Guidance/Care Center, Inc.

Client Handbook

Locations of Facilities:

**Upper Keys**
99198 Overseas Hwy., Suite 5
Key Largo, FL  33037

(305) 451-8018 phone
(305) 451-8019 fax

**Middle Keys**
3000 41st Street, Ocean
Marathon, FL  33050

(305) 434-9000 phone
(305) 434-9040 fax

**Lower Keys**
1205 Fourth Street
Key West, FL  33040

(305) 292-6843 phone
(305) 292-6723 fax

www.gcmk.org

Client Name: ________________________  Primary Service Provider:_____________________

Rvsn: 06/11

(Alternate forms of handbook are available upon request.)
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WELCOME!!

You have taken an important step to improve the quality of your life. We are pleased that you chose us to assist you and your family. You will be involved in planning the services that will focus on your unique needs.

You will review your plan with us regularly to see if the services provided are helping you to reach your goals. Your counselor will work with you and medical staff will be involved in your care as needed. The doctor, nurse practitioner, or physician assistant will consult with you to assess whether or not medication(s) may help you. Risks and benefits of medications that s/he may prescribe will be thoroughly explained to you.

We look forward to working with you. Thank you for choosing Guidance/Care Center.

OUR MISSION

WestCare empowers everyone with whom we come into contact to engage in a process of healing, growth and change benefiting themselves, their families, coworkers and communities.

OUR VISION

WestCare devotes our best collective and individual efforts toward “uplifting the human spirit” by consistently improving, expanding and strengthening the quality, efficacy and cost-effectiveness of everything we do in building for the future.

GUIDING PRINCIPLES

Several principles provide further guidance in delivering behavioral services to individuals, families, and communities. They are:

• **Excellence:** Our first priority is to provide the highest quality service to the people and communities we serve. We value and reward success and are committed to continual improvement in all we do. We have the willingness to succeed and we have the means to create and foster success for ourselves, our coworkers, and those we serve.

• **Dedication:** WestCare is committed to doing what it takes to get the job done ethically and efficiently. We are committed to hard work. We are passionate about what we do. We are compassionate with our coworkers and everyone we serve.

• **Growth:** We are committed to learning and continuous improvement. We recognized that growth is a dynamic process, not an event. We recognize that the key to success is meeting our goals and building the resources we need to fulfill our mission.

• **Ethical Behavior:** We value and expect integrity in every aspect of our work and will accept nothing less.
About Us:

The Guidance Clinic of the Middle Keys, Inc., was originally founded in August, 1973 as a private not-for-profit behavioral healthcare agency serving the Middle Keys. The Care Center for Mental Health Inc., was also a private not-for-profit behavioral healthcare agency serving the Upper and Lower Keys that was originally founded in October, 1983. In October, 2009 the agencies merged into the Guidance/Care Center (GCC) to create a unified 501(c)3 private not-for-profit behavior healthcare agency serving all of Monroe County. The new Guidance/Care Center, Inc., has 3 facilities throughout the Keys. Located in Key Largo, Marathon and Key West the Guidance/Care Center offers a comprehensive continuum of care for mental health and substance abuse services throughout Monroe County. Independently, The Guidance Clinic of the Middle Keys and Care Center for Mental Health affiliated with WestCare Inc., in 2003.

The G/CC currently has a staff of over 100 employees including licensed professionals (psychiatrists, physician assistants, psychologists, social workers, mental health counselors, nurse practitioners, and nurses), certified addiction professionals, counselors, administrators, and computer, fiscal, clerical, clinical support, transportation, and maintenance staff. The array of services G/CC offers include: outreach, prevention, transportation, crisis support, assessment, intervention, outpatient, psychosocial rehabilitation /drop-in, residential crisis stabilization and detoxification, residential mental health treatment, residential substance abuse treatment (Keys to Recovery), case management, intensive on site, HIV pre-post counseling and testing and aftercare. We are also a co-occurring welcoming facilities.

Guidance/Care Center does not discriminate on the basis of age, race, sex, religion, color, disability, national origin, sexual orientation, or marital status.
### Routine Hours of Operation

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<th>Upper Keys</th>
<th>Middle Keys</th>
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<td>8:00 – 5:00pm M – F</td>
<td>8:00am - 5:00pm- Mon, Wed, Thurs &amp; Fri</td>
<td>8:00 – 5:00pm M – F</td>
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<td>After Hours Crisis call:</td>
<td>After Hours: Crisis/Emergency Screening Call: 434-9000 ext. 1</td>
<td>After Hours Crisis call:</td>
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<td>(305) 451-8018</td>
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<td>(305) 896-5995</td>
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<td>then press 1# to be directed to our on-call therapist</td>
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For the Hearing Impaired, please call the Florida Relay Service at 1 (800) 955-8771.

### CONFIDENTIALITY

**Our staff wants to gain your trust and protect your privacy!**

Guidance/Care Center staff will not talk to anyone or send out information about you unless you sign a release of information form to say that it is alright. The form should be very exact about what, why, and how much information needs to be shared. There are certain times when we will be unable to maintain confidentiality of your records.

Some examples are: if there is a medical emergency; if you are in danger of hurting yourself or others; if your records are court ordered.

Further, we are mandated to report any suspected child/elder/disabled abuse to the Abuse Hotline. And as always, if you have concerns about any issues, please feel free to contact us.
Description of Services

**Aftercare:** Services provided to individuals who have successfully completed substance abuse treatment in a licensable service component, but who continue to need support. Services may include counseling and support services to maintain recovery.

**Assessment:** Services that provide assistance in determining level, types and frequency of services.

**Case Management:** A collaborative process that facilitates the achievement of client wellness through advocacy, assessments, communication, resources management and service delivery in a coordinated manner

- **Discharge Criteria:** Once you have successfully achieved your goals you will be ready for discharge from Case Management.
- **Philosophy of Program:** Through adequate assessment, planning, linkage, coordination, advocacy, and monitoring, persons receiving Case Management services can reach their optimum level of wellness, self-management, and functional capability. Case Management facilitates this process while promoting the potential contribution of the individual, regardless of the severity of his or her illness. Case management services are optimized best if offered in a climate that allows direct communication among the case manager, the recipient, the primary care provider, family, significant others and other service delivery professionals.

**Comprehensive Community Support Team - (CCST):** Services take place in either an outpatient or community based setting and provides adults with mental illness assistance in identifying goals and making choices to promote resiliency and facilitate recovery.

**Crisis Stabilization:** Residential care services provided on a 24/7 per week basis. Services are brief and intensive to meet needs of individuals who are experiencing an acute crisis.

- **Admission Criteria:** Adults with acute mental health problems in need of immediate stabilization.
- **Discharge Criteria:** Resolution/stabilization of immediate crisis, active participation in following treatment plan and development of a supportive continuing care and discharge plan.
- **Philosophy of Program:** Crisis stabilization treatment will be provided in a manner that supports client rights and ensures client and staff safety. CSU staff will establish with the client the most effective treatment plan considering the individual client’s strengths, needs, abilities and preferences.
- **Target Population:** As a public receiving facility, the CSU will examine, admit, and stabilize adults in Monroe County with acute mental health problems in need of immediate stabilization. Minors requiring crisis stabilization services may be screened and/or assessed and referred to appropriate facilities in Dade County. Services are provided 24/7.

**Baker Act Receiving Facility:** A specific designation that allows a CSU to accept clients in need of involuntary treatment as defined by the Baker Act.

**Crisis Support:** Non residential services provided up to 24/7 days a week to intervene in a crisis of emergency. Services include emergency screenings and emergency walk-ins.
**Detox:** A licensed rehabilitation facility operating 24/7 hours to provide medical detox. Program uses medical and clinical protocols to assist clients with withdrawal from the physiological and psychological effects of substance abuse. Services include emergency screening, evaluation, short term stabilization and treatment in a secure environment.

- Admission Criteria: Adults who are withdrawing from the physiological and psychological effects of alcohol and/or drug use.

- Discharge Criteria: Completion of the physiological withdrawal effects of alcohol and/or drug use and the establishment of a supportive continuing care and discharge plan.

- Philosophy of Program: Detoxification services will be provided in a manner that protects client rights and ensures client and staff safety. Inpatient staff will establish with the client the most effective treatment plan considering the client’s strengths, needs, abilities and preferences.

- Target Population: Adults who are withdrawing from the physiological and psychological effects of substance abuse. Services are provided 24/7.

**Forensic Case Management:** This service provides advocacy to the courts for placement of currently incarcerated persistent and severely mentally ill inmates into appropriate Assisted Living Facilities and treatment centers. This will enable these clients to receive the treatment they need in lieu of continued incarceration.

