



Carey Counseling Center, Inc.

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Welcome to CAREY,

On behalf of the staff at Carey Counseling Center, Inc., I would like to thank you for choosing CAREY as your behavioral health services provider. It is our sincere desire that your behavioral health needs are met in the most professional, courteous environment. You will find our staff to be competent, prepared professionals ready to serve you with empathy, trust and support.

The mission of CAREY is to be "Committed to improving the quality of life to those we serve through person-centered, compassionate care." CAREY's greatest desire is to serve you, your family and the community in a collaborative approach assisting you to reach your desired outcomes. You will find our staff ready and willing to serve you.

CAREY is honored to have the opportunity to serve you. We look forward to developing a positive, professional relationship throughout your service experience.

Sincerely,

Brent Bullock
Carey Counseling Center, Inc.
Chief Executive Officer

Table of Contents

Section:	Page:
Welcome.....	2
Hours of Operation.....	2
Service Coordinator.....	2
About our Behavioral Health Treatment Services.....	2-4
Benefits and Risks of Treatment.....	4
What to Expect from Our Relationship.....	4
About Your Appointments/No Show Client Protocol Acknowledgement	5-6
Payment Responsibilities.....	7
Mental Health Crisis Response.....	7
Declaration For Mental Health Treatment.....	7
Additional Information	
Disability Determination.....	7
Child Custody.....	8
Group Therapy.....	8
Counseling or Therapy.....	8
Emotional Support Letter.....	8
Safety Protocol.....	9
Notice of Privacy Practices	
Who Will follow this Notice.....	9
How we May Use and Disclose Medical Information About You.....	9
For Your Treatment and Care Coordination.....	9
For Payment.....	10
For Health Care Operations.....	10
Other Uses and Disclosures That Can Be Made Without Consent.....	10
Uses and Disclosures Requiring Your Written Authorization.....	10
Your Individual Rights Regarding Your Medical Information	
Right to Request Restrictions.....	10
Right to Request Confidential Communications.....	11
Right to Inspect and Copy.....	11
Right to Amend.....	11
Right to Accounting of Non-Standard Disclosures.....	11
Right to Paper Copy of This Notice.....	11
Right to File Complaints.....	12
Changes to This Notice.....	12
Confidentiality of Substance Abuse Records.....	12
Rights:	
Right to Dignity.....	12
Civil Rights.....	12
Right to Be Informed.....	13
Right to Consent.....	13
Right to Individual Program Plan.....	13
Right of Refusal.....	13
Confidentiality and Records.....	13
Limitations of Confidentiality.....	13
Least Restrictive Settings.....	14
Work Performed By Staff.....	14
Right to Voice Grievances.....	14
Right to Outside Assistance.....	14
Continuity of Care.....	14
Responsibilities.....	14
Protocol of Denial of Services.....	15
Controlled Substance Policy.....	16-17
Service Animals in Outpatient Sites Protocol.....	18
Client Grievance Policy.....	19-20
Consent to Participate in Telemedicine.....	21-22
Consent for Medication History.....	23
Tuberculosis: General Information.....	24-25
Client Life Safety Standards.....	26-28
Receipt of Handbook.....	29-30

CAREY COUNSELING CENTER, INC.

Client Orientation Handbook

WELCOME TO CAREY COUNSELING CENTER, INC. We hope this handbook will serve as a reference as you seek services with our agency.

This handbook should answer the following questions (in a general way) that are asked most during the treatment process.

- 1) What are the risks and benefits of treatment?
- 2) How are money matters handled?
- 3) What are the rights and responsibilities of the person served?
- 4) How do I have my complaints/concerns addressed?

This handbook is yours to keep as a reference. Please write down any questions you may have so that you can address them with CAREY staff at any time.

Hours of Operation

Outpatient offices are open from 8:30 a.m. until 5:00 p.m. Monday through Friday. **All therapy and medication appointments are scheduled by our Access Center 1-800-611-7757.** All other inquiries and questions may be answered by calling your local office.

1. Paris: 731-642-0521
2. Trenton: 731-855-2871
3. Huntingdon: 731-986-4411
4. Camden: 731-584-6999
5. Union City: 731-885-8810
6. Martin: 731-480-0011

We are available 24 hours per day seven days per week for psychiatric emergencies by dialing 1-800-353-9918. Adults living in Obion and Weakley County should dial 1-800-372-0693. Individuals under age 18 are provided crisis services by Youth Villages at 1-866-791-9227.

Service Coordinator While you come to CAREY you will be given a staff member to oversee your services. This person will generally be your therapist or case manager. If you do not see a therapist or a case manager, the medical staff person treating you will be your service coordinator.

About Our Behavioral Health Treatment Services

At your first appointment you will be asked to do the following things:

- 1) Complete some information about yourself;
- 2) Complete a brief Tennessee Outcomes Measurement Survey that will help us track your progress while you receive services at CAREY. All you have to do is circle the answer that best describes what you think and feel at that time. Don't worry, we will be glad to help you with anything you have to read or write.
- 3) You will also meet with a Master's degree counselor who will ask you some questions about yourself, including the reason you have come to CAREY and what you want us to do to help you.

- 4) At the end of your meeting with the counselor, they will tell you what CAREY has available to help you, and we will help connect you to the services you choose. If you need something that we can't provide, we will try to help you find another provider or other resources in the area.

We view treatment at CAREY as a partnership between you and us. We depend on you to give us the information we need to be able to help you the best way we can. Based upon what you tell us, we will help you develop an Individualized Program Plan, or IPP. Your IPP is like a roadmap to help you get to your target goal. If you don't think we have completely understood what you want or need, tell us. Your IPP is about YOU.

Because mental health and physical health go hand in hand, we want to try to coordinate your care at CAREY with your Primary Care Physician (PCP). If you agree to this, we will ask for your written permission to contact your primary doctor to let them know the services you are participating in at CAREY as well as any medicines we have given you. Also, because family and/or friends can often be helpful in your treatment and recovery process, we will encourage you to choose someone to be involved in your services at CAREY. This can be anyone you choose to come with you to your appointments so they can learn more about your mental illness and what they can do to help you get better.

In order for you to get the most out of your services with us, it is important that you:

- Be on time for your appointments. If you cannot come to an appointment, please call us the day before your appointment, if possible, to get a new time. Make sure you write down your appointment day and time.
- Ask questions if you don't understand something about your treatment. If you think of questions after you leave your appointment, write them down and bring them to your next appointment.
- Be honest with us in the information you give us.
- Tell us how you think we are doing in our efforts to help you, and how you think you are doing.
- Review your IPP goals on a regular basis with your service coordinator. Tell them if you want to change the goals you want to work on.
- As much as you are able, participate in decisions regarding your care.
- If you work with one of our counselors, they may ask you to practice at home some of the things you are learning in your meetings with them. Please try to practice these new ideas and skills at home.
- Understand that change can be hard and usually takes time, so don't get discouraged if things don't get better as fast as you think they should.

On an ongoing basis your service coordinator will review with you the progress you think you are making or not making. Let us know if the problems you want help with change so we can try to meet your needs.

