

SERENITY



BEHAVIORAL HEALTH SERVICES

WELCOME: We welcome you to Serenity Behavioral Health Services and are pleased that you have selected us to provide your mental health services to you and/or your family. We are dedicated to providing you with the highest quality of care and support in a professional and therapeutic manner. We hope that your needs will be met and that you will be satisfied with the outcomes.

Serenity Behavioral Health Services (Serenity-BHS) provides mental health services to **children, adolescents and adults**. We provide a holistic approach to each person we serve, embracing a client centered, and strengths based approach. We pride ourselves in embracing an all-inclusive practice, **welcoming everyone**, with total respect for race, religion, culture, age, gender, sexual orientation, gender identity and socio-economic status.

Our Mission is to provide quality behavioral health services that encourage and support your journey toward personal serenity.

Our vision embraces a community where all individuals are given the resources and opportunities necessary to assist them in their journey to health and wellness.

Our agency goals are to

- Provide therapeutic, supportive and educational services to clients we serve.
- Provide client-centered, strengths-based approach when working with clients in order to meet their individual needs.
- Provide professional, well trained and culturally sensitive staff and care providers.

We specialize in the services we provide, to include:

- ✓ Adults struggling with life issues that may be causing anxiety, depression, stress, anger or who may just need someone to talk to.
- ✓ Couples struggling within their relationships
- ✓ Families struggling with parenting, behavioral and/or relationship issues
- ✓ Treatment of alcohol, drug and/or sex addictions
- ✓ Individuals needing to address issues of sexual orientation and/or gender identity
- ✓ Adoptive and kinship families facing unique challenges
- ✓ Deaf and hard of hearing individuals needing therapy
- ✓ LGBTQIA individuals and families
- ✓ Individuals struggling with abuse & PTSD issues
- ✓ Individuals struggling with a mood disorder
- ✓ Developmental disabilities & autism

Our agency services include providing Outpatient Mental Health Treatment in central Ohio. Specifically, we provide:

- **Behavioral Health Services** for individual, family, and group counseling for emotional, behavioral and psychiatric issues
- **Skill Building Group Therapy** for adolescents and adults with mood disorders, substance use disorders or other psycho-social stressors

Our Hours of Operation

Office hours: Monday–Friday 8a -8p, and Saturdays 9a-2pm depending upon the availability of your therapist.

We do provide E-Therapy

Depending on the availability of your therapist, client(s) may have the opportunity to have sessions via the internet. This service is known as “Tele-Therapy” or “E-Therapy”. E-therapy is an option after the first session. It is usually utilized in cases of emergency and to prevent cancelations due to weather, vacations and last minute circumstances.



BEHAVIORAL HEALTH SERVICES

Our Services and Fees are set below market prices and are designed to be manageable for our clientele. Our therapist's depends upon fees as their primary source of income and to cover the cost of operations for this agency. The fee includes additional time for the counselor to make notes, fill out assessment forms, make telephone calls and referrals when needed, and to plan for future sessions. Every effort will be made to begin and end promptly, however, our commitment to respond to priority needs, such as psychological emergencies, may require you to be flexible.

Fees for Services include:

First Session (Diagnosis Assessment) \$130.00 for a 60 minute session
Individual, Couple & Family Therapy: \$80.00 for a 55 minute session
Group Therapy: \$60 per group session
Additional time: \$20 per 15 minutes of time
Additional person in session: \$25 per person to join

We accept a wide range of insurances, which includes: Anthem, Aetna, Medical Mutual, Optum, Tricare, Humana, Aetna, Buckeye Health, Molina, Ohio Health, and Employee Assistance Programs. Some insurances do not cover some services, so additional fees may apply.

If you plan to use your insurance, please contact your insurance company and ask them about co-payments, deductibles and the total number of allowable sessions permitted per your policy.

We ask that all co-pays and fees are paid at the time of your appointment. We also ask that any balance for your services be paid upon receipt of the invoice.

