



Client Name:

Medicaid:

ASAM Placement Criteria

Utilize clinical data from BPS, CAR, and ASAM Criteria Manual to complete this form.

Admission Extension Discharge

Check all items that apply:

1. Acute intoxication and/or withdrawal potential:

- Consumer has NO signs or symptoms of intoxication
- Consumer is intoxicated, assess need for higher LOC or is manageable
- Consumer has NO signs or symptoms of withdrawal
- Consumer has mild signs or symptoms of withdrawal, is manageable
- Consumer has moderate to severe risk of withdrawal syndrome, refer to higher LOC
- Consumer has a history of withdrawal symptoms

2. Biomedical conditions and complications

- Consumer has no biomedical condition affecting treatment
- Consumer has a biomedical condition(s) that is stable or receives disease management by PCP
- Consumer has severe biomedical condition(s) that need medical care at a higher level

3. Emotional, behavioral or cognitive conditions and complications

Dangerousness/Lethality to self or others

- No risk of harm
- Low risk of harm, and is safe between sessions
- Moderate to high risk of harm, needs a higher LOC

Interference with recovery efforts

- No interference with recovery efforts
- Low to moderate interference, is manageable at this LOC
- Severe interference, assess for higher LOC

Level of social functioning

- Good level of social functioning
- Mild to moderate impairment, is manageable at this LOC
- Severe impairment, assess for higher LOC

Ability for self care/activities of daily living

- Average to good activities of daily living management
- Mild to moderate impairment in activities of daily living, has/needs assistance
- Severe impairment, assess for higher LOC

Chronic/Acuity of consumer's current deficits

- Needs basic monitoring/intervention to obtain recovery
- Needs intensive monitoring/intervention
- Needs daily to 24 hour monitoring, refer to higher LOC

Ability to cope

- Average-good coping abilities
- Mild-moderate impairment to coping abilities
- Severe impairment, assess for higher LOC



Client Name:

Medicaid:

4. Readiness to change (check relapse in addition to another stage, when applicable)

- Pre-contemplation - not thinking about or rejected change
- Contemplation - recognizes problem and considering change
- Planning - planning what it takes to make change happen
- Action - initiated change, learning healthy behaviors, practicing new skills, and removing triggers
- Maintenance - achieving positive/concrete changes and continuing with minimal support
- Relapse - fell back into old patterns/actions/behaviors

5. Relapse, continued use, or continued problem potential

- Danger of continued MH issues and/or relapse
- Aware of triggers and negative impulses to harm self, but unable to manage without support
- Recognition/Skills to prevent relapse and/or deal with MH issues; and ability to handle negative effects, peer pressure and stress

6. Recovery/Living environment

- Family, friends, living and school/work environments pose a threat to safety and engagement in treatment
- Legal, vocational, regulatory, DHS/OJA, probation/parole mandates to enhance motivation for treatment
- Relationships, financial resources, educational/vocational resources available to enhance engagement and motivation
- Needs help with transportation, child care, housing or employment in order to enhance treatment

Comments

Level of care for treatment and recovery services:

Indicated	Received	
<input type="checkbox"/>	<input type="checkbox"/>	Early intervention/prevention
<input type="checkbox"/>	<input type="checkbox"/>	Outpatient services/Individual
<input type="checkbox"/>	<input type="checkbox"/>	Intensive outpatient services (IOP)
<input type="checkbox"/>	<input type="checkbox"/>	Partial hospitalization
<input type="checkbox"/>	<input type="checkbox"/>	Apartments/clinically managed low intensity residential services
<input type="checkbox"/>	<input type="checkbox"/>	Clinically managed medium intensity residential services
<input type="checkbox"/>	<input type="checkbox"/>	Clinically managed high intensity residential services
<input type="checkbox"/>	<input type="checkbox"/>	Medically monitored intense inpatient treatment
<input type="checkbox"/>	<input type="checkbox"/>	Medically managed intensive inpatient services
<input type="checkbox"/>	<input type="checkbox"/>	Opioid maintenance therapy
<input type="checkbox"/>	<input type="checkbox"/>	Detoxification (indicate level) _____

Reason for difference:

- Services not available
- Geographic accessibility
- Provider judgement
- Family responsibility
- Client preference
- Language
- Client is on waiting list for appropriate level
- Not applicable
- Service available but no payment sources
- Other _____



Client Name:

Medicaid:

Clinician Signature:

Date



Consumer Name

Identifier

Consent for Release of Confidential Information

I authorize Quest MHSa, LLC. and the following agencies, entities, or people to release and disclose to one another the following types of information on the above named consumer.

