



South Central Alabama Mental Health

Serving Butler, Coffee, Covington & Crenshaw Counties

Consumer Handbook

Access to Mental Health and Substance Abuse Services

Helpline: 334-222-7794 or call 1-877-530-0002 Toll Free

Covington County Outpatient Program
334-222-2523

Butler County Outpatient Program
334-382-2018

Butler County Children Services—Stepping Stones
334-382-2353

Coffee County Outpatient Program
334-347-0212

Coffee County Children Services - Stepping Stones
334-393-1732

Crenshaw County Outpatient Program
334-335-5201

Substance Abuse Services

Outpatient: 334-222-2523 First Step Residential Services: 334-428-5002

Mission Statement

“To help people improve their lives, achieve stability and independence, and fulfill their dreams in a professional and caring manner.”

Adopted: 10-1-2012
Revised: 4-30-19

Revised: 3-1-2013
Revised: 11-16-20

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Revised: 12-2-2020

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Revised: 06-09-23
Revised: 4-18-2025

Revised: 8-14-2018
Revised: 07-24-23

Revised: 10-22-2018
Revised: 8/21/23

Welcome

We are pleased that you have chosen our agency. Thank you for giving us the opportunity to serve you.

The South Central Alabama Mental Health Center is a public, non-profit corporation created by four county governments and nine cities that comprise its service area and governed by a Board of Directors appointed by these local governments under the authority of ACT 310 of the Alabama Legislature. South Central is not a state agency—it is an extension of local government—a community agency. Services are provided by a group of professional counselors, case managers, nurses, psychiatrists and qualified developmental disabled professionals. Our professionally trained staff provides the highest quality direct care for persons with psychological, emotional, and behavioral disorders.

Fees are charged for services provided. Individuals may qualify for a reduced fee based on total family income and size. Some insurance may cover certain eligible services. There may be restrictions on service availability based on diagnosis, financial constraints or program capacity.

This handbook is provided as a guide to acquaint you with our mission, policies and procedures, and services as well as your rights and responsibilities. We have also included some related resource information.

Our staff will review the handbook with you, however, we ask that you read this handbook carefully. It will help you understand the services we offer and your responsibilities and benefits as a consumer of South Central Alabama Mental Health Center services. You should keep this handbook handy and use it to find the information you need. Should you have any questions the staff will be happy to assist you.

We have provided a section for your notes at the end of the handbook. Please keep the handbook to refer to for questions or concerns you may have concerning the center's policies.

Services Offered

Mental Illness Services

Outpatient Services for Children and Adults
Psychiatric Evaluation
Assessment and Referrals
Individual and Group Therapy
Medication Monitoring
Residential Services
Case Management
Rehabilitative Day Services
Probate Court Evaluation
Emergency Services
In-Home Intervention
Day Treatment
After-School Program for Children

Substance Abuse Services

Assessment and Referral
Outpatient
Continuing Care
Crisis Residential
Case Management

Developmental Disability Services

Case Management—Service Coordination

Safety Practices and Procedures

South Central Alabama Mental Health Center (SCAMHC) has procedures in place to protect the health and safety of consumers and staff. Also, for health and safety reasons, there is NO SMOKING allowed in SCAMHC's buildings or vehicles. There are NO illicit drugs or weapons allowed in SCAMHC's buildings or vehicles.

FIRE: Extinguishers are located throughout the building on the interior walls. If you see a fire, report it immediately to the closest staff member. You will leave the building and go to a designated area.

EXIT: Exit signs are located above each door. The emergency evacuation routes are posted in each hallway. Please take a moment to review the exit route when you are here.

SEVERE WEATHER: If there is severe weather in the area, staff will monitor the weather alerts. If a Tornado Warning is issued for the county, you will be escorted by staff to a safe place. Staff will notify you when conditions are safe to return to your appointment or the waiting room.

INJURY: If you are in need of First Aid, notify the nearest staff person. First Aid kits are located in each building; however, for anything other than a very minor injury or illness, SCAMHC staff will call an ambulance.

THREAT OF VIOLENCE: If there is a threat of violence in the building, SCAMHC staff do not use seclusion or restraint. Law Enforcement authorities may be called immediately. SCAMHC may use emergency interventions until law enforcement authorities arrive.

Do you know your Rights?

Rights Protection and Advocacy Program Alabama Department of Mental Health

**Central Advocacy Office
1000 North Union Street
Post Office Box 301410
Montgomery, Alabama 36130-1410
Telephone: 334-242-3454
(In Montgomery)**

**Or
1-800-367-0955
(Outside of Montgomery)**

●
**Alabama Disabilities Advocacy Program (ADAP)
1-800-826-1675**

●
**Butler County Department of Human Resources
Telephone: 334-382-4400**

**Coffee County Department of Human Resources
Telephone: 334-348-2000**

**Covington County Department of Human Resources
Telephone: 334-427-7900**

**Crenshaw County Department of Human Resources
Telephone: 334-335-7000**

Consumer Rights

1. Every consumer shall have the right to privacy and to receive services in a safe and humane environment. You have the right to be free from any form of abuse, neglect, or mistreatment.
2. You have the right to receive quality individualized treatment and care from an adequate number of competent, qualified, and experienced professional clinical staff to ensure appropriate implementation of your treatment/service plan. You are protected against discrimination in the provision of services regardless of your age, race, creed, handicap, national origin, religion, sex, sexual orientation, gender identity, social status, diagnostic category, or length of residence in the service area except that specialized services may be developed for different age and/or diagnostic categories.
3. You have the right to the provision of care as according to accepted clinical practice standards within the least restrictive and most integrated setting appropriate.
4. You have the right to be educated about the potential significant adverse effects of the recommended treatment, including any appropriate and available alternatives, services, and/or providers.
5. You have the right to express preference regarding the selection of your service provider.
6. Every consumer shall have the right to have access to and privacy of mail, telephone communications, and visitors, unless legally restricted. If restrictions are in place on these forms of communication it is done so with the participation of the consumer and/or family, fully explained and evaluated for therapeutic effectiveness.
7. Every consumer shall have the right to adequate food and shelter.
8. Every consumer shall have the right to be assisted in obtaining access to dental and medical care, including vision and hearing services.
9. Every consumer shall have the right to confidentiality of all information in his/her mental health, medical and financial records.
10. Every consumer shall have the right to access, upon request, all information in his/her mental health, medical and financial records, unless a clinical determination has been made by professional staff that access to the record would be detrimental to the consumer's health.
11. Every consumer, parent or personal representative shall have the right to be informed specifically of the procedures for initiating complaint or grievance procedure and the applicable appeals process, including the means of requesting a hearing to review the complaint. Any consumer who feels aggrieved is encouraged to contact the Program Director to initiate the grievance procedure. You have the right without fear of retribution, to report any incidences of perceived abuse, neglect, or exploitation.
12. Every consumer, parent, or personal representative shall have the right to a statement of any applicable charges for mental health services, itemized when possible, and the right to be informed of any limitations placed on the duration of the services. You have a right to a written statement of services that will be provided to you.
13. Every consumer, parent or personal representative shall have the right to an individual, written decision to consent or refuse to participate in research or experimentation, based upon information which is presented in a non-threatening environment and in language appropriate to the consumer's condition and ability to understand. The information presented shall follow the general requirements for informed consent cited in the code of Federal Regulations 45 CFR.46.116, Department of Health and Human Services, National Institute of Health, Office of Protection from Research Risks: "Protection of Human Subjects".

