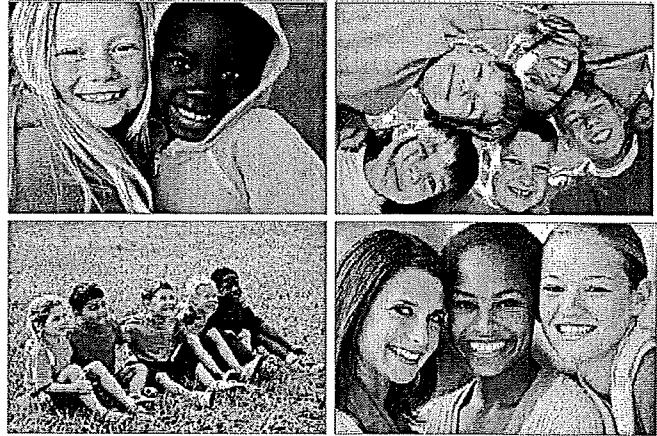


health

**TennCare Kids** is a free program of checkups and health care services for children from birth to age 21 who are TennCare eligible. These services make sure babies, children, teens, and young adults receive the health care they need.

What does TennCare Kids provide?

- Free medical and dental checkups
- Free medical and dental and services
- Free behavioral health services



How Often Should Your Child Get A Checkup?

Birth	9 Months
3-5 Days	12 Months
1 Month	15 Months
2 Months	18 Months
4 Months	24 Months
6 Months	30 Months
Every Year: Ages 3-20	

## Questions?

Contact your health plan or your local TennCare Kids staff.

AmGroup 1-800-600-4441

UHC 1-800-690-1606

BlueCare 1-800-468-9698

TC Select 1-800-263-5479

Your child's **FREE** medical checkup will include:

- Health history
- Complete physical exam
- Lab tests (as needed)
- Immunizations
- Vision/hearing screening
- Developmental/behavioral screening (as needed)
- Advice on how to keep your child healthy



TennCare Kids



We do not allow unfair treatment in TennCare. No one is treated in a different way because of race, color, birthplace, language, sex, age, religion or disability.



# CENTERSTONE

## Consent to Treatment

I have read, or have had read to me, the issues and points reflected in the Centerstone Client Resource Guide. I have discussed those points I did not understand, and have had my questions (if any) fully answered. Staff has told me about the safety features of this office, including the location of emergency exits and fire extinguishers, and that a first aid kit is available if needed. I agree to act according to the points covered in the Client Resource Guide. I do hereby seek and consent to take part in the treatment provided by Centerstone. I understand that developing a treatment plan with my therapist and regularly reviewing our work toward meeting the treatment goals are in my best interest. I agree to play an active role in this process.

I understand that after my treatment with Centerstone begins, I have the right to refuse or express choice regarding the services I receive, for any reason. However, I will make every effort to discuss my concerns about my progress with my treating professional before ending therapy. The only thing I will still be responsible for is paying for the services I have already received. I understand that I may lose other services or may have to deal with other problems if I stop treatment. (For example, if my treatment has been court-ordered, I will have to answer to the court.)

I know that I must call to cancel an appointment at least 24-hours before the time of the appointment. If I do not cancel or do not show up, I may be charged for that appointment.

*If I am a TennCare recipient, I understand that I am eligible for transportation services. I can consult my Benefits guide for more information or contact the TennCare Advocacy Line at 1-800-758-1638. The transportation provider for this area may be reached at: \_\_\_\_\_.*

I am aware that an agent of my insurance company, or other third-party payer, may be given information about the type(s), cost(s), date(s), and providers of any services or treatments I receive. This information may be shared until all claims are processed for this treatment episode. I also request payment be made to Centerstone. I understand that if payment for the services I receive here is not made, the therapist may stop my treatment.

I understand that at this time my treatment will be provided at this Centerstone location: \_\_\_\_\_ . However, I understand and agree that if appropriate, my treatment may be transferred to another Centerstone location.

My signature below indicates that I have received a copy of the Centerstone TenderCare Brochure.

My signature below shows that I have been provided a copy of my rights and responsibilities either via the Centerstone Client Resource Guide or the annual Client Rights Update. It also shows that I have been provided information regarding transportation services and that I understand and agree with the above statements.

_____	_____	_____	_____
Printed Client Name	Client ID Number	Date of Birth	Age
_____	_____		_____
Signature of Client			Date
_____	_____		_____
Guardian/Conservator Signature			Date

For purposes of consent, unless declared incompetent, individuals ages 16 and over have the legal right to consent to mental health treatment.

**CLIENT'S ACKNOWLEDGMENT**

By indicating below, Client hereby acknowledges that he/she has received a copy of our Notice of Privacy Practices.

\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
**Print Name of Client**

If you are signing on behalf of a Client, please indicate your relationship to the Client or capacity to serve as Client's Representative.

Representative: \_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Relationship*

Date: \_\_\_\_\_

**Effective Date of this Notice: September 20, 2013**

## CENTERSTONE TEXT MESSAGING AUTHORIZATION FORM

I understand that by signing this form I am agreeing to be contacted by Centerstone employees by text messaging, and that these text messages will be limited to the permitted purposes indicated in the box below. Mark "yes" or "no" for each texting purpose.

PERMITTED PURPOSE(S) OF TEXT MESSAGING:		
1. Appointment Reminders	___ yes	___ no
2. Appointment Confirmation	___ yes	___ no
3. Medication Reminders	___ yes	___ no

I understand that I am not to use text messaging to contact Centerstone employees in case of an emergency because employees are not always able to respond quickly.

I will not expect Centerstone to pay any of my text messaging charges or fees, I also understand that by signing this form I have read and/or understand the following:

1. Text messaging is not always safe from others reading it while it is being sent, and cannot be sent in a way so that others cannot read it while it is being sent. Text messages are always at risk of being read by others while being sent.
2. Centerstone encourages me to password protect my text messaging account(s) by setting up a password for my phone or other means.
3. Deleting a text message on my messaging device does not mean it is permanently erased from either the device or from the records kept by my text messaging provider.
4. Centerstone has no control in how my text messaging provider may either protect or share my text message records, and I should contact the company with any questions I may have about their policies.
5. Centerstone employees are only permitted to send me text messages for one of the reason(s) indicated above.
6. I will only text message Centerstone employees during normal business hours when the employee is known to be on duty. I will use other methods to contact Centerstone employees in any other circumstance.
7. I understand that my authorization will be valid for one year. When my authorization expires, I will need to sign a new authorization in order to continue text messaging with Centerstone employees.
8. I may end this authorization at any time by signing a Withdrawal of Agreement for Communication. After withdrawing my authorization, a new Text Messaging Authorization Form must be signed to make changes in the permitted purpose.
9. I authorize Centerstone employees to text message me at the number listed below, and understand I will need to withdraw this authorization in writing and sign a new text messaging authorization if I no longer want to receive text messages or if I want to receive text messages at a different number.

