



# **Client Handbook**

**300 S. Westgate Drive Ste A  
Greensboro, NC, 27407**

**Telephone: (336) 907-7308  
Fax: (336) 907-7309**

**After Hours: (336) 404-0631**

## **Office Hours:**

**Monday – Friday 9am - 5pm**

**Saturday and Evening Hours  
By Appointment Only**

## ***Thank you for choosing Transitions Therapeutic Care as your provider...***

*Our goal at Transitions Therapeutic Care (TTC) is to provide you with the needed supports, tools, and environment to cope more efficiently and enhance your life outcomes. TTC understands that you are unique with your own path to travel. Therefore, our highly qualified and passionate staff utilize a person-centered, strengths-based approach to empower you in reaching your social, vocational, and personal goals.*

– Staff of TTC

### **MISSION**

*TTC provides behavioral health and counseling services. We envision a community that no longer stigmatizes mental health issues in which families and individuals are not ashamed to seek and take advantage of counseling and other behavioral services.*

### **TREATMENT PHILOSOPHY**

In developing a trusting therapeutic relationship, our therapists take a person-centered approach in which the client is considered to be the expert on his/her life experiences. Therapists will collaborate with the client to develop coping skills to be used in dealing with life stressors, as well as identify personal strengths and weaknesses to be considered in problem-solving skills.

### **CLIENT RIGHTS**

As our client you have certain rights. These rights are based on **Transitions Therapeutic Care** policies, as well as in the “Client Rights in the Community Mental Health, Developmental Disabilities, and Substance Abuse Services,” Subchapter 27C-27F and with General Statute 122C, Article 3, regarding client rights as well as the U.N. Declaration of Rights and the U.S. Constitution Bill of Rights.

#### **WE PROMISE:**

- To protect your legal rights
- To treat you with respect
- To honor your privacy
- To help you see your choices
- To provide confidentiality
- To include you in writing your service plan
- To provide humane care
- Not to sell any goods to you or buy any goods from you
- Freedom from mental and physical abuse, neglect and exploitation
- To be informed of any potential risks of the services
- To inform you of emergency procedures

**PLUS:** We believe that you have the right to the best service we are able to provide. We will continually try and improve our services.

You also have the right to:

- ✓ See your record and to have a copy of your record, unless our staff decides it would be harmful to you to have it.
- ✓ Refuse any part of treatment
- ✓ An individualized service plan
- ✓ Be treated with dignity
- ✓ Have a plan based on your needs and preferences within 30 days of admission. You have a right to receive a copy of your Treatment/Person Centered Plan and a copy of any changes in your PCP. If you do not have a copy of your plan, ask your counselor for one.
- ✓ Not be charged any additional fees in addition to what Medicaid pays for your services.
- ✓ Make an advanced care directive that explains what kind of health care including your mental health care you want in case you lose the ability to make these decisions if you are 18 years or older and able to decide and communicate health care decisions.
- ✓ The only times you can be treated without your consent is (1) in an emergency, (2) if treatment is court ordered, (3) if you are under 18 and your parents give permission for you, or (4) if a guardian has been appointed by the court and your guardian gives his/her permission.
- ✓ To discuss problems or concerns about your service with any staff client. If you do not understand any part of your rights – please ask for help – you can ask your primary staff or any other staff client for help.

For more of your rights check the lobby for posting and handouts.

#### **WHAT WE DO:**

TTC provides behavioral health services for adults and children beginning at age five.

- ✓ Our staff members work with clients to explore and develop skills to resolve symptoms related to anxiety, anger, grief, and bipolar disorder and other mental health issues.
- ✓ We provide psychosocial rehabilitation (PSR), counseling, and medication management services
- ✓ TTC coordinates with school, health and community representatives to assist in providing you with top quality care.

- ✓ TTC provides referral and links you to community services to address any needs you may have that fall outside of our scope of services.
- ✓ TTC provides monthly progress reports to referral sources when requested.

TTC staff does not ...

- ✓ Accept funds from clients unless for payment of services rendered.
- ✓ Purchase groceries or furniture for clients.
- ✓ Pay bills or other expenses for clients.
- ✓ Provide transportation for errands.

