CENTER FOR FAMILY SERVICES
PREVENTION INTERVENTION EDUCATION
WWW.CENTERFFS.ORG

OUTPATIENT DEPARTMENT TREATMENT EXPECTATIONS

Treatment begins with an evaluation to assess your needs. The CFS Therapist then makes treatment recommendations. If the therapist determines that outpatient services are not the appropriate services, you will be provided with referrals to other more appropriate services to best meet your needs, which may include a different location or program.

Treatment planning is a collaborative process. You will work with your therapist to determine the best options for you/your child's wellness.

To participate in psychiatric services, you must be actively engaged in and attending services as outlined in your treatment plan. Your psychiatric appointments could be cancelled due to your lack of engagement.

As we value both your time and the therapist's time, please attend your scheduled appointments and be on time. If you are more than 15 minutes late, the therapist may not be able to see you on that date and you may need to reschedule your appointment.

24 hours' notice is required for any cancelled appointment.

Children must be accompanied by an adult while in the waiting room.

Please be aware that if there is a pattern of missed appointments and/or cancellations with short notices, your case may be closed for lack of engagement in your treatment.

Limits of Confidentiality

The contents of a counseling, intake, or assessment session are considered to be confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. It is the policy of this agency not to release any information about a client without a signed release of information. Noted exceptions are as follow:

- Duty to warn or protect/imminent danger to self or others
- Abuse of children or vulnerable adults
- Prenatal exposure to controlled substances
- Court Orders

Electronic Media

Communication about your care will not be conducted via text or email. If you need to speak to someone, please call the office you are being seen at.

Consent for Remote Teleservices

1. I authorize Center For Family Services to provide me with remote teleservices.
2. The type of service to be provided remotely via teleservices, includes but is not limited to:
   _____
   _____
   _____
3. I understand that this service is not the same as in person services, because I will not be in the same room as the provider performing the service.
4. I understand the purpose of the videoconferencing and teleconferencing technology and the risks, benefits and complications (from known and unknown causes) that may arise during remote services. The risks of not using remote teleservices have also been discussed. I have been given an opportunity to ask questions, and all of my questions have been answered fully and satisfactorily.
5. Center For Family Services utilizes technology that is compliant with HIPAA regulations to protect my confidentiality and the information being transmitted. I understand that there are potential risks to the use of this technology, including but not limited to interruptions, unauthorized access by third parties, and technical difficulties. I am aware that Center For Family Services or I can discontinue the teleservices if technical issues prevent services from being provided appropriately.
6. I understand that the teleservices session(s) may not be audio or video recorded at any time by Center For Family Services, the staff or myself.
7. I acknowledge that I have the right to request the following:
   a. Asking non-service personnel to leave the room at any time if not mandated for safety concerns,
   b. Termination of the service at any time.
8. My consent to participate in teleservices shall remain in effect for the duration of the specific service identified above, or until I revoke my consent in writing.
9. I agree that there have been no guarantees or assurances made about the results of this service.

_____ _____

Patient/Relative/Guardian Signature* Print Name

_____ _____

Relationship to Patient (if required) Date

_____ _____

Staff Signature Date

* The signature of the patient must be obtained unless the patient is a minor unable to give consent or otherwise lacks capacity.

** See Virtual Admission Procedures

The Center for Family Services, Inc.

Client Rights & Responsibilities

Client Rights & Responsibilities were established with the expectation that observance of these rights will contribute to more effective client care and greater satisfaction for the client, family, clinician and agency. Clients shall have the following rights without regard to age, race, color, sexual orientation, national origin, religion, culture, physical handicap, personal values or belief systems.

