

# Client Handbook

All Center For Wellness (CFW) clients are requested to kindly review this handbook to familiarize themselves with the services and expectations of the program while we are working together.

## Program Description:

Center For Wellness is committed to your benefit and to providing premier behavioral/mental health clinical care. We welcome you as we embark on this journey to nourish and cultivate a new beginning. The goal of our program is to support you as you work towards addressing your mental health, substance abuse and/or co-occurring symptoms.

The services at Center For Wellness are designed to serve clients who require intensive, structured treatment, but do not require medically supervised inpatient care. Our Partial Hospitalizations Programs (PHP) operate five business days until 3:30 pm, and Intensive Outpatient Program (IOP) operates three to five business days per week until 1:00 pm (Adult) or 6:30 pm (Adolescent).

Our team of professionals includes board-certified (or board-eligible) Psychiatrist(s), LPCs, LACs, LCSWs, LSWs, LCADCs, CADCs, and Master Level Interns who strive to support our clients in achieving their treatment goals. We measure our success to the success of those clients who have sought our services. We strive to help you maintain psychological, emotional, and physical balance. In the case that services are provided by a clinician who is not fully licensed, the treating individual will be supervised in accordance with all regulations.

A variety of skills and modalities are utilized to provide clients with the best possible treatment. In each program, clients are scheduled to meet with her individual therapist for weekly or biweekly individual sessions depending on their level of care. During treatment, clients spend a majority of their time in group therapy sessions. Family sessions are also strongly encouraged, and are considered an integral part of treatment. Clients also have regular sessions with a prescriber (typically a psychiatrist) for medication education, monitoring, and counseling. The sessions with the psychiatrist are provided at a regular frequency in accordance with state regulations and laws, and may vary depending on the program in which you are enrolled. Clients are encouraged to advocate for themselves and bring any concerns regarding medication, if prescribed, to the prescriber's attention in these sessions.

Each client will participate in the formulation of a client focused treatment plan . This treatment plan will highlight your goals for treatment and will be utilized to direct your treatment. Clients active participation in their treatment plan helps clinicians to be more effective in achieving treatment goals. The treatment plan is reviewed regularly and client feedback is a valuable aspect of these reviews.

The duration of a client's treatment varies based on several factors. The type and clinical intensity of the program, client's functioning, clinical progress, and adherence to program policies all may influence the length of stay for an individual client. Once the treatment team and client feel that the present level of services is no longer of benefit or is no longer necessary, plans for transition to a lower level of care will be developed by the treatment team in collaboration with the client, family members, and community supports. Discharge planning is initiated by your Primary Therapist at the start of your treatment and will be reviewed with you regularly for any changes.

## CLIENT RESPONSIBILITIES:

Center For Wellness promotes involvement of the client in all aspects of treatment. To achieve the best chance at successful treatment, the client's own acceptance of responsibility for the same is paramount, and this model reinforces the principles of self-care and engaging in acts of self help while trying to avoid/decreases actions that are self defeating/therapy interfering.

CFW strongly believes the following outlined responsibilities are incumbent upon clients receiving treatment:

- Treating all staff and fellow clients with dignity and respect.
  - This includes putting away all electronic devices while in the group rooms.
- Participating in creation and updating of their treatment plan, and following the same
- Sharing information requested by the program to promote the best care possible
- Asking pertinent questions about their care and taking an active role in their treatment
- Attending sessions as scheduled and advising staff via phone for any unexpected absences

- Following the agreed upon medication plan and bringing concerns regarding medication to staff and their prescriber, including side effect concerns.
- Advising their prescriber about changes to medication, including those made by outside providers
- Respecting and abiding by prohibition of violence, alcohol, drugs, firearms, weapons,
- Not bringing or using contraband items while on or near the premises.
- Reporting concerns about the quality of care promptly.
- Adhering to any agreed upon financial arrangements and advise the staff of any problems with paying fees.
- Promptly reporting any safety concerns or any other questions or concerns they may have about CFW.

