

New Client Orientation Manual



HOURS OF OPERATION

**BALTIMORE CITY: 2901 DRUID PARK DRIVE BALTIMORE, MD 21215 STE A210
MONDAY-THURSDAY 9AM-7PM FRIDAY: 9AM TO 5PM**

**ANNE ARUNDEL COUNTY: 7310 RITCHIE HWY SUITE 100
GLEN BURNIE, MD 21061
MONDAY-THURSDAY 9AM-7PM FRIDAY: 9AM TO 5PM**

COMPANY OVERVIEW

Client Based, Professionally Sound, and Service Driven

Welcome to TIME Organization, INC.

T.I.M.E Organization Incorporated (501c3) is a non-profit human service agency that provides strength based care and therapeutic services to youth and adults in the Baltimore Metropolitan area, Anne Arundel County and surrounding counties. With over 50 years of collective mental health services experience, it is our goal to provide the most holistic care and support to the population and community we serve.



RIGHTS YOU HAVE REGARDING YOUR PROTECTED HEALTH INFORMATION (PHI) AND HIPAA

1. The Right to see and Get Copies of Your PHI: In general, you have the right to see your PHI that is in TIME Organization, Inc. possession, or to get copies of it; however, you must request it in writing. If TIME Organization, Inc. does not have your **PHI**, but knows who does, you will be advised how you can get it. You will receive a response from TIME Organization, Inc. within 30 days of receiving your written request. Under certain circumstances, TIME Organization, Inc. may feel it must deny your request, but if it does, TIME Organization, Inc. will give you, in writing, the reasons for the denial. TIME Organization, Inc. will also explain your right to have its denial reviewed. If you ask for copies of your PHI, you will be charged not more than \$.25 per page and the fees associated with supplies and postage. TIME Organization, Inc. may see fit to provide you with a summary or explanation of the PHI, but only if you agree to it, as well as to the cost, in advance.

2. The Right to Request Limits on Uses and Disclosures of Your PHI: You have the right to ask that TIME Organization, Inc. limit how it uses and discloses your PHI. While TIME Organization, Inc. will consider your request, it is not legally bound to agree. If TIME Organization, Inc. does agree to your request, it will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the uses and disclosures that TIME Organization, Inc. is legally required or permitted to make.

3. TIME Organization may disclose your PHI pursuant to an administrative order or a search warrant. TIME Organization, Inc. may also disclose information if an arbitrator or arbitration panel compels disclosure, when arbitration is lawfully requested by either party, pursuant to subpoena duces tectum (e.g., a subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel. TIME Organization, Inc. will only do

this if efforts have been made to tell you about the request and you have been provided an opportunity to object or to obtain an appropriate court order protecting the information requested.

4. Public Health Risks: TIME Organization, Inc. may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, disability, to report births and deaths, and to notify persons who may have been exposed to a disease or at risk for getting or spreading a disease or condition.

5. Food and Drug Administration (FDA): TIME Organization may disclose to the FDA, or persons under the jurisdiction of the FDA, PHI relative to adverse events with respect to drugs, foods, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

6. Serious Threat to Health or Safety: TIME Organization, Inc. may disclose your PHI if you are in such mental or emotional condition as to be dangerous to yourself or the person or property of others, and if TIME Organization, Inc. determines in good faith that disclosure is necessary to prevent the threatened danger. Under these circumstances, TIME Organization, Inc. may provide PHI to law enforcement personnel or other persons able to prevent or mitigate such a serious threat to the health or safety of a person or the public.

7. Minors: If you are a minor (under 18 years of age), TIME Organization, Inc. may be compelled to release certain types of information to your parents or guardian in accordance with applicable law.



TO FILE A FORMAL COMPLAINT OR GRIEVENCE
WRITE TO OR CALL THE CORRESPONDING OFFICE

Anne Arundel County
Anne Arundel County Mental
Health Agency
PO Box 6675, MS 3230, 1
Truman Pky, 101 101
Annapolis, Maryland 21401
Phone: 410-222-7858 Fax:
410-222-7881
E-Mail: mhaaac@aol.com
Director: Adrienne Mickler

Baltimore City Baltimore
Mental Health Systems,
Inc. 201 East Baltimore
Street, Suite 1340
Baltimore, Maryland 21202
Phone: 410-837-2647 Fax:
410-837-2672 Acting
Director: Crista Taylor
ctaylor@bmhsi.org

7. For Research Purposes: In certain limited circumstances, TIME Organization, Inc. may use information you have provided for medical/psychological research, but only with your written authorization. The only circumstance where written authorization would not be required would be if the information you have provided could be completely disguised in such a manner that you could not be identified, directly or through any identifiers linked to you. The research would also need to be approved by an institutional review board that has examined the research proposal and ascertained that the established protocols have been met to ensure the privacy of your information.

