



Consumer Handbook

DEFINITIONS:

Consumer - you - the person receiving services.

Appointment - a time that BSS has set aside to provide services to you.

Confidentiality -- things that need to be kept private, not discussed or shared with others in any way.

Informed Consent - to know exactly what you are agreeing to do.

Treatment Plan - the activities and tasks that you, your family and the BSS worker agree must be done to reach your goals.

HOW TO HELP Yourself:

BSS has committed staff and resources to help you achieve the goals that you set for you and/or your family. You can progress by attending treatment activities as scheduled.

Your desire to reach the goals you have set is the key to success. Be honest about what you want to do and the things that prevent success. This is a time to fully use the helpful BSS services to make the changes in your life.

You must avoid actions that are not good for your health or the health of others. Things like drugs, alcohol and violence are not good for your health or those around you. At BSS we care about you, as well as our staff.

CONSUMER RIGHTS & RESPONSIBILITIES

At BSS, you are protected by certain rights and have responsibilities that support the services you receive.

You have the right:

- To be treated with courtesy, dignity and respect without regard to race, sex, religion, age or disability.
- To understand the availability of the services you need, what services you will be using, and BSS expectations and rules for using those services.
- To receive quality service, given in a qualified, professional and timely manner.
- To expect that employees working on behalf of BSS will comply with all laws that protect you from neglect or being taken advantage of.
- To be informed in writing, to know and to agree to any fees charged to you or billed to your insurance for services before you receive service.
- To have your rights to confidentiality and privacy respected and upheld within the limits of the law, and to obtain your agreement before information is given to another agency or person outside BSS.

- To know that your record may be reviewed for quality and compliance and that persons from the Council on Accreditation, program staff and funder staff also may review your record.
- To participate in setting up and reviewing your service plan.
- To understand rules and conditions related to BSS stopping services.
- To refuse services, unless law or court order has limited your rights, and to be informed of what will happen if you refuse.
- To file a grievance and to be given a copy of the BSS consumer grievance procedure.

You have the responsibility:

- To be honest in giving information that is requested by BSS in order to be accepted for service and set up a treatment plan.
- To comply with all BSS rules, policies and requests.
- To work towards treatment plan goals.
- To respect the privacy/confidentiality of others receiving services.
- To not behave in any way that threatens or endangers another person and to understand that such activity could cause BSS to stop services.
- To promptly pay agreed upon fees or other charges.

Please read and discuss these Consumer Rights and Responsibilities with a BSS worker and take this time to ask questions. When you are satisfied that you understand your rights and responsibilities, please sign the receipt form offered by the BSS worker to indicate you have received the BSS Consumer Handbook.

BSS RIGHTS & RESPONSIBILITIES

BSS has the right to serve you according to staff and program availability, and to set up a waiting list when people needing services are more than program capacity.

BSS may provide you with information about other agencies that provide similar services if our programs are full. BSS has the right to deny services, whether short or long term, to anyone who threatens the health or well-being of others or who does not meet his/her obligations to BSS.

BSS will offer high quality services and schedule appointments and activities that are helpful to you. Our services will be as easy to get to and convenient as possible.

BSS is responsible for protecting your privacy/confidentiality except when required by law if abuse and/or neglect are suspected.

BSS is responsible for obtaining your ideas and help in setting up and carrying out your treatment plan.

BSS is responsible for hiring qualified staff.

BSS services are provided in safe and clean buildings.

BSS staff is required by law to report suspicion of child abuse or elder abuse.

If BSS staff considers someone receiving services as an immediate danger to himself/herself or others, the staff member must:

1. Consult with Program Supervisor and/or mental health professional.
2. If possible, notify the individual who is believed to be in immediate danger or their family; or notify the consumer's family that the consumer may be a danger to himself/herself.
3. Notify the appropriate law enforcement personnel unless, in the judgment of the staff member and their supervisor, the situation has been resolved without such notification.
4. Disclose information needed to resolve the dangerous situation.
5. Document the situation as an incident.

CONFIDENTIALITY & RELEASE OF OR REQUEST FOR INFORMATION

BSS follows laws and regulations regarding privacy and protection of information.

"Informed consent" means that you or your legal guardian will know exactly what you are agreeing to do.

"Confidential information" includes drug, alcohol, and/or mental health information about you.

If BSS needs confidential information from another agency or provider, a BSS staff member will:

- review, what information is needed and why, with you and/or your legal guardian
- you or your legal guardian will be asked to sign the "Consent to Release/Request Information" indicating that you agree to have the necessary information released

BSS cannot get your confidential information without the "Consent to Release/Request Information" which includes:

- name of the source being requested for information;
- the information that is being requested;
- BSS as the agency requesting the information;
- the date the request form is valid; and
- the date of signature.