Please bring with you to your first session:

- Your current, valid insurance card so we can make a copy of it.
- Your picture ID
- We will send you forms to complete prior to your first session. To save time, please complete the forms and bring with you

Cancellation Policy:

I understand that I need to give at least a 24-hour notice if I intend to cancel my therapy session in order to avoid paying the **cancellation fee of \$50.00**. I understand that I have a right to terminate treatment at any time.

Children:

Please remember that children are not permitted to be left unsupervised in the waiting room. For the safety of your child(ren), please make childcare arrangements prior to your session. If other arrangements are not possible, please bring a relative or friend with you (14 and older) to care for them while you are in session.

FMLA or Short-term or Long-term Disability for clients:

Clients who are struggling with moderate to severe mental health symptoms may cause significant impairments in their daily lives, which may prevent them from working or attending school. A client may request their therapist to complete a FMLA and/or short-term disability (DA) documentation to support their inability to attend school or work for a specific period. In such cases, it is important to ensure that the right level of treatment is occurring to assist the client in stabilizing and improving their level of functioning to return to a normal routine. Prior to your therapist agreeing to complete your FMLA or Short-term disability paperwork, your therapist will consult their supervisor to determine if it's appropriate for them to complete such paperwork. If approved, then your therapist will complete an in-depth Diagnostic Assessment, outlining your presenting issues, history of presenting issues and symptoms that support the diagnosis and your level of impairment. The treatment plan will outline the course of treatment that will effectively address your needs and what treatment will occur to assist you in returning to work on a full-time basis or with FMLA accommodations.

**BEHAVIORAL HEALTH SERVICES****Treatment plan recommendation will include one or more of the following:**

If a client is off work on disability because of severe mental health symptoms, it indicates that a higher level of care is needed. The following options are available and should be agreed upon by the client prior to completing the FMLA and/or Short-term disability paperwork.

- 1) Attend counseling 2-3x per week with the therapist; or
- 2) Be referred to PHP or IOP for an evaluation for intensive therapy while continuing to be in counseling with the therapist; or
- 3) Be in therapy with their therapist 1-2x per week plus attend our CBT group treatment.

Communication Policy:

I consent to communications between myself and my therapist through the use of phone calls, emails and/or cell phone texting in order to schedule or re-schedule appointments. I understand that I should only communicate non-confidential information via email and texting with my therapists and that email and texting is not a form of treatment.

Client Satisfaction Surveys: Serenity-BHS values your feedback about the services we have provided to you. Serenity-BHS will invite you to participate in a quarterly and/or annual survey which will allow us to know how you feel about the treatment and services you've received from us. The survey will be confidential, and therapists will not know your name. The survey will allow us to continue to improve our operations and delivery of such services. It will also allow your therapist to gain insight into how they can improve their effectiveness as a therapist. We appreciate your time and energy in completing our surveys. The Surveys are optional.

Confidentiality and Limits of Confidentiality:

Professional standards regarding confidentiality are adhered to by our entire staff. Statutes require and/or permit us to notify specified others in situations of expected homicide, suicide, and child, adult, or dependent person abuse or neglect.

Client's Rights:

The services, programs, and facilities of Serenity Behavioral Health Services are provided in a non-discriminatory basis, as required by the Civil Rights Act of 1964. All residents of Franklin and surrounding counties are eligible for services without discrimination on account of race, creed, color, religion, sex, national origin, age, handicap, or ancestry. Participants in the services offered by Serenity-BHS are entitled to rights and grievance procedures as required by Ohio Revised Code 5119.61 for Serenity-BHS and as provided for by Ohio Department of Mental Health Rule #5122: 2-1-02.