**Authorized Text Messaging number:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Client/Personal Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

*Effective Date: December 14, 2012  
Title: Employee Initiated Text Messaging  
Policy: 08.035.AM*



# CENTERSTONE

## AUTHORIZATION FOR RELEASE OF INFORMATION

Name \_\_\_\_\_ DOB \_\_\_\_\_ Social Security # \_\_\_\_\_

Client ID# \_\_\_\_\_

I hereby authorize the release of the following specific information: (Check all items)

- | YES | NO  |   |
|-----|-----|---|
| ___ | ___ | 1. Medical History, examinations, laboratory tests and treatment reports.   |
| ___ | ___ | 2. Psychological test/psychiatric evaluation/neurological workup.   |
| ___ | ___ | 3. Social history, including family, education, employment, arrest and drug use information.                          |
| ___ | ___ | 4. Summary of previous mental health treatment.   |
| ___ | ___ | 5. Periodic reports of current treatment progress including attendance, participation and urine surveillance results. |
| ___ | ___ | 6. Other (Specify) _____  |

Treatment Dates to Release:  Any and All Records  Date Range: From: \_\_\_\_\_ To: \_\_\_\_\_

From/To: \_\_\_\_\_  
(Name & Address of Centerstone site)

From/To: \_\_\_\_\_

I understand that this information will be used for the following specific purposes: (Check Yes or No)

- | YES | NO  |   |
|-----|-----|---|
| ___ | ___ | 1. To develop a diagnosis, treatment and rehabilitation plan.   |
| ___ | ___ | 2. To coordinate medical, psychological and social rehabilitative process.  |
| ___ | ___ | 3. To determine present and future eligibility for probation, parole, bail bond, pre-trial release or other diversion process within the criminal justice system. |
| ___ | ___ | 4. To process insurance claims for services provided (diagnosis, number of visits, modalities, and expected length of treatment.)                                 |
| ___ | ___ | 5. Other (Specify if yes is checked) _____  |

I understand that this information will not be disclosed to any other agency or individual without my written authorization, except as allowed by law. I also understand that my protected health information, which is disclosed with this release, may be subject to re-disclosure by the recipient and no longer protected by law. Centerstone is not responsible for any alterations made on its medical record copies, which have been released to any party.

I understand that I have a right to a copy of this authorization after I sign it.

I understand that Centerstone will not condition any provision of treatment on my signing this authorization.

This authorization automatically expires 1 year after the date that I sign it. I understand that this authorization may be revoked at any time with my written statement.

This authorization for **Release of Information** is given freely, voluntarily and without coercion.

Signature of Client \_\_\_\_\_ Date \_\_\_\_\_ Witness \_\_\_\_\_ Date \_\_\_\_\_

Signature of person authorized to sign in lieu of client: \_\_\_\_\_  
Guardian/Conservator \_\_\_\_\_ Date \_\_\_\_\_



# CENTERSTONE

## AUTHORIZATION FOR RELEASE OF INFORMATION

Name \_\_\_\_\_ DOB \_\_\_\_\_ Social Security # \_\_\_\_\_

Client ID# \_\_\_\_\_

I hereby authorize the release of the following specific information: (Check all items)

- | YES | NO  |   |
|-----|-----|---|
| ___ | ___ | 1. Medical History, examinations, laboratory tests and treatment reports.   |
| ___ | ___ | 2. Psychological test/psychiatric evaluation/neurological workup.   |
| ___ | ___ | 3. Social history, including family, education, employment, arrest and drug use information.                          |
| ___ | ___ | 4. Summary of previous mental health treatment.   |
| ___ | ___ | 5. Periodic reports of current treatment progress including attendance, participation and urine surveillance results. |
| ___ | ___ | 6. Other (Specify) _____  |

Treatment Dates to Release: Any and All Records Date Range: From: \_\_\_\_\_ To: \_\_\_\_\_

From/To: \_\_\_\_\_  
(Name & Address of Centerstone site)

From/To: \_\_\_\_\_

I understand that this information will be used for the following specific purposes: (Check Yes or No)

- | YES | NO  |   |
|-----|-----|---|
| ___ | ___ | 1. To develop a diagnosis, treatment and rehabilitation plan.   |
| ___ | ___ | 2. To coordinate medical, psychological and social rehabilitative process.  |
| ___ | ___ | 3. To determine present and future eligibility for probation, parole, bail bond, pre-trial release or other diversion process within the criminal justice system. |
| ___ | ___ | 4. To process insurance claims for services provided (diagnosis, number of visits, modalities, and expected length of treatment.)                                 |
| ___ | ___ | 5. Other (Specify if yes is checked) _____  |

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\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Signature of person authorized to sign in lieu of client: \_\_\_\_\_

\_\_\_\_\_  
Guardian/Conservator

\_\_\_\_\_  
Date



# CENTERSTONE

## AUTHORIZATION FOR RELEASE OF INFORMATION

Name \_\_\_\_\_ DOB \_\_\_\_\_ Social Security # \_\_\_\_\_

Client ID# \_\_\_\_\_

I hereby authorize the release of the following specific information: (Check all items)

YES NO

- \_\_\_ \_\_\_ 1. Medical History, examinations, laboratory tests and treatment reports.
- \_\_\_ \_\_\_ 2. Psychological test/psychiatric evaluation/neurological workup.
- \_\_\_ \_\_\_ 3. Social history, including family, education, employment, arrest and drug use information.
- \_\_\_ \_\_\_ 4. Summary of previous mental health treatment.
- \_\_\_ \_\_\_ 5. Periodic reports of current treatment progress including attendance, participation and urine surveillance results.
- \_\_\_ \_\_\_ 6. Other (Specify) \_\_\_\_\_

Treatment Dates to Release:  Any and All Records  Date Range: From: \_\_\_\_\_ To: \_\_\_\_\_

From/To: \_\_\_\_\_  
(Name & Address of Centerstone site)

From/To: \_\_\_\_\_

I understand that this information will be used for the following specific purposes: (Check Yes or No)

YES NO

- \_\_\_ \_\_\_ 1. To develop a diagnosis, treatment and rehabilitation plan.
- \_\_\_ \_\_\_ 2. To coordinate medical, psychological and social rehabilitative process.
- \_\_\_ \_\_\_ 3. To determine present and future eligibility for probation, parole, bail bond, pre-trial release or other diversion process within the criminal justice system.
- \_\_\_ \_\_\_ 4. To process insurance claims for services provided (diagnosis, number of visits, modalities, and expected length of treatment.)
- \_\_\_ \_\_\_ 5. Other (Specify if yes is checked) \_\_\_\_\_

I understand that this information will not be disclosed to any other agency or individual without my written authorization, except as allowed by law. I also understand that my protected health information, which is disclosed with this release, may be subject to re-disclosure by the recipient and no longer protected by law. Centerstone is not responsible for any alterations made on its medical record copies, which have been released to any party.