HOW TO PLAN & RECEIVE SERVICES

Access to Services:

You are eligible for services based on your needs. You may receive services from the agency based on availability.

BSS will seek staff to match your needs. If you stop receiving services and later return, we will try to assign the same staff to your case.

Service / Treatment Plan:

BSS will go over any changes in your treatment plan with you and/or your parent or guardian. If you or your parent/guardian are not able to participate in treatment planning, you will be told in advance about the benefits, risks, and alternatives to planned services or treatment to be administered by BSS.

Access to Information:

You have the right to review the information collected during your treatment time with BSS and can do so by making a formal request of BSS staff.

CONSUMER GRIEVANCE PROCEDURES

BSS wants to work with you to find solutions to problems when they happen. We seek solutions that both you and the agency find satisfactory.

You, your family, your guardian, or primary caretaker have the right to appeal if you are not satisfied with the service or decisions made by a BSS worker. The worker will make every effort to resolve your problem. In the event that a solution is not found, you or your representative may file a written grievance. The written grievance should contain the following information:

- Name of the staff person
- Date of the grievance, if applicable
- Nature of the grievance
- Desired outcome

The written grievance should be given to the worker's Program Director. The director will try to find a solution that is acceptable to you.

If a solution is not found, the director will send the grievance to the Executive Director for final decision.

The decision of the Executive Director is final and shall be in writing.

If the services you receive are being paid by a government contract, the funder will be notified of the filing of a grievance. They will also be notified of the outcome.

Implementation of this procedure does not prevent BSS from taking any necessary action to protect an individual from physical or mental harm, neglect or abuse.

Acknowledgement of Receipt

You will be asked to sign a form which will be filed in your record and contains the following information:

I have received the BSS Consumer Handbook. I was given time to ask questions and I understand the answers that were given to me.

The BSS Consumer Handbook has information on the following subjects:

- Definitions
- How to Help Yourself
- Consumer Rights and Responsibilities
- BSS Rights and Responsibilities
- Confidentiality and Release of or Request For Information
- Notice of Privacy Practices
- How to Plan and Receive Services
- Grievance Procedure

NOTE: The original, signed "Acknowledgement of Receipt" form is to be filed in the consumer's record to document receipt of the above information.

NOTICE OF BSS PRIVACY PRACTICES

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

This information may be about services or health care given to you or payment for that care. It may be about your past, present, or future medical condition or services. BSS is required by law to give you this Notice of Privacy Practices explaining our legal duties about your medical information. BSS is only allowed to use and share medical information in the way that BSS describes in this Notice. If BSS changes this notice, we will have copies for you at your request. Contact your BSS worker if you have questions or need any of the forms listed in this information.

BSS MAY USE AND SHARE YOUR MEDICAL INFORMATION IN A FEW SITUATIONS:

Treatment:

To give or coordinate your health care and related services by talking with other health care givers.

Payment:

To obtain payment from your insurers, collection agencies, and consumer reporting agencies either for services that you received or before you receive certain services to know whether the insurance plan will pay for a service.

Business Operations:

- Evaluating the skills and performance of care givers taking care of you;
- Training programs for student care givers;
- Cooperating with licensing authorities and government agencies;
- Reviewing the quality of your care;
- Managing the care of people who have similar problems;
- Planning for BSS future operations;
- Resolving BSS grievances;
- Reviewing BSS activities and using information in the event of BSS system changes;
- Working with lawyers, accountants, and other care givers who help us comply with this notice and other laws.

Persons Involved in Your Care:

BSS may share your medical information with a relative, close personal friend or a person you identify if that person is involved in your care and the information is about your care. If the consumer is a minor, BSS may share medical information about the minor with a parent, guardian or other person responsible for the minor except in some situations.

You may ask us at any time not to share your medical information with persons involved in your care. BSS will agree to your request and not share the information except in certain limited situations (such as emergencies) or if you are a minor. If you are a minor, BSS may or may not be able to agree to the request.

Required by Law:

To report known or suspected child abuse or neglect to the Department of Children and Families.

National Priority Uses and Sharing:

When permitted by law, BSS may use or share your medical information without your permission for various activities that are recognized as “national priorities” such as:

- If BSS believes it is necessary to prevent or lessen a serious threat to health or safety.
- Public health activities- For public health activities.
- Abuse, neglect or domestic violence - If BSS believes that you might be a victim of abuse, neglect or domestic violence.
- Health oversight activities – A review by a health oversight agency.
- Court proceedings- A review by a court or an officer of the court (such as an attorney) if a judge orders us to do so.
- Law enforcement- A review by a law enforcement official for specific law enforcement purposes.
- Coroners and others- A review by a coroner, medical examiner, funeral director or to organ, donor or transplant agencies.
- Workers' compensation- To comply with workers' compensation laws.
- Research organizations- With research organizations after their satisfying conditions about protecting the privacy of medical information.
- Certain government functions- For certain government functions, including but not limited to military & veterans’ activities, national security and intelligence activities, and correctional institutions in some situations.