If you are the Guardian or Caregiver for a Child in Treatment

Your Support is the Key to Their Success:

- Following their scheduled appointments with the medical staff, therapist, and case manager is very important.
- Keeping on track with the progress made towards goals and any concerns is a part of treatment.
- Let children know they have your permission to speak honestly with our staff.
- Avoid pressuring your child to talk about every detail discussed in their appointment.
- If your child misses an appointment, it may slow their progress.
- Please support your child and their success, by providing consistent transportation to all appointments.
- If you have to cancel an appointment, please call us as soon as possible or at a minimum of 2 hours before your appointment time.

- Please try to arrive on time for all appointments. We look forward to seeing you! Please don't just stop coming to your appointments without telling us the reason. If there is a problem, we will do everything we can to address it. If you are taking medicines that we have prescribed, please don't just stop taking them without first talking to us about it because there could be problems to your health.

The Benefits and Risks of Treatment

There are both positive and negative outcomes that you may experience by participating in services. It is important that you think about these when you make your decisions. Please ask us to explain anything that you don't understand so you can decide what you think is best for you.

Possible risks of mental health treatment may include but are not limited to the following:

- You may have an increase in negative feelings such as depression, anger, loneliness, anxiety, etc.;
- You may have unpleasant memories from your past to come up and cause you discomfort;
- You may get unsupportive responses from your family or friends;
- You may not make progress in treatment and things may just stay the same;
- Your symptoms and behaviors may get worse before they get better.

Possible benefits of mental health treatment may include but are not limited to the following:

- You may have a decrease in the symptoms or behaviors for which you wanted help;
- Your personal relationships may improve;
- You may learn new coping skills that may help you to better handle problems that arise;
- You may learn to feel better about yourself and your situation;
- You may be able to avoid future crisis episodes and hospitalizations because of mental health problems.

You have the right to accept or refuse any services at CAREY. You also have the right to receive information about all available services. If you decide you want to participate in services at CAREY, we will ask you to give us your permission in writing in order to provide the services you choose.

What to Expect From Our Relationship

We expect our staff to act as a professional at all times; therefore, our staff is not allowed to be your friend even if you would like them to be. Also, in order to try to protect your privacy, if you were to meet CAREY staff on the street or in a store, they may not say hello unless you speak to them first. If you try to talk to our staff in a public place about anything important, they may not talk to you very much until they can meet with you in a more private place. Your privacy is very important to us.

According to ethical guidelines CAREY staff cannot:

- Have any other role in your life besides providing professional services;
- Be a close friend or socialize with you (now or in the future);
- Have a sexual or romantic relationship with you;
- Participate in a business relationship with you;
- Borrow money from you or loan money to you;
- Accept gifts from you;
- Share personal information about their lives with you.

About Your Appointments

When you schedule an appointment with us, we are both agreeing to meet together and to be on time. Sometimes emergencies will cause us to keep you waiting past your appointment time. We apologize in advance for when this happens. Your appointment is very important to us and we will do our best to start on time. We ask you to also consider your appointment with us to be important and to be on time.

If you miss or cancel your appointment, it may slow your progress. Please try to come to all of your appointments. If you can't come to an appointment, please call us the day before, if possible, to let us know.

If you are late for your med clinic appointment and you haven't called to let us know, our medical staff may not be able to meet with you and you may have to be scheduled for another day.

CAREY provides an automated telephone or text reminder system for appointments and you have the option of participating in this service, with the knowledge that your consent allows us to leave a message at the designated number you have given, without knowledge of who is receiving the call.

CAREY COUNSELING CENTER, INC. No-Show Protocol Acknowledgement

A no-show is defined as when a client did not show for an appointment and did not contact the Center to cancel and/or reschedule the appointment with 1 hour advance notice. While the Center recognizes that occasionally an individual may forget an appointment or an emergency may occur that would interfere with attendance to the scheduled service, this protocol is focused toward those clients who have missed one or more appointments within a 90-day timeframe without notifying the Center. Therefore, if a client has missed one or more appointments within a 90-day timeframe without notifying the Center, the following protocol will be followed:

PSYCHIATRIC EVALUATIONS (IPE):

1. If the no-show is the client's first:

- A. The client will be called by clerical staff to be reminded of the No-Show Protocol and offer to reschedule another appointment. Client will be referred to Access to set appointment.
- B. Those that cannot be reached by phone will be sent a No-Show Letter by clerical staff within 48 hours, requesting they contact Access to reschedule.

2. Clients who No-Show a second time for an IPE under the current 90-day Timeframe:

- A. The client will be called by clerical staff to be reminded of the No-Show Protocol and offer to reschedule another appointment. Client will be referred to Access to set appointment.
- B. Those that cannot be reached by phone will be sent a No-Show Letter by clerical staff within 48 hours, requesting they contact Access to reschedule.

3. Clients who no-show a third time for an IPE appointment under the 90-day Timeframe will be referred to another provider within the community.

- A. Clerical staff will call the client to explain the No-Show Protocol and will offer a list of alternate providers.

MEDICATION MANAGEMENT SERVICES:

If a client does not show for any evaluation and management service appointment with the medical staff, clerical staff will be send the client a No-Show Letter within 48 hours requesting they contact Access to reschedule. When a client calls into Access to reschedule the appointment, they will be offered to reschedule the appointment within 2-3 business days from the day they call in with any provider available. Client's may not get to see the medical staff provider that they typically see. Client's must schedule with a provider who has open availability. Once a client attends their rescheduled appointment, they may schedule back with the provider that they typically see at their next call date.

If a client does not show for 3 evaluation and management service appointments in a rotating 90 day period, they will be referred to another agency for medication management services.

THERAPY SERVICES:

1. If the no-show is the client's first:
 - A. The client will be called by the therapist to be reminded of the No-Show Protocol and referred to Access to schedule another appointment.
 - B. Those that cannot be reached by phone will be sent a No-Show Letter by clerical staff within 48 hours requesting they contact Access to reschedule.

2. Client who no-show a second time for therapy under the current 90-day Timeframe:
 - A. The client will be called by the therapist to be reminded of the No-Show Protocol and referred to Access to schedule another appointment.
 - B. Those that cannot be reached by phone will be sent a No-Show Letter by clerical staff within 48 hours requesting they contact Access to reschedule.

3. Clients who no-show a third time for therapy under the current 90-day Timeframe:
 - A. The client will be called by the therapist to be reminded of the No-Show Protocol. The client will be offered a referral to an existing group. If the client refuses a group referral, a list of alternate providers in the community will be provided.
 - B. Clients who request referral to an existing therapy group:
 1. The group leader will assess the client's attendance and participation in group and consult with clinical supervisor on client's clinical need to return to individual therapy or continue in group.

*If a client schedules and reschedules multiple times in a 90 day period they will be referred to the Clinical Director for review and determination of need for services.