Information released or disclosed will be used to coordinate, evaluate, plan and/or continue appropriate treatment or program, determine eligibility for benefits or program, case review, and/or update files. Released information may be subject to re-disclosure by the recipient, resulting in the information no longer being protected.

This consent is valid from:

for one year from the date of the client signature below.

from the client signature date below through the following event or condition.

from the client signature date below through the following date:

Name **and address** of agency, entity, or person to release to or obtain information from:

Name

DHS OJA Doctor Family School Other:

Address

Type of document(s) to be released or obtained

Behavioral Information Psychological reports and results Other

Medical Reports Treatment Plans

Test Results Summary Reports

Purpose or reason for disclosure(s):

I understand my medical records and all clinical information are confidential and are protected under the provisions of 43A OS & 1-109. I understand medical records and all communications between consumer and doctor or psychotherapist are privileged and confidential; with such information limited to persons or agencies actively engaged in my treatment or related to administrative tasks. I understand privileged and confidential information shall not be released without my written, informed consent. I understand that treatment is not contingent upon or influenced by my decision to permit this information release. My consent is given freely and voluntarily. **The information authorized for release may include records, which may indicate the presence of a communicable or non communicable disease, or venereal disease, which may include, but is not limited to, diseases such as hepatitis, syphilis, gonorrhea and the human immunodeficiency virus, also known as Acquired Immune Deficiency Syndrome (AIDS). (63 O.S. sec. 1-1502(B)). If any criminal proceeding is involved, disclosure is bound by federal laws and regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records (42 U.S.C. #290DD-2; 42 C.F.R., Part 2) and recipients of the information may receive and disclose it only in connection with their official duties with respect to the particular criminal proceeding and may not use the information in other proceedings, for other purposes, or with respect to other individuals.**

I understand that I may revoke this consent in writing at any time by signing and dating the revocation line at the bottom of this page, except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically one year following the date I stopped receiving services from QUEST. Revocation must be submitted to the Antlers office. However, if any criminal proceeding is involved, this consent is irrevocable until final disposition of the proceeding, and expires upon final disposition of the proceeding.

Signature of consumer if 14 or older: _____ Date _____

Parent/Guardian Signature if consumer is under 18: _____ Date _____

I hereby revoke this consent: _____ Date _____

Witness Signature (Clinician): _____ Date _____



Consumer Name

Identifier

(Medicaid #)

Consent for Treatment

Application is hereby made by the undersigned for voluntary admission to the services of QUEST MHSAs, LLC as a voluntary consumer under the provision of OS 43A Section 9-101.

I certify that I am eighteen (18) years of age or over. Voluntary admission may be made for any person eighteen (18) years of age or over on his/her own signature. Any person at least sixteen (16) years of age may be admitted with the consent of such person and the consent of the person's parent or guardian, OS 43A 5-304.

I have read, or had read to me, the following information about my rights.

All persons receiving services from this facility shall retain the rights, benefits, and privileges guaranteed by the laws and constitutions of the State of Oklahoma and the United States of America, except those specifically lost through due process of law. OS 43A, Section 1-103(h).

- All persons shall have the rights guaranteed by the Substance Abuse Consumer's Bill of Rights, unless an exception is specially authorized to these standards or an order of a court of competent jurisdiction.

I have been given a summary or full copy of my rights as a consumer and fully understand the content of this document.

- I understand that my treatment records may be subject to review by funding sources and accrediting bodies to verify and evaluate services delivered.

I understand that OS 43A, Section 4-201 requires that each consumer of the agency be charged for care and treatment provided. An individual will not be refused needed treatment because of inability to pay, OS 43A, Section 4-202.