### **GROUP PARTICIPATION GUIDELINES:**

The purpose of group therapy is to provide a safe and supportive environment for clients to share about their symptoms and adversities. In such an environment, clients are also able to learn tools for recovery, share their challenges and concerns with peers, process their feelings, and practice new coping skills and healthier behaviors.

The following are guidelines to help all clients/group members achieve their individual treatment goals:

- Arrive on time for groups.
- Remember that one person should speak at a time.
- Do not use cell phones or any electronic devices during groups. You may be asked to leave the room or put away your device by the group therapist.
- State your own thoughts and feelings, and actively participate in groups using "I" statements.
- Do not speak for anyone else and avoid using "should" statements when giving feedback.
- Respect the confidentiality of others by not sharing what is said in group with any third party. Violations of confidentiality could lead to your discharge from the program.
- Be honest and respectful when sharing your thoughts and feelings. Please refrain from using profanity in the group room.
- Listen to others. Good communication requires listening with empathy and speaking with respect regardless of your differences in beliefs/opinions.

### **SUBSTANCE USE:**

It is CFW's goal to provide education, treatment and support to assist all clients in making informed decisions regarding the use of alcohol, illicit drugs, or the abuse of prescribed medication. Clients are encouraged to be open and honest about any urges to use or any use of the substances that are not prescribed to them. If the urge to use substances becomes overwhelming, we encourage clients to inform staff so we may assist you in maintaining abstinence. Center for Wellness staff may refer clients who are struggling to maintain abstinence to more intensive services such as detoxification centers/rehabilitation centers. This is for the best interest of the client who has shown they are unable to remain abstinent over a period of time and require another level of care to reach their wellness goals.

Clients who are suspected of being under the influence of alcohol, illicit drugs or abusing prescribed medication while attending a program may be asked to participate in drug testing (urine or breathalyzer). If the client appears intoxicated while at CFW we may confront the client about this, contact their emergency contact(s) for a ride home and ask for client's keys if they drove to program. Please be aware that if a client refuses to do so and leaves the premises of CFW then we reserve the right to contact the local police. This may also lead to your discharge from the program.

If a client continues to use substances, the treatment team may ask that you enter into an abstinence contract. This contract is a tool used to assist clients with their goal of abstinence by encouraging open communication and a means to process thoughts, feelings and urges to use substances.

### **Substance Abuse Screening Policy:**

## **I. PURPOSE:**

To ensure that substance abuse screenings are performed only when clinically indicated and with respect for client's rights privacy and dignity.

## **II. POLICY:**

Substance abuse screenings are conducted when authorized by the client's Program Psychiatrist. Results are utilized to modify the treatment approach, make appropriate referrals, and safely manage clients' medications. A licensed laboratory is used to conduct the analysis of the screening and to share those results with the treatment team in a confidential manner.

## **III. PROCEDURE:**

- A. Substance abuse screenings are conducted for all new clients by their third program day. Additional screenings will be conducted only if client tests positive on their first test or there is other clinical information that would support the same (ie, reported use and/or clinical suspicion). The clinical indication for the screening is documented in the client's clinical record using the Center for Wellness Substance Abuse Screening Form.
- B. If the intake test comes back positive or there is valid clinical suspicion program staff will inform both the Program Director and Program Psychiatrist of this so that an order can be given for a substance abuse screening by the Program Psychiatrist. The Program Psychiatrist may give a "verbal order" to staff via telephone if psychiatrist is not present during program hours so that a screening may be taken from client and the sample may be sent and processed for analysis.
- C. The person obtaining the sample ensures that the client has privacy when the sample is collected, unless there is a documented history of the client falsifying samples.
- D. If the client has such a history, an appropriate staff member from the facility of the same sex as the client will witness and verify that the client is not falsifying samples.
- E. Substance abuse screenings may be discontinued whenever previous screenings result in three consecutive negative readings after an initial positive reading was documented, unless a court order requires continued screenings or there are clinical developments warranting the same.
- F. If a client refuses a requested substance abuse screening, this is documented in the client's clinical record and is treated clinically as a positive drug screen. Clients are made aware of this at the time of their refusal and are made known that three positive drug screens and/or refusals may result in a discharge from CFW. A referral to a primary substance abuse program will also be made to client and family member(s) (with client consent) at that time. A client may return to program after completing a primary substance abuse program and providing documentation of this successful completion.
- G. Clients are informed of the above policy, including the rationale for initial/future screening(s), during their initial intake/assessment with CFW clinical staff. Consent to screenings are obtained at intake/assessment by both client and client's parent/guardian (if under 18).