- Admission Criteria: Any inmate who is identified as severely and persistently mentally ill by the MCDC classification committee. This service is also for civil cases coming from the state hospital and returning to the community.

- Discharge criteria: When an appropriate placement is found whether it is an assisted living facility or a treatment center.

- Philosophy of Program: To provide advocacy to the severely and persistently mentally ill, including those in the criminal justice system and state hospital discharges.

- Target Population: Low grade felons and misdemeanants who have a severe and persistent mental illness. Also civil cases from the State Hospital.

**Information and Referral:** Services that link persons in need of assistance with appropriate providers and provides information about agencies and organizations that offer services.

**In Home and On Site Services - (IHOS):** Therapeutic services and support provided off site from primary agency locations. Locations include school, DJJ and home.

- Admission Criteria: Must have a targeted mental health diagnosis.

- Discharge Criteria: Completion of treatment plan goals (6 months or longer)

- Philosophy of Program: Therapeutic services provided to clients and their families within their personal environment to increase coping and resiliency.

- Target Population: Children and Adults with specific targeted mental health diagnoses.
HIV: Confidential HIV/AIDS pre/post counseling and testing.

Jail Diversion: Case Management services provided for misdemeanants and low grade felons located in the Monroe County Detention Center. Efforts to refer inmates to mental health and substance treatment so they may avoid repeat incarceration is the primary focus.

- Admission Criteria: Any low grade felon and misdemeanants who are mentally ill and or substance dependent who are eligible for treatment in lieu of prison.
- Discharge Criteria: Placement in appropriate treatment programs.
- Philosophy of Program: To connect substance abusing and co-occurring disorder inmates to treatment programs in order to reduce recidivism to the criminal justice system.
- Target Population: Inmate eligibility determined by courts.

Intervention: Services that focus on reducing risk factors associated with the progression of substance and mental health problems. Includes basic assessment, support services, counseling, and referral

- Admission Criteria: Any emotional, behavioral or cognitive conditions being addressed will not interfere with interventions at this level of care. Individuals are at risk of developing a substance abuse and/or mental health disorder. Individuals are willing to gain understanding of skills needed to deal with current problems that interfere with meeting responsibilities and achieving personal goals.
- Discharge Criteria: Intervention goals and objectives are successfully met. The individual no longer participates in the intervention to degree intervention at this level of care is considered ineffective, despite multiple attempts to address non participation. Consent for counseling has been withdrawn and or the individual requires a higher level of care.
- Philosophy of Program: GCC provides short term counseling sessions to individuals, who are at risk of developing substance abuse and/or mental health problems. The intervention teams members focus on assisting individuals locate appropriate community resources to meet their basis needs.
- Target Population: Children, youth, adults and aging adults and families.

Jail In-House Program – (JIP): This is a six month drug and alcohol treatment program located in the Monroe County Detention Center. The program works closely with the Monroe County Drug Courts and provides treatment for men and women who have substance abuse issues that have brought them to incarceration.

- Admission Criteria: Court orders and volunteers who are chemically dependent.
- Discharge Criteria: Completion of 6 months treatment
- Philosophy of Program: To provide client centered treatment including drug education, life skills, relapse prevention, cognitive behavioral therapy and advocacy to the courts.
• Target Population: Chemically dependent inmates who are court ordered or volunteer.

**Keys to Recovery - (KTR):** A licensed rehabilitation oriented group facility operating 24/7 per week for persons with significant issues related to independent living skills and need for extensive support and supervision.

• Admission Criteria: Adult males with a history of chronic substance abuse problems that are currently involved, or have been involved in the criminal justice system.

• Discharge Criteria: Active participation in the program for a minimum of 6 months with ability to demonstrate successful reintegration into the community by completing the treatment plan designed with primary counselor, gaining and maintaining employment, building a positive support group, and developing a supportive continuing care plan.

• Philosophy of Program: Residential substance abuse treatment will be provided in a manner that protects client rights and ensures client and staff safety. KTR staff will establish with the client the most effective treatment plan considering the individual's strengths, needs, abilities, and preferences.

• Target Population: Adult males with chronic substance abuse histories and involvement with the criminal justice system. Services are provided 24/7.

**Life Skills:** Services are provided by a contractual arrangement between the GCC and the Monroe County School Board. The Life Skills Counselors provide early intervention services through individual and group counseling, family interventions and crisis intervention. The Life Skills counselors also serve as a liaison between the school and the Clinic. Students in need of more intensive services are referred as appropriate. Services are currently provided at seven schools throughout the county during the school day.

**Marchman Act Detox Facility:** Special designation allowing the facility to accept involuntary admits for detox under the Marchman Act.

**Medical Services:** Services provided by medical staff that included medical care, medication management, therapy, medication administration, psychiatric mental status assessment.

• Target Population: Children, youth, adults and aging adults and families. No potential client is denied services based on ethnicity, cultural values, spiritual values, age, gender, sexual identity or ability to pay target population served.

**Offender Re-Entry Program - (ORP) The Other Side of the Fence:**

• Admission Criteria: Adult Monroe county residents who are incarcerated and have a substance abuse/co-occurring disorder.

• Discharge Criteria: Active participation in the program for a minimum of 6 months with ability to demonstrate successful reintegration into the community.

• Philosophy of Program: Intensive Outpatient substance abuse/co-occurring treatment and wrap around support services will be provided in a manner that protects client rights and ensures client and staff safety. Program staff will establish with the client the most effective treatment plan considering the individual's strengths, needs, abilities, and preferences.
• Target Population: Adult Monroe County residents who are incarcerated and have a substance abuse/co-occurring disorder.

**Outpatient:** Therapeutic and support services designed to improve functioning or prevent deterioration of individual and mental health or substance abuse disorders. Services must be face to face between the staff member and the client.

• Admission Criteria: The individual’s medical condition if any is stable enough to participate in OP treatment. The individual demonstrates symptomatology consistent with DSM-IV R diagnosis, the individual exhibits symptoms that interfere with ability to function in at least one life area. There is an expectation that the individual will respond to therapeutic interventions.

• Discharge Criteria: Treatment plan goals and objectives have been successfully met. The individual does no longer want to participate in therapy, despite documented attempts to motivate or address nonparticipation issues. Consent for treatment has been withdrawn. The individual requires a higher or lower level of care.

• Philosophy of Program: The G/CC offers high quality and cost effective behavioral healthcare services in a welcoming environment throughout the keys including individuals who may exhibit symptoms of a co-occurring nature with both mental health and substance issues.

• Target Population: No potential client is denied services based on ethnicity, cultural values, spiritual values, age, gender, sexual identity or ability to pay target population served.

**Outreach:** Services include education of the public regarding substance abuse/mental health, education with high risk groups, case management for non clients, screening and referral.

**Personal Growth Center - (PGC):**

• Admission Criteria: Psychosocial Rehabilitation, Supported Employment and Drop-In Services are available to persons with a primary Axis I diagnosis of mental illness, who are exhibiting psychiatric, behavioral or cognitive symptoms, or clinical conditions of sufficient severity to bring about significant impairment in day-to-day personal, social, vocational and educational functioning.

• Discharge Criteria: PGC members are members for life. Members choose the type and intensity of services they receive throughout their participation in the program. Membership is terminated only based on the following:
  1. not attending any program services in the past 90 days without communicating a desire to maintain membership.
  2. requesting that membership be withheld or terminated
  3. relocating
  4. habitual breachment of membership agreement

• Philosophy of Program: Personal Growth Center that all persons with psychiatric disabilities have the right to a place to go, and a place to grow. People with mental illness can successfully live and work in this community. An environment of support, acceptance, and commitment to the potential contribution of the individual, regardless of the severity of his or her illness, is vital to this success. PGC services will be provided in a manner that protects the member’s rights and ensures member and staff safety. PGC staff will establish with the member the most effective recovery plan considering the individual’s strengths, needs, abilities, and preferences.
Prevention: Services that involve using information dissemination, education, community awareness and other strategies to preclude, forestall, or impede the development of substance use or mental health problems.

- Admission Criteria: Prevention services are universally open to the community as a whole. However, if particular risk factors for substance abuse or mental illness are identified, more targeted Prevention services are available.

- Discharge Criteria: Universal programs are continually open to individuals, or community groups. Targeted Prevention activities are ended when the particular risk factors are addressed or removed, or a more intensive level of care is warranted.

- Philosophy of Program: We recognize that people vary in the way they formulate and experience their lives, we maintain the value of, and need for, a variety of approaches to prevention, which we do our best to provide in various approaches, to meet the needs of the individual or community.

- Target Population: Prevention programs are available to all in the local community. Current programs in progress are formulated for child and adolescent populations.

