



Columbia Treatment Center

Columbia Addiction Center, LLC DBA
Columbia Treatment Center
Eileen Dewey, LCSW-C, SAP, Director

PROGRAM POLICIES AND INFORMED CONSENT

I HIPAA

Notice of privacy practices is included in this package.

II. Patient Bill of Rights / Informed Consent

As a client of CAC, it is important to realize that you have both rights and responsibilities. You are entitled to:

- A. Respect
 - Be treated with respect and courtesy
 - Receive safe, considerate, and ethical care
 - Have your individual cultural, spiritual and psychological needs respected
 - Have your privacy and personal dignity maintained
 - Be free from all forms of abuse, neglect and harassment
 - Expect that information regarding your care will be treated as confidential
- B. Treatment
 - Receive treatment regardless of race, religion or any other discrimination prohibited by law
 - Expect reasonable continuity of care and to be informed of available and realistic care options when outpatient treatment is no longer appropriate
 - Counseling services are provided by Master's level health care professionals licensed under the Health Occupation Act. Counselors licensed at a graduate level provide clinical services under appropriate clinical supervision. Clients consent to the sharing of information between the licensed graduate professional and named clinical supervisor.
- C. Information
 - Understand your treatment plan, as well as the possible outcomes, risks and benefits of your care, and be informed of any unanticipated outcomes.
 - Be advised of program policies, rules and regulations
 - Be aware of your program expectations
 - Know the names and titles of your counselors
 - See your medical records and have the information explained or interpreted as necessary, except when restricted by law.
 - Review your bill and to have any questions or concerns adequately addressed
 - Be informed of the charges for services and available payment methods



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D. Involvement

- Be involved in decision concerning your choose to have your family members and/or others involved in decisions about your care
- Choose to exclude your family members and/or others from participating in decisions about your care
- Discuss any treatment planned for you
- Give your informed consent or informed refusal for treatment

III. Transmitting Confidential Information

While we take all precautions to protect confidentiality, we are required by HIPPA to inform you about inherent limitations of confidentiality when using technology. Computers and e-mail communication can be relatively easily accessed by unauthorized parties and can thus compromise the privacy and confidentiality of such communication. Please notify our administrative staff if you decide to avoid or limit the use of email or fax communication. If you communicate confidential or private information via e-mail, your counselor will assume that you have made an informed decision and will honor your desire to communicate electronically. You agree to tell no one outside of this program about others in the program.

IV. Treatment Services

A. Individual Counseling

- If you cannot attend your scheduled appointment, please contact us at least 24 hours in advance. Someone else may be grateful to fill your slot! If you do not get in touch with us to cancel your appointment, we will charge you the full fee for your session.

B. Group Attendance, Punctuality, and Cancellation

1. We expect weekly attendance from all of our clients enrolled in our treatment programs. Each client selects a home group to attend every week. If your schedule changes, please notify us so we can make an appropriate changes to your permanent group.
2. In the event you need to miss a weekly group session, your account will be assessed a \$20 non-refundable administrative fee. There is no difference between a miss or a call to cancel. Please do not call the office to call to cancel.
3. We expect all of our clients to arrive on time for their group treatment program We do not have a grace period, so plan accordingly. If you are late you will **not** be permitted to join the group meeting. We operate like an airline: the doors close at departure time.



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4. SIGN-IN PROCEDURE :

Please arrive at least 10 to 15 minutes prior to group start time for payment processing. If you are paying by check, please have your checks completed before arriving to the office (make checks payable to CAC). If you are paying by cash, please have exact change. If you are paying by credit card, you must pay for 2 group sessions. A 2% service fee for credit/debit card processing will be added (3% effective September 9, 2019).

C. Letters and correspondence to attorneys, probation officers, and others.

- It is the client's responsibility to request a letter. Per HIPAA, all requests must be done in writing.
- The form we use is "Correspondence Request Form"; copies are available at the front desk and available on our website www.columbiaaddiction.com.
- Both sides of the form must be filled out neatly, accurately, and completely.
- The form must be turned in with associated payment, if any.
- Please be aware of time limitations for requests.