Date of Birth: _____ SSN: _____ Male Female

Race

White

Black / African American

American Indian

Asian

Native Hawaiian/Pacific Islander

Address: _____ County: _____

City, State, ZIP _____

Primary Contact # _____ Secondary Contact # _____

Guardian Name _____
(Printed)

Ethnicity

Hispanic/Latino

Guardian Phone Number _____ Relationship to Consumer _____

Emergency Contact: _____ Emergency Phone #: _____

Private Insurance? Yes No

Insurance Name

Group # ID #

Address Phone #

Referred By (Parent, school, self, etc.): _____

Name and credentials of all clinicians that will be providing services:

Individual Therapy: _____ Rehab: _____

Family Therapy: _____ Case Management: _____

Signature of Consumer (if 14 or over) _____ Date _____

Signature and printed name of Parent or Guardian if Consumer is under 18 _____ Date _____

Signature of Witness (Clinician) _____ Date _____



Consumer Handbook

QUEST MHSa, LLC



Consumer Handbook

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Consumer Handbook

Dear Consumer,

Thank you for allowing our qualified staff to assist you in your journey to overcome the obstacles to a healthy, happy and productive life. We at QUEST are dedicated to providing you with a comprehensive care plan to meet all of your needs.

It is the mission of the QUEST to improve the quality of life for persons in Oklahoma by providing comprehensive behavioral, emotional and substance use services designed to enhance and enrich the lives of children, youth, adults and families.

As part of your Consumer Orientation, many issues will be discussed. A BioPsychosocial assessment will be performed to determine all of your needs and an appropriate course of treatment. The assessment generally consists of many questions regarding several aspects of your life.

From the information gathered, an individual treatment plan will be developed, with your assistance, to identify specific behaviors that you wish to address with your treatment team. These mutually identified and agreed upon goals and objectives will be addressed in a variety of settings which could include Individual, Family and Group Therapies, Individual and Group Psychosocial Rehabilitation and Case Management to assist with any behavioral, emotional or substance use needs. Please notify our staff if you are in need of a specific service.

Typically, consumers discharge from services when your individual goals are met. Your treatment team will begin discussing discharge criteria with you upon intake so that all involved can remain focused on problem resolution. If at any time during your course of treatment you feel that you would like to discontinue services, please notify someone on your treatment team so that they can inform you of the transition procedures.

Listed below is the contact information for the office location of QUEST. Administrative office hours are 8am to 5pm. If you need to contact our office during non-working hours, your call will be handled by a 24-hour answering service that will contact QUEST staff in the event you are experiencing an emergency. You can find additional information regarding QUEST on our website at www.questmhsa.com.

Quest MHSa, LLC
PO Box 309
Antlers, OK 74523

Hours of Operation:
Administrative Offices 8:00 am - 5:00 pm M-F

Provider Clinician Name _____

Phone 580.298.3001
Fax 580.298.5357
Toll Free 877.298.3002

Provider Clinician Hours _____

Provider Clinician Phone _____

The representative for coordinating grievance issues is Marla Marcum. The individual with the authority to make decisions on grievances is policy is Marla Marcum. She may be reached at the numbers listed above.

If you are a person served by Quest, please call 1-877-298-3002. If it is after business hours, you will be placed in contact with our answering service who will patch you through to your Clinician or our Clinical Director.



Consumer Handbook

A. MISSION STATEMENT

It is the mission of QUEST to improve the quality of life for persons in Oklahoma by providing comprehensive behavioral, emotional and substance abuse services designed to enhance and enrich the lives of children, youth, adults and families.

B. CODE OF ETHICS

QUEST MHSA, LLC therapists adhere to their Licensing Board Code of Ethics. The Code of Ethics and Standards of Practice of the American Counseling Association is a lengthy document which has been condensed for your information as a summary of ethics with which QUEST will comply. If at any time you would like a copy of the complete Code of Ethics, please contact our office at 580-298-3001 and one will be mailed to you.