The Client Has The Right To:

- ~ Receive the professional care needed to regain or maintain his or her maximum potential.
- ~ Expect clinical staff who provide service to be friendly, considerate, respectful and qualified through education and experience and perform the services for which they are responsible with the highest quality.
- ~ Expect full recognition of individuality, including privacy in treatment and care, with confidentiality kept in regards to all communications and records.
- ~ Complete information, to extent known, regarding diagnosis and treatment.
- ~ Be fully informed of the scope of services available at the agency, emergency resources, and related fees for services rendered.
- ~ Be a participant in decisions regarding the intensity and scope of treatment. If the patient is a minor, or unable to participate in those decisions, the patient's rights shall be exercised by the patient's legal guardian.
- ~ Refuse treatment to the extent permitted by law and be informed of the consequences of such a refusal. The client accepts responsibility for his or her actions should he or she refuse treatment or not follow the treatment plan agreed on.
- ~ Approve or refuse the release of records to any individual outside the agency, except as required by law or third-party payment contract.
- ~ Be informed of research/educational projects affecting his or her care or treatment, and can refuse participation in such research without compromise to usual care.
- ~ Express and / or file grievances/complaints and suggestions at any time, without interference or retaliation**.**
- ~ Change primary clinician if other qualified clinicians are available.
- ~ Be fully informed and involved before any transfer to any other service provider or organization.
- ~ Express those spiritual beliefs and cultural practices that do not harm others or interfere with agency

Clients also have:

1. The right to be free from unnecessary or excessive medication (see N.J.A.C. 10:37-6.54)
2. The right to not be subjected to non-standard treatment or procedures or research, psycho-surgery, sterilization, electro-convulsive therapy or provider demonstration programs, without written informed consent, after consultation with counsel or interested party of the clients' choice
    i. If the client has been adjudicated incompetent, authorization for such procedures may be obtained only pursuant to the requirements of N.J.S.A. 30L4-24.2(d) 2
3. The right to treatment in the least restrictive setting, free from physical restraints and isolation, provided, however, that a client in inpatient care may be restrained or isolated in an emergency pursuant to the provisions of N.J.S.A.30:4-24.2d(3)
4. The right to be free from corporal punishment
5. The right to privacy and dignity
6. The right to the least restrictive conditions necessary to achieve the goals of treatment/services.

See other side / next page for Local / State contact information for concerns, advocacy and resources.

The Client Is Responsible For:

- ~ Being considerate of other clients and personnel and for assisting in the control of noise, smoking, eating, and other distractions.
- ~ Respecting the property of others & the facility.
- ~ Reporting whether he or she clearly understands the treatment plan and what is expected of him or her.
- ~ Keeping appointments and, when unable to do so for any reason, notifying the facility 24 hours in advance.
- ~ Recognizing that the given appointment time is dedicated to the client, and arriving on time for that appointment.
- ~ Providing the clinician with the most accurate and complete information regarding present concerns, past history, hospitalizations, medications, changes, or any other client health or circumstance matters.
- ~ Observing the rules of the agency during his or her treatment and, if instructions or agreed plan is not followed, forfeits the right to care at the agency is responsible for the outcome.
- ~ Promptly fulfilling his or her financial obligations to the agency.
- ~ Reporting any change in insurance, financial ability, and status.

Grievance Procedure:

If a client feels he/she has a grievance, attempts should be made to resolve the concern with the counselor. If this does not resolve the issue, the client may ask to see the Program Director. In consultation with the VP, the Program Director will respond to the complaint within ten days. The decision is made in writing with copies going to the client.

If there is still no resolution, the client may appeal directly to the Vice President and/or CEO/President of the Agency, who is responsible to address the complaint within fifteen working days. If the decision does not meet the needs of the client, the client may then request in writing a conference with the Executive Committee of the Board, who will arrange a conference within fifteen working days. While these hearings are informal, the client may bring a person of their choice with them to assist in presenting the concern. At a grievance conference, the client, witnesses & staff shall have equal opportunity to:

*Present and establish relevant facts
*Discuss, question or refute material
*Examine relevant records available

The Executive Committee's decision is made in writing, and copies go to the client, CEO, and on file with the Committee. The Agency will maintain confidentiality in all client grievance procedures and information.