8. For Workers' Compensation Purposes:

TIME Organization, Inc. may provide PHI in order to comply with Workers' Compensation or similar programs established by law.

9. Appointment Reminders: TIME Organization, Inc. is permitted to contact you, without your prior authorization, to provide appointment reminders or information about alternative or other

health-related benefits and services that you may need or that may be of interest to you.

10. Health Oversight Activities: TIME Organization, Inc. may disclose health information to a health oversight agency for activities such as audits, investigations, inspections, or licensure of facilities. These activities are necessary for the government to monitor the health care system, government programs and compliance with laws. Example: When compelled by U.S. Secretary of Health and Human Services to investigate or assess TIME Organization, Inc. compliance with HIPAA regulations.

11. If Disclosure is otherwise specifically required by law.

VI. Other Uses and Disclosures Require Your Prior Written

Authorization: In any other situation not covered by this notice, TIME Organization, Inc. will ask for your written authorization before using or disclosing medical information.

CODE OF ETHICS

Overview

This Code of Ethics provides guidelines for decision-making that is reflective of the moral principles and core values of the organization. The Code is intended to promote high standards of service delivery and business conduct. TIME Organization, Inc. employees are required to adhere to this Code as well as any Code of Ethics pertaining to professional affiliations. All new employees are oriented to the Code of Ethics during orientation to the agency and are given a copy of the Code. It is also available to other stakeholders upon request.

TIME Organization, Inc. philosophy is based upon recognition of basic human rights and the treatment of all persons with dignity and respect. The underlying premise is that no person shall be subject to discrimination on the basis of disability (physical, developmental or mental), gender, age, race, religion, sexual orientation, ethnicity, marital status, socio-economic status, or political affiliation. Services will center on individual needs and encompass social, physical, spiritual and psychological aspects of each individual.

Definitions:

Confidentiality: information received or observed about a person served, or about an employee that is held in confidence and only disclosed when properly authorized or legally and/or professionally obligated to do so.

Ethics: the principles of conduct governing an individual or group; concerns for what is right or wrong, good or bad, and with moral duty and obligation.

Stakeholders: all those who have a vested interest in an issue. Within TIME Organization, Inc. it may include the person with disabilities, their family members, advocates, staff, other agencies, funding sources, employers, regulatory bodies and the general community.

Ethical Responsibility in the Delivery of Services to People Supported

- To maintain the best interests of the person supported, and advocate for those interests as circumstances require.
- To foster self-determination and to encourage individuality accepting each person as unique and valuable.
- To maintain confidentiality.
- To be supportive and non-judgmental.
- To protect the people supported from abuse and/or neglect and avoid participation in practices that are disrespectful, degrading, intimidating, psychologically damaging or physically harmful to clients.

Ethical Responsibility to the agency

- To work towards achieving the mission of TIME Organization, Inc.
- To assist TIME Organization, Inc. in providing the highest quality of service, acknowledging that personal, interpersonal and societal circumstances may change.
- To be knowledgeable of, and abide by, TIME Organization, Inc. policies and procedures.
- To maintain confidentiality concerning information obtained in the course of providing services, and make disclosures only with the consent of service users, or, where required to do so by the order of a court.
- To promote a positive image of TIME Organization, Inc. in the community through friendly, respectful and cooperative interactions.

Ethical Responsibility in Marketing Services

- To reflect accurately the policies/positions of TIME Organization, Inc. in public statements and to avoid any possible misrepresentation of personal opinion as society policy/position.

