Client Responsibilities

1. Provide SBHS with accurate and complete vital information.
2. Notify SBHS of any changes in my address, phone number or am other changes that might affect treatment.
3. The use of random drug screens and or a breathalyzer maybe implemented at the staff's discretion as part of the treatment process. Refusal to participate in the substance screen will be documented as a "positive" result.
4. Treat staff and other clients in a respectful manner at all times.
5. If I am unable to attend a scheduled appointment that I will call at least 24 hours in advance to cancel. It is the client's responsibility to contact SBHS during business hours to reschedule my appointment.
6. Clients not be allowed to attend any session under the influence of alcohol or any other substance (including prescription or the counter medication) that may cause impairment. If the client is prescribed new medication while participating in the program, client will immediately notify counselor or case manager.
7. Absences from a group for reason of illness or family death must be supported by medical documentation. More than 3 absences during any group will delay completion and may result in a reassignment to another group.
8. In the event of an absence from a scheduled appointment, the referral source DSS, DJJ, PTI, etc) will be notified if required under the circumstances of the original referral.

Client Expectations and Behavior

1. Attend all session on time, notifying my counselor or a staff member in the event I may be late or have to miss.
2. Attendance and participation may be reported to referral sources, with a valid release of information on file. Failure to attend, or other noncompliance with specific programs may warrant an early termination from services.
3. Clients should not attend services or sessions while under the influence of drugs or alcohol.
4. Clients are subject to random urine drug testing and will be responsible for that cost. Evidence of continued use may result in additional services being recommended, or unsuccessful completion from a program.

Attention

Withdrawal from participation in some programs prior to completion may have consequences that are beyond the control of the agency.

If your participation in a program is the result of involvement with the criminal justice system, your legal status may be jeopardized by withdrawal without court, probation or parole permission.

Please make certain of your individual situation before withdrawing.

Client Orientation

Sumter Behavioral Health Services
755 Electric Drive
PO Box 39
Sumter, SC, 29153
(803) 905-5100

Advanced Directive

An advance healthcare directive, also known as living will, personal directive, advance directive, medical directive or advance decision, is a legal document in which a person specifies what actions should be taken for their health if they are no longer able to make decisions for themselves because of illness or incapacity. In the U.S. it has a legal status in itself, whereas in some countries it is legally persuasive without being a legal document (Wikipedia.com).

Every client of Sumter BHS is entitled to have Advanced Directive and Advanced Directives will be provided to clients upon request.

Admission to Programs

Services are available to persons who meet Sumter Behavioral Health Services Admission Criteria. Discrimination due to race, age, national orientation, ethnicity, gender, sexual orientation, religion, genetic information, disability or inability to pay is prohibited. All clients are assessed to ensure that services are provided in the most appropriate program/level of care. Patients will receive priority of service according to risk criteria and motivation and be offered interim services if placed on a waiting list.

Exclusions to Admission

The only persons excluded from services are those actively infectious with a communicable disease, such as active TB . Patients with a history of violence or threats of violence can be excluded from services if their behavior is deemed an unacceptable risk. Patients with a documented history of psychiatric instability that is not currently manageable may be referred elsewhere until it is substantiated that they are stable.

Client's Rights

It is the policy of Sumter Behavioral Health Services that all clients are entitled to the right to:

1. Receive service in a manner which affords security, privacy, mutual respect and respect for property
2. Receive services that are protected under the laws of confidentiality and to receive a Privacy Notice as well as other information concerning rights in regard to the use, storage, and disclosure of healthcare information.
3. Receive services or referral regardless of race, age. gender. sexual orientation, national origin- religion or creed. physical or mental handicap. marital status. pregnancy, degree of disability or personal ability' to pay
4. Know the reasons for or purpose of the services provided and to consent to receiving these services.
5. Treatment that incorporates client needs and preferences and to receive any information needed to make informed decisions concerning the services each client receives.
6. Be assessed fees that are consistent and fair and to consent in to such fees before services are rendered.
7. Receive a competent and professional evaluation and treatment based on my needs. abilities and goals, including active participation in the development of my individualized treatment plan (IPOC).
8. Express my preferences concerning the choice of ease manager, counselor or other service provider and to have those preferences accommodated whenever possible.
9. Review my clinical record on request and to have others review it only with my written consent in accordance with SBHS policy and procedures.
10. Refuse treatment or withdraw from services at any time without re-entry at a later time.
11. Be free from psychological abuse, including humiliating, threatening and exploitive action on the part of program employees.
12. Be free from financial abuse associated with program employees
13. Be free from physical abuse, sexual abuse, neglect, harassment and physical punishment imposed by program employees.