## **SMOKING/VAPING:**

There is no smoking/vaping anywhere inside of the building. Smoking/vaping is prohibited for clients under 18 years of age. Clients who wish to smoke/vape may do so outside of the building in designated areas. Smoking materials are to be extinguished and disposed of properly in designated receptacles. If the receptacles are overflowing, missing or unsafe in any way, we ask that you inform a CFW staff member.

## **ATTENDANCE POLICY:**

In order to maximize the benefit of program, and to attain your wellness goals, CFW stresses the need for adherence to the attendance policy as follows:

- Clients will attend all scheduled sessions as agreed upon with treatment team.
- Clients will notify CFW as soon as possible to report an absence, including the reason.
- Clients that miss three consecutive days of program without an excused absence may be discharged administratively from CFW.
- Clients who attend less than 2 groups per week for three consecutive weeks may be provided with an appropriate referral, and discharged from CFW.
- If a client needs to see a prescriber outside their regularly scheduled appointment days/time, it is the client's responsibility to notify staff so an appointment can be made.
- If a client continues to have absences from program they may be placed on an attendance contract. Continued violation of such contract may lead to their discharge from the program.

## **DRESS CODE:**

Center for Wellness has established guidelines for appropriate dress that allows consumer to focus on treatment without distractions. CFW respects each client's need for personal expression and freedom in choice of dress. It is the expectation of CFW that all clients dress appropriately and modestly while attending program. Clothing is expected to be weather appropriate. If a garment is deemed inappropriate, staff may prohibit clients from wearing such attire with proper explanation of the reason.

Clothing that may be deemed inappropriate includes but is not limited to:

- In appropriate foot covering
- Short shorts (length must be mid-thigh)
- Muscle shirts or tank style undershirts
- Bare chest or midriff garments
- Transparent, low cut or otherwise revealing garments
- Clothing with inappropriate or drug/alcohol related sayings or images are prohibited

## **INCLEMENT WEATHER:**

In the event of inclement weather, we ask all clients to call CFW to receive information regarding possible closure or delayed opening. We understand the challenges of getting to program during significantly inclement weather. Since your safety is our number one concern, no client will be financially penalized for staying home from program during such weather.

## **CONFIDENTIALITY:**

All information regarding a client any their treatment is confidential and will be maintained as such. This includes records compiled, obtained and prepared by CFW. Information will only be disclosed with written consent by the client, legal guardian or as required by law. All CFW clients are asked to maintain and protect the confidentiality and privacy of peers attending program. Clients may not share information about peers with outside entities. The only exception occurs if you are concerned about the safety or welfare of another client. In this case, you are expected to inform staff immediately so they may ensure the safety of all clients.

### **Legal limits of confidentiality are as follows:**

- **Duty to Warn and Protect**  
There is a legal obligation to violate confidentiality when a client discloses intentions to harm themselves or another person. In this case, professionals are obligated to warn the intended victim and notify legal authorities. In the event that a client discloses a plan for suicide, the appropriate authorities and family/emergency contact may be notified. Client may also be sent for screening at their local psychiatric hospital and/or emergency room.
- **Abuse or Neglect of Children and Vulnerable Adults**  
If staff learn that any client is abusing a child or vulnerable adult or has recently done so, or if a child or vulnerable adult is in danger of abuse, it is required to report this information to the appropriate social service and/or legal authorities.
- **Prenatal Exposure to Controlled Substances**  
Professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful to the appropriate legal authorities and/or social service agency.