Ethical Responsibility to the Community and Taxpayer

- To foster a spirit of cooperation with other service agencies, educational programs and volunteer organizations involved in community living services.
- To maintain a commitment to high standard of service, continuing quality improvement and prudent financial stewardship.
- To deal with others, both inside and outside TIME Organization, Inc., based on unquestionable integrity, open communication, social responsibility and proactive safety conscientiousness in addition to a commitment to high quality, continuing improvement and the best use of fiscal resources.
- To behave in full and complete compliance with all applicable laws and regulations: In addition, our dealings with others will be based on complete candor, cooperation, honesty and mutual respect.
- To ensure TIME Organization, Inc. property or the property owned by the people we support will not be used in order to obtain personal benefit. This ethics policy prohibits employee theft, fraud, and embezzlement or misappropriation of property belonging to TIME Organization, Inc. or the people supported, another employee or any associate or supplier of TIME Organization, Inc.
- To report financial results in accordance with generally accepted accounting principles. Those reports will fairly present financial position and operating results.
- To purchase supplies from reputable suppliers who will treat our society and employees with respect. TIME Organization, Inc. shall interact with their suppliers in an open, honest and timely manner. Such communication will create positive partnerships that will benefit the overall operation.
- To use suppliers of goods and services on the basis of price, quality and service only. In selecting suppliers, we also will be mindful of our commitment to supporting businesses that hire people with disabilities. No employee may profit personally from a relationship with a supplier.

- To be respectful corporate citizens in the community, we will participate in activities within the community for the betterment of the community.
- To acknowledge limitations in knowledge and competence.
- To not use drugs or alcohol prior to, or during work.
- To maintain standards of safety through the use of appropriate equipment, clothing and procedures.

Ethical Responsibility to Colleagues

- To establish and maintain relationships of mutual respect, trust, courtesy and cooperation with colleagues.
- To foster a culture in which excellence in practice is pursued in all activities.
- To act as a team member, supporting other members of the team by maintaining consistent standards and by offering and receiving support, especially in crises.
- To maintain clear, open communication with individuals, team members and management.
- To not engage in sexual harassment or other forms of personal harassment towards any person served, colleagues, manager or stakeholders.
- To offer both positive feedback and constructive criticism.

Ethical Responsibility in Human Resources

Pursuant to Human Rights Legislation, TIME Organization, Inc. provides equal employment opportunities to qualified individuals able to fulfill the job description regardless of disability, race, ethnicity, religion, gender, socio- economic status, marital status, sexual orientation, national origin, political affiliation, age or status. Harassment and misconduct are unacceptable behaviors for all employees of TIME Organization, Inc.

- To ensure employees work time is a resource committed to service delivery and not diverted to personal pursuits.

- To ensure employees receive recognition for dedication to society and services.
- To clearly define the service that TIME Organization, Inc. has the mandate and capacity to deliver.
- To maintain the overall goal of building communities that best meet the needs of people with developmental disabilities with a cooperative approach to promoting our services.
- To ensure other services are not denigrated as part of our own marketing.
- To promote a positive respectful image of people with developmental disabilities.

Ethical Responsibility to the Profession

- To maintain membership in relevant regulatory bodies and other relevant practitioner associations.
- To ensure the knowledge and skills of professional staff are used to the greatest advantage in service delivery.
- To ensure that neither the standards nor practices of the organization nor the job description and performance expectations of the profession conflict with the profession's regulatory and ethical requirements.

Ethical Responsibility as an Employee

- To maintain high personal standards of professional conduct, avoiding any acts that may bring the profession or service into disrepute or which may diminish the trust or confidence of any stakeholders
- To avoid conflict of interest situations.
- To refuse any gift, favor or compensation which might be influential or perceived to be influential in obtaining preferential consideration.
- To carry out professional duties and obligations with integrity and objectivity and to recognize how personal

values, opinions, experiences, limitations and biases can affect personal judgment.

- To maintain appropriate boundaries between personal and professional relationships.



- All allegations of violations to TIME Organization, Inc. ethical codes may be reported to the Clinical Director without fear of retaliation.

NON DISCRIMINATION POLICY:

TIME ORG. shall not discriminate in selection of candidates for the Board of Directors, in employment, or provision of services in practices, policies or procedures on the basis of race, sex, creed, age, national origin, marital status, political affiliation, or handicap.

TIME ORG. will not discriminate against any employee or applicant for employment because of physical or mental handicap in regard to any position for which the employee or applicant is qualified. TIME ORG. agrees to comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C 794) their amendments and all requirements imposed by or pursuant to these acts. TIME ORG. shall offer services to adults with mental illness who have been recommended by a physician/mental health professional as appropriate for their services regardless of their ability to pay, race, creed, sex, national origin, handicap, or marital status.