- Counselors respect diversity and must not discriminate against consumers for any reason.
- Counselors must make every effort to avoid dual relationships with consumers.
- Counselors must not engage in any type of sexual intimacy with consumers.
- Counselors must take steps to protect consumers from trauma resulting from interactions during group work.
- Counselors must terminate any counseling relationship if it is determined that they are unable to be of assistance.
- Counselors must keep information related to counseling services confidential, except in very specific circumstances.
- Counselors must not disclose information about one family member in counseling to another family member without prior consent.
- Counselors and staff must maintain confidentiality with all records at all times.
- Counselors must obtain permission before recording sessions or transferring records.
- Counselors must not engage in sexual harassment or receive any unjustified personal gains, goods or services.
- Counselors must communicate to group members that confidentiality cannot be guaranteed in group work.
- Counselors must be present in order to witness signatures of consumers.

C. CONSUMER RIGHTS

- Each consumer shall retain all rights, benefits, and privileges guaranteed by law except those lost through due process of law.
- Each consumer has the right to receive services suited to his or her condition in a safe, sanitary and humane treatment environment regardless of race, religion, gender, ethnicity, and age, degree of disability, handicapping condition, legal status or sexual orientation.
- No consumer shall be neglected or sexually, physically, verbally, financially or otherwise abused or humiliated.
- Each consumer shall be provided with prompt, competent, and appropriate treatment and an individualized treatment plan. A consumer shall participate in his or her treatment programs and may consent or refuse to consent to the proposed treatment. The right to consent or refuse to consent may be abridged for those consumers adjudged incompetent by a court of competent jurisdiction and in emergency situations as defined by law. Additionally, each consumer shall have the right to the following:

- Allow other individuals of the consumer's choice to participate in the consumer's treatment and with the consumer's consent;
- To be free from unnecessary, inappropriate, or excessive treatment;
- To participate in consumer's own treatment planning;
- To receive treatment for co-occurring disorders if present;
- To not be subject to unnecessary, inappropriate, or unsafe termination from treatment; and
- To not be discharged for displaying symptoms of the consumer's disorder.

- Every consumer's record shall be treated in a confidential manner.
- No consumer shall be required to participate in any research project or medical experiment or fund raiser without his or her informed consent as defined by law. Refusal to participate shall not affect the services available to the consumer. Should a consumer choose to participate in a research project, QUEST will adhere to research guidelines.
- A consumer shall have the right to assert grievances with respect to an alleged infringement on his or her rights.
- Each consumer has the right to request the opinion of an outside medical, psychiatric, or legal consultant at his or her own expense or a right to an internal consultation upon request at no expense. Direction to self-help and advocacy support services is also provided.
- No consumer shall be retaliated against or subjected to any adverse change of conditions or treatment because the consumer asserted his or her rights.
- A consumer has the right to know why services were refused. In that event, Quest will provide a written explanation of the reasons why services were not provided.
- No consumer shall be subject to unnecessary, inappropriate or unsafe termination from treatment.
- Consumers should expect an investigation of any infringement of rights. This process is outlined in the Consumer Grievances policy.
- Each consumer has the right to receive services in an environment which provides privacy, promotes personal dignity, gives freedom from financial or other exploitation, and provides opportunity for the consumer to improve his/her functioning.



Consumer Handbook

• Each consumer shall have a voice in the selection of their service provider. Consumer's preferences will be taken into consideration and should it be necessary every effort will be made to find an alternate provider as determined by available resources. If resources are unavailable a referral will be made if the consumer so wishes.

The above rights are meant as a synopsis of the Mental Health and Drug or Alcohol Abuse Services Bill of Rights. A full copy of the rights, OAC 450:15-3-6 through 450:15-3-25, is available upon request.

D. CONFIDENTIALITY OF CONSUMER RECORDS

The confidentiality of consumer records is protected by Federal Law and Regulations and Oklahoma Statutes. Information and/or copies of records concerning past or present treatment or services provided by QUEST to the above referenced consumer will not be disclosed to third parties unless:

1. The consumer, or those authorized by Federal or State law, consents by written authorization to QUEST for the release of such information to a third party.
2. The disclosure is ordered by a court of competent jurisdiction and a copy of said Order is provided to QUEST in advance of the requested disclosure.
3. The clinician has a "duty to warn" in the event there is a dangerous situation, in the opinion of the clinician, and the consumer and/or others are considered to be in danger.