Leadership approved: 07/10/23

Payment Responsibilities

CAREY accepts many types of insurance to help pay for the services you receive. If you don't have insurance and you meet certain guidelines, we may be able to help you apply for mental health insurance through the State's Safety Net program. If you are told you have to pay a fee for the services you receive, you have to pay that fee at each appointment. You can pay with cash, money orders, or checks. If you can't pay for your appointment, we will be glad to cancel your appointment and schedule for another time that may be better for you.

Mental Health Crisis Response Services

Sometimes life can feel overwhelming. Our crisis team can help you when you feel like things are getting out of control. We do our best to help you stay safe and to be able to stay in your home; but, sometimes you might need to go to another place, such as a crisis unit or a hospital for a few days until you feel more in control of your situation. CAREY provides crisis services for adults who live in Benton, Carroll, Gibson and Henry Counties by dialing **1-800-353-9918**. **(Children and youth under age 18 years old are provided crisis services by Youth Villages at 1-866-791-9227).**

Declaration For Mental Health Treatment

A Declaration for Mental Health Treatment is a legal document that lets you say how you want to be treated or not be treated when you aren't able to make good decisions about your mental health treatment because of your mental illness. The Declaration can be used when you are too sick to fully understand the options available to you. It lets you say what you would want to happen to you in the future if something happened and you weren't able to think clearly enough to decide about medications, hospitalizations, or electroconvulsive therapies. It is similar to a "Living Will" for mental health treatment.

If you want to develop a Declaration for Mental Health Treatment, a form is available on the internet at the Tennessee Department of Mental Health: <http://www.tn.gov/behavioral-health/> . You may also ask your service provider at CAREY for additional information or if you need help obtaining the document.

If you complete a Declaration for Mental Health Treatment document, please tell us immediately and give us a copy of the document so we can do our best to honor your wishes.

Additional Information:

1. Disability Determination:

Our staff is not able to do the necessary testing of skills and abilities that are needed to appropriately assess your level of impairment or disability, nor do we have enough medical staff time to complete the medical assessments to determine disability for you. If you give us your written permission, we will be glad to send a copy of your medical records from CAREY to the Social Security Administration to help them determine your degree of disability.

2. **Child Custody**

Although we provide mental health services to children and adolescents, the staff at CAREY is not able to make recommendations regarding visitation or custody of children. Custody determination requires specialized training that is not available at CAREY. Custody and visitation have to be decided by the Department of Children’s Services and/or the court system.

3. **Group therapy**

At CAREY, we believe in the positive benefits of group therapy. People with similar problems can learn different skills and techniques from each other and trained staff that can help them. When you attend group therapy, you decide if you want to talk in front of others. You may want to just listen and learn for a while before you say anything. But group therapy can be a great place to practice new skills you learn in a supportive environment with others “in the same boat as you.”

The **Illness Management and Recovery Group** can be offered at all CAREY offices. We believe in the recovery process and that people with mental illness have the ability to live a fulfilling and productive life despite a mental illness. “Illness Management and Recovery” is an evidenced based practice that helps you learn about your mental illness and develop personal strategies for coping with it and moving forward in your life.

We also offer other groups, such as alcohol and drug recovery, depression, etc., based on the current needs of our clients at each office if the need is there, although the specific active groups are subject to change over time. If you are interested in group therapy you are encouraged to contact your local office regarding possible active and future options.

4. **Counseling or Therapy**

CAREY uses Master’s degreed therapists/clinicians to provide counseling or therapy. Our therapists try to use brief solution-focused therapy with individuals/families to work on specific problems that can be addressed within twelve (12) sessions. While we can’t go back and “fix” things that may have happened in your past, we can try and help you learn positive skills to cope with those things that cause you to feel bad now. The goals you choose to work on in your Individual Program Plan will be the “clinical road map” that will guide your therapy appointments.

5. **Emotional Support Animal Letter**

It is the professional position of Carey Counseling Center, Inc. that we do not write letters recommending that a person be permitted to have an ESA. Due to the nature of our assessments, we are unable to determine objectively if a person is in need of an ESA or how an ESA will be beneficial to a person’s overall wellbeing. It is our hope this statement will more adequately explain our position of not writing such a letter.

Safety Protocol

You should not have illegal drugs, alcohol, or weapons of any kind on CAREY property. If we see anyone, clients or visitors, with any of these things on our property, we may have to call the police. If you are in possession of legally obtained prescription medication you must keep it safely in your possession at all times. The use of tobacco products including electronic devices and electronic cigarettes and smokeless tobacco are prohibited at outpatient sites within CAREY.

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.

This Notice of Privacy Practices describes how we may use and disclose your protected health information once you have signed our Consent to Use and Disclose Health Information. New federal legislation requires that we issue this official notice of our privacy practices. You have the right to the confidentiality of your medical information, and this practice is required by law to maintain the privacy of that protected health information. "Protected health information" means health information (including identifying information) we have collected from you or received from your health care providers, health plans, your employer or healthcare clearinghouse. It may include information about your past, present or future mental health condition. This agency is required to abide by the terms of the Notice of Privacy Practices currently in effect, and to provide notice of its legal duties and privacy practices with respect to protected health information. If you have any questions about this Notice, please contact the **Privacy Officer at P.O. Box 30, Paris, TN 38242.**

Who Will Follow This Notice

Any health care professional authorized to enter information into your medical record, all employees, staff and other personnel at this agency who may need access to your information must abide by this Notice. All subsidiaries, business associates (e.g. a billing service), sites and locations of this agency may share medical information with each other for treatment, payment purposes or health care operations described in this Notice. Except where treatment is involved, only the minimum necessary information needed to accomplish the task will be shared.

How We May Use and Disclose Medical Information About You

The following categories describe different ways that we may use and disclose medical information without your specific consent or authorization. Examples are provided for each category of uses or disclosures. Not every possible use or disclosure in a category is listed.

For Your Treatment and Care Coordination

We may use medical information about you to provide you with medical treatment or services. Example: In treating you for a specific condition, we may need to know if you have allergies that could influence which medications we prescribe for the treatment process. We will also use and disclose information to CAREY staff who are part of your treatment team, or who may need information for billing purposes, or for quality improvement purposes. We may use and disclose information to outside organizations for coordinating care for you, such as your Primary Care Physician, your pharmacy, or a hospital. Unless you require emergency care, we will only disclose your information to these outside organizations with your written permission.

For Payment

We may use and disclose medical information about you so that the treatment and services you receive from us may be billed and payment may be collected from you, an insurance company or a third party. Example: We may need to send your protected health information, such as your name, address, office visit date, substance use history and mental health and substance abuse codes identifying your diagnosis and treatment to your insurance company for payment as well as information that is protected under 42 CFR Part II, that may be needed for filing claims and auditing purposes.

For Health Care Operations

We may use and disclose medical information about you for health care operations to assure that you receive quality care. Example: We may use medical information to review our treatment and services and evaluate the performance of our staff in caring for you and in determining possible treatment options for you.

