

KC INTENSIVE OUTPATIENT PROGRAMS

Lee's Summit Location
Summit Woods Office Park
120 SW 2nd Street, Suite 109
Lee's Summit, MO 64063

Dual Diagnosis Program
6:30pm-9:30pm
Tues, Wed*, & Thurs
Lee's Summit
*Family night

Adolescent Program
6:30pm – 9:30pm
Mon*, Tue & Thurs
Lee's Summit
*Family night

Independence Location
Cliffside Building
4731 S. Cochise Dr., Suite 206
Independence, MO 64056

Women's Mental Health
9:30am-12:30pm
Mon, Wed, & Fri
No Family group

Adult Mental Health
6:30pm-9:30pm
Mon & Wed in Lee's Summit
Thursday* in Independence
*Family night

Attending all 3 sessions per week is required. If you are unable to attend or will be late, please call and let us know. Too many absences reduce the effectiveness of the program and may be reason to start over. Typically after 2 unexcused absences, we will have to discharge you from the program. Please call

816-373-6433

Mary ext 206
Stacey ext 207

The Intensive Outpatient Program runs 12-24 sessions. The minimum is 12 sessions and depending upon your insurance plan, you may be limited to attend only 12 sessions.

Your transition plan typically starts within the first 2 weeks in preparation for discharge from the program. This plan will assess your progress in the program as well as if additional resources are needed.

Once you have completed the full program, you are encouraged to attend group once per week for the 4 weeks following discharge. This is offered to you at no charge.



Kansas City Psychiatric & Psychological Services / KCIOP

Patient/Client Rights and Responsibilities

- Patients/Clients have the **right** to be treated with dignity and respect.
- Patients/Clients have the **right** to fair treatment, regardless of race, ethnicity, creed, religious belief, sexual orientation, gender, age, health status, or source of payment for care.
- Patients/Clients have the **right** to receive treatment without the fear of abuse, fear of retaliation, being humiliated or neglected, or without being taken advantage of financially or any other manner
- Patients/Clients have the **right** to have their treatment and other patient information kept private/confidential. Only by law may records be released without patient permission.
- Patients/Clients have the **right** to access their medical records. This is done by signing a release of information request and records to be sent in a timely manner.
- Patients/Clients have the **right** to access care easily and in a timely fashion.
- Patients/Clients have the **right** to a candid discussion about all their treatment choices, regardless of cost or coverage by their benefit plan.
- Patients/Clients have the **right** to the delivery of services in a culturally competent manner.
- Patients/Clients have the **right** to information about the organization, its providers, services, their work history/training and their role in the treatment process.
- Patients/Clients have the **right** to information about clinical guidelines used in providing and managing their care.
- Patients/Clients have a **right** to know about advocacy and community groups and prevention services.
- Patients/Clients have a **right** to freely file a complaint, grievance, or appeal, and to learn how to do so.
- Patients/Clients have the **right** to know about laws that relate to their rights and responsibilities.
- Patients/Clients have the **responsibility** to treat those giving them care with dignity and respect.
- Patients/Clients have the **responsibility** to give providers the information they need, in order to provide the best possible care.
- Patients/Clients have the **responsibility** to ask their providers questions about their care.
- Patients/Clients have the **responsibility** to help develop and follow the agreed-upon treatment plans for their care, including the agreed-upon medication plan.
- Patients/Clients have the **responsibility** to let their provider know when the treatment plan no longer works for them.
- Patients/Clients have the **responsibility** to tell their provider about medication changes, including medications given to them by others.
- Patients/Clients have the **responsibility** to keep their appointments. Patients should call their providers as soon as possible if they need to cancel visits.
- Patients/Clients have the **responsibility** to let their provider know about their insurance coverage, and any changes to it.
- Patients/Clients have the **responsibility** to let their provider know about problems with paying fees.
- Patients/Clients have the **responsibility** not to take actions that could harm others.
- Patients/Clients have the **responsibility** to report fraud and abuse.
- Patients/Clients have the **responsibility** to openly report concerns about quality of care.
- Patients/Clients have the **responsibility** to let their provider know about any changes to their contact information (name, address, phone, etc).
- Patients/Clients have the **right** and the **responsibility** to understand and help develop plans and goals to improve their health.