Further information may be obtained by referring to CFW's Notice of Privacy Practices (included later in this packet).

## **NON-FRATERNIZATION POLICY:**

While clients attend CFW, we encourage full participation and focus on treatment without interference. Therefore it is the policy of CFW to prohibit fraternization between clients outside of program. Fraternization may be deemed as distracting, therapy interfering, and at times harmful and risky behavior.

## **I. PROCEDURE:**

- A. It is the expectation of CFW that all clients refrain from fraternizing with other clients outside the therapeutic program environment.
- B. Each client receives a client handbook upon admission, orienting them to policies which include non fraternization.
- C. All clients and legal guardians, where applicable, sign off indicating receipt, review and agreement of policies and procedures contained in CFW's client handbook.
- D. If it is discovered that fraternizing outside program hours has occurred, the client's primary therapist will review CFW's non fraternization policy with the client, and legal guardian where applicable and sign a behavior contract.
- E. If fraternization is discovered after hours of program, the client's primary therapist will implement appropriate clinical interventions which may include the development of a behavior contract.
- F. Legal guardians of minor clients are requested to monitor and report any known fraternization outside of program which occurs face to face, via computer or phone.

## **CLIENT RIGHTS:**

All clients receiving services shall have:

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

Additionally, clients shall have the following rights not listed directly in regulations:

1. The right to be informed of and receive a copy of these rights and to be given an explanation of these rights in terms the client can understand;
2. The right to be notified of any rules and policies the program has established regarding client conduct in the facility, and on the grounds as applicable;
3. The right to be informed of services available in the program, the names and credentials of the staff providing and/or responsible for the client's care;
4. The right to be informed of all fees and related charges including the payment, fee, deposit and refund policy of the program as well as charges for service not covered by sources of third-party payment or the program's basic rate;
5. The right to receive from the physician(s) or clinician(s) an explanation of his or her complete medical/health condition or diagnosis, recommended treatment, treatment options, including the option of no treatment, risks of treatment and expected results, in terms that he or she understands;
  - i. If the Medical Director deems this information detrimental to the client's health, or if the client is not capable of understanding the information, the explanation shall be provided to a family member, legal guardian, or significant other, as available;
  - ii. All consents to release information shall be signed by the client or their parent, guardian, or legally authorized representative;
  - iii. The reason for release of information to a designated party other than the client shall be documented in the clinical record.
6. The right to participate in the planning of his or her individual recovery plan (outlining care and treatment), and to refuse medication and treatment.
  - i. A client's refusal of medication or treatment shall be documented in the client's record and individual recovery plans will be amended as appropriate