Other Uses or Disclosures That Can Be Made Without Consent or Authorization

- As required by law during an investigation by law enforcement agencies
- To avert a serious threat to public health or safety
- In response to a legal proceeding, such as a court order
- If an inmate, to the correctional institution or law enforcement official, if they pay for your services
- As required by the US Food and Drug Administration (FDA), such as problems with medications
- In an emergency treatment situation
- Uses and disclosures required by law
- For research purposes when the research has been approved by an institutional Review Board and has protocols to ensure the privacy of your health information
- For health oversight activities authorized by law

Uses and Disclosures of Protected Health Information Requiring Your Written Authorization

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you give us authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will thereafter no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care we have provided you.

YOUR INDIVIDUAL RIGHTS REGARDING YOUR MEDICAL INFORMATION

Right to Request Restrictions

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations or to someone who is involved in your care or the payment for your care. To request a restriction you must either include it (with our approval) in the Consent for Use or Disclosure Form or make your request in writing to the **Privacy Officer at P.O. Box 30, Paris, TN 38242**. You will be asked to sign a new consent form which includes the restrictions. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Right to Request Confidential Communications

You have the right to request how we should send communications to you about medical matters, and where you would like those communications sent. To request confidential communications, you must make your request to the **Privacy Officer at P.O. Box 30, Paris, TN 38242**. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. We reserve the right to deny a request if it imposes an unreasonable burden on the agency.

Right to Inspect and Copy

You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually this includes medical and billing records but does not include psychotherapy notes, information compiled for use in a civil, criminal, or administrative action or proceeding, and protected health information to which access is prohibited by law. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the **Privacy Officer at P.O. Box 30, Paris, TN 38242**. If you request a copy of the information, we reserve the right to charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by this practice will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept. Usually, this would include clinical and billing records, but not psychotherapy notes. To request an amendment, your request must be made in writing and submitted to the **Privacy Officer at P.O. Box 30, Paris, TN 38242**. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if the information was not created by us, is not part of the medical information kept at this agency, is not part of the information which you would be permitted to inspect and copy, or which we deem to be accurate and complete. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Statements of disagreement and any corresponding rebuttals will be kept on file and sent out with any future authorized requests for information pertaining to the appropriate portion of your record.

Right to an Accounting of Non-Standard Disclosures

You have the right to request a list of the disclosures we made of medical information about you. To request this list, you must submit your request to the **Privacy Officer at P.O. Box 30, Paris, TN 38242**. Your request must state the time period for which you want to receive a list of disclosures that is no longer than six years, and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (example: on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we reserve the right to charge you for the cost of providing the list.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this the Privacy Notice at any time, in addition to the written Notice you received at your initial appointment. To obtain an additional paper copy of the current Privacy Notice, ask your service provider or the Office Manager at the location you receive services.

Right to File Complaints

If you believe your information was used or shared in a way that is not allowed under the privacy law, or if you were not able to exercise your rights, you can file a complaint with your provider or health insurer. To file a complaint, your request must be made in writing and submitted to the **Privacy Officer at P O Box 30, Paris, TN 38242.**

Changes To This Notice

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice, with the effective date in the upper right corner of the first page.

Confidentiality of Substance Abuse Records. 42 U.S.C §290dd-2 or 42 CFR part 2 for federal laws and regulations

For individuals who have received treatment, diagnosis or referral from our drug or alcohol abuse programs, the confidentiality of drug or alcohol abuse records is protected by federal laws and regulations. We may not report or disclose information concerning your alcohol or drug use unless:

- *you authorize in writing
- *the disclosure is permitted by law, which includes suspected child abuse or neglect issues
- *the disclosure is made to medical personnel in emergency situations
- *the disclosure is made to personnel for research, audit or program evaluation
- *or you threaten to commit a crime either at this agency or against agency personnel

A violation by us of this federal law is a crime reportable to the United States Attorney in the district in which the violation occurs.

YOUR RIGHTS AND RESPONSIBILITIES:

Rights:

Right to Dignity

You have the right to be treated with consideration, respect and full recognition of your dignity and individuality. You have the right to be protected from abuse, neglect and exploitation. To be free from any form of isolation, restraint or seclusion used as coercion, discipline or retaliation. CAREY does not use any form of seclusion or restraint.

Civil Rights

You retain all of your civil rights when you are a participant at this agency. This includes the right to participate (or not participate) in community activities. We will not deny services, or otherwise discriminate based solely on race, nationality, sex, age, religion, handicap, or sexual orientation. We will help in exercising your civil rights.

Right to be Informed

You have the right to be informed of your rights and responsibilities and any limitations to those. You have the right to written information about services and providers of this organization and your care management. You have the right to be informed of the risks and benefits of treatment or non treatment.

Right to Consent

You have the right to authorize treatment through your informed, voluntary, written consent, except in emergency situations or in special situations such as a court commitment. You also have the right to plan for future care by way of a living will, power of attorney, Declaration for Mental Health Treatment or guardianship.

Right to Individual Program Plan

An individual program plan must be developed for you. You will be informed of the treatment options available to you, and you have the right to help make decisions with the staff about your treatment. If you are unable to understand and make decisions about treatment, an authorized representative may be appointed to make decisions for you. If you disagree with this, you will have a chance to object. Also, you will be given an explanation should a waiting period for treatment be necessary. You have the right to appropriate and needed treatment. You also have the right to knowledge concerning medication, including medication side effects, and treatment. You also have a right to discharge planning, which describes services needed after treatment ends.

Right of Refusal

You have the right to refuse to participate partially or fully in treatment or therapeutic activities, unless participation is so ordered by the court. You have the right to refuse the use of any audio and/or visual techniques to record or observe the activities during treatment unless written, signed consent is given. You have the right to refuse care from specific providers and the right to choose a different provider, within the limits of the network.

Confidentiality & Records

Your records are confidential, and will be released only with your consent or the consent of your authorized representative or by court order, except in emergencies or as otherwise required or permitted by the law.* You have the right to inspect and copy your records at your own expense, except where it would be harmful to you. In that situation, a lawyer, doctor, or psychologist you choose can see your records on your behalf. If you feel there are mistakes in your record, you can ask to have them corrected, and if the program doesn't change what you think is an error, you can place your statement about the error in your record.

Limitations of Confidentiality:

If you express threats to cause serious harm or death to another person, CAREY staff is required to inform the intended victim and appropriate law enforcement agencies. If you express serious intent to severely harm or kill yourself CAREY staff is obligated to seek those interventions which are appropriate in order to avoid harm or death to you. This could possibly include pursuing involuntary hospitalization for your own protection if you unwilling to or unable to accept treatment. If a court of law issues an order to disclose protected health information, CAREY is required by law to provide the information specifically described in the court order. If you are being evaluated by order of a court of law, the results of the treatment or test ordered must be revealed to the court.

Tennessee law requires that any person associated with CAREY suspecting child abuse, elder abuse, and/or neglect must report that information to the proper authorities. Legal statutes allow any psychiatrist or physician to reveal information or records regarding you or your care if for any reasons you should file a lawsuit against your physician.

Least Restrictive Setting

You have the right to be treated in the least restrictive setting appropriate to your needs. Both reasonable privacy and adequate time will be provided when relating your difficulties.