Consumer Rights continued

14. Every consumer shall have the right to be free from physical, sexual, or psychological abuse (including humiliation), exploitation, coercion, reprisal, intimidation, physical punishment, harassment, threats, fiduciary abuse, or neglect.
15. Every consumer shall have the right to have access to courts and attorneys.
16. Consumers who are legally committed to facilities or programs shall have the right to be informed of one's commitment status including the requirements of commitment, if any, and the length of the commitment. If the consumer is a minor the personal representative has the right to be informed.
17. Every consumer, parent, or personal representative shall have the right to be informed of the means of accessing advocates, ombudspersons, or right protection services within the program, as applicable, The State of Alabama Mental Health System, The Department of Human Resources, The Federal Advocacy System, and other advocacy services.
18. Every consumer shall have the right to be free from seclusion, restraints, drugs, or other interventions administered for the purposes of punishment, discipline, or staff convenience.
19. For those individuals legally committed to mental health services operated by the State of Alabama or community or regional mental health centers, consumer shall have the right to inclusion in the community with appropriate and adequate supports, on completion of or in conjunction with the terms of commitments.
20. Every consumer has the right to enforce rights in a court of competent jurisdiction or appropriate administrative proceedings.
21. Every consumer shall have the right to conditions of mental health services which are supportive of each consumer's personal liberty and restrict liberty only to the extent necessary, consistent with each consumer's treatment needs, applicable requirements of law, and applicable judicial orders.
22. Every consumer shall have the right to participate and to involve family in the treatment care decisions and the discharge planning process. All material involved will be presented in language appropriate to the consumer's ability to understand.
23. You have the right to wear your own clothing and keep your personal possessions.
24. While in this program, you have the right to worship in the religious faith of your choice or receive pastoral care.
25. You should not be forced to perform work for which you are not adequately compensated.
26. Your plan of treatment should be designed just for you, based on your individual strengths, abilities, preferences, and needs and with your participation and your family if appropriate.
27. You have the right to receive services based on your individualized treatment/service plan.
28. You and your family, if desired, are allowed to actively participate in your treatment while in this program, to be involved in resolving a conflict about your treatment, to participate fully in all decisions related to your treatment and clinical care.
29. You have the right to be informed of the person (s) who has primary responsibility for your treatment and clinical care.
30. You have the right to be provided with appropriate information to facilitate informed decision-making regarding treatment.
31. Your voluntary, written, informed consent should be obtained for treatment, care and services you receive.
32. You have the right to exercise rights as a citizen of the United States and the State of Alabama.
33. You have the right to be served through general services available to all citizens.

Consumer Rights continued

35. You have the right to own and possess real and personal property. Nothing in this section shall affect existing laws pertaining to conveyance of personal property.
36. You have the right to make contracts.
37. You have the right to obtain a driver's license on the same basis as other citizens.
38. You have the right to social interaction with members of either sex.
39. You have the right to marry and divorce.
40. You have the right to be paid the value of work performed.
41. You have the right to exercise rights without reprisal.
42. You have the right to provide input into the agency's service delivery system processes through consumer satisfaction surveys and other avenues provided by the governing body.
43. You have the right to manage your own personal funds. If SCAMHC is your payee, you have the right to access your funds.
44. You have to be informed of the need for parental or guardian consent for treatment, if applicable.
45. You have the right to refuse services without reprisal except as permitted by law.
46. If in an inpatient or residential program, you have the right to a well-balanced diet that meets your daily nutritional and special dietary needs.
47. You have the right to access and utilization of appropriately prescribed medications.

Your Responsibilities

Realizing that the freedom to exercise rights carries with it the need to accept some responsibilities, the following list of responsibilities is expected of each person who is in the care of South Central Alabama Mental Health Center within the limits of his/her abilities:

- To provide, to the best of your knowledge, accurate and complete information regarding your medical history including: present and past illnesses, medications, hospitalizations, etc.
Consumers should advise their therapist/doctor/nurse of any changes in medication.
- To be responsible for your actions should you refuse treatment or do not follow instructions.
- To be seen by a center therapist at least every six (6) weeks if you are receiving medication from the center or if your prescriptions originate from the center physician.
- To be familiar with and follow rules and regulations governing your care and conduct.
- To attend scheduled activities and keep appointments. Consumers should notify the office at least 24 hours in advance if unable to keep a scheduled appointment.
- To be considerate of the rights of others.
- To be respectful of the property of others and of the facility.
- To take an active part in planning for your treatment program and discharge.
- To ask questions when you do not understand instruction, treatment, etc.
- To obey the laws which apply to all citizens.
- You will be expected to attend regularly as scheduled, meet with assigned groups, and participate in all activities.
- There will be NO WEAPONS allowed within SCAMHC facilities! Anyone found to have a weapon of any kind may be subject to immediate termination from the program.
- Violent or disruptive behavior, including taunting or aggressive behavior towards other consumers or staff will not be tolerated and may result in discharge from the program.
- There will be no alcohol or street drugs allowed at the Center. Any drinking or drug use before arriving at the center may result in dismissal from the program for the day.
- If an emergency arises which needs immediate attention, notify any staff member and follow their instructions.
- It is a bad idea to borrow from or lend money to other consumers. This will be strongly discouraged by staff. Theft from other consumers or staff is strictly forbidden.
- Consumers are welcome to bring purses/bags to the center; however, the center will not be responsible for any lost or stolen property. SCAMHC staff also reserves the right to inspect purses/bags if weapons, alcohol, illegal substances, theft, etc. are suspected.
- Personal business needs to be attended to before or after center hours at your home. The Center phone is a business phone. The lines need to be kept open for business purposes and emergencies. Personal calls can be made in emergencies or when access is needed to other service agencies or Advocacy services.
- Consumers **must advise** the office staff of changes in financial status.
- If you are dismissed involuntarily, you have the right to appeal to the Division Director.
- Children under the age of 18 are not permitted at any of our group homes.
- Please respect the privacy of others and avoid use of your cell phone in the waiting area.

Emergency Services

Emergency Services are available 24 hours a day, 7 days a week. If you are experiencing a crisis or an emergency situation related to your mental health or emotional needs you may contact your program director/or clinician during working hours Monday—Friday, 8:00 a.m. to 5:00 p.m. If it is after hours you may call our HELPLINE toll free at 1-877-530-0002.

Consent for Treatment/Benefits and Risks of Therapy

I hereby give my consent to receive mental health services provided by South Central AL Mental Health Center. I understand that these services may include counseling sessions, group therapy, family therapy, crisis intervention, and other appropriate mental health services.