TIME ORG. shall adhere to an affirmation action, plan. Any rejections for services by TIME ORG. staff are subject to review by its Board of Directors. TIME ORG. is an Equal Opportunity Employer.

TREATMENT:

TIME ORGANIZATION provides in home, school and office based individual, group and family therapy to children, adolescents and adults, utilizing a vast array of treatment modalities. Medication management and psychiatric services are provided to all clients and appropriate referrals are made by our staff for substance abuse treatment, psychological evaluations and neurological evaluations. TIME Organization also provides wraparound services to our clients to include the following:

Psychiatric Rehabilitation Services (PRP): Provided to youth and adults who are in need of additional community support to assist with community stability and achievement of concrete goals. Services are provided in the community by a Rehabilitation Coordinator who visits with youth 4 times a month and adults 6 times a month.

Therapeutic Behavioral Services (TBS): Provided to youth up to age 21 who are in jeopardy of out of home placement or who may be returning from hospitalization or out of home placement. These youth have specific challenging behaviors that require additional support to manage in the home setting. A youth may qualify for 10-40hours per week. A Therapeutic Behavior Aide will implement a behavior plan with the parent/guardian to assist with the management and decrease of challenging behaviors.

BENEFITS OF SERVICES:

- Improving client's self-concept and self-control
- Reducing client's behavior problems, substance use, and association with antisocial peers
- Increasing parental involvement and development of more positive and effective parenting
- Making parental management of children's behavior more effective
- Improving family structure and interactions
- Improving family communication, conflict resolution, and problem solving skills



Welcome to TIME Organization, Inc.!

You have been assigned to: _____

Contact Information: Phone: _____

Email: _____

Supervisor: _____

Phone: _____

Email: _____

He/She will be your and your family members' primary contact. You will however, receive services from other staff members as indicated.

Here at TIME Organization, Inc, our clients are treated with dignity and respect it is our "Customer Service Policy" that all employees will be friendly and courteous in daily interactions with all our clients, their families and other stakeholders.

STATEMENT OF CLIENT'S RIGHTS

You have the right to:

1. The confidentiality of your protected health information.
2. Privacy.
3. Freedom from:
 - a. Abuse.
 - b. Financial or other exploitation.
 - c. Retaliation.
 - d. Humiliation.
 - e. Neglect.
4. Access to:
 - a. Information pertinent to you in sufficient time to facilitate his or her decision making.
 - b. Your own records.
5. Informed consent or refusal or expression of choice regarding:
 - a. Service delivery.
 - b. Release of information.
 - c. Concurrent services.
 - d. Composition of the service delivery team.
 - e. Involvement in research projects, if applicable.
6. Access or referral to:
 - a. Legal entities for appropriate representation.
 - b. Self-help support services.
 - c. Advocacy support services.
7. Adherence to research guidelines and ethics if and when you are involved in a research project
8. Investigation and resolution of alleged infringement of rights.
9. Other legal rights as prescribed by the state and federal governments.

CLIENT BILL OF RESPONSIBILITIES

Upon enrollment in TIME Organization's services, I expect the following Client responsibilities:

1. Clients have the responsibility to be a full participant in the formulation of their Treatment Plan.
2. Clients have the responsibility to follow their Treatment Plan and take any prescribed medications in order to advance in treatment.
3. Clients have the responsibility to provide the service delivery staff with all required information to maintain proper and correct records.
4. Clients have the responsibility to keep their appointments and be on time.
5. Clients have the responsibility to treat their therapist or paraprofessional with dignity and respect.
6. Clients' performance during the treatment will be reported to the referral source including probation officers on a regular basis.
7. Clients have the responsibility to protect the confidentiality of other clients.
8. Clients have the responsibility to notify staff of any changes in life situations including changes in address and telephone number.
9. Clients have the responsibility to pay for services received (if applicable) at the agreed upon time.
10. Clients have the responsibility to overcome obstacles and strive to succeed in order to live a healthy, functional, and productive life.

ABOUT OUR PROGRAMS

TIME Organization, Inc. provides mental health services for adults, children and youth who have mental health challenges that impair their day to day living.

Who will help me/ my child?

- Our intake workers will ensure that your referral for services is appropriately processed and assigned in a reasonable time frame
- The therapist assigned to you/your child will complete a thorough assessment of needs and work with you to develop a treatment plan for your course of services with us.