At any point, the client may contact an outside agency to respond to concerns or provide praise for services. A list of resources is listed on the other side / next page.

Revised: 2019 July 25

I have read and received a copy of the Client Rights and Responsibilities for the Center for Family Services, Inc.

Name: _____ Date: _____

State and Local Concerns / Support Resources

Camden County

Camden County
Mental Health Administrator
John Pellicane
DiPiero Center, 512 Lakeland Rd, Suite 301
Blackwood, NJ 08012 856-374-6320

Community Health Law Project
Station House Office Building
900 Haddon Avenue, Suite 400
Collingswood, NJ 08108
856-858-9500

Mental Health Advocate of the
Prosecutor's Office
Camden County 856-225-8400

Gloucester County

Gloucester County
Mental Health Administrator
Rebecca DiLisciandro
115 Budd Blvd, West Deptford, NJ 08096
856-483-6889

Mental Health Advocate of the
Prosecutor's Office
Gloucester County 856-384-5500

Atlantic County

County Mental Health Board
Atlantic County Mental Health Administrator
Kathleen Quish
101 South Shore Road
Northfield, NJ 08225
609-645-7700 Ext. 4519

Mental Health Advocate of the
Prosecutor's Office
Atlantic County 609-909-7800

NJ State Wide

Margaret Molnar, Special Assistant for
Consumer Affairs, DMHAS
5 Commerce Way, Suite 100, Hamilton, NJ 08691
609-438-4338

Disability Rights New Jersey
210 South Broad Street, 3rd Floor
Trenton, NJ 08608 Gwen Orlowski
1-800-922-7233 and 609-292-9742

Division of Mental Health Advocacy
Justice Hughes Complex
25 Market St, Trenton, New Jersey 08625
877-285-2844

NJ Division of Consumer Affairs
973-504-6200

NJ Division of Mental Health Services
800-382-6717

The Mental Health Association in
Southwestern New Jersey 856-522-0639

NJ Division of Addiction Services
609-292-5760

Division of Child Protection and Permanency
1-877-NJ ABUSE (652-2873)
1-800-835-5510 (TTY/TDD)
24 hours a day - 7 days a week

Division of Children and Families
Office of Advocacy
1-877-543-7864

NJ Department of the Public Advocate
609-826-5057

Office of the Ombudsman for the
Institutionalized Elderly
1-877-582-6995

Other Services and Resources:
Dial 211

Vision, Hope and Strength for a Better Life

NOTICE OF PRIVACY PRACTICES

This notice describes how healthcare and service information about you may be used and disclosed and how you can get access to this information.
Please review it carefully.

This notice is provided to you pursuant to the Health Insurance Portability and Accountability Act of 1996.

Center For Family Service is committed to protecting you personal information. We create a record of the treatment and services you receive at the Center. We need this record to ensure the quality, continuity and effectiveness of your care. In keeping with our caring culture, Center For Family Services strives to maintain a balance between protecting your privacy, providing quality treatment and ensuring your health and safety. This notice describe how we may use and disclose your protected health information to carry out treatment, payment, healthcare operations, ensure your health and safety, and for other purposed that are permitted or required by law.

This notice also describes your rights to access and control your protected health information. "Protected Health Information" is information about you, including demographic information such as gender, ethnicity, date of birth, diagnosis and telephone number that may identify you and that relates to your past, present or future physical or mental health, condition and related healthcare services.

Center For Family Services is required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. A new notice will be effective for all protected healthcare or service information that we maintain at that time.