Client's Rights

Each client has the following rights:

1. The right to be treated with consideration and respect for personal dignity, autonomy, and privacy;
2. The right to services in a humane setting which is the least restrictive as defined in the treatment plan;
3. The right to be informed of one's own condition, of proposed or current services, treatment or therapies, and of the alternatives;
4. The right to consent to or refuse any service, treatment, or therapy upon full explanation of the expected consequences of such consent or refusal. A parent or legal guardian may consent to or refuse any service, treatment or therapy on behalf of a minor client;
5. The right to a current, written, individualized service plan that addresses one's own mental health, social and economic needs and that specifies the provision of appropriate and adequate services, as available, either directly or by referral;
6. The right to active and informed participation in the establishment, periodic review, and reassessment of the service plan;
7. The right to freedom from unnecessary or excessive medication;
8. The right to freedom from unnecessary restraint or seclusion;
9. The right to participate in any appropriate and available services offered by Serenity-BHS. Clients have the right to refuse to participate in any specific service. The therapist and/or agency has the right to determine if the client meets the criteria for any specific service or if their therapeutic needs may be better met by an outside behavioral health

**BEHAVIORAL HEALTH SERVICES**

provider. The client has the right to decline any such referrals. The agency has a right to terminate treatment with the recommendation of at least 2 other treatment providers if the agency believes that they are unable to continue to meet the treatment needs of the client. Any decision to provide specific services or refer client to outside providers will be documented in the client's treatment plan and/termination note;

10. The right to be informed of and refuse any unusual or hazardous treatment procedures.
11. The right to be advised of and refuse observation of techniques such as one-way vision mirrors, tape recorders, television, movies, or photographs;
12. The right to have the opportunity to consult with independent treatment specialists or legal counsel, at one's own expense;
13. The right to confidentiality of communications and of all personally identifying information with the limitations and requirements for disclosure of various funding and/or certifying sources, state or federal statutes, unless release of information is specifically authorized by the client or parents or legal guardian of a minor client or court appointed guardian of the person of an adult client in accordance with rule 5122.2-3-11 of the administrative code;
14. The right to have access to one's own treatment unless access to particular, identified items of information is specifically restricted for the individual client for clear treatment reason in the client's treatment plan. Clear treatment reasons shall be understood to mean only severe emotional damage to the client such that dangerous or self-injurious behavior is imminent risk. The person restricting the information shall explain to the client factual information about the individual client that necessitates the restriction. The restriction must be renewed at least annually to retain validity. Any person authorized by the client has unrestricted access to all information. Clients shall be informed in writing of agency policy and procedures for viewing or obtaining copies of personal records;
15. The right to be informed in advance of the reasons for discontinuance of service provision, and to be involved in planning for the consequences of that event;
16. The right to receive an explanation of the reasons for denial of service;
17. The right not to be discriminated against in the provision of service on the basis of religion, color, creed, sex, national origin, age, life-style, race, physical or mental handicap, or developmental disability;
18. The right to know the cost of services;
19. The right to be fully informed of all rights;
20. The right to exercise any and all rights without reprisal in any form including continued uncompromised access to service.
21. The right to file a grievance; and
22. The right to have oral and written instructions for filing a grievance.

CLIENTS RIGHTS OFFICER: Clients Rights Officer is available to assist clients with all aspects of client rights and the grievance procedure. This information is required by the Ohio Counselor, Social Worker, Marriage and Family Therapist Board which regulates all licensed counselors. Counselor and Social Worker, Marriage and Family Therapist Board: 50 W. Broad St., Ste. 1075, Columbus, OH 43215-5919 *614-466-0912

HIPPA: In compliance with HIPAA - The Health Insurance Portability and Accountability Act of 1996

If you are a client of Serenity-BHS, this notice describes how your medical information may be used and disclosed and how you can get access to this information. Please review this notice carefully. Serenity-BHS must maintain the privacy of your personal health information and give you this notice that describes our legal duties and privacy practices concerning your personal health information. In general, when we release your health information, we must release only the information we need to achieve the purpose of the use or disclosure. However, all of your personal health information that you designate will be available for release if you sign an authorization form, if you request the information for yourself to a provider regarding your treatment, or due to a legal requirement. We must follow the privacy practices described in this notice.

However, we reserve the right to change the privacy practices described in this notice, in accordance with the law. Changes to our privacy practices would apply to all health information we maintain. If we change our privacy practices, you will receive a revised copy.