Residential Treatment Facility (RTF):

- Admission Criteria: Mentally ill adults who require a less restrictive therapeutic program in a 24 hour structured and live-in setting.

- Discharge Criteria: Active participation in the program as demonstrated by the ability to consistently cope with activities of daily living and the development of a supportive continuing care and discharge plan.

- Philosophy of Program: The treatment of clients in Residential Level 1 will be provided in a manner that protects client rights and ensures client and staff safety. Unit staff will establish with the client the most effective treatment plan considering the individual client’s strengths, needs, abilities and preferences.

Treatment Alternatives for a Safer Community – (TASC): Focus is on persons in the criminal justice system with a history of drug abuse or addiction. Services include identification, screening, court liaison, referral and tracking.

Transportation: The Guidance/Care Center is the Community Transportation Coordinator (CTC) and Medicaid Coordinator for Monroe County. G/CC operates transportation service throughout Monroe County under the name of Middle Keys Transportation. Middle Keys Transportation provides transportation for individuals who are “Transportation Disadvantaged”. “Transportation Disadvantaged” are those persons who because of physical or mental disability, income status, or age are unable to transport themselves or to purchase transportation and are, therefore, dependent upon. Advance reservations are required for all trips. For more information or to make a reservation, please call: (305) 434-9099 or (888) 447-3977
RULES OF CONDUCT

Everyone who comes to or receives services from G/CC is responsible for promoting and maintaining a safe and respectful environment. Every client, staff member, visitor and volunteer who comes to the clinic can expect to be treated respectfully and feel safe at all times.

As a client I agree to the following:
1. I agree to be verbally respectful at all times while in the clinic. I will not use obscene or disrespectful language, make threats, tell abusive jokes or make abusive comments. This includes sexual comments, sexual advances, teasing, insulting or making fun of others.

2. I agree to be physically respectful at all times while in the clinic. I will not strike, punch, slap or intimidate anyone. I will not damage any property or equipment or threaten to do so.

3. I will not bring alcohol, illegal drugs, or weapons into the clinic or onto clinic grounds.

4. I accept my personal responsibility to promote and maintain an atmosphere of safety and respect in the clinic.

5. I will speak to a staff member if I feel that I am unable to meet these rules of conduct and understand that if I break these rules, I could lose my clinic privileges and services.
# Adult Programs and Services

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<th>Key Largo</th>
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<td>Jail Diversion</td>
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<td>Mental Health Club House</td>
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<td>Residential Treatment (RTF)</td>
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# Children’s Programs and Services

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<td>EAP</td>
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<td>Transportation</td>
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ETHICAL STANDARDS

Guidance/Care Center is committed to following high ethical standards in conducting business and providing services. Employees of Guidance/Care Center are expected to adhere to high moral and ethical standards.

- All Guidance/Care Center staff will conduct themselves in compliance with agency ethical standards.

- Guidance/Care Center exists to provide quality services to persons in need. Therefore, the overriding concern of each staff member must be the welfare of clients. The individual dignity of each client must be respected at all times and upon all occasions.

- Information regarding clients will be held in the strictest confidence and will not be released without the permission of the client or as provided by law.

- Clients will be billed for only those services rendered.

- Full information will be provided to clients on the source of the organization’s reimbursement and any limitations placed on the duration of services.

- Guidance/Care Center staff is prohibited from engaging in business transactions with clients for money or exchange of goods or services. Staff is not to borrow or lend money to clients.

- Guidance/Care Center staff may only accept gifts of no monetary value from clients and each occurrence should be reported to supervisor. Monetary gifts are prohibited. However, charitable gifts and donations may be made to Guidance/Care Center as a charitable, not-for-profit agency.

- Dual relationships between Guidance/Care Center employees and clients (a person currently a client and/or person who have been discharged, at least one year from the last clinical contact) are prohibited, prohibitions include, but are not limited to, business or financial relationships, friendships, social, dating or sexual contacts.

Your welfare is always our primary concern. All clients are to be treated in a fair and equal manner and no one is given special consideration or advantage over anyone else. Staff is not allowed to accept monetary gifts from clients. No staff member is permitted to act as a sponsor for a client for any recognized self-help or peer support (i.e. Alcoholics Anonymous, Narcotics Anonymous, etc.). Staff cannot have personal/social relationships with any client who is receiving or has received services from WestCare.
GENERAL PROGRAM RULES

Non compliance with program rules may result in you being administratively discharged from the program.

1) Participate in the development of your individualized intervention or treatment plan.
2) Be on time for scheduled events, classes, groups and individual sessions.
3) Respect the confidentiality, rights and privacy of others. Do not discuss their participation in this program with your family members, visitors or anyone else outside of the staff.
4) Respect the property and the building, as well as the belongings of others.
5) Respect the rights of others by confronting inappropriate language and behaviors.
6) No threats or actions of violence or physical aggression.
7) Abstain from use of any non-prescribed controlled or addictive substances or any form of alcohol.
8) Do not bring weapons of any type onto the property or into any WestCare program.
9) Do not bring drugs and alcohol on the premises.
10) Avoid over involvement or romantic relationships with other clients.
11) No use of derogatory language or expression of negative ideas or suggestive comments indicating bigotry, mockery, or negative bias against any group of human beings, based on age, gender, physical appearance, religious background or preference, disabilities, sexual orientation, or important personal beliefs and values.

YOUR RESPONSIBILITIES

You are responsible for…

- Working with your treatment team to develop and follow an individualized service plan suited to your needs.
- Paying an established fee.
- Respecting the privacy of others.
- Being on time for your appointments.
- Giving 24 hours notification when you are unable to keep your appointment.
- Treating all persons with courtesy and respect and all facilities with care.
CLIENTS RIGHTS

Right of Individual Dignity:
- To be related with respect at all times
- To be free from abuse and neglect
- To have freedom of movement, unless it has been restricted as part of your treatment or by a judge

Right to Treatment
- To appropriate treatment, regardless of your ability to pay
- To receive treatment in the least restrictive setting

Right to Express and Informed Consent
- To consent or not to consent to treatment, unless restricted by a judge or in an emergency.
  For mental health services, if you are under 18 years of age, your guardian must also be asked to give express and informed consent for you.
- To be informed about:
  o The reason for your admission
  o Your proposed treatment
  o Any potential side effects of any treatment
  o Your approximate length of stay
  o Other possible treatments
- To take back any consent to treatment, either verbally or in writing by you, your guardian or guardian advocate.
- If necessary to provide through the court, a guardian advocate to make decisions regarding your treatment.

Right to Quality Treatment
- To receive services that are skillfully, safely and humanely administered
- To receive appropriate medical, vocational, social, educational and rehabilitative services

Right to Communication, Abuse Reporting and Visits
- To have visitors at reasonable hours, unless visits are restricted as part of your treatment.
- To send and receive mail and use the telephone, unless restricted as a part of your treatment
- To have access to a private telephone to report any possible abuse or neglect to the Florida Abuse Hotline.

Right to the Care and Custody of Personal Effects
- To have your personal clothing and belongings, unless restricted as a part of your treatment
- To have a written inventory of any of your personal clothing or belongings that are taken from you.

Right to Vote in Public Elections
- To be assisted in registering to vote and voting
Right to Ask for A Court Order
- To question the cause and legality

Right to Confidential Records
- To have reasonable access to your own words
- To authorize release of information to people or agencies
- To Have your records kept confidential

Right to Education for Children
- To receive education as appropriate and in the lease restrictive setting possible in accordance with state statutes

Right to Designate Representatives
- To designate a person to receive any required notices

Right to Participate in Treatment and Discharge Planning
- To help make decisions about your treatment and provide written comments on your treatment plans
- To help make plans for your discharge

You have the right to more detailed information about your rights. For more information, contact your District Human Rights Advocacy Committee (HRAC) or the Advocacy Center for Persons with Disabilities.

Guidance/Care Center specific additional Client Rights not specifically required by other entities are adopted as follows:

- Right to be informed of any and all financial obligations (if any) that may be incurred over the course of treatment
- Right to request that HIV/AIDS data not be disclosed in the record of the person served
- Right to know what support services are available, including whether an interpreter is available and/or needed if English is not the primary language spoken by the person served
- Right to access information regarding care, the planned course of treatment, alternatives, risks, prognosis and progress.
- Right to know if treatment is for purposes of experimental research and to give consent or refusal to participate in such experimental research
- Right to have religious beliefs respected

Guidance/Care Center promotes the following rights of persons served in that all person have the right to be free from Abuse, Financial or other exploitation, Retaliation, Humiliation, Neglect.
Florida Department of Children & Families, Substance Abuse Florida Administrative Code requirements are adopted and incorporated into this policy as follows:
[Although these are a repeat of client rights noted elsewhere in this policy, the exact language from F.A.C. is listed here.]