It is your responsibility to notify us when you have been assigned a probation officer

D. If your balance exceeds \$100, you will not be allowed to attend group.

E. Abstinence

1. This is an abstinence-based program. It is expected that you stay clean for the duration of your treatment. We will administer random urine screens throughout your treatment program. The fee for each lab test is \$40.
2. Breathalyzers are also administered randomly with no fee.
3. If you are struggling with sobriety, please talk to us. We can connect you with supportive resources, including acupuncture, medication assisted therapy, and 12 step meetings. We are here to help and these conversations are confidential.
4. Any client that comes up positive on a urinalysis screen will be seen for a "re-evaluation." The purpose of the re-evaluation is to have a conversation between client and counselor to determine what is happening in your life and how we can help you differently. There is typically a change in treatment plan during this meeting.



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V. Communication

A. Internal

- Our administrative and clinical staff is here to support you. Please contact us with any questions, concerns, or emergent issues with your treatment program. Our official Client Grievance Procedure is included at the end of this document.

B. External

- If you would like us to communicate your progress with lawyers, employers, probation officers, or insurance companies, HIPAA requires your written and signed authorization. Please fill out a “Correspondence Needed” form and provide accurate contact information for all recipients. We try to complete these requests as soon as possible, but you should allow us a full week to fully research and document your progress.

C. Explanation of Administrative Fees

- The administrative costs associated with case management and associated activities continue to rise.
- A counseling fee covers routine care and occasional correspondence, but does NOT cover the following: Each service listed below is assessed an administrative fee.
 - i. Requests for correspondence needed less than 5 business days.
 - ii. Correspondence for discharged clients.
 - iii. More frequent correspondence.
 - iv. Insurance and MVA forms

D. Record Transfer

- Maryland State law outlines strict protocol for the release and transfer of medical records. Please request a copy of the policy from the administrative staff.

VI. Professional Fees and Payment Methods

- Are available by contacting our office or asking the administrative staff.



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A. We accept payments by cash, check, and debit/credit cards. Please note that we do not accept online transactions. All credit and debit card transactions are subject to a 2% processing fee (3% effective September 9, 2019). Checks can be made to Columbia Addictions Center.

B. Medical Insurance

Because we would rather spend time treating clients than battling insurance companies and managing paperwork, Columbia Addictions Center does not participate in any insurance plan. Most plans, however, offer out-of-network benefits. As a courtesy, the administrative staff at CAC will provide upon request an itemized bill that you can submit to your insurance company. It is your responsibility to handle all communication with your insurance provider. This might include verifying out-of-network benefits, obtaining pre-authorization before treatment is initiated, and handling all claim submissions.

VII. Termination of Care

We reserve the right to terminate care for any of the following reasons:

- Invalid/falsified/positive drug screen
- Failure to follow treatment recommendations
- Outstanding balance
- Pharmacy notification of multiple prescriptions
- No contact for the past 30 days or more
- Inconsistent attendance
- Dishonesty/misrepresentation of self

Should we terminate care, we will provide you with alternative treatment sources.

VIII. Emergencies

Please note that our practice is not structured in a way to provide emergency services or crisis response. In a life-threatening emergency, call 9-1-1 for immediate assistance. In urgent but non-life-threatening situations, contact Grassroots Crisis Intervention at 410-531-6677.



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CLIENT GRIEVANCE PROCEDURE

Should you wish to file a formal complaint about any aspect of the Columbia Addictions Center program or should you have any disagreement arise between you and your counselor, our grievance procedure has been outlined below. Please be assured that filing a grievance will not reflect unfavorably with your participation in the program.

1. Whenever possible, grievances should be resolved informally between you and your counselor.
2. If you are not satisfied with the outcome or if you are filing a grievance for any other reason, you may put your complaint in writing and send it to the director of the organization or her designee:

cac@columbiaaddictions.com

3. The Director (or designee) will investigate the issue by gathering facts from both the counselor and the client and will find a satisfactory solution within five business days.
4. If you are still not satisfied with the outcome after working with the Director, you may file a complaint with a third party outside of the agency:

Howard County Bureau of Behavioral Health
8930 Stanford Boulevard
Ascend One Building
Columbia, Maryland 21045
(410) 313 6300

I acknowledge:

- I have reviewed the Columbia Addictions Center Program and Policies, HIPPA guidelines, Client Grievance Procedure, & HIV/ Infectious Disease fact sheet.
- I agree to abide by the terms outlined therein.
- Your signature below indicates that you have read the information in this Informed Consent document and agree to abide by the terms during your time at CBH and CAC.

Client Name (print): _____

Client Signature: _____ /_____/_____
DATE

Staff Signature: _____ /_____/_____
DATE