7. The right to be informed if the program has authorized other health care and educational institutions to participate in his or her treatment, the identity and function of these institutions, and to refuse to allow their participation in his or her treatment;
8. The right to participate in experimental research only when the client gives informed, written consent to such participation, or when a guardian or legally authorized representative gives such consent for an incompetent client in accordance with law, rule and regulation. Refusal of participation will not jeopardize the right to receive services;
9. The right to voice grievances or recommend changes in policies and services to program staff, the governing authority, and/or outside representatives of his or her choice either individually or as a group, free from restraint, interference, coercion, discrimination, or reprisal;
10. The right to be free from mental and physical abuse, exploitation, and from the use of restraints;
  - i. A client's ordered medications shall not be withheld for failure to adhere to facility rules or procedures, unless the decision is made to terminate the client in accordance with the chapter; medication may only be withheld when the facility medical staff determines that such action is medically necessary.
11. The right to confidential treatment of information about the client;
  - i. Information in the client's clinical record shall not be released to anyone outside the program with the client's written approval to release the information in accordance with the provisions of the Health Insurance Portability and Accountability Act (HIPAA) at 45 CFR Parts 160 and 164, unless the release of the information is required and permitted by law, a third-party payment contract, a peer review, or the information is needed by DMHAS for statutorily authorized purposes (in accordance with N.J.A.C 10:37-6.79).
  - ii. Additionally, all clients have the right to adequate notice of the uses and disclosures of their confidential medical information.
  - iii. The program may release data about the client for studies containing aggregated statistics only when the client's identity is protected and Concealed;
12. The right to be treated with courtesy, consideration, respect, and with recognition of his or her dignity, individuality, and right to privacy, including, but not limited to, auditory and visual privacy;
  - i. The client's privacy also shall be respected when program staff are discussing the client with others;
13. The right to exercise civil and religious liberties, including the right to independent personal decisions
  - i. No religious beliefs or practices, or any attendance at religious services, shall be imposed on any client;
14. The right to not be discriminated against, to be treated fairly and not deprived of any constitutional, civil or legal rights regardless of age, race, religion, gender, nationality, sexual orientation, marital status, payment source, or disability, (see Client Communication Needs Policy)
  - i. The program shall not discriminate against clients taking medications as prescribed
15. The right to be transferred or discharged only for medical reasons, for the client's welfare, that of other clients or staff upon the written order of a physician or licensed independent practitioner (LIP) or for failure to pay required fees as agreed at time of admission (except as prohibited by sources of third-party payment);
  - i. Transfers and discharges, and the reasons therefore, shall be documented in the client's clinical record; and if a transfer or discharge on a non-emergency basis is planned by the mental health treatment program, the client and his or her family shall be notified and termination, transfer and referral of consumers will occur as outlined in provided for in N.J.A.C. 10:37 F-2.6
16. The right to be notified in writing, and to have the opportunity to appeal, an involuntary discharge (applies to clients in the Division of Mental Health and Addiction Services licensed programs only);
17. The right to have access to and obtain a copy of his or her clinical record, in accordance with Center for Wellness' s policies and procedures and applicable Federal and State laws and rules.
18. To be free from physical or pharmacological restraints, isolation, interference, coercion, discrimination or reprisal
19. Be informed of the services provided at the Center for Wellness and the names and professional status of all personnel providing those services, and whether the program has authorized other health care and educational institutions to participate in the client's treatment.

20. Be assessed for physical pain and provided with an appropriate referral to address the diagnosis, treatment and management of identified pain.
21. Be free from any form of abuse, exploitation, punitive or aversive interventions.
22. Exercise civil and religious liberties, including the right to make independent personal decisions.
23. Be free from any obligation to engage in the provision of any employment or to the treatment provider.
24. Voice grievances or recommend changes in policies and procedures to the Center for Wellness personnel, the governing authority and/or outside representatives of the client's choice.
25. The right to have access to and obtain a copy of their clinical record in accordance with applicable federal and state regulations.
26. The right to access protective and advocacy services.
27. The right to receive information about vocational rehabilitation services.

## **CLIENT/FAMILY COMPLAINT AND GRIEVANCE PROCEDURE**

### **I. PURPOSE:**

To provide a structure by which any complaints by client, family, legal guardian, and/or significant other may be resolved.

### **II. POLICY:**

It is the policy of Center for Wellness to ensure the rights of clients, family members, legal guardians, and/or significant others to submit a complaint to the organization or elsewhere in the community related to any aspect of their treatment experience. Clients, family members, legal guardians, and/or significant others are informed of this mechanism during the admission process and assured that a complaint does not compromise future access to care.

### **III. PROCEDURE:**

A. All clients will be made aware of the existence of the complaint and grievance procedure at the second non-emergency visit. Written notice of Center for Wellness's complaint procedures, and external advocacy services (including contact information), will be given to each client and will remain posted in an area accessible to all clients. Additional copies are available upon client request. Verbal explanations will be provided as needed.

B. All clients and families shall be made aware that clients are able to voice grievances or recommend changes of policies and services to agency personnel and governing authority without fear of retaliation, and that the client may contact external advocacy at any time.

C. The addresses and telephone numbers of all licensing entities shall be conspicuously posted in the waiting area, the client service area and in other public areas throughout the facility.

D. All clients not accepted for services will be informed immediately of county and statewide advocacy services available to them.