1. Provisions for informing the client, family member, or authorized guardian of their rights and responsibilities, assisting in the exercise of those rights, and an accessible grievance system for resolution of conflicts.
2. Provisions assuring that a grievance may be filed for any reason with cause.
3. The posting, in prominent locations, of notices informing clients of the grievance system.
4. Access to grievance submission forms.
5. Education of staff in the importance of the grievance system and client rights.
6. Specific levels of appeal with corresponding time frames for resolution.
7. Provision for the immediate receipt of a filed grievance and attention to that grievance in a timely manner.
8. The logging and tracking of filed grievances until resolved or concluded at whatever level necessary, including by actions of the governing body, if necessary.
9. Written notification of the decision to the person who filed the grievance.
10. Analysis of trends to identify opportunities for improvement.

Florida Department of Corrections Program requirements are adopted and incorporated into this policy as follows:
While you are a client at the Keys to Recovery (KTR) or any other DOC funded program, you are guaranteed certain Rights as outlined by the Florida Department of Corrections. The list of these Rights is included below. If you feel that any of these rights have been violated, it is your responsibility to notify KTR staff or the Department of Corrections as outlined in the DOC Grievance Procedure.

All clients will be treated with dignity and respect and be informed of what he can expect in regards to treatment.

Each client has the right:
1. To be treated with dignity and respect.
2. To meet with your counselor and other staff members, with reasonable notice, to discuss your treatment plan and treatment progress.
3. To know the potential implications of your treatment plan.
4. To develop the treatment plan conjointly with your counselor.
5. To know the rules and policies that you will be expected to observe.
6. To have all records and other information concerning your participation in the program held in strict confidence in accordance with Federal Regulations.
7. To develop a budget and employment plan co-jointly with your counselor.
8. To seek remedial action if you believe any of these rights have been violated, by following the:
   a. program’s grievance process.
   b. To have your religious beliefs respected.
COMPLAINT - GRIEVANCE PROCESS
ACKNOWLEDGEMENT OF UNDERSTANDING

As a client, or parents and/or legal guardians of a client, participating in one of WestCare of California’s treatment programs you have the right to file a complaint through the following grievance procedure without fear of discharge or reprisal and free from interference, coercion, or discriminations.

Complaint/grievance forms are located in the lobby and/or can be obtained from any staff member.

**Legal Custody:** In the event a grievance involves a client who is in legal custody of another agency while in treatment at WestCare, representative(s) of that agency may be involved at any step.

**Client Advocate:** During the Grievance process, if the client desires, a client advocate may assist the client with understanding and going through the process of filing the grievance. The client advocate may be a case manager, a direct care staff member or any one connected with the client such as a family member, friend, and/or significant other.

**FIVE STEPS:** The grievance process includes the following five (5) steps:

1. **Client/Family Member/Significant Other and Counselor:** The person with the complaint/grievance is asked to talk about the complaint with the staff member involved or responsible for the area of concern. Together they try to solve the matter informally. The staff person will assure the person the grievance will not result in discharge or reprisal and if the person requests help in preparing the written grievance, will arrange staff assistance.

   If an informal approach does not resolve the grievance, the persons will present the grievance to their counselor in written form. The counselor will conduct a meeting with the aggrieved person(s) served within five (5) working days of the written grievance being received and provide an opportunity for the client to discuss all concerns. Thereafter, the counselor will furnish to the client a written response within five (5) working days after the meeting.

2. **Client/Family Member/Significant Other/Counselor and Program Director:** If the grievance is not resolved, the client may request a meeting with the Program Director and all parties involved in Step A. The Program Director will schedule and hold the meeting within five (5) working days of the client’s request and provide an opportunity to discuss all concerns. Thereafter, the Program Director will furnish to the client a written response within five (5) working days after the meeting.

   *If the client is a Department of Corrections client, and the complaint/grievance is not resolved satisfactorily after this step involving the Program Director, then Department of Corrections must be notified.*

3. **Client/ Family Member/Significant Other and Senior Vice President, Regional Vice President and/or Chief Clinical Officer:** If the grievance is still not resolved, the client may request a meeting with the Senior Vice President, Regional Vice President and/or WestCare Foundation, Inc.’s Chief Clinical Officer and all parties involved in Step B. The Senior Vice President, Regional Vice President and/or the Chief Clinical Officer will schedule and hold the meeting within five (5) working days of the client’s request and provide an opportunity to discuss all concerns. Thereafter, the Senior Vice President, Regional Vice President and/or Chief Clinical Officer will furnish to the client a written response within five (5) working days after the meeting.
4. **All parties and President/CEO:** If the grievance is still not resolved, the client may request a meeting with the President/CEO and all parties involved in Step C. The President/CEO will schedule and hold the meeting within ten (10) working days prior to the next regularly scheduled Board of Directors meeting and provide an opportunity to discuss all concerns. Thereafter, the President/CEO will furnish to the client a written response within two (2) days of the conclusion of the Board of Directors meeting. The President/CEO may include other appropriate management staff in the meeting in order to expedite resolution of the complaint.

5. **All parties and Board of Directors:** If the grievance is still not resolved, the client may request a meeting with the Board of Directors and all parties involved in Step D. The meeting with the Board of Directors will be held at the next regularly scheduled Board Meeting and a final decision issued. Thereafter, the Board of Directors will furnish to the client a written response within five (5) days of the Board of Directors meeting. The decision of the Board of Directors is final.

**Steps 1 – 5:** *Depending upon the nature and/or severity of the complaint, the Chief Clinical Officer may recommend eliminating one or more steps in order to resolve the complaint more quickly.*

6. **Documentation:** Each step of the grievance process must be documented by the staff member hearing the complaint or a designated agency recorder.

7. **Documentation Retention:** The problem and its resolution will be documented in writing and included in the organization’s Grievance Binder. The Vice President and/or Program Director will maintain the Grievance Binder. Client grievances shall be discussed at clinical and management meetings and tracked through the performance improvement process. The staff member involved in the complaint/grievance process will be notified of the outcome of the grievance in writing.

8. **Complaint/Grievance Forms - Let’s Get It Right Reporting Forms:** A copy of the grievance procedure is posted at all facilities and forms readily available 24 hours a day in every building of the facility.

9. **External Review Agency Contact Information:** Posters with contact information will be kept in an open area at each program site and will include the name, address, phone number of the external review entities for the region which are listed below.

   State of Florida, Department of Children & Families – District XI  
   Southern Region, Monroe County - Gilda Ferradaz, Circuit 16 Administrator  
   401 N. W. 2nd Avenue, Miami, FL 33128  (305) 377-5055

   South Florida Behavioral Health Network: (305-858-3335)  
   Human Rights Advocacy (1-800-342-0825)

   Abuse Hotline (1-800-96-ABUSE) or (1-800-962-2873)

   Department of Children and Families website at: [http://www.state.fl.us/cf_web/](http://www.state.fl.us/cf_web/) and click on the icon titled “Report Abuse Online”.

   A TDD number is also available for anyone with a hearing or speech impairment to report cases of alleged abuse at 1-800-453-5145.
Privacy Notice

This notice describes how medical and behavioral health related information about you may be used and disclosed and how you can get access to this information. Please review this notice carefully.

Confidentiality and Limits of Confidentiality

It is important that you understand confidentiality, your right to privacy and the rights of other clients. Also, you must understand the legal limits or exceptions to these rights. Your records will not be released without a signed Release of Information except under circumstances that fall into these categories: a valid medical emergency, receipt of a Court Order, receipt of a request which is governed by state statutes, internal communications, data with no-patient identifying information, research, audit and evaluation, crime at program/against program personnel, child abuse and business associate agreements. For example, if we learn or discover you have a communicable disease like hepatitis or tuberculosis, we are required to contact the County Public Health Department.

Privacy Standards Client Notification – Health Insurance Portability and Accountability Act of 1996 (HIPAA)

This describes how Medical and Drug and Alcohol related information about you may be used and disclosed and how you can get access to this information. Please review carefully.

Information regarding your health care, including payment for health care, is protected by two federal laws; the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), 42 U.S.C. § 1320d et seq., 45 C.F.R. Parts 160 & 164, and the Confidentiality Law, 42 U.S.C. § 290dd-2, 42 C.F.R. Part 2. Under these laws, WestCare may not disclose any information identifying you as an alcohol or drug abuser, or disclose any other protected information except as permitted by federal law.