## WHAT CAN YOU DO?

If you feel unfairly treated for any reason, we want you or your family clients/natural supports to feel free to talk with the staff working with you. If you still feel there is a problem, you may follow the Client Grievance Procedure:

1. First try to resolve any problem or grievance by discussing it directly with the staff client involved.  
NOTE: If the nature of the problem is too sensitive to discuss with the staff client involved, you may go directly to QA Chairperson.
2. If a problem or grievance cannot be resolved after talking with the staff client, you may ask for an appointment with the QA Chairperson. This meeting will be set within seven (7) working days of the request.
3. The QA Chairperson will try at this meeting to identify and clear up any portion of the grievance, which represents misunderstanding of instructions, recommendations, requirements, policies, or practices.
4. If you feel the problem or grievance is still not settled, you may request a grievance hearing. At this point, you need to write down your reasons by filing a formal grievance.
5. The Agency Director will decide on the conclusion of the grievance which will be final. Within 20 working days after your Grievance Hearing, the CEO will provide you a written statement summarizing the events of the grievance and stating the final decision. A second conference may be held, and the decision stated instead of a written statement.
6. Each step will be documented and filed in your chart

The TTC Client Rights Committee and QA Committee will review formal complaints

You have the right to file any grievance under the guidelines described above. Any corrective action will not result in retaliation or barriers to your service.

In the event you bring to the attention of TTC a case of abuse or neglect within your home environment, we will immediately refer the complaint to, and work in cooperation with, the local Department of Social Services.

In the event that you need to contact someone regarding this process, you may call (336) 907-7308.

If you think you have been mistreated, you can contact a friend, family client, a client advocate, a lawyer, or any agency listed below to help you.

- ◆ You may call the Disability Rights North Carolina, a statewide agency designated under Federal and state law to protect and advocate the rights of persons with disabilities, if you are dissatisfied with any decisions. Their phone number is (877) 235-4210
- ◆ The NC Mental Health Consumer's Organization at 1-800-326-3842
- ◆ The NC Careline at 1-800-662-7030
- ◆ The Sandhills Center at 1-800-256-2452

## Statement of Provider Choice

As a recipient of services and support, you have the right to select your Service Provider. You may change providers at any time, but if possible, a reasonable notice should be provided to your current Service Provider.

At this time, you have selected TTC as your provider.

## CONFIDENTIALITY

Your records and participation here are private. Federal law and Health Insurance Portability and Accountability Act (HIPAA) along with other regulations protect the confidentiality of your records maintained by TTC. HIPAA Notice is posted in the lobby. We may not disclose any information that identifies you as a person served by TTC UNLESS:

1. You consent in writing; or
2. The disclosure is demanded by a court order; or
3. The disclosure is made to medical personnel in the case of a medical emergency, or to qualified personnel for research, audit, or program evaluation; or
4. You commit or threaten to commit a crime, either at the program or against any person who works for the program. In addition, the staff is obligated to warn any person that you may threaten with serious bodily harm; or
5. In the event you are a danger to yourself, i.e., suicidal; or
6. In the event you report suspected child or elderly abuse and/or neglect, the appropriate state or local authorities will be contacted; or

7. The disclosure of limited information for Incident Reporting.
8. You are being investigated under the 2002 Patriot's Act.

## **EXPECTATIONS OF TREATMENT**

You are expected to take responsibility for identifying and discussing your problems and communicating with staff and/or fellow group clients. It is okay to be anxious about participating in counseling and behavioral health services. We want you to feel free to appropriately and honestly communicate your thoughts and feelings. The following information outlines some of the steps treatment participation involves and some of the guidelines and/or expectations.

### **Orientation**

Provision and discussion of this handbook is part of the orientation process. Orientation will then continue throughout the course of services. Client rights, confidentiality, and emergency response procedures will be emphasized.

We expect everyone to conduct themselves in a polite and courteous manner. We expect you to attend all scheduled activities and to be on time.

### **Participation**

We expect you to attend your scheduled sessions on time. If you are unable to attend, please call in advance so we may be able to schedule other clients.

FOR ADOLESCENT AND CHILDREN: Parents are expected to be actively involved in the treatment process. We would like for you to be available to participate in sessions when appropriate and to give updates to counselors each week. Parent's input is valuable to the treatment process.

### **Financial**

TTC will maintain every effort to bill insurance and/or other sources for services rendered. Our initial intake session cost is \$250.00; Psychiatric intake is \$250.00, and \$150.00 for ongoing sessions. Payment of copays/fees for services are expected at the time of service. If it is deemed that a client is unable to pay the full amount, the client can request a reduced rate to be agreed upon and signed by the client and the agency Director. If the client is unable to pay the agreed amount or fall behind in 2 consecutive payments, the client will be discharged from the practice and if needed pursue collection efforts from an outside agency. A \$25.00 cancellation fee is charged for no show appointments.