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Signature of Client \_\_\_\_\_ Date \_\_\_\_\_ Witness \_\_\_\_\_ Date \_\_\_\_\_

Signature of person authorized to sign in lieu of client: \_\_\_\_\_  
Guardian/Conservator \_\_\_\_\_ Date \_\_\_\_\_

**CENTERSTONE AFFILIATED COVERED ENTITY**  
**NOTICE OF PRIVACY PRACTICES**

This Notice describes how health, mental health and substance abuse information about you may be used and disclosed and how you may get access to this information. Please review it carefully.

**AFFILIATED ENTITIES COVERED BY THIS NOTICE**

This Notice of Privacy Practices (“Notice”) covers an Affiliated Covered Entity (“ACE”). When this Notice refers to “Centerstone ACE” and/or “Centerstone”, it is referring to the following entities:

- Centerstone of America
- Centerstone of Indiana
- Centerstone of Tennessee
- Centerstone Research Institute
- Advantage Behavioral Health
- Not Alone

Centerstone ACE is committed to protecting the privacy and security of your medical, mental health and substance abuse information. We are required by law to maintain the privacy and security of your health information, to provide you this notice and to comply with its terms. The privacy practices in this Notice apply to all staff, students, volunteers, contract staff and business associates and/or qualified service organizations.

If at any time you have questions or concerns about the information in this Notice or about our privacy policies, procedures or practices, you may contact Centerstone using the information provided on the last page of this Notice.

**Your Rights**

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic copy or paper copy of your medical records	<ul style="list-style-type: none"> <li>➤ You can ask to see or get an electronic or paper copy of your health information we maintain about you. You may send your written request to our Privacy Officer as described below.</li> <li>➤ We will provide a copy or summary of your health information, usually within 30 days of your request. We may charge a reasonable cost-based fee.</li> </ul>
Ask us to correct your medical record	<ul style="list-style-type: none"> <li>➤ You may ask us to correct health information about you that you think is incomplete or incorrect. You may do this by contacting our Privacy Officer in writing, as described below, to make your request, which must include a reason for the request.</li> <li>➤ We may say “no” to your request, but we will tell you why in writing within 60 days, for example:</li> </ul>



	<ul style="list-style-type: none"> <li>• The information was not created by us;</li> <li>• The information is not part of the information kept by or for Centerstone;</li> <li>• The information is not part of the information which you would be permitted to review and copy; or</li> <li>• The information in the record is accurate and complete.</li> </ul>
Request confidential communications	<ul style="list-style-type: none"> <li>➤ You may ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.</li> <li>➤ To request confidential communications, you must make your request in writing to the Centerstone Privacy Officer, as described below. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted.</li> <li>➤ We will generally approve reasonable requests.</li> </ul>
Ask us to limit what we use or share	<ul style="list-style-type: none"> <li>➤ You may ask us not to use or share certain health information for treatment, payment or our operations.</li> <li>➤ We are not required to agree with your request, and we may say “no” if it would affect your care.</li> <li>➤ If you pay for a service or health care item out-of-pocket in full and <i>before</i> the item or service is provided, you may ask us not to share that information with your insurer for the purpose of payment or our operations. We will say “yes” unless a law requires us to share that information.</li> </ul>
Get a list of those with whom we have shared your health information	<ul style="list-style-type: none"> <li>➤ You may ask for a list (accounting) of the times we’ve shared your information for 6 years prior to the date you ask and why we share it.</li> <li>➤ We will include all disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one (1) accounting a year free of charge but will charge a reasonable, cost-based fee if you ask for another one within 12 months.</li> </ul>
Get a copy of the privacy notice	<ul style="list-style-type: none"> <li>➤ You may ask for a copy of this paper notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.</li> </ul>
Choose someone to act for you	<ul style="list-style-type: none"> <li>➤ If you have given someone medical power of attorney or if someone is your legal guardian, that person may exercise your rights and make choices about your health information.</li> <li>➤ We will make sure the person has this authority and can</li> </ul>

	act for you before we take action.
File a complaint if you feel your rights are violated	<ul style="list-style-type: none"> <li>➤ You may file a complaint if you feel we have violated your rights by contacting us using the information on the last page of this Notice.</li> <li>➤ You can file a complaint with the U.S. Department of Health and Human Services, Office of Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C., calling 1-877-696-6775, or by visiting <a href="http://www.hhs.gov/ocr/privacy/hipaa/complaints/">www.hhs.gov/ocr/privacy/hipaa/complaints/</a>.</li> <li>➤ We will not retaliate against you for filing a complaint.</li> </ul>

### **Your Choices**

For certain health information, you may tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:	<ul style="list-style-type: none"> <li>➤ Share information with your family, close friend, or others involved in your care.</li> <li>➤ Share information in a disaster relief situation.</li> <li>➤ If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share information when needed to lessen a serious or imminent threat to health or safety.</li> <li>➤ Centerstone does not create or maintain a facility directory.</li> </ul>
In these cases, we never share your information unless you give us written permission:	<ul style="list-style-type: none"> <li>➤ Marketing purposes.</li> <li>➤ Sale of your health information.</li> <li>➤ Most sharing of psychotherapy notes, to the extent such exist.</li> </ul>
In the case of fundraising:	<ul style="list-style-type: none"> <li>➤ We may contact you for fundraising efforts, but you may tell us not to contact you again.</li> </ul>

### **Exercising Your Rights/Making Your Choices**

Any requests and/or exercise of your rights, as described in this Notice, may be made by providing written Notice to the Privacy Officer, as described below.

### **Our Uses and Disclosures**

How do we typically use or disclose your health information? We typically use or share your health information, without your authorization, in the following ways:

To Treat You	We may use your health information and share it with professionals who are treating you.	<i>Example:</i> A doctor treating you asks another doctor about your overall health condition.
To Bill for Services	We can use and share your health information to bill and get payment from health plans or other entities.	<i>Example:</i> We give information about you to your health insurance plan so it will pay for your services.
To Run Our Organization	We may use and share your health information to run Centerstone and improve the quality of your care; to respond to audits and investigation; for licensing purposes.	<i>Example:</i> We use health information about you to manage your treatment and services; to evaluate our performance in providing services.

