

**THIS FILE CONTAINS THE FOLLOWING IMPORTANT DOCUMENTS:**

- 1.** Policy Notes
- 2.** Summary of Client Rights
- 3.** Privacy Policies
- 4.** Sample Release

**POLICY NOTES**

**FOLLOW UP APPOINTMENTS** In order to achieve any further appointments, we must have VOICE OR TEXTED CONFIRMATION ON THE DAY PRIOR TO YOUR APPOINTMENT of your intent to report for you appointment. No confirmation may jeopardize your appointment time(s). "No shows" and excessive cancellations may result in removing you from our calendar, leaving it to you to call the office to re-instate future appointments.

**COMMUNITY RESOURCES** Enlisting natural and community resources are very important in the type of counseling offered here. You may visit our web site where there are 23 sources for your review; in addition, we are very happy to refer you to appropriate providers.

**NO-SHOW AND CANCELLATION POLICY**

1. **CANCELLATION:** Please call twenty-four (24) hours in advance of scheduled appointment time to cancel an appointment, with the exception of true emergencies.
2. **NO-SHOW:** (policies on file)

**CLIENTS' BILL OF RIGHTS:** Clients have the right—

- To expect that a counselor has met the licensure or registration requirements of state law and rule;
- To examine a counselor's licensing credentials;
- To obtain a copy of the Code of Ethics of the Board of Counseling Professionals Licensure;
- To file a complaint against a counselor with the board;
- To be informed of the cost of professional services before receiving services;
- To expect complete confidentiality except as required by law; and
- To refuse any recommended services and to be advised of the consequences of this action.

**Professional Disclosure Statement Part A: Client Rights Summary**  
**Notification and Help in Protecting Your Rights**

The following is a summary of the Rights of Recipients of Mental Health Services for outpatient (non-residential) services. You have a right to obtain a full copy of the Rights from Dirigo Counseling Clinic or from the Department of Health and Human Services [40 State House Station, Augusta, ME 04333 (207-287-4200 or TTY 207-287-2000)]. If you are deaf or do not understand English, an interpreter will be made available to assist you in understanding your rights.

|  |  |
|--|--|
| <b>Basic Rights:</b>                         | You have the same civil, human and legal rights to which all citizens are entitled. You have the right to be treated with courtesy, respect and dignity.   |
| <b>Access to Records:</b>                    | You have the right to review your record at any reasonable time and to add written comments to clarify information you believe is inaccurate or incomplete.  |
| <b>Individualized Service Plan:</b>          | You have the right to a written individualized service plan (ISP), developed by you and your provider, based on your needs and goals. The ISP must be based on your actual needs, identify how a need will be met if the service is not available; include tasks to be completed and by whom; time frames for accomplishment of the tasks and goals; and criteria to determine success. If you do not agree with the ISP, you have the right to request and receive a second opinion. You have a right to a copy of the ISP.             |
| <b>Informed Consent:</b>                     | No services or treatment can be provided to you against your will. You have the right to be informed of possible risks and anticipated benefits of all services and treatment. You may designate a representative who is authorized to help you understand and exercise your rights, help you make decisions, or to make decisions for you. The guardian also has the right to be fully informed.  |
| <b>Right to File A Grievance And Appeal:</b> | You have the right, without punishment, to bring a grievance challenging any violation of your rights or any questionable practice. You have the right to a written response including reasons for the decision. Before filing a formal written grievance, you may try to resolve your issue directly with DIRIGO COUNSELING CLINIC staff. There are two separate grievance procedures, one for adults and one for children. The <u>Rights</u> documents explain these procedures.   |
| <b>Right to Assistance:</b>                  | You have the right to designate a representative of your choice to help you understand and protect your rights. You must authorize this person in writing, can access this person at any time, and can change or cancel this arrangement at any time. <b><u>For additional assistance, you may contact:</u></b><br><br>Office of Advocacy; 60 State House Station; Augusta, ME 04333; (207) 287-2205 (800) 232 0944<br>OR: Disability Rights Center; P.O. Box 2007; Augusta, ME 04338-2007; (800) 452-1948; (207) 626-2774; Fax 621-1419 |

**PRIVACY POLICIES**

**CONFIDENTIALITY:** There are situations in which the Provider may be required to break confidentiality. You should review these carefully because you may have information that would be in your best information to not tell me if, indeed, you do not wish for me to proceed with statutory obligations to report:

- 1) As Required By A Court.** If a court order is received for your records and-or for my testimony about your therapy, the Provider may have to release certain information in order to avoid a “contempt of court” charge. However, here in Maine we have a statute providing for “privileged communication” (see 32 M. R. S. A, Chapter 119, §13862) which may mean that, under certain circumstances, the Provider might not be required to such disclosure against your wishes.