I understand that:

- Purpose of Treatment: The purpose of treatment is to support my mental health and wellness. Treatment will be based on a clinical evaluation and ongoing assessment of progress. It will be individualized to my specific needs.
- Participation: My participation in treatment is voluntary and I may withdraw my consent at any time. This may be done in writing or verbally during a session.
- Benefits and Risks: I understand that mental health treatment has potential benefits, such as improved mental well-being, increased understanding of personal goals and values, improved interpersonal relationships, and reduction of distressing symptoms. I also understand that there may be potential risks, such as experiencing discomfort, difficult emotions, and changes in relationships, and that the desired outcomes may not be achieved.

I acknowledge that I have been given ample opportunity to ask questions about the nature of treatment, the limits of confidentiality, and other related matters. I have read, understand, and agree to the conditions outlined above.

Contraband

South Central Alabama Mental Health Center believes it has the right and obligation to maintain a safe, healthful, and efficient workplace for all its employees, consumers, and visitors, and to protect the organization's property, information, equipment, operations, and reputation.

All forms of contraband, including but not limited to illegal drugs and alcohol, drug paraphernalia, lethal and non-lethal weapons, firearms, explosives, incendiaries, stolen property, and pornographic materials, will be subject to seizure during an inspection or search. An employee who is found to possess contraband on SCAMHC property or facilities or on SCAMHC business will be subject to discipline up to and including discharge. Consumers or visitors of the SCAMHC who are found to be in possession of contraband while on SCAMHC property or facilities while involved in SCAMHC activities will be asked to leave and may be subject to discharge or criminal or civil proceedings. Items in the above definition are not considered contraband when possessed by a duly sworn officer of the law and carried in the course of the legal execution of his duties.

Linguistically and Culturally Appropriate Treatment and Communication

Treatment and care are provided to each consumer in a linguistically and culturally appropriate manner, including those who are deaf/hard of hearing, whose language preferences are not English, or who are illiterate. Information regarding treatment or consumer rights shall be available in a linguistically appropriate format or by translation or interpretation. Consumers who are deaf will have communication access provided by bilingual staff fluent in sign language or by a qualified interpreter. Programming will be modified, if necessary, to provide effective participation for all consumers who are deaf or hard of hearing.

Consumer Complaint/Grievance and Appeal Procedure

Performance Improvement/Quality Assurance – Complaint Grievance Process

Policy:

The SCAMHC Board recognizes the need for a complaint grievance process which allows consumers, family members and others to make comments or complaints about staff or services received from the Center. A report of all complaints and/or grievances will be reported to the Board annually.

Procedure:

Consumers who wish to comment on or complain about services received at the Center should be encouraged to do so. Consumers are encouraged to express their opinions or concerns about staff or services. This can be done on the SCAMHC Complaint/Grievance Statement (see attached). At admission, each consumer is given telephone numbers for the SCAMHC Internal Advocate (usually the Clinical Director) and the DMH Advocate. These numbers are posted in each service location. If a consumer voices dissatisfaction, she/he is to be reminded of the grievance procedure and encouraged aged to follow the procedure as outlined.

Specific steps in the grievance procedure are:

- Step 1. If the consumer is able to do so, any complaint/concern should be addressed to the staff member involved. If the concern involves a rights violation, staff receiving such information must immediately report it to the Division Director, who will inform the Clinical Director.
- Step 2. When appropriate or the complaint/concern cannot be resolved by the staff member involved, a SCAMHC Complaint/Grievance form will be completed by the complaint and sent to the SCAMHC Internal Advocate (Clinical Director) and forwarded to the appropriate Division Director. The Division Director will investigate any complaint, and attempt to resolve it with the consumer. Often this will require a meeting with the consumer, the staff involved in the complaint, and the Division Director. Other people may be involved as needed. Such meetings will be documented and sent to the SCAMHC Internal Advocate (Clinical Director). (In many instances the issue is never brought before a staff member and the individual makes their complaint directly to the SCAMHC Internal Advocate over the telephone. SCAMHC's Internal Advocate/Clinical Director is Sandy Flowers. She may be reached at (334) 335-5201. In these situations, the Internal Advocate will offer to meet with the complaint to allow the individual to complete the SCAMHC Complaint/Grievance Statement. If the individual refuses to meet with the SCAMHC Internal Advocate/Clinical Director, they (the Clinical Director) will transcribe the complaint on a SCAMHC Complaint/Grievance Statement, and then assign the investigation to the appropriate Division Director.)
- Step 3. If the issue cannot be resolved as noted above, the Division Director will inform the Clinical Director of any ongoing or unresolved concern. This may be done in writing, in person, or b by telephone. The Clinical Director will review the information from the investigation by the Division Director and meet with the consumer/complaint, staff involved, and the Division Director to try to resolve the issue. Proceedings from this meeting will be attached to the statement.
- Step 4. If the issue cannot be resolved at the end of Step 3, the Clinical Director will inform the Executive Director of any ongoing or unresolved concern. The Executive Director will review the results of the previous meetings and any or all individuals involved in the issue. The Executive Director will issue a final decision concerning the Complaint/Grievance.

The Clinical Director will inform the Executive Director of any serious issues that may arise.

Determination is made on a case-by-case basis about how to respond.

Complaints and grievances should be documented on the SCAMHC Complaint Grievance Form (see attached).

Suggestion boxes are located in each service location. These boxes offer an anonymous means of offering input into the operation of the Center. The suggestions, along with those received in writing or by telephone, are an important component of Performance Improvement at South Central Alabama Mental Health.

In addition, consumers are advised of the Advocacy Division of Department of Mental Health.

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.

If you have any questions about this notice, please contact the South Central Alabama Mental Health Center Privacy



Officer, Sandy Flowers, MS at 587 Bentley Avenue Luverne, Alabama 36049 (334) 335-5201.

YOUR HEALTH INFORMATION

This notice applies to the information and records we have about you, your health, health status, and the health care and services you receive from South Central Alabama Mental Health Center. Your health information may include information created and received by South Central Alabama Mental Health Center, may be in the form of written or electronic records or spoken words, and may include information about your health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, prescriptions, related billing activity and similar types of health-related information.

We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information. South Central Alabama Mental Health Center will not use or disclose your health information without your authorization, except as described in this notice or otherwise required by law. We are legally required to follow the privacy practices that are described in this notice.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

We may use and disclose health information for the following purposes:

For Treatment. We may use health information about you to provide you with medical and counseling treatment or services. We may disclose health information about you to doctors, therapists/counselors, nurses, technicians, staff, or other personnel who are involved in taking care of you and your health. For example, a doctor treating you for depression may need to know if you have diabetes because if your diabetes is unstable, it may affect your mental status. In addition, the doctor may need to tell other professional staff if you have diabetes so that other services can be arranged. We may also share medical information about you to coordinate the different things you need, such as prescriptions, lab work, and diagnostic testing. We also may disclose medical information about you to people who may be involved in your medical care such as family members, clergy, rehabilitation centers, etc.

Different personnel in our organization may share information about you and disclose information to people who do not work for South Central Alabama Mental Health Center in order to coordinate your care, such as phoning in prescriptions to your pharmacy, scheduling lab work and ordering x-rays. Family members and other health care providers may be part of your medical care outside this office and may require information about you that we have. We will request your permission before sharing health information with your family or friends unless you are unable to give permission to such disclosures due to your health condition.