Work Performed By Staff

You can't be required to perform services, which are ordinarily performed by staff.

Right to Voice Grievances

You can complain without fear of restraint, interference, discrimination or reprisal, if you feel your rights have been violated. This program has a written procedure for handling grievances. A copy of CAREY'S grievance procedure is included in this Client Orientation Handbook. You may give a spoken or written complaint to any staff of this organization and they will give it to the appropriate staff that will try to resolve the complaint. If you are not satisfied with the outcome of the complaint, you may file an appeal. CAREY staff will help you file an appeal if you want help with this.

In an effort to promote a trustworthy, honest and quality work and treatment atmosphere CAREY has contracted with an outside agency to facilitate confidential reporting services, which allows clients and staff to report concerns/complaints regarding CAREY. The numbers to call are 1-877-472-2110 for English speaking and 1-800-216-1288 for Spanish speaking.

Right to Outside Assistance

If you feel your rights have been violated and would like outside assistance; there are advocates and advocacy organizations you can call.

Lighthouse: (English) 1-877-472-2110 or (Spanish) 1-800-216-1288

Tennessee Department of Mental Health and Substance Abuse Services: 1-800-560-5767

National Alliance for Mental Illness: 1-800-950-NAMI (6264)

Continuity Of Care

You have the right to expect reasonable continuity of care should you need to be referred to another agency.

Responsibilities

- to cooperate with CAREY staff in your treatment and treatment goals.
- to be courteous to other persons served by CAREY as well as CAREY staff
- to relate your difficulties to CAREY staff as honestly, truthfully and completely as possible.
- to ask questions about any aspect of your treatment or illness you do not understand.
- to inform CAREY staff if you disagree with any aspect of your treatment.
- to be as prompt as possible for payment of bills for services at CAREY.
- to inform CAREY staff of any changes in name, address, phone number, insurance, etc.
- to ask questions about any forms you may be asked to sign which you do not fully understand.
- to attend and be on time for scheduled appointments you and your provider have agreed upon
- to take your medication(s), if any prescribed, as recommended and to report any new problems or side effects to your service provider.

Carey Counseling Center, Inc.

Protocol for Denial of Services

As of September 10, 2007, Carey Counseling Center, Inc. wishes to advise all clients of the process CAREY will follow in the event services are to be denied or terminated.

Carey Counseling Center, Inc. makes every effort to understand client need and the importance of providing quality treatment for our clients; however, we also recognize that the client must accept some personal responsibility in order for treatment to be effective. While it is our desire as a community mental health agency to provide mental health services to all mental health clients in our community, we reserve the right to deny provision of services based upon, but not limited to, the following criteria:

1. The client is responsible to attend all appointments as scheduled. If an appointment must be canceled, the client must notify the center 2 hours in advance, and cancel/reschedule the appointment. Should the client fail to present for three (3) appointments, within a 90 day period, without calling in advance to cancel the appointments, we reserve the right to discontinue services.
2. The client is responsible to report to the provider all information relevant to their treatment and to provide truthful information.
3. The client is responsible to follow treatment recommendations that they have developed with the treatment providers and have agreed to in writing.
4. If the client agrees to take medications, the client is responsible for taking the medications **exactly as instructed** by the medical prescriber.
5. The client is responsible for participating in the treatment planning process by identifying goals they want to address in treatment, and pursuing all goals as outlined in the treatment plan.
6. The client is responsible to treat all CAREY staff with respect, which would exclude exhibiting any threatening behaviors or communication.

Should the client fail to meet any of the above responsibilities, their case will be presented to the clinical review committee to determine if services should be terminated, or other alternatives be examined.

If services are reduced, suspended, or terminated, staff must ensure the Grier Consent Decree process has been followed for Tenn Care enrollees.

CAREY COUNSELING CENTER, INC.

NOTICE OF CONTROLLED SUBSTANCE AGREEMENT

(Should you be prescribed a controlled substance)

We at Carey Counseling Center, Inc. are committed to doing all we can to treat your condition. In some cases, controlled substances are used as a therapeutic option in the management of mental health related symptoms. Controlled substances are strictly regulated by both state and federal agencies. Should you be prescribed a controlled substance by CAREY medical staff, you will be asked to read and sign the following agreement which establishes guidelines within the laws for proper controlled substance use. The words "we" and "our" refer to Carey Counseling Center, Inc. and the words "I," "you," "your," "me," or "my," refer to you, the client.

1. All controlled substances must come from your prescribing physician or nurse practitioner or, during his/her absence, by the covering medication clinic service provider. The medication clinic service provider must be informed of all drugs that you are taking, have purchased, or have obtained, even over-the-counter medications. Failure to do so may result in drug interactions or overdoses that could result in harm to you, including death. You will not seek prescriptions for controlled substances from any other physician, health care service provider or dentist. It is unlawful to be prescribed the same controlled medication by more than one physician at a time without each physician's knowledge. It is unlawful to obtain or attempt to obtain a prescription for a controlled substance by knowingly misrepresenting facts to a physician, nurse practitioner, or his/her staff, or knowingly withholding facts from a physician, nurse practitioner, or his/her staff (including failure to inform the physician, nurse practitioner, or his/her staff of all controlled substances that you have been prescribed).
2. All controlled substances must be obtained at the same pharmacy where possible. Should the need arise to change pharmacies, our office must be informed. You will be asked to identify that pharmacy.
3. These Medications must be taken exactly as prescribed. If you believe an adjustment in the dosage of your medication is warranted, or if you experience any problem, you need to discuss this with the medical staff before making any adjustments on your own.
4. Sharing, selling, or otherwise permitting others, including your spouse or family members, to have access to any controlled substance that you have been prescribed is illegal and prohibited by this agreement. There are no exceptions to this.
5. Using alcohol while taking a controlled substance is strongly discouraged and possibly dangerous/life threatening. Driving while under the influence of any substance, including a prescribed controlled substance or any combination of controlled substances, which impairs driving ability, may result in DUI charges. Controlled substances will not be prescribed when legal issues are involved.

6. Medications or written prescriptions will not be replaced if they are lost, stolen, get wet, are destroyed, left on an airplane, etc. If your medication has been stolen, it will not be replaced unless explicit proof is provided with direct evidence from authorities. A report narrating what you told authorities is not enough.
7. You may be required to submit to random drug screens by urinalysis or other methods to be decided by CAREY. The results of these drug screens and/or the failure to submit to drug screens may impact the medications CAREY may decide to prescribe you.
8. Early refills will not be given. Renewals are based upon keeping scheduled appointments. Please do not phone for prescriptions after hours or on weekends.
9. Failure to adhere to these guidelines may result in the discontinuation of controlled substance(s) prescribed by the medical staff at CAREY.
10. All prescriptions will be sent electronically to the pharmacy of your choice except for controlled prescriptions which will be handwritten and/or faxed.