A copy of the Notice of Privacy Practices will be given to you at the time you first enroll for services at the Center For Family Services (for enrollments on or after April 14, 2003). Upon request, we will provide you with any revised Notice of Privacy Practices. A copy of our Notice of Privacy Practices is available on our website www.centerffs.org. Copies are also available from your program or the Agency's Privacy Officer:

Cindy Herdman-Ivins, Chief Administrative Officer
Center For Family Services
584 Benson Street
Camden, NJ 08103 856-964-1990

Acknowledgement of Receipt

_____ _____

Signature Date

CENTER FOR FAMILY SERVICES
Notice of Privacy Practices

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.

Center For Family Services has a legal duty to safeguard your protected health information. All employees, volunteers, staff, doctors, health professional and other personnel are legally required to and must abide by the policies set forth in this notice, and to protect the privacy of your health information.

This "protected health information" includes information that can be used to identify you. We collect or receive this information about your past, present or future health condition to provide health care to you, or to receive payment for this health care. We must provide you with this notice about our privacy practices that explain how, when and why we use and disclose (release) you Protected Health Information. With some exceptions, we may not use or release any more of your Protected Health Information than is necessary to accomplish the need for the information. We must abide by the terms of this notice of privacy practices currently in effect.

We reserve the right to change the terms of this notice and our privacy policies at any time. Any changes to this notice will apply to the Protected Health Information already in existence. Before we make any change to our policies, we will promptly change this notice and post a new notice in our lobby. You can also request a copy from the contact person listed at the end of this notice at anytime and can view a copy of the notice on our website www.centerffs.org

We may use and release your protected health information for many different reasons. Below we describe the different categories of when we use and release your Protected Health Information **without your consent.**

A. We may use, or disclose your protected health information for treatment, payment, or health care operations.

1. For Treatment. We may share your Protected Health Information among physicians, nurses, psychologists, social workers, interns, and other health care personnel who are directly involved in your health care at this agency. **For example:** your primary therapist and your medication provider will share your protected health information to provide the best care for you. For external disclosures we will always ask for your authorization before we disclose your health information, except in emergencies to other mental health agencies or units.

2. **To obtain payment for treatment.** We may use and release your Protected Health Information in order to bill and collect payment **from you** for services provided to you. It is important that you provide us with correct and up-to-date information. **For example:** we may release portions of your Protected Health Information to our billing department to get paid for the health care services we provided to you. We may also release your Protected Health Information to our business associates, such as billing companies.

3. **To run our health care business.** We may use your Protected Health Information internally, in order to operate our facility in compliance with healthcare regulations. **For example:** we may use your Protected Health Information to review the quality of our services and to evaluate the performance of our staff in caring for you.

B. We do not require your consent to use or release your protected health information:

1. When federal, state, or local law; judicial or administrative proceedings; or law enforcement agencies request your Protected Health Information. We release your Protected Health Information only when a law required that we report information to government agencies or law enforcement personnel. Specifically we would notify the New Jersey Department of Child Protection and Permanency about victims of child abuse, or neglect. We would also notify Law Enforcement officials about the following: for notification and identification purposes when a crime has occurred, in missing person cases; or when ordered in a judicial or administrative proceeding, or in accordance with 42 CFR Part II.

2. About Decedents. We provide medical examiners at their request, necessary information relating to an individual's death, or in accordance with 42 CFR Part II.

3. To avoid harm. In order to avoid a serious threat to your safety or the safety of another individual, we may provide your Protected Health Information to law enforcement personnel, or to the endangered person, or to other people able to prevent or lessen such harm.

4. **For appointment reminders and health-related benefits and services.** We may use your demographic Protected Health Information to contact you as a reminder that you have an appointment or to recommend possible treatment options or alternatives that may be of interest to you.

5. For health oversight activities. We report information about serious incidents, including deaths, to the NJ Department of Human Services, and Department of Health and Senior Services. We may use and disclose your Protected Health Information. We may use and disclose your Protected Health Information to a health oversight agency, including NJ Department of Health and Senior Services, Medicaid, Medicare, or your Health Insurance Plan, for oversight activities authorized by law, including audits, licensure, or other activities necessary for oversight of the health care system or disciplinary actions against our workforce.