WestCare must obtain your written consent before it can disclose information about you for payment purposes. For example, WestCare must obtain your written consent before it can disclose information to your health insurer in order to be paid for services. Generally, you must also sign a written consent before WestCare can share information for treatment purposes or for health care operations. However, federal law permits WestCare to disclose information without your written permission:

1. Pursuant to an agreement with a qualified service organization / business associate;
2. For research, audit or evaluations;
3. To report a crime committed on WestCare’s premises or against WestCare personnel;
4. To medical personnel in a medical emergency;
5. To appropriate authorities to report suspected child abuse or neglect;
6. As allowed by a court order.

For example, WestCare can disclose information without your consent to obtain legal or financial services, or to another medical facility to provide health care to you, as long as there is a qualified service organization / business associate agreement in place.
Before WestCare can use or disclose any information about your health in a manner that is not described above, it must first obtain your specific written consent allowing it to make the disclosure. Any such written consent may be revoked by you, in writing.

Your Rights Under the Health Insurance Portability Accountability Act (HIPAA) you have the right to request restrictions on certain uses and disclosures of your health information. WestCare is not required to agree to any restrictions you request, but if it does agree then it is bound by that agreement and may not use or disclose any information which you have restricted except as necessary in a medical emergency.

You have the right to request that we communicate with you by alternative means or at an alternative location. WestCare will accommodate such requests that are reasonable and will not request an explanation from you. Under HIPAA you also have the right to inspect and copy your own health information maintained by WestCare, except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal or administrative proceeding or other limited circumstances as defined in 42 C.F.R. Revised: 04/15/05; Revised 7/8/05

Under HIPAA you also have the right, with some exceptions, to amend health care information maintained in WestCare’s records and to request and receive an accounting of disclosures of your health related information made by WestCare during the six years prior to your request. You also have the right to receive a paper copy of this notice.

WestCare's Duties: WestCare is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. WestCare is required by law to abide by the terms of this notice. WestCare reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains. Upon request, WestCare will mail you our most recent notice.

Complaints and Reporting Violations: You may complain to WestCare and the Secretary of the United State Department of Health and Human Services if you believe that your privacy rights have been violated under HIPAA. Your complaint may be mailed to WestCare’s Privacy Officer (listed below). You will not be retaliated against for filing such a complaint.

For further information contact:

Robert L. Neri, LMHC, CAP
WestCare’s Privacy Officer
P.O. Box 12019
St. Petersburg, FL 33733-2019
(727) 502-0188 ext. 289
INFORMED CONSENT TO AUDIO AND/OR VIDEO TAPE

As required by state and federal Privacy Regulations, the Guidance/Care Center may not use or disclose your protected behavioral health information without your consent except as provided in our “Notice of Privacy Practices”. The use of video and/or audio taping of sessions is sometimes a part of clinical supervision and training. Having sessions taped may contribute to improvements in the quality of services and the types of services that we provide. The material on the tapes will be kept confidential, stored in a secure location, and used only for training and supervision purposes. Tapes may be reviewed by clinical staff of WestCare affiliate of the Guidance/Care Center. When a therapist and clinical supervisors are finished with the tapes, the tapes will be completely erased and/or destroyed.

Your decision to allow taping or NOT will have no influence on the quality of care you will receive at Guidance/Care Center.

HEALTH AND SAFETY

> If you have a special need or disability, please let us know so that we can provide accommodations and ensure that you are comfortable and are receiving quality care.
> All Guidance/Care Center facilities and vehicles are smoke free environments. Smoking and tobacco products are permitted at designated outside locations at each facility.
> To protect the safety and health of our clients, staff, and visitors we prohibit the possession of any weapons or illegal substances on all properties of Guidance/Care Center.

UNIVERSAL PRECAUTIONS

> The Centers for Disease Control (CDC) have given guidance for protecting employees against injury and illness by recommending that universal precautions be followed.
> Universal precautions are an approach to infection control that protects employees from being exposed to all sources of human blood and other potentially infectious materials. A universal precaution means that human blood and other potentially infectious materials are handled as if known to be infected for HIV, hepatitis, and other blood borne pathogens.
> Universal precautions involve the use of protective barriers such as gloves, gowns, aprons, masks, or protective eyewear.
> Guidance/Care Center follows the universal precautions guidelines.
> Should you have questions regarding any of the health and safety items within this handbook, please do not hesitate to contact your healthcare provider.
HIV Information
During your admission process, you will be given an informative brochure on HIV facts. You will also be asked to answer an HIV Risk Assessment questionnaire. This assessment is confidential and voluntary.

Acquired Immune Deficiency Syndrome (AIDS):
1) Caused by the Human Immunodeficiency Virus (HIV).
2) A set of diseases and symptoms that usually develops after years after infection.
3) The virus is transmitted through contact with blood, blood products, semen, or vaginal fluids, and from mother to child during pregnancy, delivery, or breastfeeding. The most common method of transmission is through sexual contact.
4) Sharing needles, syringes, fluids, cookers, cotton, spoons, or eyedroppers may result in injecting HIV-infected blood into one’s system.
5) Early symptoms present in a wide variety of ways that include flu-like fever, sore throat, headache, muscle aches and pains, enlarged lymph nodes in neck, armpits, & groin, skin rash, abdominal cramps, nausea, or vomiting, diarrhea. As the disease progresses the symptoms can become more severe.
6) Treatment involves the use of anti-retroviral medications that attacks the virus at different stages in its life cycle.

Hepatitis:
Liver inflammation caused by a viral infection. There are 5 different viral infections that result in Hepatitis: A, B, C, D and E.

Hepatitis A (HAV):
1) This is the most common form of hepatitis.
2) It is caused by eating or drinking food or water that is contaminated with feces containing the virus.
3) Symptoms include fatigue, nausea, vomiting, abdominal discomfort, dark urine, yellowing of skin & eyes (jaundice). Liver enzymes may be elevated. Symptoms can last from 3 weeks to 6 months.
4) Treatment: Immune globulin vaccine for short-term protection & for people already exposed, bed rest and avoidance of intimate contact and Hepatitis A vaccine for long-term protection.

Hepatitis B (HBV):
1) Caused by exposure to infected blood, unprotected sex, sharing contaminated needles, & through childbirth or breastfeeding by infected mothers.
2) Symptoms include loss of appetite, nausea, vomiting, fever, fatigue, abdominal pain, dark urine, or jaundice. Some people have no symptoms and infection goes away without treatment.
3) If infection remains in blood cells & liver for 6 months or more chronic HBV is diagnosed. Chronic HBV can result in cirrhosis and liver cancer. People with Chronic HBV usually do not have symptoms unless liver disease is present.
4) Treatment is injections of Interferon alpha.

Hepatitis C (HCV):
1) Most common blood-borne infection in the United States.
2) Most serious of the 5 types of hepatitis.
3) Caused by exposure to infected blood through unsafe, high-risk sexual behavior, injecting or snorting drugs using contaminated equipment, getting a tattoo or body piercing with contaminated equipment, using infected person’s toothbrush, razor, or anything else that has contaminated blood on it.
4) Less than 5 percent of spouses of people with HCV become infected & less than 5 percent of infants are infected during childbirth. No evidence of transmission through breastfeeding.
5) Symptoms may occur immediately, lie dormant for years, or never develop. More than half of infected people have no symptoms. Symptoms include loss of appetite, fatigue, nausea, fever, dark-yellow urine, jaundice. Liver enzymes may be elevated.

6) Treatment is 3 times weekly injections of Rebetron (combination of antiviral drug ribavirin with interferon). No vaccine available.

**Hepatitis D (HDV):**
1) Caused by contact with contaminated blood. Hepatitis B must be present for Hepatitis D to survive, so it is contracted at the same time as Hepatitis B or the person already has Hepatitis B.
2) Symptoms are the same as hepatitis B (loss of appetite, nausea, vomiting, fever, fatigue, abdominal pain, dark urine, or yellowing of skin & eyes), except more severe
3) Treatment is Interferon alpha for Hepatitis B.

**Hepatitis E (HEV):**
1) Caused by consuming contaminated uncooked shellfish, fruits, and vegetables, and contact with water contaminated with feces.
2) Symptoms are nausea, vomiting, fever, fatigue, abdominal pain, dark urine, and jaundice.
3) Treatment is bed rest. No drug treatment or vaccine available.

