Stepping Stones Behavioral Health Services, Inc

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Competence **Integrity** **Compassion**

Stepping Stones Counseling, PLLC

Patient Orientation Packet

Adopted March 2018

TREATMENT PHILOSOPHY

We at Stepping Stones Counselling, PLLC believe:

1. That addiction is an illness and a major public health problem.
2. That Substance Use and/or Gambling Disorder and other co-occurring illnesses contribute to a vast array of other social problems.
3. That individuals in Missoula with a Substance Use and/or Gambling Disorder are entitled to the highest quality of individualized treatment we are able to provide.
4. That the problems encompassed in Substance Use and/or Gambling Disorder can be effectively treated with individualized care at the community level.
5. That Substance Use and/or Gambling Disorder, and other related co-occurring illnesses can be successfully treated.
6. That with early detection and intervention, individuals with a Substance Use and/or Gambling Disorder have a better prognosis for recovery.
7. That community action can bring greater acceptance and understanding which increases the efficacy for recovery.
8. That education about substance use, gambling, and co-occurring illness for both adults and adolescents seems to be an effective means of prevention.

NON-DISCRIMINATION POLICY

Any person or group of persons may receive services from Stepping Stones Counseling, PLLC. All services will be provided in the best interests of the patient without regard to gender, sex, orientation, age, race, ethnicity, economic status, physical or mental disabilities. All alcohol, drug, co-occurring or prevention services will be provided in a manner which allows for freedom of religious practices.

PATIENT RIGHTS

Stepping Stones Counseling, PLLC (SSC) believes we must support and protect the fundamental human, civil, constitutional, and statutory rights of all individuals receiving services. Individuals have the right to:

1. Receive treatment without regard to race, ethnicity, national origin, religion, sex, sexual orientation, age, or disability
2. Reasonable accommodation in case of sensory or physical disability, limited ability to communicate, limited English proficiency, or cultural differences
3. Receive treatment in the least restrictive environment sensitive to patient needs and which promote dignity and self-respect
4. Have clinical and personal information treated in accordance with state and federal confidentiality regulations
5. The opportunity to review their own treatment records in the presence of the administrator or designee
6. Be fully informed of fees charged, including fees for copying records to verify treatment and methods of payment available

7. Be free from verbal, mental or physical abuse, neglect, and financial exploitation by staff members or patients
8. Have grievances regarding infringements of rights described in this section considered in a fair and timely manner
9. Receive adequate orientation to program rules, responsibilities, and any sanctions that may be imposed for failure to comply with program rules
10. Be provided reasonable opportunity to practice the religion of his or her choice, alone and in private, insofar as such religious practice does not infringe on the rights and treatment of others. Patients are not required to engage in any religious activity as part of treatment or participation in this program;
11. Be treated with respect and dignity without regard to physical or mental disability.
12. Receive treatment that does not restrict the use of food, clothing or other basic necessities nor incorporate any form of capital punishment as part of treatment.
13. Have services for men and women which reflect an awareness of the special needs of each gender.
14. To not be denied communication with family in emergency situations.

In the event of a program closure or treatment service cancellation, patients will be:

1. Given 30 days' notice
2. Assisted with relocation into similar treatment services
3. Given refunds to which the patient is entitled, and
4. Advised how to access records to which the patient is entitled.

PATIENT GRIEVANCES

SSC encourages feedback from patients and encourages patients to express any concerns they may have in regard to their treatment plan, session content, and interpersonal interactions with their therapist. If a patient has cause to file a formal complaint, SSC will encourage the following actions:

1. The patient will inform their primary therapist of any concerns, either verbally or in writing, and their primary therapist will attempt to resolve the patient's concerns in an informal manner. If there are any allegations of verbal, mental or physical abuse, or financial exploitation these should be immediately reported to the program Administrator.
2. If the primary therapist is unable to resolve the patient's concerns, the patient will then meet with the Administrator and the therapist in an attempt to resolve their concern.
3. If the Administrator, primary therapist, and patient are unable to come to a resolution, the Administrator will then schedule a time to meet with the patient individually, and if necessary, will involve third party mediation to seek resolution.
4. All patients will be provided with contact information for the Montana Department of Labor and Industry to file a formal complaint if the patient's concerns cannot be resolved.
5. Any allegations of verbal, mental or physical abuse, or financial exploitation should be immediately reported to the program Administrator.