CAREY COUNSELING CENTER, INC.
Service Animals in Outpatient Sites
Protocol

The general rule is that Carey Counseling Center, Inc. (CAREY) is only required to provide “reasonable accommodations” to an individual with a disability. Under the Americans with Disabilities Act (ADA), service animals generally are allowed wherever their disabled owner goes. Importantly, however, there are some qualifiers:

1. Under ADA regulations, there are only two types of recognized service animals: dogs and miniature horses. The “reasonable” part of the reasonable accommodations requirement generally means that CAREY does not have to accommodate a mini horse.

2. To be a service animal, a dog must be trained to do specific work or perform specific tasks for people with disabilities. The federal government has stated clearly that emotional support animals are not considered “service animals” under the ADA as they have not been trained to perform a “specific” task to aid or assist the disabled owner. Of course, if a dog has the ability to sense that an anxiety attack is about to happen and take some specific action to help the owner avoid the attack or lessen the impact, then the dog would qualify as a service animal.

3. CAREY is only required to make a “reasonable accommodation” for a client with a service animal. Thus, CAREY may require that service dogs remain under the control of the owner at all times. Accordingly, unless it would interfere with the service animal’s work or be prevented by the owner’s disability, CAREY can require that service animal dogs be harnessed, leashed or tethered. In addition, CAREY can ask an individual to remove a service animal from the premises if it is not housebroken or if the service animal is a threat to others, and CAREY can place reasonable limitations on where the animal is allowed.

Practical Considerations:

There are several practical considerations to be aware of and all staff are trained on these considerations.

CAREY staff may ask an individual if their dog is a service animal that is required because of a disability and what tasks the animal has been trained to perform, unless it is readily apparent that the animal is trained to do work or perform tasks for the individual and that the individual has a disability.

CAREY generally should not require special ID cards or tags or certificates of health or proof of vaccinations. Similarly, CAREY should not require documentation, such a proof that the animal has been certified or trained or that the service animal demonstrate the tasks it is trained to perform.

CAREY should not ask about an individual’s disability (beyond simply confirming the individual is disabled if the disability is not already apparent).

If CAREY ever declines to permit a service animal on the premises (perhaps because the animal is not housebroken, presents a threat to others, etc.), then CAREY should give the individual with the disability the opportunity to obtain services and accommodations without the service animal present.

Leadership Approved: 06-12-17; 01-10-22; 04/18/2023

CAREY COUNSELING CENTER, INC.

CLIENT GRIEVANCE POLICY

Policy: It is the policy of Carey Counseling Center, Inc. to provide clients with an opportunity and method for lodging grievances or complaints regarding the care and/or treatment provided through its services. No client shall be denied this right for any reason including, but not limited to, race, color, creed, national origin, religion, age, sex, disability or handicap.

It is the sincere desire of all staff to provide the best possible care in a manner that maintains the dignity of clients while in any way affiliated with the Center. A complaint is defined as a verbal expression of dissatisfaction with care or services. A grievance is defined as a written expression of dissatisfaction with care or services. A grievance may also be considered as an appeal regarding the dissatisfaction with the manner in which a complaint was addressed or handled.

Procedures: The client is asked to present any issue of concern to staff of Carey Counseling Center, Inc. in order to assure that due process has been followed as indicated below:

1. Any client and/or legal guardian who is concerned about his/her treatment, staff behavior in the treatment setting, attitudes or behaviors exhibited by staff that are believed to be inconsistent with ethical clinical practices or non-discriminatory behaviors has the right to bring these concerns to the attention of his/her clinician/case manager. The client and/or legal guardian has 30 days from the date of occurrence or becoming aware of the issue to be grieved to start the grievance process. Every effort should be made to resolve the issue with the clinician/case manager before proceeding to any other party, whether that person is an employee of the Center or a person not affiliated with Carey Counseling center, Inc. All efforts to resolve the issue should be exhausted in-house before outside assistance is sought by the client and/or legal guardian.
2. Registering and responding to complaints and grievances will be accomplished in a timely manner with complaints (verbal) normally being resolved within ten business days and grievances (written) normally being resolved in writing within thirty calendar days.
3. All complaints and grievances are required to be documented on a Complaint/Grievance Form regardless of whether the comment was received verbally or in writing. The documentation will include the substance of the complaint or grievance, actions taken, and resolution (including if the complainant was satisfied with the resolution). The summary of the aggregation of complaint/grievance data will be submitted to entities such as behavioral health organizations or departments of state government as defined in contractual agreements. In addition, the results will be submitted at least quarterly to the Center's Quality Improvement Management Committee or the Board of Directors and included in the quarterly Quality Management Program report.
4. If the issue cannot be resolved with the clinician/case manager, the client and/or legal guardian may bring it to the attention of the Site Director. The issue should be presented in writing and if the client and/or legal

guardian is unable to prepare the written grievance him/herself, the clinician/case manager will assist in the preparation of the memorandum. The client and/or legal guardian has five (5) working days to prepare this written notification of grievance and present it to the Site Director. The clinician/case manager should advise the Site Director of any instances in which a client has expressed serious dissatisfaction regarding the above mentioned issues regardless of whether or not the client actually pursues the issue any further. Copies of the grievance shall be distributed to all parties involved.

5. The Site Director will review the written grievance with the staff and client and/or legal guardian within 10 working days and a decision regarding the issue and any appropriate follow-up action will be provided in writing to all parties involved.
6. In the event that the client and/or legal guardian is still not satisfied with the decision, or the resolution of the grievance is not acceptable to the client and/or legal guardian, he/she may choose to appeal to Executive Director. The client and/or legal guardian will be expected to prepare an appeal in writing within five (5) working days and if he/she needs assistance it will be provided by staff. The Executive Director may choose to review the issue based upon the written information alone or also arrange for a personal interview with any and all parties involved. The decision of the Executive Director will be prepared in writing and presented to the parties involved within 10 working days.
7. If the client and/or legal guardian is still not satisfied with the disposition of the grievance it may be appealed to the Officers of Carey Counseling Center Inc.'s Board of Directors within five (5) working days. This appeal shall be forwarded to the Board through the Executive Director's office to assure all appropriate Board members are given the information for review. The Board of Director has the discretion to review the documentation and/or meet with any and all involved parties personally. This procedure may take up to 30 days due to the meeting schedule of the Board. The decision of the Board is final and binding on all parties involved in the grievance. Any follow-up action will be conducted through the Executive Director's office and appropriate Site Directors.
8. This procedure will be followed until the point at which the client is satisfied with the resolution or until all avenues of appeal are exhausted.
9. If there are a number of clients who wish to grieve a similar issue or incident the clients may select a representative of the group and Carey Counseling Center, Inc. may select a representative of the group to carry out the process for all clients involved or concerned. Any decision would therefore be binding upon all clients involved in the complaint or grievance.
10. In addition to the above process, the client may elect to use other appeals processes such as those for the behavioral health organizations. In this event, the client's clinician/case manager will aid the client in accessing and participating in this process.

CAREY COUNSELING CENTER, INC.