**Dirigo Counseling Clinic, LLC**

557 Hammond Street, Bangor, ME 04401 Ph: 207-973-0505 Fax: 207-992-2175

- 2) **Health Oversight Activities.** Trained state, accrediting, or managed-care personnel may review your clinical records to make sure they are maintained properly and/or according to legal standards.
- 3) **To Avert a Serious Threat to Health or Safety** The Provider will disclose mental/medical health information about you when the Provider has a “Duty to Warn” under state or federal law, because the Provider believes that it is necessary to prevent a serious threat or harm to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. The Provider has a special duty to report to the authorities my belief, suspicion, or knowledge that a child, incapacitated, or elderly person has been or will be abused, neglected, or victim of exploitation.
- 4) **Lawsuits and Disputes.** If you file a lawsuit or complaint against me before a regulatory board, the Provider will disclose mental health information about you in order to defend my professional actions.
- 5) **For Payment.** The Provider may use and disclose mental health information about you so that the treatment and services you receive from me may be billed to, and payment may be collected from you, an insurance company or a third party. For example, the Provider may need to give your health plan information about treatment you receive from me to your health plan will pay or reimburse you for your treatment. The Provider may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- 6) **Clinical Supervision:** Maine law and professional ethics require me to seek supervision of my cases in order to assure that my treatments are sound. Some facts of your case may be brought to the attention of my clinical supervisor for purposes of my professional improvement. Your name and other identifying detail, however, are provided anonymity.
- 7) **Office Management:** DCC office staff processes your records for billing, mailing, transcribing, scheduling, phone calls, and record keeping activities. However, they are required to keep the information confidential and the Provider assumes full responsibility and liability if DCC staff inappropriately breaches your confidentiality.
- 8) **Group Or Family Counseling:** If you agree to receive services with other people present, for example, in a couple, family, or group setting, then confidentiality can only be stressed by your counselor and not guaranteed.
- 9) **Military and Veterans.** If you are a member or the armed forces, the Provider may release medical information about you as required by military command authorities. The Provider may also release medical information about foreign military personnel to the appropriate foreign military authority.
- 10) **Coroners, Medical Examiners and Funeral Directors.** The Provider may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. The Provider may also release medical information about my clients to funeral directors as necessary to carry out their duties.
- 11) **Your Written Release:** You may voluntarily give me permission to communicate on a HIPAA compliant Release of Information to any party you choose. This form must state exactly what information is to be released and the purpose of the release. It is revocable at any time and must have an expiration date, not to exceed one year.
- 12) **Electronic Records Disclosure:** Dirigo Counseling Clinic, LLC, keeps and store records for each client in (a) a standard “paper chart” for some portions of the clinical record and (b) in an electronic record-keeping system produced and maintained by Practice Fusion, Inc. The electronic portion is “cloud-based,” meaning the records are stored on servers which are connected to the Internet. Here are the ways in which the security of these records is maintained:
  - Dirigo Counseling Clinic, LLC, has entered into a HIPAA Business Associate Agreement with Practice Fusion and, accordingly, Practice Fusion is obligated by federal law to protect these records from unauthorized use or disclosure.
  - The computers on which these records are stored are kept in secure data centers, where various physical and technical security measures are used to maintain the protection of the computers from physical access by unauthorized persons.

***Dirigo Counseling Clinic, LLC***

557 Hammond Street, Bangor, ME 04401 Ph: 207-973-0505 Fax: 207-992-2175

- Dirigo Counseling Clinic has its own security measures for protecting the devices that are used to access these records such as passwords, remote tracking, access history, regular inspection of record access, auto-log out, administrative lock out measures, and no client information allowed on local computers.

Here are things to keep in mind about any record-keeping system:

- While Practice Fusion as a record-keeping company and Dirigo Counseling Clinic, LLC, both use security measures to protect these records, their security cannot be guaranteed.
- Some workforce members at Practice Fusion, such as engineers or administrators, may have the ability to access these records for the purpose of maintaining the system itself. As a HIPAA Business Associate, Practice Fusion is obligated by law to train their staff on the proper maintenance of confidential records and to prevent misuse or unauthorized disclosure of these records.
- Practice Fusion keeps a log of transactions with the system for various purposes, including maintaining the integrity of the records and allowing for security audits. These transactions are kept indefinitely by Practice Fusion and are available for your review upon request.