For Payment. We may use and disclose health information about you so that the treatment and services you receive at South Central Alabama Mental Health Center may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about a service you received here so your health plan will pay us or reimburse you for the service. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will pay for the treatment.

For Health Care Operations. We may use and disclose health information about you in order to run South Central Alabama Mental Health Center and make sure that you and our other patients receive quality care.

For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also use health information about all or many of our patients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.

We may also disclose your health information to health plans that provide your insurance coverage and other health care providers that care for you. Our disclosures of your health information to plans and other providers may be for the purpose of helping these plans and providers provide or improve care, reduce cost, coordinate and manage health care and services, train staff and comply with the law.

Fund Raising Campaigns. We may contact you to ask for your help with different fund-raising campaigns. We will request your permission by obtaining a specific authorization for the fund-raising event before utilizing health information for any fund-raising campaign directed by South Central Alabama Mental Health Center.

Appointment Reminders. We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at South Central Alabama Mental Health Center.

Treatment Alternatives. We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health Related Benefits and Services. We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU: SPECIAL SITUATIONS

We may use or disclose health information about you for the following purposes, subject to all applicable legal requirements and limitations:

To Avert a Serious Threat to Health or Safety. We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Required By Law. We will disclose health information about you when required to do so by federal, state or local law.

Research. We may use and disclose health information about you for research projects that are subject to a special approval process. We will ask you for your permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the office.

Organ and Tissue Donation. If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate such donation and transplantation.

Military, Veterans, National Security and Intelligence. If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose medical information about you for public health activities. These activities include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.

We will only make this disclosure if you agree or when required or authorized by law:

Health Oversight Activities. We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws. These activities will include the following: (1) third party auditors such as Medicaid, Medicare, and other insurance audits as well as (2) reviews and audits by the Alabama State Department of Mental Health and (3) other entities in which South Central Alabama Mental Health Center is contractually involved such as managed care organizations and business associates.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.

Law Enforcement. We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

Coroners, Medical Examiners and Funeral Directors. We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

Information Not Personally Identifiable. We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Family and Friends. We may disclose health information about you to your family members or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when you bring your spouse with you into a session with a doctor, Certified Nurse Practitioner, Physician Assistant, therapist, counselor or nurse during treatment or while treatment is discussed.

In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. We may also use our professional judgment and experience to make reasonable inferences that it is in your best interest to allow another person to act on your behalf to pick up, for example, filled prescriptions, medical supplies, or other information.

We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written Authorization. Examples of disclosures requiring your authorization include disclosures to your partner, your spouse, your children and your legal counsel.

We will not use or disclose your health information for the following purposes without your specific, written Authorization:

In some instances, we need specific, written authorization from you in order to disclose certain types of specially-protected information such as psychotherapy notes, HIV, substance abuse, mental health, and genetic testing information for purposes such as treatment, payment and healthcare operations.

For our marketing purposes. This does not include face-to-face communication about products or services that may be of benefit to you and about prescriptions you have already been prescribed.

For the purpose of selling your health information. We may receive payment for sharing your information for, as an example, public health purposes, research, and releases to you or others you authorize a release to as long as payment is reasonable and related to the cost of providing your health information.

Any disclosure of your psychotherapy notes. These are the notes that your behavioral health provider maintains that record your appointments with your provider and are not stored with your medical record.

Identified below are instances where release of information occurs with or without a release from the consumer.

1. Correctional Institutions as required by law – If you are an inmate of a correctional institution, we may disclose to the institution health information necessary for your health and the health and safety of other individuals
2. Specialized government entities (not substance abuse information).
3. Food and Drug Administration as required by law
4. Research purposes.
5. Coroner/Funeral Director to provide vital statistics in connection with death of a consumer.
6. Law Enforcement: We may disclose your health information for law enforcement purposes as required by law or in response to a court order and subpoena.

If you give us Authorization to use or disclose health information about you, you may revoke that Authorization, **in writing**, at any time. If you revoke your Authorization, we will no longer use or disclose information about you for the reasons covered by your written Authorization, but we cannot take back any uses or disclosures already made with your permission.

National Security and Intelligence Activities. We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others. We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Uses and Disclosures that Require Us to Give You an opportunity to Object:

Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information we maintain about you:

Right to Inspect and Copy. You have the right to inspect and copy your health information, such as medical and billing records, that we keep and use to make decisions about your care. You must submit a written request to the South Central Alabama Mental Health Center Privacy Officer, Sandy Flowers, MS at 587 Bentley Avenue, Luverne, Alabama 36049(334) 335-5201 in order to inspect and/or copy records of your health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. A modified request may include requesting a summary of your medical record. If you request to view a copy of your health information, we will not charge you for inspecting your health information. If you wish to inspect your health information, please submit your request in writing to Sandy Flowers, MS at 587 Bentley Avenue, Luverne, Alabama 36049(334) 335-5201. You have the right to request a copy of your health information in electronic form if we store your health information electronically. South Central Alabama Mental Health Center will follow its policies and procedures concerning The Right to Inspect and/or Copy Protected Health Information in the HIPAA Privacy Plan. This includes the processing of consumer requests, handling consumer requests, unreviewable grounds for denial of access, reviewable grounds for denial of access, and implementing a denial of access.

Right to Amend. If you believe your health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by South Central Alabama Mental Health Center. To request an amendment, complete and submit a Consumer Request for Amendment of Protected Health Information form to the designated Privacy Officer, Sandy Flowers, MS at 587 Bentley Avenue, Luverne, Alabama 36049(334) 335-5201. We may deny your request for an amendment if your request is not in writing or does not include a reason to support the request. In addition, we may deny or partially deny your request if you ask us to amend information that:

- We did not create, unless the person or entity that created the information is no longer available to make the amendment
- Is not part of the health information that we keep
- You would not be permitted to inspect and copy

- Is accurate and complete

If we deny or partially deny your request for amendment, you have the right to submit a rebuttal and request the rebuttal be made a part of your medical record. Your rebuttal needs to be no more than one page in length or less and we have the right to file a rebuttal responding to yours in your medical record.

You also have the right to request that all documents associated with the amendment request (including rebuttal) be transmitted to any other party any time that portion of the medical record is disclosed.

Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you for purposes other than treatment, payment, health care operations, when specifically authorized by you and a limited number of special circumstances involving national security, correctional institutions and law enforcement. To obtain this list, you must submit your request in writing on the Consumer Request for an Accounting of Disclosures of Protected Health Information form to the designated Privacy Officer, Sandy Flowers, MS at 587 Bentley Avenue, Luverne, Alabama 36049(334) 335-5201. It must state a time period, which may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or we are required by law to use or disclose the information.

We are required to agree to your request if you pay for treatment, services, supplies and prescriptions “out of pocket” and you request the information not be communicated to your health plan for payment or health care operations purposes. There may be instances where we are required to release this information if required by law. To request re-

strictions, you may complete and submit the Consumer Request for Restrictions on Use and/or Disclosure of Protected Health Information form to the designated Privacy Officer, Sandy Flowers, MS at 587 Bentley Avenue, Luverne, Alabama 36049(334) 335-5201

Request for Confidential Communications – You have the right to request that communications regarding your PHI be made by alternative means or at alternative locations. For example, you may request that messages not be left on voice mail or sent to a particular address. We are required to accommodate reasonable requests if you inform us that disclosure of all or part of your information could place you in danger. Requests for confidential communications must be in writing, signed by you or your representative, and sent to the designated Privacy Officer, Sandy Flowers, MS at 587 Bentley Avenue, Luverne, Alabama 36049 (334) 335-5201

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, ask any of our office staff or our Privacy Officer.