CONSENT TO PARTICIPATE IN A TELEMEDICINE CONSULTATION

Introduction: Telemedicine involves the use of electronic communications to enable mental health care providers at different locations to share individual client mental health information for the purpose of improving client care. Electronic systems used will incorporate network and software security protocols to protect the confidentiality of client identification data and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption.

Expected Benefits:

1. Improved access to mental health care by enabling a client to remain in his/her provider's office while the provider obtains evaluations and consultations from mental health practitioners at distant/other sites;
2. increased efficiency in evaluation and management;
3. Obtaining expertise of a distant specialist.

Possible Risks:

1. In rare cases, information transmitted may not be sufficient (e.g., poor resolution of images) to allow for appropriate mental health decision making by the physician/ consultant;
2. delays in evaluation and treatment could occur due to deficiencies or failures of the equipment;

By signing the Client Orientation Handbook receipt form and agreeing to participate, I understand the following:

1. I understand that the laws that protect privacy and the confidentiality of mental health information in a face-to-face service also apply to telemedicine, and that no information obtained in the use of telemedicine which identifies me will be disclosed to other entities without my consent.
2. My provider has explained to me how the video conferencing technology will be used to effect such a consultation. I understand that this consultation will not be the same as a direct client/mental health care provider visit due to the fact that I will not be in the same room as my health care provider.
3. I understand that my healthcare information may be shared with other individuals for scheduling and billing purposes. Others may also be present during the telemedicine session in addition to my local provider and telemedicine provider in order to operate the video equipment. The above mentioned people will all maintain confidentiality of the information obtained. I further understand that I will be informed of their presence in the session and thus will have the right to request the following: (a.) omit the detail of my medical/mental health history that are personally sensitive to me; (b.) ask non-medical/clinical personnel to leave the telemedicine session room; and/or (c.) terminate the consultation at any time.

4. I understand that I have the right to withhold or withdraw my consent to the use of telemedicine in the course of my care at any time, without affecting my right to future care or treatment or fear of reprisal from the provider(s).
5. In an emergent situation, I understand that the responsibility of the telemedicine provider is to advise my local provider and that his/her responsibility will conclude upon the termination of the video conference connection.
6. I understand that I have the right to inspect all information obtained and documented in the course of a telemedicine interaction, and may receive copies of this information for a reasonable fee.
7. I understand that I will be informed if the session is to be recorded and the purpose of the recording.
8. I understand that alternative methods may be available to me, and that I may choose one or more of these at any time. My provider has explained the alternatives to my satisfaction.
9. I understand that telemedicine may involve electronic communication of my personal medical/mental health information to other medical/mental health practitioners who may be located in other areas.
10. I understand that it is my duty to inform my telemedicine provider regarding any care that I may have received from other healthcare providers.
11. I understand that I may expect the anticipated benefits from the use of telemedicine in my care, but that no results can be guaranteed or assured.
12. I understand that billing will occur from my local provider under normal billing practices for services rendered.

CAREY Counseling Center, Inc.

Medication History Consent

In order to assess and safely treat your mental health symptoms, it is necessary for your Carey Counseling Center, Inc. prescriber to have access to your medication history. Due to HIPAA regulations, patient consent must be obtained in order for CAREY medical staff to review, through the electronic prescribing program's resources, all medications previously and currently prescribed by other medical providers.

I CONSENT to allow CAREY medical staff to review my medication history as provided through the electronic prescribing program's resources.

I DO NOT CONSENT to allow CAREY medical staff to review my medication history as provided through the electronic prescribing program's resources.

**The refusal to provide consent could adversely affect your CAREY prescriber's ability to safely treat your symptoms, and consequently impact his/her decision to prescribe medications.*

RIGHT TO REVOKE: I understand that I have the right to revoke this authorization at any time by notifying Carey Counseling Center, Inc. in writing. I understand that revocation is only effective after it is received by CAREY.

By signing this form, I agree that I have had the above information read to or explained to me. I have had the opportunity to ask questions and understand how this information will be used in relation to my treatment.

Tuberculosis: General Information

What is TB?

Tuberculosis (TB) is a disease caused by germs that are spread from person to person through the air. TB usually affects the lungs, but it can also affect other parts of the body, such as the brain, the kidneys, or the spine. A person with TB can die if they do not get treatment.

What Are the Symptoms of TB?

The general symptoms of TB disease include feelings of sickness or weakness, weight loss, fever, and night sweats. The symptoms of TB disease of the lungs also include coughing, chest pain, and the coughing up of blood. Symptoms of TB disease in other parts of the body depend on the area affected.

How is TB Spread?

TB germs are put into the air when a person with TB disease of the lungs or throat coughs, sneezes, speaks, or sings. These germs can stay in the air for several hours, depending on the environment. Persons who breathe in the air containing these TB germs can become infected; this is called latent TB infection.

What is the Difference Between Latent TB Infection and TB Disease?

People with *latent TB infection* have TB germs in their bodies, but they are not sick because the germs are not active. These people do not have symptoms of TB disease, and they cannot spread the germs to others. However, they may develop TB disease in the future. They are often prescribed treatment to prevent them from developing TB disease.

People with TB disease are sick from TB germs that are active, meaning that they are multiplying and destroying tissue in their body. They usually have symptoms of TB disease. People with TB disease of the lungs or throat are capable of spreading germs to others. They are prescribed drugs that can treat TB disease.

What Should I Do If I Have Spent Time with Someone with Latent TB Infection?

A person with latent TB infection cannot spread germs to other people. You do not need to be tested if you have spent time with someone with latent TB infection. However, if you have spent time with someone with TB disease or someone with symptoms of TB, you should be tested.

What Should I Do if I Have Been Exposed to Someone with TB Disease?

People with TB disease are most likely to spread the germs to people they spend time with every day, such as family members or coworkers. **If you have been around someone who has TB disease, you should go to your doctor or your local health department for tests.**

How Do You Get Tested for TB?

There are two tests that can be used to help detect TB infection: a skin test or a special TB blood test. The Mantoux tuberculin skin test is performed by injecting a small amount of fluid (called tuberculin) into the skin in the lower part of the arm. A person given the tuberculin skin test must return within 48 to 72 hours to have a trained health care worker look for a reaction on the arm. The special TB blood test measures how the patient's immune system reacts to the germs that cause TB.

What Does a Positive Test for TB Infection Mean?

A positive test for TB infection only tells that a person has been infected with TB germs. It does not tell whether or not the person has progressed to TB disease. Other tests, such as a chest x-ray and a sample of sputum, are needed to see whether the person has TB disease.

What is Bacille Calmette-Guérin (BCG)?

BCG is a vaccine for TB disease. BCG is used in many countries, but it is not generally recommended in the United States. BCG vaccination does not completely prevent people from getting TB. It may also cause a false positive tuberculin skin test. However, persons who have been vaccinated with BCG can be given a tuberculin skin test or special TB blood test.

Why is Latent TB Infection Treated?

If you have latent TB infection but not TB disease, your doctor may want you to take a drug to kill the TB germs and prevent you from developing TB disease. The decision about taking treatment for latent infection will be based on your chances of developing TB disease. Some people are more likely than others to develop TB disease once they have TB infection. This includes people with HIV infection, people who were recently exposed to someone with TB disease, and people with certain medical conditions.