### Other Uses and Disclosures

How else may we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet any conditions in applicable law before we may share your information for these purposes. Such conditions may be imposed by federal\* and/or state\*\* laws and regulations. Tennessee members of the Centerstone ACE are not permitted to disclose the information identified below with triple asterisks (\*\*\*) without your specific authorization.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

Help with public health and safety issues	<p>➤ We may share health information about you for certain situations such as:</p> <ul style="list-style-type: none"> <li>• Preventing disease.***</li> <li>• Helping with product recalls.***</li> <li>• Reporting adverse reactions to medications.***</li> <li>• Reporting suspected abuse, neglect, or domestic violence.</li> <li>• Preventing or reducing a serious threat to someone’s health or safety as long as: <ul style="list-style-type: none"> <li>○ The disclosure is made to someone able to help prevent the threat, and</li> <li>○ Only under the conditions described by applicable state law.</li> </ul> </li> </ul>
Research	<p>➤ We may use or share your information for health research, provided certain conditions are met.</p>
Comply with the law	<p>➤ We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re</p>

	complying with federal privacy law.
Respond to organ and tissue donation requests***	➤ We may share health information about you with organ procurement organizations.
Work with a medical examiner or funeral director***	➤ We may share health information with a coroner, medical examiner, or funeral director when an individual dies.
Address workers' compensation, law enforcement, and other government requests***	➤ We may use or share health information about you: <ul style="list-style-type: none"> <li>• For workers' compensation claims;</li> <li>• For law enforcement purposes with a law enforcement official;</li> <li>• With health oversight agencies for activities authorized by law;</li> <li>• For special government functions, such as military and veterans authority, national security, and presidential protective services .***</li> </ul>
Respond to lawsuits and legal actions	➤ We may share health information about you in response to court or administrative order, or, under certain conditions, in response to a subpoena.
Communication regarding inmates in correctional facilities	➤ If you are an inmate in a correctional facility or under the custody of a law enforcement official, we may release your health information to the correctional institution or law enforcement official if the release of the information is necessary: <ul style="list-style-type: none"> <li>• For the correctional facility or institution to provide you with health care;</li> <li>• To protect your health or safety or the health or safety of others; or</li> <li>• For the safety and security of the correctional facility or institution.</li> </ul>

**\*Federal Laws/Regulations**

Certain federal laws/regulations further limit how we may use or share your health information. If your written consent is required under the more restrictive laws, the consent must meet the particular rules of the applicable federal or state law.

**Alcohol and Substance Abuse Treatment Programs**

Centerstone offers alcohol and substance abuse treatment programs and is required to comply with federal regulations (42 CFR Part 2) that place strict limitations on how Part 2 health information may be used or disclosed for individuals who are receiving any type of treatment

related to alcohol, drug or substance abuse. For these programs, Centerstone will only use or disclose Part 2 health information without your authorization if:

- An agreement with a Qualified Service Organization exists that authorizes the Part 2 health information to be shared;
- Communication is between a program or an entity having administrative control over the program; or
- A situation exists that requires a mandatory report be made to the proper authorities.

A disclosure of Part 2 health information is only authorized if you have provided written authorization to do so, unless:

- It is to medical personnel to meet a bona fide medical emergency; or
- A qualified personnel requires Part 2 health information to perform research, audits, or program evaluations, *and* any reports may not directly or indirectly identify you in any manner; or
- As authorized by an appropriate court of competent jurisdiction after application showing good cause.

**Genetic Information:** Federal Law prohibits disclosure of genetic information for underwriting purposes.

#### \*\* State Laws or Regulations

Certain state laws/regulations further limit how we use or share your health information.

***Mental Health Information	Tennessee members of the Centerstone ACE are not permitted to disclose the information identified above with triple asterisks (***) without your specific authorization.
HIV/AIDS	Indiana members of the Centerstone ACE may disclose HIV-AIDS related information only as permitted by Indiana law.
Sexually Transmitted Diseases and Reproductive Health	Indiana members of the Centerstone ACE may disclose your health information related to sexually transmitted diseases and/or reproductive health only as permitted by Indiana law.
Genetic Information	Tennessee members of the Centerstone ACE are not allowed to disclose your genetic information without your specific authorization.
Communicable Diseases	Indiana members of the Centerstone ACE may disclose your health information related to communicable diseases only as permitted by Indiana law.

### Our Responsibilities

- **Privacy and Security.** We are required by law to maintain the privacy and security of your protected health information.
- **Breach Notification.** We will let you know promptly if a breach occurs that may have compromised the privacy or security of your health information. In no event will notification be more than 60 days from the date of the breach.
- **Compliance.** We must follow the duties and privacy practices described in this Notice and give you a copy of it.

- **Required Authorization.** We will not use or share your health information other than as described here unless you tell us, in writing, that we may do so. If you tell us that we may, you have the right to change your mind at any time by telling us in writing that you have changed your mind. This will not apply to disclosures that have already occurred with your authorization.

For more information regarding your rights and our responsibilities please contact our Privacy Officer or go to: [www.hhh.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhh.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

### **Changes to the Terms of This Notice**

We may change the terms of this Notice, and the changes will apply to all information we have about you as well as any information we receive in the future. The new Notice will be available upon request, in our facilities, and on our web site: [www.centerstone.org](http://www.centerstone.org). Additionally, we will prominently display a copy of the current notice in common areas within Centerstone's facilities. Each time you register at or are admitted to Centerstone for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

### **HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES**

If you believe your privacy rights have been violated, you may file a complaint with Centerstone or with the Secretary of the Department of Health and Human Services. To file a complaint with Centerstone please call or write to the Privacy Officer identified below. To file a complaint with the Secretary of the Department of Health and Human Services, by sending a letter to 200 Independence Avenue, S.W., Washington, D.C., 20201 by calling 1-877-696-6775, or by visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

### **YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT!!**

#### **Persons to Contact About this Notice**

Centerstone's contact for all issues regarding client privacy and your rights under the federal privacy standards is the Privacy Officer. Information regarding matters covered by this Notice can be requested by contacting the Privacy Officer. If you feel that your privacy rights have been violated by Centerstone you may submit a complaint to our Privacy Officer by sending it to the address indicated or by calling the telephone numbers below:

If you receive services in <i>Indiana</i> , please contact:	Privacy Officer Centerstone 645 South Rogers Street Bloomington, IN 47403 Telephone: 812-337-2285 Fax: 812-339-8109
If you receive services in <i>Tennessee</i> , please contact:	Privacy Officer Centerstone 1101 Sixth Ave North Nashville, TN 37208 Telephone: 1-888-460-4001 Fax: 615-279-8804

**Effective Date of this Notice: September 20, 2013**

Centerstone  
Intake Assessment—Southeast School-Based Services

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_ Race: \_\_\_\_\_ Grade/Teacher: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
Address for statements: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Preference for method and time of contact: \_\_\_\_\_

Does the client have a mental health advance directive (declaration for mental health treatment)?

Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have an internet connection? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_ Computer (desktop or laptop) with a camera

\_\_\_\_ Tablet or Smartphone with camera

In your own words, please state: What is the presenting problem? (Complaint information)

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Contributing factors and background for presenting problems: \_\_\_\_\_

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Are there any cultural, ethnic, religious or other special needs of which we need to be aware?

If yes, please describe:

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Family history of psychiatric illness: \_\_\_\_\_

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Has the client ever been physically/sexually abused? Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has it been reported? (Abuse): Yes \_\_\_ No \_\_\_

Residential Status: (Jail or Correctional Facility, Mental Health Institution, Private Residence, Homeless, etc): \_\_\_\_\_

Who lives at home?