### **Transportation**

Medicaid designated contract agencies may provide transportation to you in their personal. In order to receive transportation you must agree you will hold Medicaid and their designated contract agencies harmless in case of accident or injury to you while participating in supervised program activities, and while being transported to and from field trips, community agencies, and private physicians.

When transported in TTC contract agencies' vehicles you must fasten your seat belt. No smoking is allowed in any TTC contracted vehicle by you or staff. Please respect others in the vehicle by avoiding inappropriate language, and loud talking.

### **Research**

TTC does not participate in any research program that involves using experimental drugs.

### **Your Input**

You will be asked to fill out a survey to help improve our services. This survey will be anonymous and confidential. The purpose is to use your feedback to identify areas where we are doing a good job and areas that need improvement.

### **Communication**

We want to provide a healthy environment. We encourage the following:

- ✓ Be open in your communication
- ✓ Know staff holds weekly Team Meetings to openly discuss your progress and concerns.
- ✓ Secret-keeping can harm your progress in being honest and open
- ✓ Share in a safe place, like group or community meetings, any problems you are having with another client or staff.

### **Termination**

- ✓ You have the right and ability to terminate your services provided by **Transitions Therapeutic Care** any time. The termination of services may be completed by signing a termination form or verbally reporting you're wanting to leave services to a TTC representative.
- ✓ You have the right to refuse any and all treatments that are being offered to you by **Transitions Therapeutic Care**. Discharge from the program may occur for breaking program rules or for failure to adhering to program procedures.

## **GENERAL GUIDELINES**

### **Smoking**

TTC is a smoke-free agency. Smoking is allowed only in designated areas outside the facility.

### **Telehealth**

I understand that my mental health care provider can request me to engage in telehealth or I can request it. I have been informed that Telehealth will be provided by TherapyPortal and Zoom which are technology service platforms. I understand they are HIPPA compliant, and internet based. I understand a business agreement was established between TherapyPortal/Zoom with Transitions Therapeutic Care, LLC, to establish usage guidelines. My mental health care provider has explained to me how the video conferencing technology that will be used will not be the same as a direct visit due to the fact that I will not be in the same room as my provider. I understand that a telehealth has potential benefits and risks which have been discussed with me. I understand my provider or I can discontinue the telehealth visit if it is felt that the videoconferencing connections are not adequate for the situation. I understand Telehealth is not an emergency service and in the event of Emergency I will use the crisis number when I need to access emergency mental health services. To maintain confidentiality, I agree to be in private setting away from distractions and interruptions and visibility. I agree to state present location in case of emergency and to verify I am in an appropriate setting for Telehealth. I understand TherapyPortal/Zoom requires accessing a client portal/link and I will be invited to set up the portal/link. I understand I will wait in the clinician's waiting room until the session begins.

### **Photograph/Videotape**

TTC may photograph or videotape you to assist with our quality of care/promotion of services. Before you are photographed or videotaped you will be notified.

### **Interns/Associates**

TTC provides supervision opportunities for Associates, Interns, and clinical staff to assure continuation of professional growth and use of evidenced based treatment. During your services you may be asked to allow an intern or supervisor to observe your session as a learning tool or to allow videotape/audiotape for supervision. Your confidentiality will be observed during these training sessions. You have the right to allow or refuse the observation.

## **SAFETY PROCEDURES**

### **Fire and Other Evacuation**

Study the evacuation plan in your location. Know the closest exit in case of fire or other emergency when you are told to exit the building. Join staff and other clients in the designated spot in the parking lot. Remain with the staff and other clients until and "all clear" is given.

### **Weather Emergencies**

In case of tornado or any other weather emergency, go to the bathroom hallway. Remain until an "all clear" is given.

### **Seclusion and Restraint**

TTC does not use any type of holds or restraints or seclusion rooms in dealing with violent behavior. If you start acting out or become violent, staff will attempt to calm you down, if this does not work 911 will be called for assistance.

### **Contraband, Search and Seizure**

Contraband is anything that can be deemed harmful to clients or staff. Contraband includes:

- alcohol and any other mood altering drugs;
- weapons – including pocket knives; and
- products containing alcohol.

Contraband is not allowed on TMS property. No type of weapon is allowed at the facility

If we have reason to believe that you are in possession of any contraband, we will ask you to empty your pockets and belongings. If any weapons are found the police will be notified.

## **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.

TTC must collect information about you to provide quality services. We know the information we collect about you and your health is private and we are required to protect this information by Federal and State law. We call this information "protected health information, (PHI)" whether in oral, written, or electronic format.

As required by law, only the minimum necessary information will be used and disclosed. **Not all situations are described.** We are required to give you a notice of our privacy practices for the information we collect and keep about you. We are required to follow the terms of the notice currently in effect. We reserve the right to revise the terms of this notice.