**Tuberculosis (TB):**
1) TB is a bacterial infection that can spread to any organ in the body, but is usually found in the lungs. It is transmitted through the air, and can be very contagious. However, it is nearly impossible to catch TB through casual contact with an infected person.
2) People who are malnourished, live in crowded conditions, or have weakened immune systems, such as those with AIDS, or blood cancers, such as leukemia are at greatest risk for TB.
3) 90% of people infected with TB have latent infections and never develop symptoms, and cannot transmit the infection to others.
4) A Positive tuberculin skin test is the only way to diagnose TB.
5) Symptoms begin gradually and develop over a period of weeks or months. Some people have one or two symptoms, others have several symptoms. Symptoms include coughing up thick, cloudy, sometimes bloody mucus for more than two weeks, fever & chills, fatigue, weight loss, night sweats, shortness or breath, loss of appetite, chest pain that is worse when inhaling, rapid pulse, and muscle weakness.
6) Treatment is antibiotics used to kill the TB bacteria. People who have inactive TB infections are treated to prevent the infection from becoming active, which can spread.

If you have been around someone who has TB disease, you should go to your doctor or your local health department for tests.

**Health Department:**
- Upper Keys: (305) 853-3240
- Middle Keys: (305) 289-2708
- Lower Keys: (305) 293-7500

National Centers for Disease Control & Prevention (CDC) 404-332-4555

_In accordance with state statues, Guidance/Care Center is responsible for informing the County Health Department of any communicable diseases that are reported._
What are the Common Sexually Transmitted Diseases (STD’S)?

Facts about STDs
(http://www.std-gov.org/)

- 65 million of people living in the US with a STD
- 15 million new STD cases are reported each year
- 2/3 of all STD's occurs in people 25 yrs of age or younger
- one in four new STD cases occur in teenagers
- cervical cancer in women is linked to HPV
- doctors are required to report newly diagnosed STD cases of Gonorrhea, Syphilis, Chlamydia and Hepatitis B to state health departments and the CDC
- one in four Americans have genital Herpes, 80% of those with Herpes are unaware they have it
- at least one in four Americans will contract an STD at some point in their lives

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<th>Signs/Symptoms</th>
<th>Treatment</th>
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<tr>
<td>Chlamydia</td>
<td>Chlamydia is treated with antibiotics and is curable. Once Chlamydia has been successfully treated, it won't come back unless a new infection is picked up.</td>
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<tr>
<td>Men: white/cloudy, watery discharge from the tip of the penis, pain or a burning sensation when passing urine, testicular pain and/or swelling</td>
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<tr>
<td>Women: an unusual vaginal discharge, pain or a burning sensation when passing urine, bleeding between periods, pain during sex or bleeding after sex, low abdominal pain sometimes with nausea</td>
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</tr>
<tr>
<td>Gonorrhea (Slang term: “The Clap”)</td>
<td>Gonorrhea is treated with antibiotics and is curable. Once Gonorrhea has been successfully treated, it won't come back unless a new infection is picked up.</td>
</tr>
<tr>
<td>Men: white, yellow or green thick discharge from the tip of the penis, inflammation of the testicles &amp; prostate gland, irritation or discharge from the anus, urethral itch &amp; pain or burning sensation when passing urine</td>
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<tr>
<td>Women: strong smelling vaginal discharge that may be thin &amp; watery or thick &amp; yellow/green, irritation or discharge from the anus, abnormal vaginal bleeding, low abdominal or pelvic tenderness, pain or a burning sensation when passing urine</td>
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**SYPHILIS**

- Bacterial infection
- Incubation period: 1 week - 3 months

*Men and Women:* During the first stage of a syphilis infection, painless sores or open ulcers may appear on the anus, genitals, or inside the mouth, and occasionally on other parts of the body. During the second stage (roughly three weeks to three months after the first symptoms appear), an infected person may experience flu-like symptoms and possibly hair loss or a rash on the soles and palms -- and in some cases all over the body. There are also latent phases of syphilis infection during which symptoms are absent.

Syphilis is treated with antibiotics and is curable.

Without treatment, a Syphilis infection can spread to other parts of the body causing damage and serious long-term health problems.

**HERPES**

*(Herpes Simplex)*

- Viral infection
- Incubation period: anywhere from 5 - 20 days

*Men and Women:* Herpes simplex virus-1 usually shows up as cold sores or blisters. For those who have herpes simplex virus-2, some have no symptoms. Early symptoms can include a burning sensation in the genitals, low back pain, pain when urinating, and flu-like symptoms. A short while later, small red bumps may appear around the genitals or on the mouth; later these bumps become painful blisters which then crust over, form a scab, and heal.

There is no cure, only methods to ease the pain of outbreaks and speed recovery when blisters appear.

Herpes is not life-threatening.

**HPV / Genital Warts**

*(Human Papilloma Virus)*

- A group of more than 70 viruses
- Incubation Period: anywhere from one month to several years

*Men and Women:* Many types of HPV have no symptoms, though some cause visible genital warts that may be found in the vagina or urethra or on the cervix, vulva, penis, or anus. Rarely, they are found in the mouth or throat. Warts are often flesh-colored, soft to the touch, and may look like miniature cauliflower florets. They usually grow in more than one area and are often painless, although they may itch.

There is no cure for HPV. Treatment aims at controlling outbreaks of warts.

Strains of HPV are linked to cervical cancer. Failing to seek treatment can be fatal.
GUIDE TO MEDICATION

Many medications are harmful for unborn and nursing children. If you are of childbearing age, pregnant, considering getting pregnant, or breastfeeding inform your medical professional.

Do not stop or change your medication dose without discussing it with your medical professional. Some medications are dangerous to stop taking suddenly, some are dangerous to increase the dosage and some will not work below a certain dosage.

If you are having problems with your medication, call the Clinic and ask to speak with your case manager or after hours call the on call number. If it is an emergency, call 911 and/or go directly to the emergency room.

Some medications do not work well together and may be dangerous. Be sure to let the medical professional know what other medications you are taking. Let your other doctors know what medication your medical professional has prescribed you. Get in the habit of bringing your medications with you to your meeting with all your doctors. Ask your pharmacist if the medications you are taking interact. It is also a good idea to use the same pharmacy for all medications.

No medications mix well with alcohol and drugs. Do not drink or use drugs while you are taking the medication. All medications take some time for your body to get used to. Expect to have some side effects for a few days after you start taking the new medication. Side effects should not be severe. If they are, call your case manager or stop the medication until you reach someone at the Clinic.

Take some time after you start a new medication before you drive a car, operate machinery, or do difficult tasks until you find out what the effect of the medication is on you. Take up these activities slowly and cautiously.

Some medications require blood tests to insure the medication is not hurting you or is working. Do not neglect getting the blood test when ordered by medical professionals. The medical professionals will give you a written or printed order for the test. Follow the directions of the laboratory or medical professionals when you get the test. We have a list of the laboratories. Let the medical professional know if you can not afford the test.

If you are having financial difficulties and cannot afford your medication or laboratory test, discuss this with your medical professional or case manager. We may be able to help you find assistance.

If the medication does not help you or causes side effects, discuss it with your medical professionals at your next visit or call your case manager. Not all medications help people. Everybody is different. There are usually other medications that will help.

Some medication, to avoid side effects, requires you to slowly increase the dose to the prescribed amount. Ask your medical professional whether you should start with a low dose.
EMERGENCIES

For medical emergencies please call 911
You are not expected to provide assistance if there is a medical emergency. Your responsibility is to notify the staff immediately of the nature of the emergency and the staff will take any and all appropriate action including:
For medical emergencies experienced by clients, take the additional steps:

- When the Fire Rescue/EMT arrives, staff will provide them with client demographic information and client medical history including a list of client current medications and client actual prescriptions.

- For fires and other disasters, including fire drills, it is expected that you follow all instructions and directions given by staff and leave the building by the emergency exits or as instructed by staff

For threatening or violent emergency situations: In the event of threatening or violent emergency situations, it is Guidance/Care Center’s policy to contact law enforcement and to take steps to ensure the safety of staff and clients.

Please note:
If you bring a concealed weapon on site, you have broken the law. Law Enforcement will be notified.

EMERGENCY DRILLS

- Clients are required to respond promptly to all emergency drills including:
  - Fire
  - Bomb
  - Violence
  - Medical Emergency
  - Natural Disaster
  - Utility: Power/Water Outage or Failure

- Clients are to leave the Clinic by the proper exit as directed by staff members.
- All fire exits are posted.
- Clients are encouraged to report any unsafe conditions to staff.
- Escape route floor plans are posted in all hallways throughout the facilities.
ADVANCE DIRECTIVES

Advance directives are specific instructions given by a person served to a care provider regarding the level and extent of care he or she wishes to receive. The intent is to aid competent adults and their families to plan and communicate in advance their decisions about medical treatment and the use of artificial life support. Included in advance directives is the right to accept or refuse medical or surgical treatment and psychiatric advance directives where allowed by law.