E. The Program Administrator shall serve as the agency ombudsperson and shall provide all clients and their families, upon request, the names, addresses, and telephone numbers of offices where information concerning Medicaid coverage may be obtained.

F. Clients may voice complaints directly to any clinical staff or to the CFW ombudsperson. When a grievance is lodged, the Client Grievance Form is completed to ensure there is an official record of the same. If said clinical staff is able to resolve the grievance to the satisfaction of the client within 3 business days, the grievance process shall end at this point. If clinical staff is unable to resolve the grievance to the client's satisfaction within 3 business days, it shall be brought to the attention of the ombudsperson, who will determine appropriate next steps.

1. The responsibility of said ombudsperson shall be:

- i. To receive client complaints;
- ii. To act as an advocate for clients who make complaints; and
- iii. To attempt to negotiate resolutions of issues raised by clients

(Complaints shall be investigated and negotiated within five working days.)

2. Written response: The Ombudsperson shall submit a written report of findings, resolutions and/or recommendations to the Executive Director and to the client within seven working days of the complaint. If the complaint has been resolved to the client's satisfaction, the grievance process shall end at this point.

3. When a complaint reaches the Ombudsperson, the following protocols are followed;

- a. A meeting will be held with the individual filing the complaint to provide resolution. The meeting is documented in the clinical record.

- b. The Ombudsperson will meet with any staff member involved in the complaint or grievance. Any appropriate actions will be taken, including disciplinary actions, if appropriate.
- c. The Ombudsperson may consult the Program Director regarding the complaint or grievance.
- d. The complaint will be reviewed and external agencies will be notified, if applicable.

G. Complaint/Grievance Resolution:

1. Internal Agency complaint resolution:

- a. CFW shall permit and encourage clients who object to a decision of a therapist, counselor, or service procurer, to consult with, and to obtain the opinion of a second such person either within or without the Agency.
- b. CFW shall advise clients that a grievance may be directed against a fellow client, the program, or any staff member
- c. If a complaint has not been resolved by the Ombudsperson (through the above process) to the client's satisfaction, the client may request a review by the Executive Director. The Executive Director shall make the final decision regarding the complaint, in a due process manner, as quickly as possible.
- d. If the complaint has still not been resolved to the client's satisfaction, the client may request a review by the County Mental Health Board.

2. External Agency complaint resolution:

- a. If the individual prefers to bypass the internal entities and bring the grievance to one of the external entities listed below, he or she is welcomed to do so at any time without fear of any reprisal.
- b. All clients are provided with contact information for external advocacy agencies at the time of admission (see H & I below) and are posted in a visible area in the facility.

H. Any external advocacy agency can be contacted at any point of the grievance process, including the Division of Mental Health Advocacy (whose information is provided to clients) and other appropriate agencies at:

Division of Mental Health Advocacy  
Justice Hughes Complex  
25 Market St.,  
Trenton, NJ 08625  
Phone: 877-285-2844

County Welfare Agency (for Adult Abuse concerns)  
Middlesex County Board of Social Services  
181 How Lane  
New Brunswick, NJ 08903  
(732) 745-3500

Administrator, County Mental Health Board

Penny Grande, Administrator  
Division of Addictions & Mental Health Planning  
75 Bayard Street  
New Brunswick, NJ 08901  
(732) 745-4313  
E-mail: [penny.grande@co.middlesex.nj.us](mailto:penny.grande@co.middlesex.nj.us)

Division of Mental Health and Addiction Services

Division of Mental Health and Addiction Services' Ombudsman  
PO Box 700  
Trenton, NJ 08625  
Phone: 609-984-4813

Community Health Law Project

225 East State Street  
Suite 5



Trenton, NJ 08608  
Phone: (609) 392-5553  
Fax/TTY: (609) 392-5369  
E-mail: [Trenton@chlp.org](mailto:Trenton@chlp.org)

Disability Rights New Jersey

210 South Broad Street, 3rd Floor  
Trenton, NJ 08608  
(609) 292-9742 or (800) 922-7233 in NJ Only  
(609) 777-0187 (Fax)  
(609) 633-7106 (TTY)  
[advocate@drnj.org](mailto:advocate@drnj.org)