BEHAVIORAL HEALTH SERVICES

Without your written authorization, we can use your health information for the following purposes:

1. **Payment:** In order for Medicare, Medicaid or insurance companies to pay for your treatment, we must submit a bill that identifies you, your diagnosis, and the treatment provided you.
2. **Health care operations:** We may need your diagnosis, treatment, and outcome information in order to improve the quality of care we deliver in accordance with our internal quality assurance procedures.
3. **As required or permitted by law:** Sometimes we must report some of your health information to legal authorities, such as law enforcement officials, court officials, or government agencies. For example, we may have to report abuse, neglect, hospitalizations and other incidents to government agencies in accordance with the law.
4. **For public health activities:** We may be required to report your health information to authorities to help prevent or control diseases, injuries, birth or death information, information of concern to the Food and Drug Administration.
5. **For health oversight activities:** We may disclose your health information to authorities so they can monitor, investigate, inspect, discipline or license those who work for government benefit programs.
6. **To avoid a serious threat to health or safety:** As required by law and standards of ethical conduct, we may release your health information to the proper authorities if we believe, in good faith, that such release is necessary to prevent or minimize a serious and approaching threat to your or the public's health or safety.
7. **For law enforcement custody:** If you are in the custody of law enforcement officials or an inmate in a correctional institution, we may release your health information to the proper authorities so they may carry out their duties under the law.

NOTE: Except for the situations listed above, we must obtain your specific written authorization for any other release of your health information. If you sign an authorization form, you may withdraw your authorization at any time, as long as your withdrawal is in writing. If you wish to withdraw your authorization, please submit your written withdrawal to the Director.

Your Health Information Rights

You have several rights with regard to your health information. If you wish to exercise any of the following rights, please contact the Director. Specifically, you have the right to:

1. **Inspect and copy your health information:** With a few exceptions, you have the right to inspect and obtain a copy of your health information. Please be advised that this right does not apply to psychotherapy notes or information gathered for judicial proceedings. A Release of Information consent form will need to be signed by the client or guardian in order for such records to be released.
2. **Request to correct your health information:** If you believe your health information is incorrect, you may ask us to correct the information. You may be asked to make such requests in writing and to give a reason as to why your health information should be changed. However, if we did not create the health information that you believe is incorrect, or if we disagree with you and believe your health information is correct, we may deny your request.
3. **Request restrictions on certain uses and disclosures:** You have the right to ask for restrictions on how your health information is used or to whom your information is disclosed. However, we are not required to agree in all circumstances to your requested restriction.



BEHAVIORAL HEALTH SERVICES

4. **As applicable, receive confidential communication of health information:** You have the right to ask that we communicate your health information to you in different ways or places. For example, you may wish to receive information about your health status through a written letter sent to a private address. We must accommodate reasonable requests.

5. **Receive a record of disclosures of your health information:** In some limited instance, you have the right to ask for a list of the disclosures of your health information we have made during the previous six years. This list must include the date of each disclosure, who received the disclosed health information, a brief description of the health information disclosed, and why the disclosure was made. We must comply with your request for a list within 60 days, unless you agree to a 30-day extension, and we may not charge you for the list, unless you request such list more than once per year. In addition, we will not include in the list disclosures made to you, or for purposes of treatment, payment, health care operations, our directory, national security, law enforcement/corrections and certain health oversight activities.

6. **Obtain a paper copy of this notice:** Upon your request, you may at any time receive a paper copy of this notice.

7. **Grievances:** If you believe your privacy rights have been violated, you may file a written grievance with our CEO or the federal Department of Health and Human Services. We will not retaliate against you for filing a grievance. We would like to opportunity to resolve the issue directly with you prior to filing a grievance with any external entity. To file a grievance, please contact the CEO Mary K. Wright 614-774-1120 directly and she will provide you with the necessary assistance and paperwork.

8. **Contact Information:** The Agency is required by law to protect the privacy of your information, provide this notice about our information practices, and follow the information practices that are described in this notice.

If you have any questions or complaints, please contact us at 614-948-3273.