While no one is required to prepare an advance directive, all healthcare providers are mandated by Florida law to make clients and families aware of them. In the State of Florida, there are two major components of an advance directive - a Living Will and a Designation of Healthcare Surrogate. If you believe you may be hospitalized for mental health care in the future and that your doctor may think you aren’t able to make good decisions about your treatment, completion of a mental health advance directive will help make your treatment preferences known. Guidance/Care Center policies and procedures include asking the client if they have advanced directives, if so, placing the document in the client chart/record, and when appropriate, making sure appropriate medical personnel have a copy of the advanced directive in case of emergency. Additional information on advanced directives may be obtained by going to the following website:

FREQUENCLY ASKED QUESTIONS

How do I make an outpatient appointment?
Call the Front Office at the corresponding location. Phone numbers located on cover of this handbook.

What do I need to bring to my first appointment?
- Any paperwork the Front Office may have mailed to you, including financial verification.
- All insurance cards or referral forms from other agencies.
- Any previous medical records.
- For DUI clients, certificates of completion from DUI school.
- Important for children: Legal guardian must bring proof of court ordered custody.

How do I have input into my treatment?
On your first visit, you will be assigned to the appropriate counselor and will be given written material to be completed about the issues that bring you to G/CC. When you first see the counselor, a personal history will be completed with your active input. The counselor will discuss the results with you and then assists with developing goals that support health, improve quality of life, and reduce symptoms. These goals will utilize your strengths, needs, abilities, and preferences. Your progress will be reviewed periodically and your input is always welcomed and encouraged.

How do I ask for an interpreter or other auxiliary tools?
Ask the Front Office staff when you call to make an appointment.

How can I submit a client satisfaction survey?
Surveys are available in the lobby of all locations. Staff may also ask you to complete a survey at regular intervals. We ask that you take the time to complete the survey. Surveys are anonymous.

What happens if I miss one appointment?
After missing (No-Showing) one appointment, all other standing appointments will be cancelled and you will be eligible for “stand-by” only. (“Stand-by” means that you can come to the clinic and wait to see a service provider. You will be seen by available service providers as time permits.)

How do I get reinstated?
You can be reinstated for planned appointments by maintaining services as a “stand-by” client then followed by keeping an appointment as scheduled.

What do I do if I am going to miss an appointment?
In order to avoid a No-Show, calls must be made to the Front Office at least 24 hours prior to appointment time.

What is an administrative discharge?
You voluntarily drop out of treatment, you are abusive or threatening to staff or you become involved in illegal activity such as selling your medications or forging prescriptions.

What are discharge criteria?
You move out of area, are referred to another agency, voluntarily drop out of program, or your condition improves.

How do I provide input 3 months after my discharge?
If you signed a release, a follow-up phone call or mailing will occur.

How do I request a copy of my record?
You may ask at the Front Office. You will be given the request and release forms. It is strongly recommended that you ask for your record before discharge so your doctor or therapist can go over the content with you. A fee may apply.
SMOKING

Due to fire hazard and state law, there will be NO SMOKING inside any of the agency’s facilities. Smoking is permitted outside in designated areas.

ABUSE REPORTING

State law requires that staff report suspected incidents of abuse to children or the elderly to the authorities. If you feel you have been abused, or your rights have been violated, you may contact the state abuse registry at 1-800-96ABUSE. You may also contact DCF Alcohol Drug Abuse and Mental Health Program Office (813) 558-5700 or Florida Human Rights Advocacy Center 1-800-342-0825.

Americans with Disabilities Act (ADA)

If you have a special need or disability, please let us know so that we can provide a reasonable accommodation and ensure that you are comfortable while receiving quality client care. No otherwise qualified, disabled individual shall be solely, by reason of a disability, excluded from participation in or be denied benefits or subject to discrimination while a client at the Guidance/Care Center.
PAYING FOR SERVICES

Guidance/Care Center is committed to assisting individuals to have the best quality of life possible. Being financially responsible is a vital part of every individual's recovery process.

PRIVATE PAY

A Sliding Fee Scale Program is available for those clients without insurance. You must bring a copy of your most recent Federal income tax return to your first visit in order to apply for this program. Your level of financial participation is determined by gross family income and household size. Payment for reduced charges established under the sliding fee scale is required at the time of service unless other arrangements have been made in advance.

Prompt payment of private pay balances is required; including deductible and co-insurance amounts after your insurance company pays Guidance/Care Center. Unpaid balances may be referred to an outside agency for collection activity.

MEDICAID

You must bring your Medicaid identification card with you to your first visit. Once eligibility is verified, claims will be submitted on your behalf. You will be asked to remit any co-payments (usually $3 per visit). All clients are expected to keep Guidance/Care Center informed of any changes in their Medicaid eligibility.

MEDICARE

You must bring your Medicare identification card with you to your first visit. We must also be notified of any supplemental health insurance coverage that you may have. Once eligibility has been verified, claims will be submitted on your behalf. Upon payment by Medicare, Guidance/Care Center will bill deductible/co-insurance amounts to any known supplemental insurance. Clients will be billed for balances not covered by supplemental insurance.

PRIVATE INSURANCE

Guidance/Care Center does accept some private insurance. It is strongly recommended that you contact your insurance representative to determine your particular benefit package and the level of personal financial responsibility that you may incur.

A Guidance/Care Center intake or accounts receivable representative will be glad to assist you in determining and understanding the specifics of your coverage. Once eligibility and benefits have been verified, Guidance/Care Center will submit claims on your behalf. You are responsible for any deductible or co-insurance amounts specified by your coverage. You may be asked at the time of service for payment of a predetermined or estimated co-payment.

Please Note:

Payment is expected at the time services are rendered.
We accept cash, check, money orders and major credit cards.
You must make arrangements for regular consistent payments on any unpaid balances.
PROGRAM ORIENTATION