C. Your prior written authorization is required for any uses and disclosures of your protected health information not included above.

1. To obtain payment from your health care plan for treatment. Pending your signed Consent for Release of information and Payment for Medical Benefits Form, we may use and release your Protected Health Information to your health plan in order to bill and collect payment for services provided to you. It is important that you provide us with correct and up-to-date information.

2. Information shared with family, friends, and others. We will only release your Protected Health Information to a family member, friend, or other person that you indicate is involved in your care if you agree to the disclosure by completing and signing an Authorization Form.

We will ask for your written authorization before using or releasing any of your Protected Health Information. If you choose to sign an authorization to release your Protected Health Information, you may later cancel that authorization in writing. This will stop any further release of your Protected Health Information for the purposes you previously authorized.

Your rights regarding your Protected Health Information

A. You Have the Right to Request Limits on How We Use and Release Your Protected Health Information. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit Protected Health Information that we are legally required or allowed to release.

B. You Have the Right to Choose How We Communicate Protected Health Information to You. All of our communications to you are considered confidential. You have the right to ask that we send information to you to an alternative address (for example, sending information to your work address rather than your home address) or by alternative means (for example, e-mail instead of regular mail). We must agree to your request so long as we can easily provide it in the format you requested. Any additional expenses will be passed on to you for payment.

C. You Have the Right to Request to See and Get Copies of Your Protected Health Information. You must make the request in writing. We will respond to you within 10 days after receiving your written request. In certain situations, we may deny your request. If we do, we will tell you, in writing, why we denied your request. You may have the right to have the denial reviewed by a committee. You can request a summary or a copy of your Protected Health Information as long as you agree to the cost in advance. If your request to see your Health Information is approved, we will arrange this in accordance with established policy. Please submit all requests for this information to the Director of the Program in which you are receiving services, or the Chief Administrative Officer.

D. You Have the Right to Get a List of Instances of When and to Whom We Have Disclosed Your Protected Health Information. This list **will not** include uses you have already authorized, or those for treatment, payment or operations. This list will not include disclosures made before April 14, 2003. We will respond within 60 days of receiving your request. The list will include dates when your Protected Health Information was released and the purpose, with whom your Protected Health Information was released (including their address if known), and a description of the information released. The first list you request within a 12-month period will be free. You will be charged a reasonable fee for additional lists within that time frame. Please submit all requests for this information to the Director of the Program in which you are receiving services, or the Chief Administrative Officer.

E. You have the Right to Correct or Update Your Protected Health Information. If you believe that there is a mistake in your Protected Health Information or that a piece of important information is missing, you have the right to request that we correct the existing or add the missing information. We can do this for as long as the information is retained by our facility. You must provide the request and your reason for the request in writing. We will respond within 60 days of receiving your request. If we deny your request, our written denial will state our reasons and explain your right to file a written statement of disagreement. If you file a written statement of disagreement, you have the right to request that your request and our denial be attached to all future uses or release of your Protected Health Information. If we approve your request, we will make the change to your Protected Health Information, tell you that we have done it, and tell others that need to know about the change or amendment to your Protected Health Information. Please submit all requests for this information to the Director of the Program in which you are receiving services, or the Chief Administrative Officer.

F. You have the Right to Receive This Privacy Notice. You have the right to request another paper copy of this notice at any time.

HOW TO VOICE YOUR CONCERNS ABOUT OUR PRIVACY PRACTICES: If you think that we may have violated your privacy rights, or you disagree with a decision we made about access to your Protected Health Information, you may file a complaint with our Privacy Official listed below. You also may send a written complaint to the Secretary of the Department of Human Services.

You will not be penalized for filing a complaint.

Person to contact for information about this notice or to voice your concerns about our privacy practices, please contact our Privacy Official, Chief Administrative Officer at 856.964.1990.