### **May use and disclose personal health information without your authorization:**

**For Treatment:** PHI with health care providers who are involved in your health care. For example, it may be shared to create and carry out a plan for your treatment.

**For Payment:** In order to get payment or to pay for the health care services you receive. For example, your PHI may be used for preparing billing and managing accounts.

**For Health Care Operations:** In order to manage programs and activities. For example, we may use your PHI to review

the quality of services you receive and for resolving complaints, grievances, and appeals.

**Appointments:** We may contact you for reminders for appointments.

**Public Health Activities:** We will report suspected communicable diseases as required by law.

**For Health Oversight Activities:** To inspect or investigate health care providers.

**As Required By Law and For Law Enforcement:** When required/ permitted by Federal/State law or by a court order.

**For Abuse Reports and Investigation:** We are required by law to report any suspected abuse, neglect, or exploitation.

**For Government Programs:** For public benefits under other government programs.

**To Avoid Harm:** In order to avoid a serious threat to the health and safety of a person or the public.

**Emergency Disclosures:** In emergency situation such as medical/psychiatric emergencies or criminal behavior.

**Minors:** If you are a minor, we may disclose PHI about you to a parent, guardian, or other person responsible in limited circumstances.

**Persons Involved in Your Care:** To a relative, close personal friend, or any other person you identify if that person is involved in your care and the information is relevant to your care except as mandated by Federal/State regulations. To a disaster relief organization (such as Red Cross), if we need to notify someone about your location or condition.

**Other uses and disclosures require your authorization:**

For other situations, we will ask for your written authorization before using or disclosing information. You may cancel this authorization at any time in writing. We cannot take back any uses or disclosures already made with your authorization.

**Other Laws Protect Protected Health Information:**

TTC abides by applicable laws that govern protected health information related to you. (G.S. 122-C; 42 C.F.R. Part 2; 45 C.F.R. Parts 160 and 164; N. C. Division of MH/DD/SA Services Confidentiality Rules APSM 45-1)

**YOUR PRIVACY RIGHTS:**

**Right To Request Restrictions On Uses And Disclosures:**

You have the right to request that we limit the use and disclosure of health care information about you for treatment, payment, and health care operations. We are not required to agree to your request. If we do agree to your request, we must follow the restrictions (except when the information is necessary for emergency treatment). You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time, as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation.

**Right To Request An Alternative Method of Contact:**

You have the right to be contacted at a different location or by a different method. You may prefer to have all written information mailed to your work address rather than your

home address. We will agree to any reasonable request for alternative methods of contact. To request an alternative method of contact, you must provide us with a request in writing.

**Right To See and Get Copies Of Your Records:** In most cases, you have the right to look at or get copies of your records. You must make the request in writing. You may be charged a fee for the cost of copying your records.

**Right To Request To Correct Or Update Your Records:** If you think there is a mistake, you must make your request in writing, and provide a reason to change or add missing information to your records,

**Right To Get A List Of Disclosures:** You must make the request in writing for a list of disclosures. The list will not include the times information was disclosed for treatment, payment, or health care operations. The list will not include information provided directly to you or your family, or information sent with your authorization.

**Right To Receive A Copy Of The Notice Of Privacy Practices And Any Revisions Thereafter:** You have the right to receive a copy of our Notice of Privacy Practices and any revisions made thereafter. The terms of this notice may be changed in the future, and these changes will be made in the Client Handbook and distributed.

**You may file a complaint about our Privacy**

**Procedures:**

If you believe your privacy rights have been violated or if you are dissatisfied with our privacy policies and procedures, you may file a complaint either with us or with the federal government. We will not take any action against you or change our treatment of you in any way if you file a complaint.

To file a complaint with TTC, you may bring your complaint to: TTC, 300 S. Westgate Drive, Ste A, Greensboro, NC 27407 or call: 336-907-7308/fax: 336-907-7309

To file a complaint with the federal government, you may send a written complaint to: Atlanta Federal Center, Region IV, Suite 3B70, 61 Forsyth Street, S.W., Atlanta, GA 30303-8909. You may call 404-562-7886.

## **CRISIS**

If you have a mental health crisis, you may  
contact our after hours line:

**336-404-0631**

**A TTC Staff Member is available after office hours in the  
event of a crisis**

Therapeutic Alternatives

**1-877-626-1772**

**Available 24 hours/day 365 days/year**

In case of Medical Emergency,  
call 911

*Life Takes You  
Through Changes,  
Make The Transition!*