42 CFR Part 2 Federal Regulations state, in summary, that legal authorization for disclosure of records or legal proceedings must be applied for in a confidential manner, adequate notice must be given, as well as opportunity for written response. There should be a private review of evidence and only if the court determines that is the only way to get the information, and that the public interest outweighs potential injury to the consumer. Disclosure is limited to the essential parts of the record, and only to persons in need of the knowledge. Disclosure must be limited for the protection of the client.

Federal Laws and Regulations and Oklahoma Statutes do not protect any information concerning suspected child abuse, domestic violence, elder abuse or neglect from being reported under State law to appropriate State or local authorities. In crisis situations in which a consumer is at eminent risk of harming him/herself or others, and a no-harm contract is not feasible, local law enforcement and/or the state contracted gatekeeper for inpatient treatment may be contacted without prior authorization from the consumer. Violation of the Federal Law and Regulations and/or Oklahoma Statutes is a crime. Suspected violations may be reported to appropriate officials. (See 42 U.S.C. 290 dd-3 and 42 U.S.C. 290 ee-3 for Federal Laws and 42 CFR Part 2 for Federal Regulations.) QUEST adheres to all governmental requirements. You have the right to privacy and QUEST will safeguard your privacy. QUEST has developed a consumer privacy processes that will guard your personal information. If, for any reason, you believe that QUEST has violated your right to privacy as a consumer you can file a formal complaint to the following:

Office of Civil Rights
 U.S. Department of Health and Human Services
 1301 Young Street, Suite 1169
 Dallas, TX 75202
 Phone: (214) 767-4056
 Fax: (214) 767-0342

Please rest assured that QUEST values you as a consumer and will make every effort to ensure confidentiality in all applicable areas as this is our priority.

E. CONSUMER NOTICE OF HEALTH INFORMATION PRACTICES (HIPAA) and 42 CFR

THIS NOTICE 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 READ IT CAREFULLY.

General Information

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, QUEST may not say to a person outside QUEST that you attend the program, nor may QUEST disclose any information identifying you as an alcohol or drug abuser, or disclose any other protected information except as permitted by federal law.



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

1. Pursuant to an agreement with a qualified service organization/business associate;
2. For research, audit or evaluation;
3. To report a crime committed on QUEST's premises or against QUEST 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, QUEST can disclose information without your consent to obtain legal and financial services, or to a medical facility to provide health care to you, as long as there is a qualified service organization/business associate agreement in place.

Before QUEST can use or disclose any information about your health in a manner which 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.

Consumer Rights Regarding Health Information

Under HIPAA you have the right to request restrictions on certain uses and disclosures of your health information. QUEST is not required to agree to any restrictions you request, but if it does agree 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. QUEST 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 care information maintained by QUEST, except to the extent that the information contains counseling notes or information compiled for use in a civil, criminal or administrative hearing or in other limited circumstances.

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

Duties of the Organization

QUEST 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. QUEST is required by law to abide by the terms of this notice. Should there be a breach of health information, you will be notified of the incident. QUEST reserves the right to change the terms of this notice and make new notice provisions effective for all protected health information it maintains. Such changes will be communicated to present consumers through provision of a copy of the revised notice. Former consumers making appropriate requests will be provided a copy of the updated notice at the time of request.

Reporting Complaints and Violations

You may complain to QUEST and the Secretary of the United States Department of Health and Human Services if you believe that your privacy rights have been violated under HIPAA. Such complaints should be pursued through the established QUEST Grievance Procedure. You will not be retaliated against for filing such a complaint.

Violation of the Confidentiality Law by a program is a crime. Suspected violations of the Confidentiality Law may be reported to the United States District Attorney in the district where the violation occurs. For further information, you may contact an administrator for QUEST at 580-298-3001.