Right To Breach Notification. You have the right to be notified of any breach of your unsecured healthcare information.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our office. The notice will contain on the first page, the effective date. You may also find a copy of this Notice on our web site.

BREACH OF HEALTH INFORMATION

We will inform you if there is a breach of your unsecured health information.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services at:

Office for Civil Rights Region
U.S. Department of Health & Human Services
61 Forsyth Street, SW – Suite 3B70
Atlanta, Georgia 30303-8909
(404) 562-7886

To file a complaint with South Central Alabama Mental Health Center, contact the designated Privacy Officer, Sandy Flowers, MS
587 Bentley Avenue
Luverne, Alabama 36049
(334) 335-5201.

CONSUMER FEES PER HOUR UNLESS OTHERWISE INDICATED

Code	Service	Fee	
	Crisis Intervention/Resolution	\$180.00	Per Hour
	Intake/Evaluation	\$200.00	Event
	Family Counseling/Therapy	\$180.00	Per Hour
	Med Administration Oral	\$20.00	Event
	Rehabilitation Day Program	\$20.00	Per Hour
	Individual Counseling/Therapy	\$180.00	Per Hour
	Group Counseling/Therapy	\$88.00	Per Hour
	Physician Med Assessment/Treatment	\$125.00	15 Min
	Medication Injection	\$23.12	Event
	Medication Monitoring	\$25.00	15 Min
	Blood Work (draw blood)	\$5.00	Event
	Drug Test	\$20.00	Event
	Day Treatment	\$21.00	Per Hour
	Mental Health Consultation	\$23.10	15 Min
	Residential Room and Oversight	\$50.00	Day
	Substance Abuse Update	\$12.00	15 Min
	Substance Abuse Intake/Evaluation/Assessment	\$200.00	Event
	Medication Pickup (Bottle Fee)	\$5.00	Bottle
	Residential Meal Cost	\$7.25	Meal
	Crisis Residential- SA	\$122.40	Day

Sliding Scale Fee Policy

SUBJECT: Sliding Fee Discount Program

EFFECTIVE DATE: November 16, 2020

POLICY: To make available discount services to those in need.

PURPOSE:

South Central Alabama Mental Health Center is a public, non-profit corporation. The Center receives some public funding through the Alabama Department of Mental Health and local governments of Butler, Coffee, Covington, and Crenshaw counties, but that funding provides only a part of the financial support needed to operate the Center. The balance must come from the individuals who receive services. Fees for services are assessed on an “ability to pay” basis. No consumer will be denied services based upon their inability to pay. Payment for services is expected at time of service unless other arrangements have been made.

This program is designed to provide free or discounted care to those who have no means, or limited means, to pay for their services (Uninsured or Underinsured). In addition to quality healthcare, individuals are entitled to financial counseling by someone who can understand and offer possible solutions for those who cannot pay in full. The Office Manager or Secretary/Receptionist role is that of consumer advocate, that is, one who works with the patient and/or guarantor to find reasonable payment alternatives.

- South Central Alabama Mental Health Center will offer a Sliding Fee Discount Program to all who are unable to pay for their services.
- South Central Alabama Mental Health Center will base program eligibility on a person’s ability to pay and will not discriminate on the basis of an individual’s age, race, creed, disability, national origin, sex, sexual orientation, gender identity, social status, diagnostic category, color, religion, or length of residence in the service area except that specialized services may be developed for different age and/or diagnostic categories. The Federal Poverty Guidelines are used in creating and annually updating the sliding fee schedule (SFS) to determine eligibility.

PROCEDURE:

The following guidelines are to be followed in providing the Sliding Fee Discount Program.

Notification: South Central Alabama Mental Health Center will notify individuals of the Sliding Fee Discount Program by:

- Consumer Handbook will be provided to all individuals at the time of admission. This handbook will include information on the Sliding Fee Discount Program.
- An explanation of our Sliding Fee Discount Program and our application form are available on South Central Alabama Mental Health Center’s website.
- South Central Alabama Mental Health Center places notification of the Sliding Fee Discount Program in the clinic waiting area.

All patients seeking services at South Central Alabama Mental Health Center are assured that they will be served regardless of ability to pay. **No one is refused service because of lack of financial means to pay.**

1. **Request for discount:** Requests for discounted services may be made by the individual, family members, social services staff or others who are aware of existing financial hardship. The Sliding Fee Discount Program will only be made available for clinic visits. Information and forms can be obtained from the Front Desk and the Business Office.
2. **Administration:** The Sliding Fee Discount Program procedure will be administered through the Business Office Manager or his/her designee. Information about the Sliding Fee Discount Program policy and procedure will be provided and assistance offered for completion of the application. Dignity and confidentiality will be respected for all who seek and/or are provided services.
3. **Alternative payment sources:** All alternative payment resources must be exhausted, including all third-party payment from insurance(s), federal and state programs.
4. **Completion of Application:** The individual/responsible party must complete the Sliding Fee Discount Program application in its entirety. By signing the Sliding Fee Discount Program application, individuals authorize South Central Alabama Mental Health Center access in confirming income as disclosed on the application form. Providing false information on a Sliding Fee Discount Program application will result in all Sliding Fee Discount Program discounts being revoked and the full balance of the account(s) restored and payable immediately.

If an application is unable to be processed due to the need for additional information, the applicant has two weeks from the date of notification to supply the necessary information without having the date on their application adjusted. If a patient does not provide the requested information within the two-week time period, his/her application will be re-dated to the date on which s/he supplies the requested information. Any accounts turned over for collection as a result of the patient's delay in providing information will not be considered for the Sliding Fee Discount Program.

5. **Eligibility:** Discounts will be based on income and family size only. South Central Alabama Mental Health Center uses the Census Bureau definitions of each.
 - a. **Family:** group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered members of one family.
 - b. **Income:** earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. *Noncash benefits (such as food stamps and housing subsidies) do not count.*
6. **Income verification:** Applicants must provide one of the following: prior year W-2, two most recent pay stubs, letter from employer, or Form 4506-T (if W-2 not filed). Self-employed individuals will be required to submit details of the most recent three months of income and expenses for the business. Adequate information must be made available to determine eligibility for the program.

Self-declaration of Income may only be used in special circumstances. Specific examples include participants who are homeless. Patients who are unable to provide written verification must provide a signed statement of income, and why (s)he is unable to provide independent verification. This statement will be presented to South Central Alabama Mental Health Center's Executive Director or his/her designee for review and final determination as to the sliding fee percentage. Self-declared patients are responsible for 100% of their charges until management determines the appropriate category.
7. **Discounts:** Those with incomes at or below 100% of poverty will receive a 100% discount. Those with incomes above 100% of poverty, but at or below 200% of poverty, will be charged according to the attached sliding fee schedule. The sliding fee schedule will be updated during the first quarter of every calendar year with the latest Federal Poverty Guidelines.
8. **Waiving of Charges:** In certain situations, patients may not be able to pay the nominal or discount fee. The waiving of charges may only be used in special circumstances and must be approved by South Central Alabama Mental Health Center's Executive Director, Business Manager, or their designee. Any waiving of charges should be documented in the pa- patient's file along with an explanation (e.g., ability to pay, goodwill, health promotion event).