I have read and understand my rights and responsibilities here at KCPSS/KCIOP

Print Patient Name

Relationship to patient

Patient and/or Guardian Signature

Date

KCPPS/KCIOP

Patient Complaints and or Violation of Patient Rights

If you feel as if your rights as a patient here at KCPPS/KCIOP have been violated at any time, you have the right to issue a formal complaint. This is done by completing a formal complaint form. These forms are available and posted at both locations. This form should be filled out completely and given to the patient care advocate (Charles Foshee or the office manager (Mary Younger). Once a complaint has been received, the committee will meet and discuss your complaint and contact you with a resolution typically within 7-10 business days. **Please note that filing a complaint will not result in retaliation or barrier to services.**

INFORMED CONSENT FOR TREATMENT & CONFIDENTIALITY

I _____ understand that as a patient of KCPPS I am eligible to receive a range of services. The type and extent of services that I will receive will be determined following an initial assessment and thorough discussion with me. The goal of the assessment process is to determine the best course of treatment for me.

I understand that all information shared with the clinicians at KCPPS is confidential and no information will be released without my consent. While written authorization will not be requested, prior to any discussion with any other health care provider, I understand that my provider will discuss KCPPS communications with me. In all other circumstances, consent to release information may be necessary in special circumstances. I further understand that there are specific and limited exceptions to this confidentiality which include the following:

- A. When there is a risk of imminent danger to myself or to another person, the clinician is ethically bound to take necessary steps to prevent such danger.
- B. When there is suspicion that a child or elder is being sexually or physically abused or is at risk of such abuse, the clinician is legally required to take steps to protect the child, and to inform the proper authorities.
- C. When a valid court order is issued for medical records, the clinician and the agency are bound by law to comply with such requests.

I understand that a range of mental health professionals, some of whom are in training, provides KCPPS services. All professionals-in-training are supervised by licensed staff.

I understand that violence of any kind will not be tolerated and will be grounds for immediate discharge. I also understand that if I am non-compliant with the treatment plan discussed with my provider that may be grounds for discharge.

I understand that while psychotherapy and/or medication, may provide significant benefits, it may also pose risks. Psychotherapy may elicit uncomfortable thoughts and feelings, or may lead to the recall of troubling memories. Medications may have unwanted side effects.

If I have any questions regarding this consent form or about the services offered at KCPPS, I may discuss them with my therapist. I have read and understand the above. I consent to participate in the evaluation and treatment offered to me by KCPPS. I understand that I may stop treatment at any time

Client/Guardian signature for consent & confidentiality

Date

ASSIGNMENT OF BENEFITS

The cost associated with Intensive Outpatient Program is \$200 per group session attended. This fee is covered by most insurance plans and patients are billed based upon the contracted rate that KCPSS has for your insurance plan.

I hereby assign and convey directly to KCPSS, as my designated authorized representative, all medical benefits and/or insurance reimbursement. If any payments are made to me in error from the insurance company for services provided to me by KCPSS, I understand that I am financially responsible for all charges regardless of any insurance payments.

Client/Guardian signature for assignment of benefits

Date

Ground Rules, Goals, and Guidelines for Group Members

Ground Rules

Members should come to all sessions and participate by sharing of themselves and giving back to others in the group. Your presence is important; absences affect the entire group. **BE ON TIME AND RESPECT OTHER GROUP MEMBERS**

Family involvement is required one evening a week and is expected while in the program. Please discuss with group leader if you are unable to bring someone or do not have someone to actively participate in your program.

No cellular phones or pagers. Only emergency calls will be taken or received during the group.