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

Currently involved with DCS/APS? Yes \_\_\_ No \_\_\_

Who has legal custody of the client?

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: (Attorney, CASA Worker, DCS Worker, Daughter, Extended Family, Father, Foster Parent, Guardian, Guardian Ad Litem, Legal Guardian, Mother, Mother & Father, Other, PARENTS, Sibling, Son, Spouse )

Other Relationship Description: \_\_\_\_\_

Who has physical custody of the client?

\_\_\_ Check if the Physical custodian is the same as the legal custodian.

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: (Attorney, CASA Worker, DCS Worker, Daughter, Extended Family, Father, Foster Parent, Guardian, Guardian Ad Litem, Legal Guardian, Mother, Mother & Father, Other, PARENTS, Sibling, Son, Spouse )

Other Relationship Description: \_\_\_\_\_

History of custody issues: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Guardian ad litem? (if applicable)

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Release Signed: Yes \_\_\_ No \_\_\_

Mandatory Outpatient Therapy (MOT)? Yes \_\_\_ No \_\_\_

Current or Past Legal Problems? Yes \_\_\_ No \_\_\_

If yes, please specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Probation/Parole Officer: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Release Signed: Yes \_\_\_ No \_\_\_

Involved Attorney: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Client's Support System: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer/School

Employer Name and how long? \_\_\_\_\_

Name of School: \_\_\_\_\_

Highest Grade Completed: \_\_\_\_\_

Grades: \_\_\_ Average \_\_\_ Good \_\_\_ Poor

Is client literate: Yes No

Relevant Medical History: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies to medicine and/or food? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Immunizations current? Yes No

PCP information (name, address, phone number, if not on release): \_\_\_\_\_

\_\_\_\_\_

Release complete: Yes No

Past Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Concerns about development? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Treatment (other providers including, CM, Therapy, Intensive In-home, family therapy, Med provider, A&D, etc): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Past Treatment (dates, outcomes, and past diagnoses): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current use of tobacco or nicotine product? Yes or No  
Current alcohol use/other drug use? Yes or No  
Family history of drug/alcohol abuse? Yes or No

Substances used/abused (if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Lethality/Risk Assessments:  
Number of attempts during the last 3 Months? \_\_\_\_  
Number attempts during lifetime? \_\_\_\_  
Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the client homicidal? Yes or No  
Are firearms present in the home? Yes or NO  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complete PHQ9 (and C-SSRS if indicated)

Strengths: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Abilities: \_\_\_\_\_  
\_\_\_\_\_

Preferences: \_\_\_\_\_  
\_\_\_\_\_

- Client has been hospitalized in the last 12 months? Yes No
- Client has had 2 or more crisis in the last 60 days that has required crisis assistance (ER/calls to Mobile Crisis) Yes No
- Has the Client experienced a significant loss in the last year? Yes No
- Has client experienced life threatening situations in the last year? Yes No
- Is there a major time-limited weakening of the client's support system? Yes No
- Is there a change in social factors that has decreased client's ability to function independently? Yes No
- Is there a change within their current support system due to mental health needs? Yes No
- Is there a lack of stabilization in current treatment that requires comprehensive care coordination? Yes No
- Has the client had court involvement in the last 6 months? Yes No
- Is there significant acting out and defiant behavior at school or home? Yes No n/a
- Is the child at risk of state custody? Yes No n/a
- Has the child experienced a significant loss in the last year through death or change in custody? Yes No

Identified needs that Centerstone cannot address: \_\_\_\_\_

Referrals to address needs: \_\_\_\_\_

Best days/time for visits: \_\_\_\_\_

Do parents want prior notification of any school visits? \_\_\_\_\_

**Crisis Plan:**

- A. Crisis Triggers, beginning signs or symptoms of an oncoming crisis for you?:
  
  
- B. Active steps or self-help methods to prevent, avoid, de-escalate or defuse crisis situations:
  
  
- C. Contacts that can assist consumer in resolving crisis: (Name, Phone number)

**Mental Status Exam:**

**Appearance (Max of 3)**

Appropriate  
 N  
 Appearance

Inappropriate  
 N  
 Appearance

Dishelved  
 N  
 Appearance

Casual N  
 Appearance

Bizarre N  
 Appearance

Other N  
 Appearance

**Mood/Affect**

Euthymic  
 N  
 Mood

Appropriate  
 N  
 Mood

Depressed  
 N  
 Mood

Anxious  
 N  
 Mood

Angry  
 N  
 Mood

Hostile  
 N  
 Mood

Euphoric  
 N  
 Mood

Labile  
 N  
 Mood

Other  
 N  
 Mood

**Behavior (Max of 5)**

Appropriate  
 N  
 Behavior

Hyperactive  
 N  
 Behavior

Hypoactive  
 N  
 Behavior

Restless  
 N  
 Behavior

Relaxed  
 N  
 Behavior

Other  
 N  
 Behavior

**Speech (Max of 4)**

Organized N  
 Speech

Pressured N  
 Speech

Flight of Ideas N  
 Speech

Blocking N  
 Speech

Slurred N  
 Speech

Other N  
 Speech

**Orientation**

All Four  
 N  
 Orientation

If not all four

Time N  
 Orientation

**Thought Process**

Normal N Thought Process

Abstract N Thought Process

Inhibited N Thought Process

Expansive N  
 Thought Process

**Thought Content (Max of 5)**

Within Normal Limits  
 N Thought Content

Ideas of Reference  
 N Thought Content

Preoccupation N

<input type="checkbox"/> Place <input type="text" value="N"/>	<input type="checkbox"/> Coherent <input type="text" value="N"/> Thought Process <input type="text" value="Thought Content"/>	<input type="checkbox"/> Strange Experiences <input type="text" value="N"/> Thought Content
<input type="checkbox"/> Orientation <input type="text" value=""/>	<input type="checkbox"/> Spontaneous <input type="text" value="N"/> Thought Process	<input type="checkbox"/> Persecution Ideas <input type="text" value="N"/> Thought Content
<input type="checkbox"/> Person <input type="text" value="N"/> Orientation <input type="text" value=""/>	<input type="checkbox"/> Blocked <input type="text" value="N"/> Thought Process	<input type="checkbox"/> Obsession <input type="text" value="N"/> Thought Content
<input type="checkbox"/> Situation <input type="text" value="N"/> Orientation <input type="text" value=""/>	<input type="checkbox"/> Delayed <input type="text" value="N"/> Thought Process	<input type="checkbox"/> Other <input type="text" value="N"/> Thought Content
	<input type="checkbox"/> Concrete <input type="text" value="N"/> Thought Process	
	<input type="checkbox"/> Productive <input type="text" value="N"/> Thought Process	
	<input type="checkbox"/> Fragmented <input type="text" value="N"/> Thought Process	
	<input type="checkbox"/> Other <input type="text" value="N"/> Thought Process	

**Insight**

Good  
 Fair  
 Poor  
 Unclear

**Judgement**

Good  
 Fair  
 Poor  
 Unclear

**Motivation for Tx**

Good  
 Fair  
 Poor  
 Unclear

**Vegetative Disturbance**

None  
 Pleasure  
 Energy  
 Appetite  
 Crying  
 Sleep  
 Interest

Other:

Notes:

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CENTERSTONE

## **Client Resource Guide**

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**Our Mission:**

*We seek to prevent and cure mental illness and addiction.*

**Our Motto:**

*Everyone Matters*

Welcome to Centerstone. We are devoted to helping you and others by giving you the best of care. We appreciate you giving us the chance to help.