How is TB Disease Treated?

TB disease can be treated by taking several drugs for 6 to 12 months. It is very important that people who have TB disease finish the medicine, and take the drugs exactly as prescribed. If they stop taking the drugs too soon, they can become sick again; if they do not take the drugs correctly, the germs that are still alive may become resistant to those drugs. TB that is resistant to drugs is harder and more expensive to treat. In some situations, staff of the local health department meet regularly with patients who have TB to watch them take their medications. This is called directly observed therapy (DOT). DOT helps the patient complete treatment in the least amount of time.

**CAREY COUNSELING CENTER, INC.
CLIENT LIFE SAFETY STANDARDS**

I have been oriented to the Life Safety Standards involved at Carey Counseling Center, Inc. at each location. I have been informed that staff will assist me in the evacuation process. In the event of a utility failure, a medical emergency, an earthquake or bomb threat follow Carey staff who have been trained on safety procedures.

CAMDEN OFFICE

Disaster Preparedness:

- Emergency evacuation signals include: fire alarm for fire and verbal notification.
- When you hear the evacuation alarm or are told to leave the building, leave the building according to evacuation diagrams that are posted by back door, main hallway or front door.
- Gather at entrance of parking lot.

Fire Safety:

- Fire signals include: fire alarm and verbal notification.
- In case of fire, follow evacuation routes posted by back door, main hallway or front door.
- Gather at entrance of parking lot.

Tornado/Severe Weather:

- Tornado signals include: sirens and personal notification
- Clients will be directed by staff to the safe locations, which include: conference room in main hallway.

HUNTINGDON OFFICE

Disaster Preparedness:

- Emergency evacuation signals include: fire alarm.
- When you hear the evacuation alarm or are told to leave the building, leave the building according to evacuation diagrams that are posted by front door and back door.
- Gather on back lawn behind back parking lot.

Fire Safety:

- Fire signals include: fire alarm.
- In case of fire, follow evacuation routes posted by the front door and back door.
- Gather on back lawn behind back parking lot.

Tornado/Severe Weather:

- Tornado signals include: fire alarm in combination with personal notification
- Clients will be directed by staff to the safe locations, which include: interior center hallway and bathrooms in main hallway.

MARTIN OFFICE

Disaster Preparedness:

- Emergency evacuation signals include: fire alarm, severe weather alarm and personal notification.
- When you hear the evacuation alarm or are told to leave the building, leave the building according to evacuation diagrams that are posted in hallways and lobby.
- Gather at center of back parking lot by dumpster.

Fire Safety:

- Fire signals include: fire alarm.
- In case of fire, follow evacuation routes posted in hallways and in lobby.
- Gather at center of back parking lot by dumpster.

Tornado/Severe Weather:

- Tornado signals include: city wide siren system and personal notification.
- Clients will be directed by staff to the safe locations, which include: interior hallways.

PARIS OFFICE

Disaster Preparedness:

- Emergency evacuation signals include: fire alarm, intercom system and strobe lights.
- When you hear the evacuation alarm or are told to leave the building, leave the building according to evacuation diagrams that are posted in back hallway, main hallway or front hallway.
- Gather on the east side of the building or across the front parking lot.

Fire Safety:

- Fire signals include: fire alarm, intercom system and strobe lights.
- In case of fire, follow evacuation routes posted in the back hallway, main hallway or front hallway.
- Gather on the east side of the building.

Tornado/Severe Weather:

- Tornado signals include: intercom system and personal notification
- Clients will be directed by staff to the safe locations, which include: interior offices with no windows, bathrooms in main hallway.

TRENTON OFFICE

Disaster Preparedness:

- Emergency evacuation signals include: fire alarm and verbal notification.
- When you hear the evacuation alarm or are told to leave the building, leave the building according to evacuation diagrams that are posted in lobby left of front door, end of center hallway, therapist hallway and main hallway.
- Gather at entrance of front parking lot.

Fire Safety:

- Fire signals include: fire alarm and verbal notification.
- In case of fire, follow evacuation routes posted in lobby left of front door, end of center hallway, therapist hallway and main hallway.
- Gather at entrance of front parking lot.

Tornado/Severe Weather:

- Tornado signals include: sirens and personal notification
- Clients will be directed by staff to the safe locations, which include: interior room with no windows or main hallway.

UNION CITY OFFICE

Disaster Preparedness:

- Emergency evacuation signals include: fire alarm, severe weather alarm and personal notification.
- When you hear the evacuation alarm or are told to leave the building, leave the building according to evacuation diagrams that are posted in hallways and lobby.
- Gather at center of back parking lot by red dumpster.

Fire Safety:

- Fire signals include: fire alarm.
- In case of fire, follow evacuation routes posted in hallways and in lobby.
- Gather at center of back parking lot by red dumpster.

Tornado/Severe Weather:

- Tornado signals include: city wide siren system and personal notification
- Clients will be directed by staff to the safe locations, which include: Case management office.

CAREY Counseling Center, Inc.

Receipt of Client Orientation Handbook Verification

By signing this form, I agree that I have read or had the relevant information read or explained to me. I have had the opportunity to ask questions about issues that concern me.

I have received the Client Orientation Handbook and reviewed the following sections as part of the intake process:

- No Show Client Protocol Acknowledgement
- Grievance Policy
- Privacy Notice
- Client Rights and Responsibilities, including Title VI
- Tuberculosis General Information
- Life Safety Standards.
- Notice of Controlled Substance Agreement

Consent to Participate in Telemedicine Consultation:

agree to participate in and receive behavioral health services via telemedicine.

have chosen NOT to participate in telemedicine sessions.

Consent to Allow Automated Telephone Reminders:

consent to allow automated telephone reminders of my scheduled appointments to the designated telephone number I have given.

DO NOT give my consent to allow automated telephone reminders of my scheduled appointments.

Consent to Allow Automated Text Reminders:

consent to allow automated text reminders of my scheduled appointments to the designated Text number I have given.

DO NOT give my consent to allow automated text reminders of my scheduled appointments

Consent to Allow Automated E-mail Reminders:

consent to allow automated e-mail reminders of my scheduled appointments to the designated e-mail I have given.

DO NOT give my consent to allow automated e-mail reminders of my scheduled appointments

***Consent for Medication History:**

I CONSENT to allow CAREY medical staff to review my medication history as provided through the electronic prescribing program's resources.

I DO NOT CONSENT to allow CAREY medical staff to review my medication history as provided through the electronic prescribing program's resources.

**The refusal to provide consent could adversely affect your CAREY prescriber's ability to safely treat your symptoms, and consequently impact his/her decision to prescribe medications.*

Any current questions I asked have been answered to my satisfaction. Further, I have been given a copy of the Client Orientation Handbook to take home with me for future reference. Should I have questions at any time about any of the information in the handbook or about anything about my treatment at CAREY, I have been instructed to talk with my service coordinator for help.