by a clinician, who has obtained a master's degree is in social work or psychology, who meets the Georgia's Department of Behavioral Health and Developmental Disabilities (DBHDD) standards for credentialing who has expertise with the age population of the individual and his/her presenting problem.

Development of your Treatment Plan

Still Waters acknowledges the importance of the individuals' active participation in the development of their treatment process and its direction. We place emphasis in assisting the development of individualized treatment plans that contain the individual's goals and objectives that incorporate your current needs and problems as well as your individual

strengths, abilities and preferences. Every individual is provided with a treatment plan after the completion of the clinical assessment. This plan is developed with the active participation of the individual and others appropriately involved in the treatment.

Coordination of Services with Other Agencies and Referrals

Still Waters will provide you with the assistance necessary to obtain needed services that are not available at Still Waters. This situation may occur at the beginning or during treatment and/or at discharge. A clinician will discuss the need for a referral with you. If you accept the recommendation for a referral, the clinician will complete a referral form, after requesting and obtaining from you, a signed consent to release information to the referral source. A copy of the referral form will be placed in your chart. If the referral is made at discharge, the discharge summary will accompany the referral form as authorized by you, the individual.

Referrals may be directed to a variety of services to include: alcohol and other substance services, domestic violence programs, inpatient services, medical services, partial hospitalization, recreation/community living services, relapse prevention groups, residential treatment, self-groups, protective services (Georgia Department of Human Services), therapeutic foster care, vocation rehabilitation, dietary services, physical and occupational therapy, speech-language pathology, developmental training, educational services and continuum of care.

Discharge Planning

When the treatment objectives and goals are achieved, and you have received maximum benefit from the program, or if you need to be transferred to an aftercare program after completion of treatment, the discharge is discussed and planned with you and any other appropriate personnel at least three sessions prior to the final session. A discharge plan is prepared by your counselor with the participation and input of you, your family, or legally authorized representative, the appropriate personnel or referral source as appropriate. The summary identifies your need for another level of care and ensures the continuity of care by listing referrals and recommendations, includes your diagnosis and coexisting disabilities or disorders, your strengths, abilities, needs and preferences, dates of admission and discharge. The summary also describes the expectations established and achieved and the services provided.

Follow-ups after discharge are provided to all individuals served to determine further need for services or referrals in conformance with DBHDD for confidentiality and with the appropriate consent from the individual obtained at the outset of treatment. Staff will conduct a structured telephone interview within sixty to ninety days after discharge.

How Still Waters Hears Your Ideas and Concerns

During the course of your treatment, you will be asked to complete a satisfaction survey. This lets us know if we are meeting your needs and it is used to plan future services. Once you have completed treatment, our staff will contact you to see how you are doing, if we can be of further assistance and how satisfied you were with our services.

The Individual Advocate handles individual treatment issues. This person will make every attempt to help resolve concerns in a timely and satisfactory manner. Suggestion boxes are placed throughout Still Waters. We want your feedback, and encourage you to provide comments, suggestions, interests and concerns. These suggestions are reviewed by management monthly and concerns are referred to the program area and/or management.

Orientation to Services

The following areas will be covered during orientation at the onset of treatment:

- Letter regarding commitment to treatment
- Treatment Options
- Rights and Responsibilities of the Person Served
- Grievance and Appeal Procedures
- How Still Waters Hears Your Ideas and Concerns
- Services to receive and expectations about results
- Hours of Operation
- Access to After-Hour Services
- Code of Ethics
- Notice of Privacy Practices
- Requirement for Follow-Up
- Familiarization with the premises, including emergency exits and/or shelters, fire suppression equipment and first aid kits
- Program Policies regarding: The use of seclusion or restraint, Smoking, Prescription or Non-Prescription drugs brought into the Program, Weapons brought into the Program
- Identification of person responsible for service coordination
- Program rules, as applicable to the program, including restrictions or loss of privileges or rights and how these can be regained
- Identification of the purpose and process of the assessment
- Description of the development of treatment plan
- Coordination of services with other agencies and referrals
- Information about transition criteria and procedures

Key Staff

Main Center – Administration 706.955.9224

LeAnn Jean, LPC- Chief Executive Officer

Amanda Gunn- Office Manager

Susan Shorey- Finance

Shareika Bennerman- Program Services Director

Meagan Bright, LAPC- Clinical Director

Amber Poss- Utilization Manager

Possible treatment Team

Therapist/Counselor

Dr. C Simon Sebastian, MD- Psychiatrist

Ellen Lewis, MSN, F-NP, NP-C- Board Certified Nurse Practitioner

Chantal Lajeunesse, MSN, F-NP, NP-C-Board Certified Nurse Practitioner

Amie Meers- Licensed Practical Nurse

A CARF Three-Year Accreditation was awarded to Still Waters Professional Counseling Inc. for the following programs/services:

Outpatient treatment for Adults, Children & Adolescents, Intensive Family Intervention, Substance Abuse Counseling

After-Hours Crisis/Help Line 706.699.1280