9. **Applicant notification:** The Sliding Fee Discount Program determination will be provided to the applicant(s) in writing, and will include the percentage of Sliding Fee Discount Program write off, or, if applicable, the reason for denial. If the application is approved for less than a 100% discount or denied, the patient and/or responsible party must immediately establish payment arrangements with South Central Alabama Mental Health Center. Sliding Fee Discount Program applications cover outstanding patient balances for six months prior to the application date and any balances incurred within 12 months after the approved date, unless their financial situation changes significantly. The applicant has the option to reapply after the 12 months have expired or anytime there has been a significant change in family income. When the applicant reapplies, the look back period will be the lesser of six months or the expiration of their last Sliding Fee Discount Program application.
10. **Refusal to Pay:** If a patient verbally expresses an unwillingness to pay or vacates the premises without paying for services, the patient will be contacted in writing regarding their payment obligations. If the patient is not on the sliding fee schedule, a copy of the sliding fee discount program application will be sent with the notice. If the patient does not make an effort to pay or fails to respond within 60 days, this constitutes a refusal to pay. At this point in time, South Central Ala-
Bama Mental Health Center can explore options not limited, but including offering the consumer a payment plan or waiving of charges.
11. **Record keeping:** Information related to Sliding Fee Discount Program decisions will be maintained and preserved in an individual's electronic health record. Access to an individual's electronic health record is determined by the agency's HIPPA Privacy and Security Plan. The electronic health record is password protected.
12. **Policy and procedure review:** Annually, the amount of the Sliding Fee Discount Program provided will be reviewed by the Executive Director or his/her designee. The SFS will be updated based on the current Federal Poverty Guidelines. Pertinent information comparing amount budgeted and actual community care provided shall serve as a guideline for future planning. This will also serve as a discussion base for reviewing possible changes in our policy and procedures and for examining institutional practices which may serve as barriers preventing eligible patients from having access to our community care provisions.
13. **Budget:** During the annual budget process, an estimated amount of Sliding Fee Discount Program service will be placed into the budget as a deduction from revenue. Board approval for the Sliding Fee Discount Program will be sought as an integral part of the annual budget.

Appointments (In order to serve you better):

- We request that consumers who are unable to make a scheduled appointment, call and cancel a minimum of 24 hours in advance, inclusive of all individual, group, and psychiatric services.
- Consumers who miss appointments without cancelling 24 hours in advance, will be charged full fee for the missed appointment.
- *Consumers who repeatedly miss appointments will not be rescheduled until we have an opportunity to better evaluate treatment needs.*
- Please be on time for scheduled appointments.

Receiving a Written Treatment Plan

Upon starting treatment at our facility, each patient will collaborate with their treatment provider(s) to develop an individualized treatment plan. This comprehensive plan will outline your goals for treatment, recommended services and interventions, frequency and duration of services, and short- and long-term objectives. You will receive a printed copy of your treatment plan to reference throughout your course of treatment. If your needs or goals change, you can request for your treatment plan to be updated accordingly. Please speak with your treatment provider if you have any questions about your plan.

Posting of Rights Information

In accordance with Department of Mental Health regulations, our facility prominently posts information about patient rights in common areas such as waiting rooms and lobbies. Postings include your rights to dignity, freedom from abuse, privacy, confidentiality, participation in treatment decisions, access to records, and more. If you do not see a posting of the patient rights information, please alert a staff member.

Information for Guardians of Minors

For patients under 18 years of age, we will provide comprehensive information to parents or legal guardians about the minor's rights when receiving mental health services. This includes the right to dignity, privacy, freedom from abuse, confidentiality protections, participation in treatment decisions, and the right to file grievances. Guardians will also receive information on our grievance and complaint procedures, advocacy resources, and other materials pertaining to the rights of minors in treatment. Please let us know if you need another copy of any informational materials regarding rights and protections for minors.

South Central Alabama Mental Health Center Application for Reduced Fee

The Mental Health Center is supported by consumer fees, insurance, and city, county and state funds. If you live in Butler, Coffee, Covington, or Crenshaw County, you may qualify for a reduced fee. No resident of Butler, Coffee, Covington or Crenshaw Counties will be denied service because of an inability to pay. Services may be limited or delayed because of refusal to pay.

This form is used to determine how much assistance an individual or family may qualify for in paying for services at the Center. We will help you complete this form if you need assistance. Proof of income is required

I prefer not to give the following information and will pay the full charge.

Signature: _____ Date: _____

PERSONAL INFORMATION

Person Receiving services _____ County of Residence _____

List people in your household, including you, who are dependent on this income (do not include children for whom you make child support payments):

Name:	Relationship:	Age:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

HOUSEHOLD INCOME

Copies of supporting documentation are required. Income should reflect the gross amount paid to or on behalf of any member of the household, before any deductions are taken out. Household income is defined as a group bound in a legal relationship e.g. spouse, dependent child, or adult child claimed for income tax purposes.

I have Medicaid or I have no household income *(Do not complete revenue section. Go to signature line.)*

	Self				Spouse/Partner/Other				(For Office Use Only) Annual Income
	\$ _____/hr	hrs/week		\$ _____/hr	hrs/week		\$ _____		
<input type="checkbox"/> Wages <input type="checkbox"/> Salary	\$ _____	<input type="checkbox"/> week	<input type="checkbox"/> month	\$ _____	<input type="checkbox"/> week	<input type="checkbox"/> month	\$ _____	\$ _____	
Self-Employment	\$ _____	<input type="checkbox"/> week	<input type="checkbox"/> month	\$ _____	<input type="checkbox"/> week	<input type="checkbox"/> month	\$ _____	\$ _____	
Social Security/Retirement	\$ _____	<input type="checkbox"/> week	<input type="checkbox"/> month	\$ _____	<input type="checkbox"/> week	<input type="checkbox"/> month	\$ _____	\$ _____	
Unemployment	\$ _____	<input type="checkbox"/> week	<input type="checkbox"/> month	\$ _____	<input type="checkbox"/> week	<input type="checkbox"/> month	\$ _____	\$ _____	
Child Support	\$ _____	<input type="checkbox"/> week	<input type="checkbox"/> month	\$ _____	<input type="checkbox"/> week	<input type="checkbox"/> month	\$ _____	\$ _____	
Alimony	\$ _____	<input type="checkbox"/> week	<input type="checkbox"/> month	\$ _____	<input type="checkbox"/> week	<input type="checkbox"/> month	\$ _____	\$ _____	
Disability/Workers Compensation	\$ _____	<input type="checkbox"/> week	<input type="checkbox"/> month	\$ _____	<input type="checkbox"/> week	<input type="checkbox"/> month	\$ _____	\$ _____	
Other Income*:	\$ _____	<input type="checkbox"/> week	<input type="checkbox"/> month	\$ _____	<input type="checkbox"/> week	<input type="checkbox"/> month	\$ _____	\$ _____	
TOTAL ANNUAL INCOME (FOR OFFICE USE ONLY)								\$ _____	

*Other Income includes but is not limited to income from savings, dividends, trusts and estates.