CONFIDENTIALITY POLICY AND PROCEDURES

Confidentiality of a patient's identity and treatment records follow both the Health Insurance Portability and Accountability ACT (HIPAA) and the Code of Federal Regulations 42 CFR Part 2 requirements.

Upon admission, patients are provided with written information regarding both HIPAA and 42 CFR. The written summary includes:

1. A general description of limited circumstances under which a program may acknowledge a patient is present at a facility or disclose outside the program information identifying a patient as an alcohol or drug abuser.
2. A statement that violation of the Federal law and regulations, by a program is a crime and suspected violations may be reported to appropriate authorities in accordance with these regulations.
3. A statement that information related to a patient's commission of a crime on the premises of the program or against staff members of the program is not protected
4. A statement that reports of suspected child abuse or neglect are not protected under state law as defined in 41-3-201, MCA and reports must be made to appropriate state or local authorities; and
5. A citation to the Federal law and regulations.

Patient consent must be obtained for each release of information to any other person or entity. This consent for release of information must include the following:

1. Name of consenting patient
2. Name or designation of the program being authorized to make disclosures
3. Name of person or organization to whom the information is to be released
4. Type and amount of information to be disclosed
5. Purpose of disclosure
6. Date on which consent was signed
7. Specific date, event, or condition upon which the consent expires. This date, event, or condition must ensure the consent will last no longer than reasonably necessary to serve the purpose for which it is given
8. A statement indicating the consent can be revoked at any time, except to the extent that action has been taken in reliance on it. Acting in reliance includes the provision of treatment services in reliance on a valid consent to disclose information to a third-party payer.
9. Signature of the patient, a witness, and, when the patient is a minor, the signature of a parent, guardian, or authorized representative.

MANDATORY REPORTING

Mandatory reporting is exempt from the confidentiality requirements and includes the following activities and requirements:

1. SSC requires each staff member to read and sign a statement clearly defining child and adult abuse and neglect as set forth in 41-3-102, MCA and abuse, neglect and exploitation of an older person or a person with a developmental disability as set forth in 52-3-803, MCA that outlines the individual's responsibility to report all known or suspected incidents of abuse, neglect, or exploitation of any patient within 24 hours.
2. Any program staff member, who knows or has reasonable cause to suspect an incident of child abuse or neglect has occurred, must report within 24 hours of the incident to the Administrator, or a person designated by the program administrator, and to the state child abuse hotline (866) 820-5437 as set forth in 41-3-201, MCA.
3. Any program staff member, who knows or has reasonable cause to suspect an incident of abuse, neglect, or exploitation of a vulnerable adult has occurred, must report within 24 hours of the incident to the program administrator, or a person designated by the program administrator, and to Adult Protective Services at (800) 551-3191 or other bodies as set forth in 52-3-811, MCA.
4. In addition to reporting requirements in (2) and (3) above, SSC will also report to the Addictive and Mental Disorders Division, Chemical Dependency Bureau in writing within 24 hours of any allegations of patient abuse, neglect, or exploitation within the program.
5. SSC will document, in writing, the proper authorities have been contacted and the abuse, neglect, or exploitation has been reported.
6. SSC will fully cooperate with any investigation conducted as a result of the report.

PATIENT INFECTIOUS DISEASE CONTROL

The following protocol was designed to assist in developing a healthy workplace environment, which will help to prevent the transmission of infectious diseases for staff and patients. SSC's protocol on HEP B, HEP C, HIV and TB are as follows:

1. SSC will work closely with local health programs such as Partnership Health Center, Planned Parenthood, The Open Aid Alliance, and the Missoula County Health Department to coordinate early detection efforts for HEP B, HEP C, HIV/AIDs and TB.
2. SSC will make every possible effort to detect and coordinate referrals for HEP B, HEP C, HIV/AIDs and TB testing, counseling and medical treatment for individuals identified as being in a high-risk category through the use of ADAD Infectious Disease Screening Instruments.
3. Patients referred for testing and medical services will be responsible for the cost of the testing and medical services.
4. If a patient tests positive for HEP B, HEP C, HIV/AIDs and/or TB, SSC will work with the County Health Program or medical personnel to determine if the individual is at risk of spreading the identified infectious disease and one of the two actions will occur:
    A. If patient is not contagious, patient will be scheduled for treatment services. If possible, case management will either be provided by SSC or the patient will be referred to an appropriate agency for intensive case management.
    B. If the patient is in an infectious stage, SSC will work with the Missoula County Health Department, or the appropriate medical personnel to identify timelines, precautions, and medical services that need to be provided prior to the patient entering the SSC facility. SUD and/or gambling treatment services will be provided through face to face telehealth services until patient is deemed non-contagious.