Goals

- To develop sufficient trust of the group to allow for an honest sharing of feelings and attitudes and to learn how to carry this trust into everyday life.
- To grow in self-acceptance and self-respect.
- To become less isolated by discovering that others in the group have similar problems.
- To learn specific ways of applying what is learned in the group to everyday life.
- Apply problem-solving skills to significant personal issues through the process of personal discovery and insight.

Guidelines and Suggestions

- Have a focus, commit yourself to getting something from the group by focusing on what you hope to accomplish, by clarifying your goals, reviewing the issues you want to explore, changes you want to make and what you are willing to do to make these changes.
- Be an active participant. You will help yourself most if you take an active role in the group. Silent people deprive others of the opportunity to learn from them.
- Don't expect change to be instantaneous. Change doesn't usually happen all at once or without some

backsliding. Give yourself credit for what you are willing to try and for the changes you can see yourself making.

- Take responsibility for what you accomplish. The leaders of your group will be interested in drawing you out, but remember that in the last analysis what you accomplish in the group is going to be up to you, your goals and your choice.

I understand and will do my best to abide by these rules, goals & guidelines

Patient Signature: _____ Date: _____

Health & Safety Information

Seclusion and Restraint. Under no circumstances does KCIOP staff use seclusion or restraint techniques. If a patient or someone else becomes uncontrollable or violent, the Police Department will be called immediately. Violence of any kind while in the program is grounds for immediate discharge.

Use of Tobacco Products. This is allowed in designated areas and only for patients that are over the age of 18.

Medications or Illegal Drugs/Substances. KCIOP will not prescribe, dispense, manage or hold any type of prescription or over the counter medication. Patients are not allowed to bring medications on premises for the IOP sessions, nor do we allow illegal drugs/substances on premises. If illegal drugs/substances are brought onto premises, the authorities will be notified.

Weapons. Under no circumstances are weapons allowed on premises by staff, patients, or family members. If someone brings a weapon, they will be asked to leave premises immediately. If they refuse, then we will call 911.

I understand and have been familiarized with the premises, including emergency exits and/or shelters, fire suppression equipment, and first aid kits.

Patient Signature: _____ Date: _____

OQ-45.11

Patient Name: _____

Date: _____

INSTRUCTIONS: Looking back over the last week, including today, help us understand how you have been feeling. Read each item and mark the answer that best describes your current situation. Work is defined as employment, school, housework, volunteer work, etc.

	Never	Rarely	Sometimes	Frequently	Always
1. I get along well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am easily fatigued	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel little interest in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I feel stressed at work/school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I blame myself for things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I feel irritated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I feel unhappy in my marriage/ significant relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I have thoughts of ending my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I feel weak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I feel fearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. After heavy drinking, I need a drink the next morning to get going (if you do not drink, mark 'never')	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I find my work/school satisfying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I am a happy person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I work/study too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I feel worthless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I am concerned about family troubles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I have an unfulfilling sex life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I feel lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I have frequent arguments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I feel loved and wanted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I enjoy my spare time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. I have difficulty concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I feel hopeless about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I like myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Never	Rarely	Sometimes	Frequently	Always
25. I am not able to keep disturbing thoughts out of my mind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. I feel annoyed by people who criticize my drinking or drug use (if not applicable, mark 'never')	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. I have an upset stomach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. I am not working/studying as well as I used to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. My heart pounds too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. I have trouble getting along with friends and close acquaintances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. I am satisfied with my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. I have trouble at work because of drinking or drug use (if not applicable, mark 'never')	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. I feel that something bad is going to happen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. I have sore muscles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. I feel afraid of open spaces, of driving, or being on buses, subways, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. I feel nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. I feel my love relationships are full and complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. I feel that I am not doing well at work/school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. I have too many disagreements at work/school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. I feel that something is wrong with my mind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. I have trouble falling asleep or staying asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. I feel blue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. I am satisfied with my relationships with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. I feel angry enough at work/school to do something I might regret	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. I have headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>