Contraband

Contraband, including weapons, pharmaceutical products, and alcohol and other legal and illegal drugs and related paraphernalia brought onto Sumter Behavioral Health Services premises by a patient, family member visitor will be removed and disposed of in order to maintain a safe therapeutic environment

Tobacco Use

The use of smoking and other use of tobacco materials, including electronic cigarettes and the sale of tobacco products are prohibited within all Sumter Behavioral Health Services Facilities and Vehicles.

After Hours

For assistance after our normal business hours of 8:30a.m. to 5:00p.m., please contact our Residential Facility at 803) 775-9012. In the event of an emergency, please dial 911.

Confidentiality

All Sumter Behavioral Health Services employees and persons associated with the Sumter Behavioral Health Services are responsible for protecting the privacy and security of patients and of all Protected Health Information (PHI) (oral or recorded in any form) that is obtained, handled, learned, heard or viewed in the course of his/her work or association with the Sumter Behavioral Health Services.

In all patient relations, the Sumter Behavioral Health Services will comply with Federal Confidentiality Regulations for Alcohol and Drug Treatment Programs as stipulated in 42 C.F.R., Part 2; HIPAA/HITECH regulations, and with all applicable state laws and regulations.

Use or disclosure of PHI is acceptable only in the discharge of one's responsibilities and duties (including reporting duties imposed by legislation) and **based on the need to know**. Discussion regarding personal health information shall not take place in the presence of persons not entitled to such information or in public places (elevators, lobbies, cafeterias, off premises, etc.).

PHI shall be protected during its collection, use, storage and destruction.

Disclosures may be made upon written court order. All subpoenas and court orders received by staff shall be referred to The County Attorney prior to the provision of any information pertaining to a present patient or former patient (See Disposition of Subpoenas/Court Orders for Patient Records/Information).

Other exceptions related to 42 C.F.R. Part 2 may relate to research when appropriate MOA/business agreements are present, and for auditing purposes.

Use or disclosure of Protected Health Information is acceptable only in the discharge of one's responsibilities and duties (including reporting duties imposed by legislation) and based on the need to know. Discussion regarding personal health information shall not take place in the presence of persons not entitled to such information or in public areas (elevators, lobbies, cafeterias, off premises, etc.)

Proper Disclosure

a. Disclosure shall be limited to only that information necessary in light of the need or purpose of the disclosure. Authorized disclosure should carry a prohibition on re-disclosure.

b. Program staff may disclose information to other staff within the program or to "an entity having direct administrative control over that program" if the recipient needs the information in connection with duties that arise out of the provision of alcohol or drug abuse diagnosis, treatment or referral. Conversely, staff members who do not need information about particular patients should not have access to such information (42 C.F.R. Part 2).

Mandated Reporting

a. State law requires and federal law permits the report of suspected child abuse and neglect to the South Carolina Department of Social Services. State law also mandates reporting suspected abuse or neglect involving unborn, yet viable fetuses, defined as 24 weeks gestation, with an illegal drug in their system. Whenever possible, the patient should be informed of the necessary reporting and be given the opportunity to self-report information relevant to the suspected child abuse and neglect under supervision or sign a release to allow reporting. In all cases, the safety of the child must be the primary concern.

b. Cases of elder abuse, abuse of the disabled, and threats of self-harm or harm to others also are an exemption to confidentiality under HIPAA or other case law, but only the threats of harm to self or others is part of 42 C.F.R. Part 2).

c. When a patient has committed or threatened to commit a crime on program premises or against program personnel, the regulations permit the program to report the crime to a law enforcement agency or to seek law enforcement assistance. In such a situation the program can disclose the circumstances of the incident, including the suspect's name, address, last known whereabouts, and status as a patient of the program. (42 C.F.R. Part 2).

Grievances

A grievance is defined as a serious breach of protocol and may include violations of client rights, allegations of fraud, waste, or abuse, allegations of unethical staff conduct, or violations involving client rights (not related to PHI or other privacy and security measures).

Grievances must be filed in the following steps:

1. Grievances must be placed in writing and forwarded to the Treatment Director. Following a review by the Treatment Director, the client will be contacted within five working days (in writing or by telephone) with the findings of the Treatment Director.
2. Any appeals to the grievance outcome will be reviewed by the Executive Director at the client's request.
3. Appeals to the Executive Director's decision can be made to the Board of Directors.