GENERAL PROGRAM STRUCTURE

The Guidance/Care Center programs provide education, counseling and/or treatment services for adults and children. The beginning of this process is intake/orientation and will include a tour; including showing you where the emergency exits are located. As part of orientation, you will be informed that the use of seclusion and/or restraints is prohibited in all Guidance/Care Center programs except on the Crisis Stabilization Unit (CSU). Our locations are smoke free facilities but you may smoke in designated outside smoking areas. You will be provided with a program schedule of groups and activities and an explanation of any fees that you will be responsible to pay (specific fees will be included in the program specific information pages). You are expected to participate in group and individual sessions; follow the program rules and complete any intervention/treatment plan assignments. You are expected to participate in the development of and any revisions to your intervention/treatment plan. For many program services, a comprehensive bio-psycho-social assessment is required by licensing and accreditation organizations and it helps us determine the focus of the work we need to do together and the results will be used developing your treatment plan. While involved in receiving services from us, we will also provide you with information about service providers who focus on other areas and you will be given referrals as needed. Upon completion of your treatment plan, we will provide you with a continuing care plan and information about other community resources you might need. We will provide reports to the court and the legal system and attend court on your behalf as needed and according to specific program guidelines. When working with the legal system or attending court, we will provide information about your progress or lack of progress, attendance and urine drug screen results. Incentives are program specific and will be addressed if you are enrolled in a program that has incentives. We welcome your input regarding our services. During your time with us we will also ask you to complete a satisfaction survey. Upon discharge from the program, whether successfully discharged or not, we will attempt to follow up with you to determine your needs for any further services or referrals and to ask you about your satisfaction with our services and to get input on how we can improve our services and program outcomes.
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<th><strong>Community Resources</strong></th>
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<td><strong>Adult Services</strong></td>
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<td>AARP</td>
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<td>Aging &amp; Adult Services</td>
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<td><strong>Food/Nutritional Services</strong></td>
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<td>Glad Tidings</td>
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<td>Independence Cay</td>
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<td>Loaves &amp; Fish Pantry</td>
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<tr>
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<td><strong>Children/Family Services</strong></td>
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<td>Easter Seals</td>
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<td>Child Development Ctr.</td>
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<td>Guardian ad Litem</td>
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<td>Head Start</td>
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<td>Healthy Families</td>
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<td>Wesley House</td>
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<td><strong>Dental</strong></td>
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<td>Rural Health Network</td>
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<td>CHI</td>
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<td><strong>Dept of Children &amp; Families</strong></td>
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<td>AIDS Help</td>
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<td>Outdoor Life Services</td>
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<td><strong>Disabled Services</strong></td>
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<td>Center for Independent Living</td>
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<td><strong>Economic Assistance/Services</strong></td>
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<tr>
<td>Medicaid</td>
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<td>Monroe County Social Services</td>
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<td>Salvation Army</td>
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<td>St. Paul’s Episcopal Church</td>
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<td>Veterans Affairs</td>
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<td><strong>Education</strong></td>
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<td>Monroe County School District</td>
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<td>FL Keys Community College</td>
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<td>Literacy Volunteers of America</td>
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<td><strong>Healthcare/Services</strong></td>
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<td>AIDS Help</td>
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<td>AHEC</td>
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<td>American Cancer Society</td>
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<td>Children’s Medical Services</td>
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<td>Depoo Hospital</td>
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<td>Fisherman’s Hospital</td>
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<tr>
<td>Good Health Clinic</td>
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<tr>
<td>Hospice/VNA of the Keys</td>
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<tr>
<td><strong>Housing</strong></td>
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<tr>
<td>Habitat for Humanity</td>
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<tr>
<td>Key West Housing Authority</td>
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<tr>
<td><strong>Law Enforcement</strong></td>
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<tr>
<td>Key West Police Dept</td>
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<tr>
<td>Monroe County Sheriffs Office</td>
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### Shelters
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<tr>
<th>Shelter</th>
<th>Phone</th>
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<tbody>
<tr>
<td>FK Children’s Shelter</td>
<td>852-4246</td>
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<tr>
<td>Domestic Abuse</td>
<td>451-5666</td>
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<td>852-6222</td>
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<td></td>
<td>743-4440</td>
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<td>292-6647</td>
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<tr>
<td>Samuel’s House</td>
<td>296-0240</td>
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<tr>
<td>FK Outreach Coalition</td>
<td>293-0641</td>
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<tr>
<td>Teresa House</td>
<td>292-9790</td>
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<tr>
<td>KOTS</td>
<td>292-2744</td>
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### Toll Free Hotlines
<table>
<thead>
<tr>
<th>Service</th>
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<tr>
<td>Advocacy Council</td>
<td>800-342-0825</td>
</tr>
<tr>
<td>Alcoholics Anonymous</td>
<td>800-252-6465</td>
</tr>
<tr>
<td>Child Support Enforcement</td>
<td>800-622-5437</td>
</tr>
<tr>
<td>Ctr for Persons with Disabilities</td>
<td>800-342-0823</td>
</tr>
<tr>
<td>DCF Abuse Hotline/Registry</td>
<td>800-96-ABUSE</td>
</tr>
<tr>
<td>Domestic Violence Hotline</td>
<td>800-500-1119</td>
</tr>
<tr>
<td>Food Stamps</td>
<td>866-762-2237</td>
</tr>
<tr>
<td>Helpline</td>
<td>800-273-4558</td>
</tr>
<tr>
<td>Hurricane Preparedness</td>
<td>800-427-8340</td>
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<tr>
<td>Lawyer Referral Service</td>
<td>800-342-8011</td>
</tr>
<tr>
<td>Parent Helpline</td>
<td>800-FLA-LOVE</td>
</tr>
<tr>
<td>Poison Control</td>
<td>800-222-1222</td>
</tr>
<tr>
<td>Smoking Quit Line</td>
<td>800-4CANCER</td>
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<tr>
<td>Suicide Hotline</td>
<td>800-955-8771</td>
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### Social Security
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<tr>
<td></td>
<td>292-9535</td>
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<td></td>
<td>800-772-1213</td>
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### Support Groups/Services
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<th>Service</th>
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<tr>
<td>AIDS Help</td>
<td>292-6196</td>
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<td>289-0055</td>
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<tr>
<td>Alcoholics Anonymous</td>
<td>800-252-6465</td>
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<tr>
<td>Big Brothers/Big Sisters of Monroe</td>
<td>294-9891</td>
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<tr>
<td>Gay &amp; Lesbian Community Ctr.</td>
<td>292-3223</td>
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### Transportation
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<th>Service</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Middle Keys Transportation</td>
<td>434-9099</td>
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<td></td>
<td>888-447-3977</td>
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<tr>
<td>Monroe County Transit</td>
<td>292-4424</td>
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<tr>
<td>Lower Keys Shuttle</td>
<td>809-3910</td>
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<tr>
<td>American Coach</td>
<td>305-770-3131</td>
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### Unemployment
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<th>Service</th>
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<tr>
<td></td>
<td>292-6762</td>
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### Veterans
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<th>Service</th>
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<tbody>
<tr>
<td>VA Clinic</td>
<td>293-4609</td>
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ORIENTATION CHECKLIST

Name: _________________________________    ID#: ________________

The following items are identified and discussed in the Client Handbook:
1.   AGENCY INFORMATION
2.   GENERAL PROGRAM STRUCTURE
3.   HOURS OF OPERATION, ACCESS AFTER HOURS & EMERGENCY COUNSELING SERVICES
4.   CODE OF ETHICS
5.   DESCRIPTION OF SERVICES AND PROGRAM INFORMATION (INCLUDING RESTRICTIONS, ADMINISTRATIVE DISCHARGE, CRIMINAL JUSTICE FOLLOW-UP, REQUIREMENTS FOR FOLLOW-UP AND INCENTIVES)
6.   DESCRIPTION OF INPUT INTO QUALITY, SATISFACTION AND OUTCOMES
7.   PROGRAM SCHEDULE AND FEES
8.   CLIENT RIGHTS & RESPONSIBILITIES
9.   RULES OF CONDUCT
10.  GUIDE TO MEDICATIONS (INCLUDING PREGNANCY AND BREASTFEEDING)
11.  PROGRAM RULES INCLUDING THOSE REGARDING NO SMOKING, NO WEAPONS, NO ALCOHOL, AND NO ILLEGAL DRUGS OR LEGAL DRUGS WITHOUT PROPER PRESCRIPTION
12.  PROCEDURES FOR AGGRESSION CONTROL
13.  CONFIDENTIALITY AND LIMITS OF CONFIDENTIALITY
14.  HIPAA - PRIVACY STANDARDS CLIENT NOTIFICATION – HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)
15.  THE GRIEVANCE PROCEDURE
16.  COMMUNITY RESOURCES INFORMATION
17.  EMERGENCIES AND YOUR RESPONSIBILITIES IN EMERGENCIES
18.  ADVANCE DIRECTIVES
19.  INFECTIOUS DISEASES INFORMATION AND RESOURCES
20.  UNIVERSAL PRECAUTIONS
21.  FAMILIARIZATION WITH PREMISES

____________________________________________________________________________

RECEIPT OF AND UNDERSTANDING OF INFORMATION CONTAINED IN CLIENT HANDBOOK.

I have read and understand all of the information referenced above or someone has read and explained all of it to me. I am aware and informed of the nature and purpose of the services, possible alternative options and approximate length of care. I understand that, while there are clear benefits to receiving services, desired outcomes are not guaranteed. I have been provided the opportunity to ask questions throughout this process. I agree to follow all of the rules described and am aware of my rights and responsibilities in the program. I understand that I can revoke my agreement with any and all of the conditions listed in this document, but understand that it may result in being transferred or referred to another facility.

Client Signature: ____________________________  Date: ________________

_________________________________________  Date: ________________

Signature of person signing form if not client
(Parent or legal Guardian)

I have reviewed the contents of this booklet with the individual seeking services and have offered opportunities for clarification and explanation of contents.

Counselor signature/credential: ____________________________  Date ________________

(Separate, signed copy of this form gets filed in client’s chart)
The following G/CC programs are CARF accredited:

- Case Management/Services Coordination: Mental Health (Adults)
- Community Integration: Mental Health (Adults)
- Community Integration: Psychological Rehabilitation (Adults)
- Crisis Stabilization: Mental Health (Adults)
- Detoxification: alcohol and Other Drugs/Addictions (Adults)
- Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)
- Outpatient Treatment: Alcohol and Other Drugs/Addictions (Children and Adolescents)
- Outpatient Treatment: Mental Health (Adults)
- Outpatient Treatment: Mental Health (Children and Adolescents)
- Prevention/Diversion: Alcohol and Other Drugs/Addictions (Adults and Children/Adolescents)
- Residential Treatment: Alcohol and Other Drugs/Addictions (Adults)

The accreditation outcome, which represents the highest level of accreditation, is awarded to organizations that show substantial fulfillment of the standards established by CARF. An organization receiving a Three-Year Accreditation Outcome has put itself through a rigorous peer review process and has demonstrated to a team of surveyors during an on-site visit that its program and services are accountable, measurable and of the highest quality.
Guidance/Care Center Inc., is partially funded by:

Florida Department of Children and Families
South Florida Behavioral Health Network
Monroe County
Department of Corrections
Commission for Transportation Disadvantaged
City of Key West
SAMHSA
and other governmental/private entities.

Client fees and donations are also necessary for the operation of the Clinic.
Private donations are welcome and are tax deductible