Authorization:

Other than the uses and sharing listed above (#1-6), BSS will not use or share your medical information without you or your parent or guardian's signed permission on a correct form. You may later cancel your permission by writing us a letter canceling your permission.

YOU HAVE RIGHTS ABOUT YOUR MEDICAL INFORMATION

You have the right to have a paper copy of our Notice of BSS Privacy Practices at any time.

You have the right to see and have a copy of your medical information that BSS keeps in certain groups of records. To see or receive a copy of your medical information, you must make a written request or fill out the Access To Records Request (Form1019-A). We will respond to your request within a reasonable amount of time. If you request a copy, BSS will charge you a fee of \$1.00 per page for copying your information or we may be able to give you a summary of the information for a lesser fee. Requests for older records may take some time to obtain from storage.

BSS may deny your request in certain situations but will explain why in writing and let you know if you have the right to have our decision reviewed by another person.

You have the right to have us amend your medical information if you believe that BSS has information that is not correct or not complete. BSS may amend the information to indicate the problem, and notify others who have copies of the incorrect information. If you would like us to

amend information, you must make a request in writing and explain why you would like us to amend the information.

BSS may deny your request in certain situations. If BSS denies your request, BSS will explain why in writing. You will have the opportunity to send us a statement whenever BSS shares your information in the future.

You have the right to have a list of who BSS has shared your information with for the previous six years. If you would like to have a list, you may send us a letter requesting a list. The list will not include some types of sharing, including sharing for treatment, payment, or health care operations. It will also not include sharing made prior to April 14, 2003. If you request a list more than once every 12 months, BSS may charge you a fee of \$50.00 to cover the cost of preparing the list.

You have the right to request that BSS limit the use and sharing of your medical information for treatment, payment, and health care operations. BSS is not required to agree to your request. If BSS does agree to your request, BSS must follow your restrictions (except if the information is necessary for emergency treatment). You may cancel the restrictions at any time. In addition, BSS may cancel a restriction at any time as long as BSS notifies you of the cancellation and continues to apply the restriction to information collected before the cancellation.

You have the right to request to be contacted at a different location or by a different method such as your work address instead of home address. If you would like to request a different method of contact, you must make a written request by letter.

YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES

If you believe that your privacy rights have been violated, or if you are dissatisfied with our privacy practices, you may file a complaint either with us or with the federal government. BSS will not take any action against you or change our treatment of you if you file a complaint.

To file a written complaint, you may bring your complaint to a BSS office, or you may mail it to the following address:

Privacy Officer,
315 N. Lakemont Avenue, Suite B
Winter Park, FL 32792

To file a complaint with the federal government, you may send your complaint to the following address:

Office for Civil Rights
Department of Health and Human Services
Atlanta Federal Center
61 Forsyth Street SW, Ste 3B70
Atlanta, Ga. 30303-8909
Telephone: (404) 562-7886
FAX: (404) 562-7881
TDD: (404) 331-2867

For more information on the privacy of minors' information, to obtain forms or general information, contact our Privacy Officer at 407-830-6412

For questions or concerns regarding Safety or Quality of Services, please contact The Joint Commission at (630) 792-5000. <http://www.jointcommission.org/>

BSS RECOMMENDATIONS FOR EMERGENCIES AFTER HOURS:

If your child is threatening to hurt you or themselves and you sense immediate danger, please call 911 immediately.

If your child is threatening to hurt you or themselves and you do not sense immediate danger, please transport the child immediately to your local emergency room or Community Mental Health Center for immediate assessment.

COMMUNITY MENTAL HEALTH CENTERS:

- ORANGE COUNTY - Lakeside Alternatives.....407-875-3700
 - SEMINOLE COUNTY - Seminole Community Mental Health 407-321-4357
 - BREVARD COUNTY - Circles of Care..... 321-722-5200
 - OSCEOLA COUNTY - Park Place.....407-846-0023
 - Abuse Registry1-800-96-ABUSE
 - Florida Advocate.....954-713-3071
 - DCF Substance Abuse and Mental Health407-317-7010
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You will receive 2 phone calls:

The counselor will contact you to start the counseling services for your child.

A Case Manager will call you to schedule a time to meet with you for Case Management Services.