How will you help me/ my child?

- Your/your child's therapist will make the appropriate referrals for additional services needed to include but not limited to Psychiatric services, medication management, PRP services, TBS services etc.
- Together, you and the team will decide on what works best for your life.

Where will services take place?

- This depends on you/ your child's needs and the setting where those needs could best be met. This setting may be:
 - Your home
 - Your community
 - A foster home
 - A group home
 - A School

Will I /my child get good care?

- We make sure that you/ your child's care is efficient, safe, and helpful by closely monitoring all of our programs.
- If you have questions or would like to know more about our programs, please call:

BALTIMORE CITY
TIME Organization, Inc.
Office 443-872-2230
Fax: 443-872-2227

ANNE ARUNDEL COUNTY
TIME Organization, Inc.
Office 443-704-1082
Fax: 410-674-2120

IMPORTANT INFORMATION ABOUT FILING A COMPLAINT

You may file a complaint about any aspect of the services provided to you by TIME Organization, Inc. The following is important information about the complaint process.

1. Filing a complaint will not result in retaliation or barriers to services.
2. How efforts will be made to resolve the complaint:
 - a. Every effort should be made to try to resolve your complaint through your therapist or primary counselor.
 - b. Beyond that, there are levels of review which are described below.
3. Levels of review:
 - a. The client may appeal to the Clinical Director
 - b. The client may appeal to the Executive Director
 - c. The client may appeal to the County
 - d. The client may appeal to the State
4. Time frames for levels of review:
 - a. Clinical Director Response within 5 working days.
 - b. Executive Director Response after request for appeal within 5 working days.
 - c. County response per County appeals process requirements.
 - d. State response per State appeals process requirements.
5. Procedures for written notification regarding the actions to be taken to address the complaint.
 - a. Each client filing a complaint will receive a confirmation of receipt of a complaint and the actions that will be taken to address the complaint upon the formal receipt of the complaint.
 - b. Each client will receive a written notice of decision regarding the merit of each complaint.
6. The rights of each party:
 - a. The client has the right to complain without fear of retaliation or service barriers.
 - b. The client has the right to a timely investigation and resolution to the complaint.
 - c. The client has the right to representation by a third-party advocate.
 - d. The organization has the right to seek legal counsel to defend a complaint.
7. The responsibilities of each party.
 - a. The client has the responsibility to provide all necessary information regarding the complaint.
 - b. The organization has the responsibility to attend to timelines set forth in the investigatory process.
8. The availability of advocates or other assistance.
9. TIME Organization shall provide clients with information related to all available advocates or assistance to clients who access this complaint process.

CONSUMER GRIEVANCE FORM

This section must be completed. Additional sheets may be added for further explanation.

TIME ORGANIZATION, INC CLIENT COMPLAINT FORM		
Facility / Agency / Provider / Program:		
Complaint filed by: (Client / Family Member)		
I can be reached at: Address		Phone #
COMPLAINT INFORMATION		
Date:	Time:	Location:
Name or Descriptions of Individuals involved in the incident/situation of complaint:		
Name(s) of witnesses of incident / situation:		
I understand that further interviews with the Executive Director or his/her designee, other staff, or a review of my clinical record may be necessary to fully investigate this matter. I therefore give the Executive Director or his/her designee authority to conduct the necessary investigation. I also understand that I have the right to have someone assist me with the complaint. If I am not satisfied with the results of the investigation, I have the right to file a complaint with the state of Georgia.		
Signature of Complainant: _____		Date: _____
Name of Staff Receiving/handling complaint: _____		Date: _____
Date:	Time:	Location:
Confirmation of receipt of complaint provided to client on: _____		
Date		
Follow Up/Resolution:		
(continue on reverse side if you need additional space)		
Client received a copy of resolution: <input type="checkbox"/> yes <input type="checkbox"/> no		
<input type="checkbox"/> Client would like further investigation		
Client:		
<input type="checkbox"/> My signature indicates that my complaint has been resolved to my satisfaction.		
Signature of complainant: _____		Date: _____
Staff:		
<input type="checkbox"/> My signature indicates that client gave a verbal indication over the phone that this complaint has been resolved to their satisfaction.		
Signature of staff: _____		Date: _____ Time: _____



AUTHORIZATION FOR TRANSPORT

Clients presently participating in services with TIME Organization, Inc. are provided courtesy Transportation on a first come first served basis. Clients attending Psychiatric Appointments have priority over all others. Assigned workers in the PRP program may transport to and from any planned activities for any various therapeutic reason (i.e., recreational, vocational, doctor's appointments, etc.). The representing staff of TIME Organization, Inc. will communicate plans to transport the child with the parent/guardian on a consistent basis.