F. COMPLAINT/GRIEVANCE/APPEAL PROCEDURE

If you ever have a problem with any of the employees or the functioning of QUEST, it is asked that you file a grievance report. Your clinician may assist you in obtaining a grievance form. You may also contact the QUEST office to obtain a form at 877.298.3002. This serves two purposes; first it allows us to correct the problem, and second, this information will be used to determine trends and areas needing performance improvement. Formal complaints and grievances are reviewed annually and provide valuable information to facilitate change that results in better customer service and results for the person served. QUEST's procedure concerning formal complaints is as follows;

- It is the consumer's responsibility to document the occurrence on a form provided by QUEST.
- The form is to be mailed to the Antlers office – PO Box 309, Antlers, OK 74523.
- The form must be received in the Antlers office within 10 business days of the occurrence.
- In the event that the consumer is unable to complete the form, they may contact a supervisor or the CEO in order to make the complaint. Additionally, QUEST will provide the consumer the contact number at the Oklahoma Department of Mental Health and Substance Abuse Office of Consumer Advocacy so that they may speak to an advocate not in direct relation to QUEST. The contact information for both QUEST and ODMHSAS will be clearly supplied on the grievance form provided to the consumer.
- A Clinical Director is the coordinator for QUEST's complaint/grievance procedure. The CEO is responsible for decision making regarding the resolution of the complaint/grievance. The CEO will conduct interviews and investigate the incident in a manner specific to each occurrence. In the event that the CEO is the subject of a complaint/grievance, a Clinical Director will be responsible for the decisions regarding the resolution of the grievance.
- Resolution of the complaint / grievance shall be made within 14 days upon receipt of the form, and a copy of the determination shall be mailed to the consumer.
- If the consumer is not satisfied with the resolution, he/she has the right to appeal the determination of the grievance, in writing, within 10 business days of the notification. The CEO will then be responsible for contacting an external Human Resource vendor for a comment on the determination.
- If the consumer remains unsatisfied with the resolution, he/she has the right to contact the previously mentioned Office of Consumer Advocacy.
- Filing a grievance or complaint shall not result in retaliation or barriers to service.
- All parties in the complaint/grievance process have rights and responsibilities. During the investigation process, an individual accused through the complaint/grievance process has the right to:
 - a. Be advised of the nature of the allegation
 - b. Be advised of the investigative process
 - c. Be interviewed by any involved Advocate and allowed to give his or her position regarding the allegation
 - d. Submit a written statement relating to the allegation
 - e. Seek advice from other parties concerning rights and responsibilities in Office of Consumer Advocacy investigations
- An individual accused through the complaint/grievance process shall:
 - a. Be available and accommodating for interviews
 - b. Refrain from any action which interferes with the investigation
 - c. Provide pertinent information and respond fully and truthfully to questions asked
 - d. Refrain from intentionally misdirecting the investigation

G. CONSUMER ORIENTATION INFORMATION

School Consent and Permission to Transport

Parents of child and adolescent consumers may request that their children be seen during school hours and must give their written consent to do so by filling out a Release of Confidential Information form so that the child's clinician may be in contact with the school. Parents may also request that their children not be seen at school and, in many cases, opt to give written consent allowing their child's clinician to pick up and transport their children to and from school in order to receive services at a different location. A Clinical Director is the coordinator for QUEST's complaint/grievance procedure. The CEO is responsible for decision making regarding the resolution of the complaint/grievance. The CEO will conduct interviews and investigate the incident in a manner specific to each occurrence. In the event that the CEO is the subject of a complaint/grievance, a Clinical Director will be responsible for the decisions regarding the resolution of the grievance.



Consumer Handbook

Advanced Directive

A Psychiatric Advance Directive, also known as a mental health advance directive, is a written document that describes what a person wants to happen if at some time in the future they are judged to be suffering from a mental disorder in such a way that they are deemed unable to decide for themselves or to communicate effectively. It can inform others about what treatment they want or don't want from psychiatrists or other mental health professionals, and it can identify a person to whom they have given the authority to make decisions on their behalf. A mental health advance directive is one kind of Advance health care directive. This form is available to any consumer that wishes to use it as direction for services.