**Division of Child Protection and Permanency**

Middlesex Central

Metroplex Corporate Center  
200 Metroplex Drive  
Suite 100A  
Edison, NJ 08817  
732-287-1840  
888-895-2404  
Fax: 732-777-3445

Middlesex Coastal

680 Pfeiffer Boulevard  
Perth Amboy, NJ 08861  
732-376-4700  
800-531-1261  
Fax: 732-293-2360

Middlesex West

53 Knightsbridge Road  
Piscataway, NJ 08854  
732-980-9312  
800-531-1258  
Fax: 732-980-0328

Adult Protective Services

Family and Children Services  
191 Bath Avenue  
Long Branch, NJ 07740  
Phone: 732-745-3635

After Hrs: Call 911 or local police, 732-745-3635, to leave a message for the next business day

- I. There can never be any retaliation against a client who lodges a complaint or grievance.
- J. Provision of the agency grievance procedure to consumers shall be documented and retained in the individual record.

**NOTICE OF PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED, DISCLOSED, SAFEGUARDED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### **What is this Notice and Why is it Important?**

As of April of 2003, a federal law (“HIPAA”) went into effect. This law requires that health care practitioners create a notice of privacy practices for you to read. This notice tells you how Center For Wellness (CFW) will protect your medical information, how we may use or disclose this information, and also describes your rights regarding your Protected Health Information (PHI). If you have any questions about this notice, please contact CFW at 732-655-4239.

### **Understanding Your Health Information**

During each program session and/or appointment, we record clinical information and store it in your chart. Typically, this record includes a description of your symptoms, your recent stressors, your medical problems, a mental status exam, any relevant lab test results, diagnoses, treatment, and a plan for future care. This information, often referred to as your PHI, serves as a:

- Basis for planning your care and treatment
- Means of communication among the health professionals who contribute to your care
- Legal document of the care you receive
- Means by which you or a third-party payer (e.g. health insurance company) can verify that services you received were appropriately billed
- A tool with which we can assess and work to improve the care that we provide for you.

### **I. Our Responsibility**

The confidentiality of your personal health information is very important. Your health information includes records that we create and obtain when we provide your care, such as a record of your symptoms, examination and test results, diagnoses, treatments and referrals for further care. It also includes bills, insurance claims, or other payment information that we maintain related to your care.

This Notice describes how we handle your health information and your rights regarding this information.

Generally speaking, we are required to:

- Maintain the privacy of your health information as required by law;
- Provide you with this Notice of our duties and privacy practices regarding the health information about you that we collect and maintain;
- Follow the terms of our Notice currently in effect.

### **II. Uses and Disclosures of Information**

Your health information is released with your consent except as noted in the policy below this line:

#### **NOTIFICATION OF CLIENTS REGARDING INFORMATION RELEASE WITHOUT AUTHORIZATION**

The following are circumstances when information may be released without a client’s authorization (in accordance with N.J.A.C. 10:37-6.79):

- A. A minor’s parent or legal guardian may authorize the disclosure of the minor’s records, provided that the minor shall be given prior notice and an opportunity to object to the disclosure. Objection by a minor, 14 years or older, who has requested admission and been admitted voluntarily to a psychiatric

facility, special psychiatric hospital, or children's crisis intervention service pursuant to R. 4:74-7A(c), shall render the authorization of the parent or guardian void; or