Complaints

SBHS welcomes all feedback and input from our served population. Complaints should be in written form and should include a description of the issue and what the complainant recommends as an appropriate course of action to resolve the concern. To submit a complaint, follow the steps outlined below:

1. Discuss with his/her Counselor or Case Manager
2. If the complaint is not resolved with the counselor/case manager, the client can request a scheduled or immediate conference with the SBHS Treatment Director
3. If the complaint is not resolved in Step Two, the client may make a formal request for resolution to the SBHS Executive Director.

The Executive Director will respond in writing within 10 days. If the resolution remains unsatisfactory, appeals can be made to the Board of Directors.

Employee Ethics and Expectations of Behavior

NAADAC Code of Ethics Section IV

The addiction professional recognizes that effectiveness in his/her profession is based on the ability to be worthy of trust. Further, the addiction professional recognizes that those who assume the role of assisting others to live a more responsible life take on the ethical accountability of living responsibly.

Code of Ethics

All employees of the agency are expected to maintain high standards in their agency relationships and dealings. These standards shall include but not limited to the following:

1. The maintenance of just and courteous professionalism with board members, staff members, and others.
2. The maintenance of their own efficiency and knowledge of the developments in their fields of work.
3. Directing any criticism of other staff members or of any department of the agency toward the improvement of the agency. Such constructive criticism is to be made directly to the particular department head who has the administrative responsibility for improving the situation and then to the Executive Director if necessary.
4. The proper use and protection of all agency property, equipment and materials.
5. Sumter Behavioral Health Services (SBHS) reimburses for and provides employee Notary Publics who witness legal and other documents, as needed.

All staff members will adhere to the standards outlined in this section:

1. The counselor constantly safeguards the welfare of the person served within the bounds of that counselor's responsibility. This includes the physical, as well as the therapeutic, welfare of the client.
2. The counselor does not allow any personal obligations or gain or any other conflict of interest to enter into the professional relationship with a person served.
3. An ethical, professional relationship with a person served is free from any behavior on the part of a counselor which is, or has the appearance of being abusive or damaging to the client or which exploit the relationship for the satisfaction of the needs or desires of the counselor.
4. The counselor always terminates a clinical relationship immediately upon evidence that the person served cannot be reasonably expected to benefit from the continuation of it. The counselor will provide appropriate referral information to the client in this situation.
5. The counselor will take precautions to provide a safe and appropriate setting for all clinical work.
6. Any dual relationships involving a counselor and a person served may raise questions of poor judgment and questionable ethical behavior. A counselor who has a pre-existing social relationship with a person seeking service carefully evaluates, with a supervisor or the input of the clinical team, his/her capacity to engage professionally with that individual. Except under unusual and special circumstances such situations are best handled by appropriate referral. All questionable cases will be subject to consultation with the appropriate program coordinator.
7. Staff shall refrain from sexual involvement, harassment, romantic relationships and physical or punitive actions towards any client.
8. The counselor conscientiously seeks peer or supervisory consultations in client management, especially when s/he encounters difficulties or has reason to question the appropriateness of his/her client relationship.
9. No employee is permitted to enter into a personal, out-of-office, emotional, business or physical relationship with a person served during the course of treatment and a period of one year post-discharge.
10. No employee of the agency shall request or receive a gift, favor or loan or anything of value from client.
11. Out-of-office sessions with persons served shall not be routinely scheduled by counselors. Exceptions to this policy shall be on a case-by-case basis, and only after consultation with a supervisor.
12. All staff members shall observe the regulations outlined in Federal Regulations with respect to confidentiality. Each staff member shall sign an agreement to observe these regulations and this document shall be placed in that staff member's personnel file.
13. When establishing a professional relationship with a person served, a counselor determines to the best of his/her ability that all previous professional service providers have either withdrawn or been discharged by the person served or will be coordinated into the treatment plan that follows the assessment.
14. All persons seeking help from SBHS shall be treated with professional courtesy and respect at all times. Staff shall refrain from abusive language and behavior under all circumstances.
15. Any attempt to deny a client his or her rights as set forth by SBHS shall be construed as client abuse. Disciplinary action will be based on the detrimental impact on the client as determined by the immediate supervisor, the Executive Director and the Agency Board and can range from probation to immediate dismissal, dependent on the severity of the offense.
16. Clinical staff will maintain knowledge of the developments in their fields of work.