**AUTHORIZATION TO RELEASE CONFIDENTIAL MENTAL HEALTH INFORMATION**

WE ARE SENDING PHI

**DOB:** Error: Reference source not found     Client     Guardian    authorize the following

|   |
|---|
| COUNSELING CLINIC, LLC, headquartered at 557 Hammond Street, <b>TO DISCLOSE AND RELEASE</b><br>alth and/or Substance Abuse Treatment records: |
| <input type="checkbox"/> Progress Notes <input type="checkbox"/> Treatment Plan <input type="checkbox"/> Discharge Summary                    |
| Specify) _____ <input type="checkbox"/> With Date Limitations: _____  |
| r Company: _____ Address: _____   |

WE ARE ASKING FOR PHI

\_\_\_\_\_ [  ] check here if same as written above  
and/or Company                      Address

**SE** the following Mental Health and/or Substance Abuse/Medical Treatment records to Dirigo Counseling Clinic

Progress Notes                       Treatment Plan                       Discharge Summary

specify) \_\_\_\_\_  With Date Limitations: \_\_\_\_\_

- ISP/ITP planning     Coordination of services     Obtain records     Determine eligibility for services     Legal  
 Clinical consultation    Other (please specify) \_\_\_\_\_

If I have been diagnosed or treated for any of the following, I understand that DIRIGO COUNSELING CLINIC, LLC, needs my consent to disclose related information. In no event may any such information, if applicable, be disclosed without my specific consent. I authorize THE ABOVE PARTIES, to make subsequent disclosures to the same recipient pursuant to this authorization. **Unless earlier revoked, this consent expires on (a) on the following date, [Specified Date: \_\_\_\_\_] or (b) in 12 months from signature date OR (d) whichever is earliest.**

**I DO  DO NOT**  authorize disclosure of information which refers to treatment of diagnosis of drug or alcohol abuse (Federal drug & alcohol regulations, 42 CFR 2.31). Such information may not be disclosed by the recipient without my specific written consent.

**I DO  DO NOT**  authorize release of any information that may relate to diagnosis/treatment for HIV, ARC, or AIDS.

**I DO  DO NOT**  authorize release of any information that may relate to mental health treatment.

I understand that the above information may be covered by the rules of the Maine Department of Behavioral and Developmental Services (the "Rights of Recipients of Mental Health Services" or the "Rights of Recipients of Mental Health Services Who Are Children In Need of Treatment") and Federal Law 42 CFR Part 2.

I understand that I may revoke the release of some or all of the information in the provider's records, but that such refusal may result in improper diagnosis or treatment, denial of coverage or denial of a claim for health benefits or insurance, or other adverse consequences. The provider will not deny treatment upon revocation of this authorization unless the health care is solely for purpose of creating the information listed above for the person listed above.

State and Federal laws PROHIBIT entities from re-release of material gathered by this Release. I understand that if the above listed information is disclosed, it is possible that it may be re-disclosed by the recipient, or that it may no longer be subject to confidentiality protections.

I waive my right to review this information prior to its disclosure:                       Yes     No  
I authorize the provider to send/receive these records by fax:                       Yes     No    FAX# 207-992-2175  
I acknowledge that I have been offered a copy of this authorization:                       Yes     No

I understand that I may cross out any words on this form with which I disagree, and that I may revoke this authorization at any time by oral or written notice. Such revocation is subject to the right of any person who may have acted in reliance on a Release prior to receiving notice of the revocation. I understand the matters discussed on this form. I release the Provider, its employees, officers, and medical staff, and business associates from any legal responsibility, or liability for the disclosures of the above information to the extent indicated and authorized herein.

**Signatures:** \_\_\_\_\_  
 CLIENT                       GUARDIAN                       REPRESENTATIVE                      DATE

|   |
|---|
| <b>REVOCAION:</b> I hereby revoke the above Release by signing here<br>_____ or by oral revocation heard by<br>_____ on date: _____ |
|---|

***Dirigo Counseling Clinic, LLC***

557 Hammond Street, Bangor, ME 04401 Ph: 207-973-0505 Fax: 207-992-2175

**Witness:** \_\_\_\_\_ **DATE:**