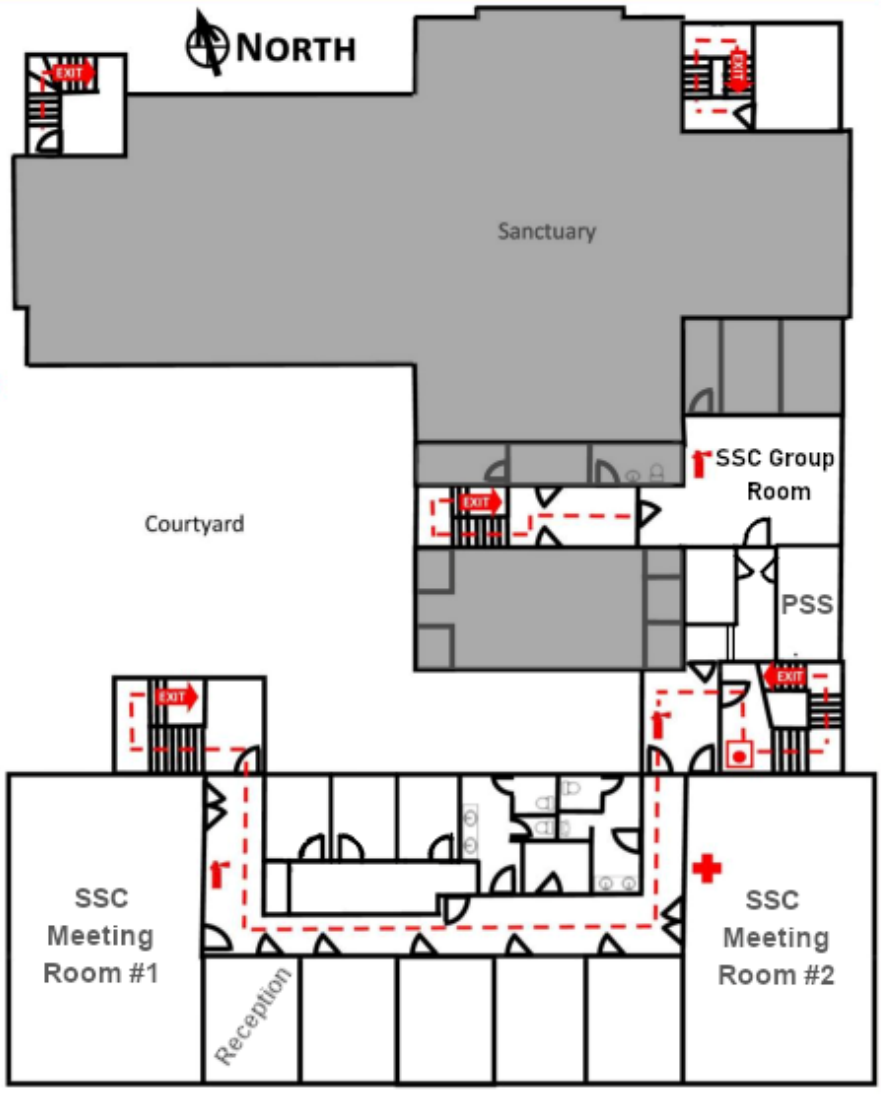
EMERGENCY EVACUATION MAP

3rd Floor

IN CASE OF FIRE USE STAIRS
DO NOT USE ELEVATOR

Legend

- YOU ARE HERE
- ELEVATOR
- FIRE EXTINGUISHER
- ACCESSIBLE
- EXIT
- FIRE ALARM PULL STATION
- INTERCOM—REQUEST HELP
- FIRST AID STATION



EMERGENCY PHONE # 911

PATIENT ORIENTATION SIGNATURE FORM

I am signing that I have read or have had my Patient Orientation Packet read to me, and I understand my rights as a patient at Stepping Stones Counseling.

Patient Initials	Information Included in Packet
	TREATMENT PHILOSOPHY
	NON-DISCRIMINATION POLICY
	PATIENT RIGHTS
	CONFIDENTIALITY POLICY AND PROCEDURES
	PATIENT INFECTIOUS DISEASE CONTROL
	EMERGENCY EVACUATION MAP

Patient Signature:_____ Date:_____

Witness Signature:_____ Date:_____

Parent/Guardian Signature:_____ Date:_____
(If Applicable)