I certify that the information provided is an accurate and wholly true statement of my gross income and household size.

Signature: _____ Date: _____

Consumer's Discount Fee for non-residential services, based on information provided on Application for Discounted Fee, is \$ _____ per service.

This form will be placed in the consumers record.

South Central Alabama Mental Health Center Drug Testing Policy

It is the policy of the South Central Alabama Mental Health Center to test consumers for alcohol use and other drugs as follows: benzodiazepines, Phencyclidine, Methadone, Oxycodone, Ecstasy, Buprenorphine, Marijuana, Cocaine, Morphine, Amphetamine, Methamphetamine, Barbiturates, Fentanyl, K2-Spice, and alcohol. The screening utilized is through urinalysis utilizing the Medical Disposable Drug Screen (multi and single drug tests) or Cordant Health Solutions.

The decision to drug test a consumer is to be made by a clinician, the nurse, or physician. The decision to drug test a consumer will either be based on “cause” (such as indicative behaviors, reported incidents, etc.), prescriber orders, or because of a court directive to randomly test a particular individual.

As of March 9, 2017, the Alabama Board of Medical Examiners approved a rule concerning Risk and Mitigation Strategies by Prescribing Physicians that has become law. The law states that “physicians are expected to use risk and abuse mitigation strategies when prescribing any controlled substance. Additional care should be used by the physician when prescribing a patient medication from multiple controlled substance drug classes.” For our consumers, this law may require our physicians to check the prescribing/use history of individuals taking controlled substances, perform random drug screens, and perform pill counts on individuals prescribed a controlled substance.

All practical steps will be taken to assure that neither the urine collected or the test are tampered with in any way. Staff will closely monitor the collection of the urine sample and the consumer will observe the staff member conduct the testing procedure. Once the test(s) is completed the consumer will sign our Drug Testing Documentation form confirming that he/she witnessed the procedure and its results. If the consumer disputes the results of the test, he/she can immediately go to an approved laboratory and be tested independently from our agency at his/her own expense.

The dignity of the consumer and the validity of our testing procedures will be considered equally. Staff will observe normal safety precautions such as the use of latex gloves and bio-hazardous disposal of supplies.

Consumers will not be discharged from residential programs based solely upon one positive urinalysis showing the presence of alcohol, illegal drugs or non-prescribed medication.

**South Central Alabama Mental
Health Center**

**Consumer Handbook
Residential and Day Program Section**

South Central Alabama Mental Health Center Application for Admission to Residential Services

I hereby make application for admission to South Central Alabama Mental Health Center's (SCAMHC) Residential Services Program. If accepted, I hereby agree to abide by all rules and regulations of the program and to follow the course of treatment prescribed by the staff. I agree to attend all scheduled treatment programs.

I understand that SCAMHC staff will help me to apply for Food Stamps while I am in residence. Acting as my representative, SCAMHC will charge my Food Stamps up to \$7.25 a day for my meals.

I understand that if I am entering the SA Residential Program at SCAMHC, the Alabama Department of Mental Health or your insurance provider provides coverage for the daily fee.

I understand that, if I am entering an MI Residential Program from a state hospital under a two-week temporary visit, if determined that this program does not best meet my needs, I will return to that state hospital. If I am appropriate, I will continue my treatment at the MI Residential Program to which I have been accepted until I have reached maximum benefits as determined by the SCAMHC treatment team. The end of the two-week temporary visit does not mean automatic discharge from the MI Residential Program.

I understand that MI Residential Services Fees will be based on seventy-five percent (75%) of my personal income and any other resources. MI Residential Services Fees include fees for rent, utilities, and protective oversight. I will not be charged an amount that leaves me with less than \$50.00 per month. If at any time of the admission, I am not receiving SSI or any other form of income, it is my understanding that the program may advance me personal spending money. Upon receipt of a lump sum payment, I will reimburse SCAMHC advanced spending money and pay residential fees current.

I agree to leave the MI Residential Program on the request of the Coordinator if my condition requires more or less restrictive care or treatment than afforded by the program. I also agree to give seventy-two (72) hours' notice should I plan to leave the program prior to completion of my treatment.

In addition, I have received a copy of the rules and consequences of the Residential Program and agree to abide by them.

I acknowledge that I am aware that SCAMHC Residential Program policy is that I must take the medication prescribed by the psychiatrist to remain in this residential facility. If I refuse medications, I may be discharged.



South Central Alabama Mental Health Center
Policy on Consumer Cellular Phones
MI Residential Treatment & MI Day

Cellular phone usage by consumers is limited. Please turn off all cellular phones during classes and therapy sessions. For emergency situations, family or significant other should be given the phone number to the South Central Alabama Mental Health Center to contact consumers. I understand and agree to comply with the policy on cellular phone usage as written above.



Destruction of Property Statement

Any consumer who willfully destroys property belonging to South Central Alabama Mental Health Center will be expected to pay all costs involved in repair or replacement of the property destroyed.



Voluntary Admission Statement

I have voluntarily made the decision to reside at the _____ residential home operated by South Central Alabama Mental Health Center. It is not a decision based on any legal commitment and I understand I am free to leave at any time.



Consumer Counsel Meeting

Each MI Residential and Day Program hosts a Consumer Counsel Meeting monthly. This meeting is hosted to provide consumers a voice in matters at the program in the hopes of increasing consumer satisfaction. We encourage you to participate and make recommendations concerning things of importance to you in the program. Common issues discussed in the meetings include field trips, activities, menu ideas, as well as a review of your rights and responsibilities as a consumer. Consumers make suggestions and then the suggestions are voted upon by consumers. Ideas must have a majority of consumer support prior to implementation by staff. This does not mean that the associated costs for the agreed upon field trips will be assumed by the program. SCAMHC generally pays for one field trip per month at each program, but this may be limited due to available program funds.

South Central Alabama Mental Health Consumer Handbook Signature Sheet Outpatient Program

Consumer Name: _____ Case #: _____

I _____ have received a copy of the South Central Alabama Mental Health Center Consumer Handbook, which includes but is not limited to the following:

DMH rights, protection and advocacy telephone numbers.	Financial aspects of my treatment based on my resources and Application for a discounted fee
Notification of Federal Confidentiality requirements.	Statement of SCAMHC Consumer Rights and Responsibilities.
A Copy of my consumer rights	Notice of Privacy Practices
Consent for Treatment	Local DHR telephone numbers.
Complaint/Grievance and Appeal Procedures.	Information concerning emergency services, the benefits and risks of therapy, contraband, prevention and management of aggressive behavior, and linguistically and culturally appropriate treatment and communication.