Use of Tobacco

It is the policy of the agency to maintain a tobacco free environment. Smoking and/or the use of smokeless tobacco is not permitted in the QUEST office or any vehicle during normal work hours or when used to transport a consumer. Failure on the part of staff members to comply with these standards may result in disciplinary action. The prohibition of tobacco applies to consumers and visitors, as well. Designated tobacco use areas are provided outside the building. The agency's interest in establishing these policies are not based on moral judgments, or with the specific intent to deny one group of staff members their rights over other staff members. In workplace conditions, however, QUEST claims a greater right, and that is to establish such controls and safeguards as deemed in the best interests of the agency.

Seclusion and Restraint

QUEST does not use any methods of seclusion, restraint, restriction of rights or special treatment interventions of any kind under any circumstances, including emergency holds.

Weapons Policy

Weapons of any sort are prohibited inside any building or any property owned, leased or rented by QUEST. This policy applies to all personnel, consumers served and visitors, and will be strictly enforced. Employees found in violation of this policy are subject to disciplinary action. Consumers or visitors found in violation will be asked to leave the premises. In the event a situation involving an individual with a weapon should suddenly escalate to a threatening point, the police will be called immediately and the building will be evacuated to the extent possible. Whoever is trying to talk to the person posing the threat, and those who are not allowed to leave will stay only as long as they are required to stay. As soon as they are allowed to leave, or able to escape undetected, they should leave the building immediately.

Health, Safety and Licit/Illicit Drugs

The health and safety of the staff, consumers and visitors of QUEST is an issue of ongoing concern for the management. So that you may further your safety should you receive counseling services at the Antlers location, it is important that you are aware of certain precautions.

1. QUEST has a map by the door that shows the closest exit as well as the location of the fire extinguishers and the first aid kits. These maps also show the area to go to in the event of severe weather when there is no time to evacuate to a shelter. You should be aware of these maps and the information that they provide.
2. The staff of QUEST has a primary responsibility for the safety and well-being of all consumers, co-workers and the public and will work towards maintaining a safe and healthy environment. If at any time you see or feel that there is something that is unsafe please inform someone and it will be taken care of as soon as possible.
3. It is the intent of QUEST to address the needs and protect the rights of the consumers, staff and visitors with regard to infectious disease. To this end it is of the utmost importance that everyone be familiar with the Universal Precautions to prevent the spread of infectious disease.
4. In order to control the spread of infectious disease we ask that all consumers, staff and visitors wash their hands; after eating, using the bathroom, or smoking; and as often as necessary to keep hands clean.
5. If it becomes apparent that a consumer is under the influence of drugs or alcohol, they will be asked to leave QUEST property. If anyone comes onto QUEST property with licit or illicit drugs, the police will be called immediately.

If you have any questions, concerns or comments regarding this information, please contact the Safety Officer at (580) 298-3001.

H. CONSUMER EXPECTATIONS

Due to the importance and need for the full allotted time in quality health care it is necessary to keep regularly scheduled appointments. In order for your time services to be as productive as possible, it is asked that you agree to these stipulations:

- Keep scheduled appointments with all our Clinicians.
- Be prompt for your appointments.
- If you can not make an appointment, give at least 24 hour notice.

If you fail to show up or call for scheduled appointments more than 3 times, it will be assumed that the services we are providing are not appropriate or effective for you and we may refer you to another agency or discontinue services.

Other expectations:

- Upon termination we need at least one session to discuss that decision.
- If you have not seen your family doctor, or had a physical checkup in the last year, it is recommended that you do so.
- You may be asked to participate in surveys periodically. This information will be utilized to ensure quality of care, achievement of outcomes, and to measure consumer satisfaction. Your participation is greatly appreciated but not required.

I. HIV/AIDS/STD EDUCATION

QUEST recommends HIV/AIDS testing, as well as other sexually transmitted diseases (STD) testing, to all consumers and consumers's significant other, especially those who are considered to be high risk. HIV is a virus which never leaves the body once it has been contracted. Many viruses stay in the body for only a few days but once a person has tested positive for HIV, he/she will always be positive. HIV actually stands for Human Immunodeficiency Virus and over time it infects and kills white blood cells which help the body fight off certain types of infections and cancers, leaving the body highly susceptible to other illnesses.