This resource guide is being provided to help you understand our services and learn general information that will give you an idea of what to expect.

If you have any questions, please ask any staff member.

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## **Our Philosophy**

At Centerstone, we want to be your health care provider of choice and, more importantly, meet and exceed your whole health treatment needs. We want to be partners with you and we believe that by treating both your physical and behavioral health problems your overall health and general wellness will be improved. You are invited to work with your treatment team, actively participating in your care. We will work together to identify your strengths and assist you on your personal road to recovery.

Centerstone provides primary care medical services through a partnership with Unity Medical Clinics at four of our locations Dede Wallace (White Avenue), Luton, Madison and Clarksville). This partnership allows easier access to most of your treatment needs and more ideal coordination of your overall health care needs. This is smart care and good medicine.

Centerstone is committed to keeping all of our clients safe and we want no one in our care to die by suicide. This means we will ask you at every appointment whether you have had any recent thoughts of harming yourself. Our staff has been trained to assist you when this might become an issue in your life by enrolling you in our "Suicide Prevention Pathway". When someone is in this "Pathway" we want to see them more often, stay in closer touch while suicidal thoughts are present, and ensure their home environment is safe from weapons or other means that could be used for self-harm. This is an important part of our services and we feel you are worth the effort.

We embrace the ideas of recovery and resiliency as they apply to the delivery of mental health services, and we have listed them here:

### **Recovery and Resiliency Core Values**

- Every individual wants to live a life that is purposeful and meaningful.
- Recovery and resiliency is a personal journey, an experience that is unique and individual.
- An individual should be empowered to make decisions affecting his/her own recovery.
- Emphasis should be placed on personal responsibility for one's own recovery and resiliency.
- Education about mental illness and resources is essential to empowerment.
- Effective treatment requires a partnership between the individual and service providers.
- Individuals with mental illness can work and in other ways contribute to the community.
- Parents/caregivers and significant others can be and should be taught skills to help their family member build resilient coping abilities.
- Focusing on the individual and family strengths can help foster recovery and resiliency by helping individuals see their abilities.
- Hope is important in the life of every individual.

### **Code of Conduct**

Therapists and other clinical staff must act as professionals at all times. All Centerstone staff members agree to follow strict guidelines (this is referred to as the Centerstone Code of Conduct) about how they interact with clients and families. According to the Centerstone Code of Conduct, as well as the code of ethics that guides each professional discipline (social work, psychology and medicine) all staff are required to behave in a professional manner. This means they cannot be involved in any other part in your life, socialize with you, either in person or through social media (facebook, twitter, instagram, snapchat) or have a romantic or business relationship with you. This is a way to protect the confidentiality and importance of the therapy relationship. If you would like a copy of the Code of Conduct, one will be provided to you upon request.

## Services and Activities

Centerstone provides services through more than 50 facilities and 160 partnership locations across the Middle Tennessee region. Most of our offices operate five days per week (Monday through Friday) from 8:00 a.m. until 5:00 p.m. The location where you choose to receive services will give you information about the days and times they are open to serve you. Therapy services for adults, children and families may be scheduled beyond the operating hours to meet your needs. Depending on your specific treatment needs, services may include:

**Intake Assessment:** Initially, you will be scheduled for an assessment with a master's level clinician. If seen at one of our locations where we also provide primary care (Unity Medical Clinic locations), you will also be asked to complete a physical health screening. Later, if you have the need for medications you will see a psychiatrist or nurse practitioner for further assessment. You may receive ongoing assessments during your treatment with registered nurses and master's level therapists to evaluate your ongoing needs and progress. Likewise, should your health screening determine a need for further primary care assessment and/or treatment, you will be encouraged to see one of our primary care providers.

**Therapy:** If indicated, you may be offered individual, family or group therapy.

**Psychiatric Services:** Many individuals benefit from medication to meet their mental health needs. If medication is indicated during your treatment, you will be offered medication appointments.

**Case Management:** is an expansion of our service delivery system that is offered by our Community Support Specialists in the home, community and, in some cases, schools. A Community Support Specialist can help you learn to understand your symptoms, help with housing issues, link you to other needed services, remind you of your appointments and speak up for you at times when you can't do so for yourself. Case management is provided based on needs, eligibility and insurance coverage.

**Health Home:** Centerstone has created the Health Home program to focus on the whole person and provide integrated health care coordination including primary care, behavioral health services, specialty service, needed community and social supports. Health Home staff include care coordinators, wellness coordinators, or case managers, who are specially trained to help you when you have a medical condition like diabetes, high blood pressure, high cholesterol, or asthma along with your behavioral health conditions. They link you to needed services, help you remove any barriers to care, and follow up with you closely to make sure you get the right services. The goal is to help you understand your medical conditions and how to care for yourself so that you do not unnecessarily use the emergency room or the hospital and stay healthy. We want to educate you about your overall health and provide you with the care and resources needed to feel better and stay healthy. Unity Medical Clinics have a primary care doctor available to take care of your medical healthcare needs at four Centerstone locations. If you chose not to see one of our Primary Care Providers or if one is not available at the location in which you are being seen, then we would encourage you to continue to see your own Primary Care Provider. Our team will work with your Primary Care Provider or help you find a Primary Care Provider.

**Treatment Team:** We think treatment is a partnership, and we will use a team approach to develop your treatment plan that focuses on your strengths, needs, abilities and preferences. The team includes you, your personal support system (spouse, friends, family, etc.) and other individuals providing your treatment, such as a doctor, nurse, therapist, case manager, wellness coach, and care coordinator if you are in the Health Home. Your therapist, case manager or WellConnect care coordinator will ask you to name the problem areas you want to work on, and they will use their special knowledge to help you lay out a plan to make the changes you want to make. Your team will meet on a regular basis to discuss treatment goals and to review your progress and treatment plan, with your input. You are part of the team, and your thoughts about how you are doing, and your ideas about planning your goals are important to the treatment plan.

As we just mentioned above, your family, spouse or other important people in your life can often have an impact on your ability to reach your treatment goals. If needed, and with your permission, your family, spouse or others may be requested to meet with you and your service provider to discuss issues related to your treatment.