Effective date of this Law: April 14, 2003

An Advance Directive is a Wellness Tool

Taking charge of your recovery from the symptoms of a mental illness can be empowering. Executing an Advance Directive will assure that even when your symptoms are severe the choices that are made about treatment are those you want.

Other useful resources:

National Resource Center on Psychiatric Advance Directives: www.nrc-pad.org

Temple University Collaborative on Community Inclusion: http://tucollaborative.org

The Bazelon Center for Mental Health Law: www.bazelon.org

Disability Rights New Jersey: www.drnj.org

DMHAS Website for the Advance Directive is:

http://www.state.nj.us/humanservices/dmhs/home/forms.html

Available in English or Spanish

New Jersey Division of Mental Health and Addiction Services
222 South Warren Street
PO Box 700
Trenton, NJ 08625-0700
800-382-6717

New Jersey Division of Mental Health and Addiction Services

Understanding Mental Health Advance Directives

Information for Consumers and Families

2011

Mental Health Advance Directives in New Jersey

Who needs a Mental Health Advance Directive (AD)?

Anyone can be rendered unable to make decisions because of a mental illness. Although anyone can develop a mental illness at any time, those most likely to need care when they cannot make decisions for themselves are people already diagnosed with a mental illness. Current and likely future consumers of mental health treatment can give comfort and security to their families and friends, and direct their own treatment no matter what their future decision-making capacity by completing an Advance Directive (AD) when they are capable of making decisions.

Who can execute an AD?

Any competent adult can execute an AD. In New Jersey, that means a person over 18 who does not have a guardian or a minor who has been emancipated by a court order or another event that establishes financial independence from his or her parents.

Is there a special form?

No, any form will do, but a hospital or agency can supply a form if you need one, and a member of the treatment team or a peer advocate can help you complete the form. You can also download a form at the DMHAS website (see back of brochure), sign and date your WRAP in front of a witness, or take a form from one of the other websites that give information about ADs. The requirements are that it is in writing, signed and dated, and there be one witness.

What should be included in an AD?

An AD can provide for a substitute decision-maker, or proxy, who will only be called upon if you become unable, according to at least 2 clinicians, to make a particular decision.

It can also state the person's preferred treatment including:

- religious preferences
- choices of medications
- crisis interventions
- peer support
- dietary preferences
- 12-step programs
- comfort interventions
- safety plans
- people who should or should not be called
- choice of doctor or hospital

It can also say what treatments are not acceptable and under what conditions some might be, in which case the proxy will have to follow the person's wishes as much as possible.

What is a Proxy?

A person appointed by a consumer to make decisions for him/her in the event that he/she becomes incompetent to make those decisions.

Do I have to carry it with me?

No, you can register the AD with the Division of Mental Health and Addiction Services by filling out a simple form and sending a copy to DMHAS. Then you, your proxy, or a mental health professional can get it in an emergency from Centralized Admissions at 609.777.0317. It's also a good idea to give a copy to a relative or friend, and to your chosen proxy.

Can I change or revoke my AD?

Yes, at any time, either by making a new AD or by telling a member of your treatment team, your proxy, or your doctor or lawyer that you want to change or revoke it. If you have registered the AD with DMHAS, you should also notify DMHAS that you have changed your AD. If you are an inpatient in a psychiatric facility, you can change or revoke your AD if your doctor says you are competent to change your mind at that time.

Will the hospital or agency honor the AD?

The hospital or agency will follow the AD if you have become unable to make decisions. The hospital or agency will attempt to transfer you for treatments if services are not available where you are. If the treatment you want is unavailable even with a transfer, or is not medically sound in your case, or would violate a court order or law, or if it would harm you or someone else, the hospital or agency will not honor the AD. Otherwise, the hospital or agency and your proxy have to follow your AD. Of course, in a life-threatening emergency there may not be time to provide the treatment you have chosen or to contact a proxy, but as soon as the emergency is resolved the hospital or agency will honor the AD.