Transportation is voluntary and during transportation the staff member will not knowingly or intentionally place my minor child or myself in danger and will notify or seek emergency assistance if unforeseen circumstances occur that require any such public emergency official services.

WAYS YOU CAN PROVIDE INPUT

We encourage clients and their families to provide input about the services you receive from TIME Organization Services. The following are just a few of the ways that you can provide input to us about any aspect of your services:

- Make suggestions to your counselor, therapist, nurse or doctor. They will be taken seriously.
- Respond to our regular satisfaction surveys. We will post a summary of the results.
- If you are dissatisfied with any aspect of the care we provide to you or your family member, please fill out and

submit a complaint form. We will investigate your complaint thoroughly and will not retaliate for the filing of the complaint. We will provide you with a written response to your complaint.

- Consider joining our Advisory Board. It meets regularly to discuss issues important to all served by TIME Organization Services.



OUR COMMITMENT TO PARTNER WITH PARENTS

We are committed to the following:

WE

- Are committed to improving the quality of service for families through active partnerships with parents.
- Will advocate for parents as partners in their child's education and treatment.
- Believe that collaboration with parents is essential.
- Will address the specific needs and concerns of parents.
- Our Goal is to help parents to become knowledgeable about evidence/science-based treatments.
- Will teach parents to assertively advocate for their children's right to effective education.
- Will go the extra mile to promote effective education and treatment.
- Help parents of newly diagnosed children gain access to accurate information and effective services.
- Are committed to increasing the number of qualified professionals.
- Have a genuine desire to use parents' perspectives, experiences, and compassion to make the journey easier for others.
- Support initiatives to help parents to access accurate information from existing resources and web links.
- Will create new resources to help parents become more familiar with child and adolescent services, how to better access such services, and how to better advocate for such services, and how to promote accountability.
- Will clearly identify, describe the nature and scope of family services offered by schools and other community organizations.
 - ❖ Parents are encouraged to ask questions about the benefits, risks, and limitations of treatment and such questions are welcomed at any point in the intervention process.
 - ❖ Parents may also ask about qualifications, experiences, and certifications.
 - ❖ Parents will be provided with training on an ongoing basis, not just orientation.
- Will solicit parents' input and help parents to prioritize their short - and long-term goals for their child and their family.

REQUIREMENT TO REPORT

If you were required to seek services at TIME Organization by a court or by the local Department of Social Services or Juvenile Services we are required to report to them regarding your discharge from our services regardless of the discharge outcome. While receiving services all TIME staff have the obligation to report suspected or reported child abuse, elder abuse, homicidal ideations or suicidal ideations. Our professionals will always ensure that safety is first.

HEALTH AND SAFETY POLICIES

Emergency Drills

TIME Organization is required to conduct emergency drills which may require evacuation from our building if you are on the premises. Please be prepared to exit the building promptly.

Use of Seclusion or Restraint

TIME Organization forbids the use of seclusion and restraint in its programs.

Use of Tobacco Products

TIME Organization is a tobacco-free environment. The use of any tobacco product is forbidden on site.

Illegal or Legal Substances Brought Onto Premises

TIME Organization is a drug-free setting. Illegal substances are forbidden in the organization's facility. Over the counter medications may be brought on site but their presence should be reported to staff.

Prescription Medication

Prescription medications may be brought on site but their presence should be reported to staff.

Weapons

All weapons are prohibited. You may not bring weapons onto TIME Organization's facility.

ADVANCE DIRECTIVES

Upon entering into services with TIME Organization we would hope that you would inform us of any advance directives that you have established with other treatment providers. Advance directives are interventions that you wish to be carried out if you were to experience a serious physical or mental illness or have a serious accident. If you would like the staff of TIME Organization to help you develop a set of advance directives we would be happy to do so.