You have the right to accept or refuse treatment. And you have the right to be given information about the suggested treatment and what might happen to you if you refuse treatment. Our goal is to provide such information in a timely way so you can make decisions about your care. It is completely your choice, and if you choose to receive treatment, you will be asked to give us your written permission by signing the Consent to Treatment form. However, if it is an emergency situation or if a court of law is requiring you to receive treatment, then you cannot refuse treatment.

#### **Coordination of Care with other Providers**

Because we are concerned about both your behavioral health and physical health, it is our policy keep in contact with your primary care provider (Unity Medical Clinic or your PCP) as well as your other healthcare providers. This is important in helping to coordinate your treatment. Unless it is an emergency situation, we have to receive your written permission before we can get in touch with your physician or other mental health providers.

We will ask for this permission during your first visit with us and once a year in the future. Please keep us informed about other providers you are seeing

#### **Special Needs**

If you are in need of special services such as an interpreter, please let us know as soon as possible so that we may best provide this service for you.

#### **Referral to Other Services**

With your permission, your care coordinator may make referrals for other services as needed, including professional and social services to provide a successful transition from the program. Early in your treatment and as part of our discharge/transition planning process, you will be provided with a list of self-help and advocacy groups in your area that may be of help to you. If you are 21 years old or younger, or you have a child seeking treatment who is in this age group, information will be given to you about Early Periodic Screening, Diagnosis and Treatment, which is also called TennCare Kids. This screening program is based on the importance of regular PCP visits to help identify needed medical and or behavioral health services such as annual physicals, immunizations and dental screenings. You may receive these services through Unity Medical

Clinic or request help from staff in obtaining referrals to other needed resources. While receiving services, you will be provided with ongoing educational materials specific to your needs. Please let us know if you would like additional information.

### **After Hours Emergencies**

If you have a behavioral health emergency when the office is closed and need to talk to someone, call our 24-hour Crisis Intervention Hotline: (800) 681-7444. Our Crisis Care staff will assist you based upon your needs. If you have a life-threatening emergency, please call 911 or go to your nearest hospital emergency room. If you have a medical emergency that does not require assistance through 911, please contact your PCP. Our Crisis Call staff can put you in touch with a Unity Medical provider if they are your PCP.

### **Transition and Discharge Information**

We will work with you as early in the treatment process as possible to give you an idea of a possible discharge or transition date. Usually, the time and date of your transition/discharge are set with input from you, your service provider and the team. Together we will identify a continuing plan that meets your transition needs. This may include participation in support groups, individual therapy, volunteer work or other activities. You will be actively involved in this process from the beginning of your treatment.

We hope you will not stop your treatment without carefully thinking through that decision. If you want to stop your treatment at any time, we ask that you agree to meet for at least one more session to look over our work together. We will review your progress and make suggestions about any more work that needs to be done.

You may also be contacted by a staff member during services or following your discharge to ask about your satisfaction with our services and, more importantly, to see if you need additional services. We will also ask you to complete a survey about your treatment with us to help us decide any changes or improvements we need to make in the future. Finally, if something happens unexpectedly and you leave treatment, we will follow up with you to ensure your safety and determine if you need additional services from us or another provider.

If you fail to notify us of your decision to stop treatment, we will make effort to contact you to understand your decision. If you do not get back in touch with us, your case may be closed, but you can ask for services at any time in the future.

If your treatment at Centerstone is required by the court system, probation, or other legal entity, your care coordinator will discuss any regular reports and discharge information that will be shared with that entity, including if you drop out of treatment.

### **Confidentiality**

The law requires all staff will maintain and protect the confidentiality of any information you share with us. No information will be released or given to other persons or agencies outside of Centerstone unless we have permission signed by you to release such information. An exception to this rule could include a threat you make to harm yourself or someone else, or a suspicion that child abuse may have occurred.

The confidentiality of alcohol and drug abuse client records maintained by Centerstone is protected by federal regulations. Generally, Centerstone may not disclose the involvement of any client in an alcohol or drug abuse program to anyone outside the program unless:

- The client consents in writing
- The court orders it
- The disclosure is made to medical personnel for research, audit or program evaluation

Violation of these federal laws and regulations by the program is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations.

Federal laws and regulations do not protect any information about a crime committed by a client, either at the program or against any person who works for the program, or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

You may ask in writing, to look at your clinical record at any time. Please provide this to your care coordinator or receptionist. Please know there is a small fee to copy records. Under federal confidentiality laws, you have other rights regarding your records. Those rights are outlined in Centerstone's "Notice of Privacy Practices," posted at each location and available upon request. As a Centerstone client, you can also ask to see some parts of your Centerstone medical record (often referred to as Protected Health Information) using the internet.

#### **About our offices**

In order to maintain a healthy and safe environment for all, you should be aware of the following Centerstone expectations:

- First aid kits, emergency equipment and emergency procedures are available in all Centerstone offices. Please familiarize yourself with this information.
- The possession or use of firearms, weapons or other items that pose a risk to other clients or staff is not permitted in any Centerstone facility.
- The possession of illegal drugs, alcohol or chemicals or inappropriate use of legal drugs or prescription medications is prohibited in any Centerstone facility. If you are asked to bring your medications to the office, or if you have to take medication while you are at our office, it is important that you secure your medication at all times.
- The use of tobacco and e-cigarettes is not allowed at most Centerstone offices and properties, and in all Centerstone vehicles. Please check the location where you receive services to understand this rule.
- The use of cameras, video recorders, picture phones or any other video devices is prohibited in treatment areas unless you and your treatment provider are in agreement.

#### **Declaration for Mental Health Treatment**

The Tennessee Mental Health and Developmental Disability law gives mental health consumers the right to be involved in decisions about their mental health treatment. The law also recognizes that, at times, some individuals are unable to make treatment decisions. A Declaration for Mental Health Treatment allows persons served to plan ahead about how and where they want to be treated in the event of an emergency. It may also assist service providers in giving appropriate treatment. Information about the Declaration for Mental Health Treatment will be made available to you upon request.

## **Attendance and Cancellations**

Your first appointment with Centerstone will take about 60-90 minutes (1-1½ hours). During this appointment, we will gather information from you and give you basic information about us. How long and how often you will be seen will be based on the treatment plan you and your care coordinator develop and the goals you hope to achieve. If you are being seen at a Unity Medical Clinic location, we also want you to do a brief health screening. This may help find any other medical problems we can help with.

An appointment is a promise by both of us – we are both agreeing to be there and to be on time. If we are ever unable to start on time, we ask for your understanding. Sometimes client emergencies will cause us to be late meeting with you. If you are late, we will probably be unable to meet for the full time since your therapist will likely have another appointment after yours. At those times, when you have to cancel an appointment, please give us *at least* 24-hours. If there is bad weather, please call your clinic directly for information about any changes to office hours.