I authorize South Central Alabama Mental Health to contact and disclose and/or to receive contact from and disclose to the party listed below that I was a consumer at South Central Alabama Mental Health and follow-up is being performed. This consent may be revoked at any time by the consumer except to the extent that action has been taken thereon. I understand that this authorization will continue until it reaches its event expiration date even though I am no longer in active treatment. Unless revoked by consumer, this consent will expire upon the occurrence of the date, event, or condition indicated below:

Date, Event, or Condition: Event (one year after closure)

Party to be contacted:
 Name: _____ Tel. # _____
 Relationship/Organization: _____
 Address: _____
 City: _____ State: _____ Zip: _____

I agree to keep confidential all information discussed in the Group Therapy sessions where I am a participant. I agree not to disclose the names of the other group members or the names of any consumers that I might recognize at the Mental Health Center. I understand if I have any questions I can ask for clarification at any time.

Signature _____ Date _____

Witness _____ Date _____



Consent to Participate in Field Trips

From time to time during the program day, consumers in Rehabilitative Day, Day Treatment, and MI Residential Programs may make various field trips and excursions within the local area as part of their treatment/training program. These trips might include the following:

1. Shopping Trips
2. Trips to the Park
3. Game Room
4. Area Resources
5. Bowling
6. In-County Field Trips

Do you have a medical problem(s) that would prevent you from participating in these field trips? Yes _____ No _____

If yes, please explain: _____.

I would like to participate in the field trip activities and hereby release South Central Alabama Mental Health Board and its staff from responsibility due to any accident or injury which might occur during the course of these field trips.

Signature _____

Consumer/Legal Guardian	Date
-------------------------	------

Witness _____

Relationship/Position	Date
-----------------------	------

This form will be placed in the consumers record.





Consumer Handbook Signature Sheet Residential or Day Program

Date: _____

Consumer Name: _____

Case #: _____

I _____ have received a copy of the South Central Alabama Mental Health Center Consumer Handbook, which includes but is not limited to the following

1. The Application for Admission to Residential Services.
2. The Residential/Day Program Drug Testing Policy.
3. The Restriction of Cellular Phone Usage by Residents/Consumers.
4. The Destruction of Property Statement.
5. The Voluntary Admission Statement.
6. Consumer Counsel Meeting

I understand if I have questions I can ask for clarification at any time.

Signature _____

Witness _____

Consumer's MI Residential Fee for Room, utilities, and oversight based on information provided on Application for Discounted Fee is \$_____per month.

This form will be placed in the consumers record.



**South Central Alabama Mental
Health Center**

Consumer Handbook

**Mental Illness
Crisis Residential Section**

South Central Alabama Mental Health Center
Release of Liability for Exercise for
Crisis Residential Program (CRH)

For and in consideration of my participating in any exercise program at the CRH: I, the undersigned, hereby absolve the SCAMHC and any and all members of the CRH or Managing Company, of the responsibility for any claim, injury, or bodily harm which I may suffer while exercising. At present, I also believe that my general health is good enough to participate in this cardiovascular activity. At such time as it is not, {Health} or when I feel my health would be jeopardized by exercising, I will inform the Supervisor. I agreed to adhere to the ground rules established for this activity.



South Central Alabama Mental Health Center
Release of Liability for
Crisis Residential Program

For and in consideration of my receiving care, counseling, shelter and treatment, I, the undersigned, hereby absolve SCAMHC and River Region Psychiatry Associates, and the staff and all members of its staff from both entities for any claims of injury or bodily harm which I may suffer while a client at the facility, other than a willful or intentional injury inflicted by a staff member. I understand that this release of responsibility applies to the times that I am in the facility. I understand that SCAMHC/River Region Psychiatry Associates is not responsible for medical or dental expenses incurred by me while a patient at the Home and I agree to assume payment for such expenses incurred during my stay.



South Central Alabama Mental Health Center
Voluntary Admission Statement

I hereby make application for admission to SCAMHC for the purpose of receiving psychiatric services and treatment at the CRH. I will provide all information necessary for this treatment. I agree, if admitted, to stay the length of time deemed necessary by the physician and I agree to abide by all rules and regulations of SCAMHC facilities, CRH, and to follow the course of treatment prescribed by my attending physician. If I plan to leave Against Medical Advice, I agree to give a twenty-four (24) hour notice of my desire to leave. I agree to leave the CRH on the request of the clinical staff if my condition requires a different level of care than that offered at the above named SCAMHC facility. I also agree to leave the above named SCAMHC facility if asked due to my failure to comply with any of the provisions included in this document.

**Consumer Handbook Signature Sheet
Residential and/or Crisis Residential Home**

Date: _____

Consumer Name: _____ Case #: _____

I _____ have received a copy of the South Central Alabama Mental Health Center Consumer Handbook, which includes but is not limited to the following

1. The Residential Drug Testing Policy.
2. The Restriction of Cellular Phone Usage by Residents.
3. The Destruction of Property Statement.
4. Release of Liability for Exercise
5. Release of Liability/Medical Expenses
6. Voluntary Admission Statement

I understand if I have questions I can ask for clarification at any time.

Signature _____

Witness _____

Consumer's Residential Fee for Room, utilities, and oversight based on information provided on Application for Discounted Fee is \$_____per month.

This form will be placed in the consumers record.

South Central Alabama Mental Health Center
Complaint/Grievance Form
3/9/18

Internal Advocate/Clinical Director: Sandy Flowers

Contact #: (334) 335-5201

Use this form to request assistance in addressing any grievance concerning services provided by this Center or to bring attention to any situation in which you feel you have not been treated fairly. Give this statement to the receptionist or your therapist.

Complaint is from: Staff Member ___ Consumer ___ Other ___ Date of Complaint: ___/___/___ Name: _____ Address: _____ Telephone Number: _____
Date, time and place of event leading to grievance:
Detailed account of the occurrence (include names of persons involved, if any):
Proposed solution to grievance:

Signature _____
Date

Received by _____
Date

SCAMHC use only:

Step One: Informal Attempt. There should be an attempt to address all complaints/grievances informally with the individual or staff member associated with the complaint/grievance before making a formal complaint. Informal Attempt to Resolve the Complaint/Grievance: Yes ___ No: ___ If yes or no, attach a brief written summary.
Step Two: Investigation by Division Director. A meeting with the supervisor or program director was held in an attempt to resolve the complaint/grievance. The complaint/grievance was resolved: Yes ___ No ___ If yes or no, attach a written summary of the attempt to resolve the complaint/grievance.
(If Needed) Step Three: Internal Advocate/Clinical Director Review and Decision. If the complaint is not resolved at Step 2, the Clinical Director shall investigate the issue and meet with the individual filing the complaint in an attempt to resolve the issue(s) noted above. The complaint/grievance was resolved: Yes ___ No ___ If yes or no, attach a written summary of the attempt to resolve the complaint/grievance.
(If Needed) Step Four: Review and Decision of the Executive Director. If the complaint/grievance has not been resolved at Step 3, the Executive Director shall review and investigate the issue at their discretion. They will meet with the individual filing the complaint, and any and all staff they deem appropriate to resolve the issue. The Executive Director will make a final decision concerning the issue. A brief written description of the final decision will be attached to this form.

Issued resolved: Yes ___ No ___ _____
Signature _____
Date



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South Central Alabama Mental Health Center

Mental Health Matters!