THE TREATMENT PROCESS AT CHANNEL MARKER

Assessment

You or your child will undergo a series of assessments at the beginning of the treatment process with TIME Organization. We will be asking questions about life and family history, educational and vocational history, physical health history, any substance abuse history and living situation along with other questions about you or you or your child's background. We will be asking you what you feel you or your child's strengths, needs, abilities and preferences are. Our nurse will conduct a nursing assessment to further evaluate your or your child's physical functioning and to make a record of any medications you or your child is taking. If indicated, our Medical Director may conduct a psychiatric exam, as well. The results of these assessments will help us to work with you to determine the course of you or your child's treatment plan.

If you wish a copy of any of the assessments, please let us know and we are obliged to provide a copy to you.

Treatment Plan

Based on the results of the assessments and based on what wellness and recovery goals you feel you or your child wants to accomplish while with us, we will create a treatment plan with you. Although the goals and objectives we create with you will be measurable and time-specific there is no set time for the course of treatment as you or your child's needs may change as time goes on and we may need to modify treatment goals and objectives according to your needs and desires.

As soon as we possibly can after the start of treatment, we will begin to talk with you about you or child's various needs after discharge from our services. We want to make sure we do everything we possibly can to ensure that your recovery continues after you leave us.

Please know that if you or your child are here because of the order of the court or the state that we will notify the referring entity as to missed appointments, progress in treatment and your ultimate discharge. We would

ask that you keep us up to date on any change in your or your child's legal status.

TIME OUTPATIENT MENTAL HEALTH CLINIC DISCHARGE, TERMINATION AND TRANSFER POLICY

All services provided at TIME Outpatient Mental Health Clinic are voluntary. When services are no longer necessary or required, or when the therapist/counselor feels that treatment should be discontinued due to non-compliance or other reasons, our policy is as follows:

- Termination of services will, whenever possible, be a collaborative effort between the client and the therapist/counselor and based on completion of treatment goals. When this decision is made, the therapist/counselor and client develop a discharge plan formulating continued service needs. The therapist/counselor will also assist the client with the necessary referrals for treatment, rehabilitation, or community support.
- A client may be discharged from services if he/she has cancelled more than three appointments in a row or not shown up after a phone call. A client may also be discharged if he/she has not participated in services for a period of 30 days and has made no indication that he/she will return to treatment. If a client is unable to attend due to hospitalization or other temporary reasons, the chart will remain open until the client chooses to return.
- A client who receives medication and/or other services by the agency's psychiatrist will be discharged from all services if he/she has not participated in therapy for a period of 14 days and has made no indication that he/she will return to therapy. This means that a client may not continue to receive medication and/or other services by the agency's psychiatrist if he/she is not simultaneously in therapy.
- Treatment may also be terminated if the client presents a threat to the health or safety of the clinic staff or other patients.

- If a therapist/counselor is leaving the agency, all efforts will be made by the therapist/counselor and the agency to make sure that sufficient time is provided for appropriate termination and/or transition to a new therapist/counselor. In some circumstances a client may request to transfer to another therapist/counselor or a therapist/counselor may feel that he/she cannot effectively work with a particular client. In these situations, all efforts will be made to involve the client and his/her family in the decision and transfer. The therapist/counselor will document in a transfer summary the reasons for transfer and other relevant information. The client's record will also be transferred to the new therapist/counselor, following the client's signed release of information.

Immediate Discharge Policy

Upon the discretion of the management team for any of the following behaviors which may in turn impact the safety and well-being of other patients and staff at any time.

The behaviors that are deemed grossly negligent, threatening, unsafe or injurious to agency staff and other patients are as follows:

- ✚ Three (3) Consecutive no-shows for any agency program and failure to respond to a Reconnect Letter within 10 days
- ✚ Altering or Prescription tampering
- ✚ Prescription medication seeking behaviors
- ✚ Threatening behaviors towards staff and other patients
- ✚ Physically assaulting behaviors towards staff and other patients
- ✚ Verbal threats directed to staff and other patients
- ✚ Carrying weapons onto the premises
- ✚ Carrying illegal substances and/or drug paraphernalia onto agency property
- ✚ Inappropriate sexualized behaviors towards staff and other patients
- ✚ Destruction of agency property
- ✚ Theft of agency property

Upon immediate discharge, the patient will be mailed a letter of termination of services within five (5) business days. Termination of services will be effective immediately. The agency will provide the patient with a thirty (30) day supply of medication. The patient will not be permitted to return to the agency.



Thank you for Choosing TIME Organization to
Support your Behavioral Health Needs!