## **Emergency Intervention Procedures**

In the event of a crisis involving violent, threatening or assaultive behaviors, staff will take all possible steps to calm the situation and assure your safety and the safety of others. Centerstone staff members do not use seclusion or restraint to manage behavior. Law enforcement may be called to assist, if necessary.

## **Limitations to Treatment**

At no time will your rights be restricted; however, Centerstone reserves the right to limit services to you if your behavior is disruptive, aggressive, threatening or inappropriate in a way that risks the safety of you, other clients or visitors, or staff. When such a situation occurs, the behavior will be reviewed with you as well the ways in which behaviors needs to change in order for you to regain your full participation in treatment.

## **Client Rights**

**As a client of Centerstone, you have the right:**

- To receive quality, research-based treatment from trained clinical professionals
- To be treated with respect and dignity in a setting most beneficial for your treatment
- To be free from physical, emotional or verbal abuse; financial or other exploitation; humiliation or neglect
- To be free from any form of isolation, restraint or seclusion used as a means of bullying, discipline, convenience or retaliation
- To be told in an easy-to-understand way the risks, benefits and consequences of treatment and non-treatment in enough time to assist in decision-making about your treatment, discharge or aftercare plan
- To be given information about consent, refusal or expression of choice regarding services, release of information, service providers, concurrent services, and involvement in research projects, if applicable
- To receive services without regard to your age, birthplace, color, disability, gender, language, race, sexual preference, social and economic standing, or spiritual belief
- To refuse treatment
- To be provided with information about side effects of medication that may be prescribed
- To look at your medical record and request copies or changes

- To tell staff or others if you have a complaint about a staff member or services without having to worry about the complaint affecting your treatment and to be assured that any complaint about a violation of your rights will be investigated and resolved quickly
- To be informed in an easy-to-understand way about any recommended treatment and/or alternative treatment methods and to be involved in the development of your treatment plan
- To privacy during your appointment
- To have medical and financial information about you and the services you receive kept private unless you give us permission or the law says we must share information with others
- To obtain the names, qualifications and titles of the professionals providing your care
- To be provided continuity of care from one service provider to another
- To be provided with information and/or referral to legal entities, self-help and advocacy services
- To be assured of adherence to research guidelines and ethics, if applicable

### Client Responsibilities

As a client of Centerstone, it is your responsibility:

- To treat staff the same way you want them to treat you
- To come to your appointments on time or call to cancel and reschedule
- To tell the staff everything that will help them help you
- To follow your treatment plan and take your medications as prescribed, if that is part of your treatment plan. Your medical provider cannot prescribe medication unless they see you for your appointments
- If you attend group counseling or education session, to keep confidential any information others in the group share with you
- To pay your share of the cost of your treatment and have your insurance billed
- And most importantly-personally invest in your recovery

### Financial Information

Payment for services is important. You are responsible for paying for your treatment. Payment is expected at the time of service. If you have questions about your fees, please speak with your therapist. You will be told in advance if our fees should change. If you think you may have trouble paying your bills on time, please let us know. We will discuss this together to find a solution.

If there is any problem with our charges, our billing, your insurance, or any other money-related issue, please let us know. We will do the same for you. Centerstone will verify your insurance coverage prior to your first appointment. Insurance coverage cannot be guaranteed at the time service is provided. Final determination of insurance coverage can only be made at the time claims are processed by your insurance carrier. Together we will work out any issues honestly and quickly. As with your treatment, if you have any questions regarding your benefits or co-payment, please do not hesitate to talk to a staff member.

*Clients who owe money and fail to make arrangements to pay may be referred to a collection agency. In the event of nonpayment, Centerstone reserves the right to add to your bill reasonable attorney fees and/or credit collection agency fees necessary for the collection of your account. Services may be refused if you are unwilling to pay.*

**Non-Discrimination Policy**

Centerstone does not discriminate for reasons of sex, race, color, age, religion, national origin, veteran status, sexual preference, or physical or mental disability in admission to or access to treatment, or employment in its programs or activities. If you feel that you have received unfair treatment based on any of these, you should file a complaint in writing with Centerstone's *Title VI Coordinator* at 1101 Sixth Avenue North, Nashville, TN 37208.

**Complaints and Appeals**

There may be times when you are dissatisfied with some part of the treatment you are receiving at Centerstone. It is important to us to look into that for you. Please speak with your care coordinator if you are not satisfied with any area of our work. Your care coordinator will listen to any concerns you have and to try to work them out. If you are not satisfied with the response from your care coordinator, or if you have a concern you do not feel comfortable sharing with them, you may ask to speak with the clinic manager at the location where you receive services. They will look into the matter for you and try to resolve your concern. You may also contact the Centerstone Quality Improvement Department at 615-463-6665 or 888-463-6705 if you are still not satisfied. The QI staff will take your information and make sure your complaint is investigated. You will be told how long the process will take, and you will also be given information about how to file an appeal with the TennCare Solutions Unit for any service that is denied, delayed, reduced or terminated (for TennCare members). Filing a complaint or appeal will not result in any retaliation or barrier to service.



**Advocacy Resources**

Disability Law and Advocacy Center of Tennessee	800 -342-1660 (toll free) <a href="http://www.dlactn.org">www.dlactn.org</a>
Tennessee Mental Health Consumers Association (TMHCA)	615-250-1176 <a href="http://www.tmhca-tn.org">www.tmhca-tn.org</a> 888 539-0393 (toll free) <a href="mailto:info@tmhca-tn.org">info@tmhca-tn.org</a> – Email
National Alliance on Mental Illness (NAMI) NAMI Davidson Co.	<a href="http://www.namidavidson.org">http://www.namidavidson.org</a> .
National Alliance on Mental Illness (NAMI) NAMI Tennessee	615-361-6608 <a href="http://www.namitn.org">www.namitn.org</a> 800 467-3589 (toll free)
Tennessee Association of Alcohol, Drugs, and other Addiction Services	615-780-5901 <a href="http://www.taadas.org">www.taadas.org</a> 877-863-6914 (toll free) 800-889-9789 – <i>Tenn Red Line</i>
TennCare Partners Advocacy Line (TPAL)	615-242-7339 <a href="mailto:help@tpal.org">help@tpal.org</a> - Email 800-758-1638 (toll free)
Tennessee Voices for Children	615-269-7751 <a href="http://www.TNVoices.org">www.TNVoices.org</a> 800-670-9882 (toll free) <a href="mailto:TVC@tnvoices.org">TVC@tnvoices.org</a> – Email
Middle Tennessee Mental Health & Substance Abuse Coalition (MTMHSAC)	<a href="mailto:MTMHSAC@gmail.com">MTMHSAC@gmail.com</a> – Email

**If you have recommendations about changes in Centerstone policy or services, please send your suggestions to:**

Centerstone Quality Improvement Director  
1923 Ransom Place  
Nashville, TN 37217