- B. Client records may also be disclosed to the following persons, upon presentation of appropriate credentials, under these circumstances:
1. Employees of the agency who are involved in the care of the client provided
    - a. Employees of the agency may disclose information that is relevant to a client's current treatment to the staff of another agency, so long as disclosure is in compliance with the Health Insurance Portability and Accountability Act 45 CFR Parts 160 and 164;
    - b. Clinical records audit teams, monitoring and site review staff designated by the Department, the Office of Legislative Services, the New Jersey Department of Health and Senior Services, and the Center for Medicaid & Medicare Services
    - c. A person participating in a Professional Standards Review Organization; and
    - d. Officials within the offices of the State Medical Examiner or a County Medical Examiner making investigations and conducting autopsies, pursuant to N.J.S.A. 52:17B-78 et seq.
    - e. Pursuant to a court order directing disclosure, upon its determination that disclosure is necessary for the conduct of its proceedings before it and that failure to make such disclosure would be contrary to public interest; or
    - f. To carry out any of the provisions of Title 30 or Article 9 of Chapter 82 of Title 2A of the New Jersey Statutes (N.J.S.A. 2A:82-41), or as required by other Federal or State law.
    - g. Nothing in this section shall preclude disclosure, upon proper inquiry and after the client has had the opportunity to object and does not express an objection, of information as to a client's current medical condition to any relative or friend.
    - h. Information may be disclosed to any licensed mental health provider or medical health care provider who has a contract with the Division of Mental Health Services or the Department of Human Services, or to the client's personal physician if it appears that the information is to be used for the benefit of the client.
- C. The records of a minor shall be released upon request to the Department of Children and Families in connection with investigations of whether the minor has been abused or neglected.

### **III. Psychotherapy Notes**

In the course of your care with us, we may keep separate notes during the course of your therapy sessions about our conversations. These notes, known as psychotherapy notes, are kept apart from the rest of your medical record and their confidentiality is subject to greater protection. They do not include basic medical information about your diagnosis or treatment.

Psychotherapy notes may be disclosed by a therapist only after you have given written authorization to do so. (Limited exceptions exist, e.g. in order for us to prevent harm to yourself or others, and to report child abuse/neglect). You cannot be required to authorize the release of your psychotherapy notes in order to obtain health-insurance benefits for your treatment, or enroll in a health plan. Psychotherapy notes are also not among the records that you may request to review or copy. If you have any questions, feel free to discuss this subject with us.

### **IV. Your Health Information Rights**

Under the law, you have certain rights regarding the health information that we collect and maintain about you.

This includes the right to:

- Request that we restrict certain uses and disclosures of your health information; we are not, however, required to agree to a requested restriction.
- Request that we communicate with you by alternative means, such as making records available for pickup, or mailing them to you at an alternative address, such as a P.O. Box. we will accommodate reasonable requests for such confidential communications.
- Request to review, or to receive a copy of a summary of the health information about you that is maintained in our files. If we are unable to satisfy your request, we will tell you in writing the reason for the denial and your right, if any, to request a review of the decision.
- Request that we amend the health information about you that is maintained in our files. Your request must explain why you believe our records about you are incorrect, or otherwise require amendment. If we are unable to satisfy your request, we will tell you in writing the reason for the denial and tell you how you may contest the decision, including your right to submit a statement (of reasonable length) disagreeing with the decision. This statement will be added to your records.
- Request a list of our disclosures of your PHI that we have made for reasons other than treatment, payment or healthcare operations.
- Request a paper copy of this Notice.

In order to exercise any of your rights described above, you must submit your request in writing. If you have questions about your rights, please speak with us in person or by phone during normal office hours.

**V. To Request Information or File a Complaint** If you have questions, would like additional information, or want to request an updated copy of this notice, you may contact Center For Wellness at any time at (732) 655-4239 or send us a written request/complaint to our office. If you feel your privacy rights have been violated in any way, please let us know and we will take appropriate action.

You may also send a written complaint to:

Department of Health & Human Services, Office of Civil Rights,  
 Hubert H. Humphrey Building 200 Independence Avenue  
 S.W. Room 509 HHH Building  
 Washington, D.C. 20201

**VII. Revisions to this Notice:** We reserve the right to amend the terms of this Notice. If this Notice is revised, the amended terms shall apply to all health information that we maintain, including information about you collected or obtained before the effective date of the revised Notice. If the revisions reflect a material change to the use and disclosure of your information, your rights regarding such information, our legal duties, or other privacy practices described in the Notice, we will promptly distribute the revised Notice.