Once HIV has progressed far enough that it effectively weakens the body and immune system, the carrier usually becomes ill from one of several infections, such as pneumonia or tuberculosis, that their body and immune system are no longer strong enough to fight. When the HIV virus has progressed this far it is called AIDS, which stands for Acquired Immune Deficiency Syndrome. The time it takes for HIV to progress into AIDS varies and may take up to 10 years or more. As is often the case with many sexually transmitted diseases, it is often impossible to tell if someone else has HIV and many carriers do not know that they are infected. Initial symptoms are non-specific, often resembling symptoms of common cold or flu viruses, and may include:

- Fatigue
- Fever
- Rash
- Headache
- Swollen lymph nodes
- Sore throat

These symptoms are not a reliable way to diagnose HIV as they will only occur within days or weeks of the initial exposure. Testing for HIV antibodies is the only way to know whether you have been infected. The HIV antibody test only works after the immune system of the infected person has been able to develop antibodies. The "window period" between the initial infection and when antibodies are detectable may be from 2 weeks to 6 months. The average "window period" lasts about 3 months and standard HIV testing during this time is ineffective. It is recommended that persons who test negative have additional testing in 6 months in order to rule out this "window period" and obtain an accurate result. Persons who are engaging in at risk behaviors are more likely to contract HIV and other sexually transmitted diseases than persons who are not. If you or your sexual partner(s) have engaged in any of the following behaviors you are at risk and should be tested.

- Any type of unprotected sexual contact
- Sex with an IV drug user
- History of STD's such as herpes, Chlamydia, gonorrhea or hepatitis.
- Unplanned pregnancy
- Victim of sexual assault
- Passed out after drinking or getting high or been unable to remember what happened
- Shared needles or other equipment which pierces the skin



Consumer Handbook

If you are interested in contacting confidential testing sites at which you and/or your significant other can receive testing for HIV/AIDS and other STDs as well as further education please contact your county Department of Human Services office. If you, your spouse, significant other, or other sexual partners would like to receive educational counseling sessions regarding HIV and other STDs then please notify your primary clinician.

Oklahoma HIV/AIDS Hotline - 1800-535-2437 (TDD Available)

National HIV/AIDS Hotline - 1800-243-7889 (TDD Available)

CDC (Centers for Disease Control) National HIV/STD Hotline - 1800-342-2437 (TDD Available)

Native American HIV/AIDS Hotline - 1800-238-2437

Spanish Language HIV/AIDS Hotline - 1800-344-7432 (TDD Available)

STD National Hotline - 1800-227-8922 (TTY Available)

Oklahoma State Medical Association: For access to Medical services including; testing, dental, medical case management and transportation - 1405-843-9571

DISCHARGE

Typically, consumers discharge from services when individual goals are met. Discharge criteria is discussed with the consumer beginning at intake so that you and the treatment team can focus on problem resolution. When you attain the level of functioning determined in the treatment planning phase, procedures will begin to discharge the consumer.

On occasion, a discharge will occur for a reason other than completion of the treatment plan. In the event you are not offered certain services, you have the right to know why a particular service might be refused. Should you ever be refused treatment from QUEST you will be provided with a written explanation concerning the reason you were refused certain services. You as a consumer will not be subjected to any unnecessary, inappropriate or unsafe termination from treatment. Discharge will not take place as punishment for displaying symptoms of a disorder.



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THIS PAGE IS TO BE RETAINED BY QUEST AND PLACED IN THE CONSUMER RECORD

J. CONSENT FOR FOLLOW-UP

Upon termination of services from this program, we may want to contact you regarding your status and for you to answer some questions concerning satisfaction regarding services received. The purpose of this information is to assure the continuity of care and to provide QUEST with pertinent statistical information. You may revoke permission for follow-up at any time by giving this agency a written notice or by refusing to participate in any follow-up questionnaire. Follow up will be the same with all persons served regardless of referral status.

CONSENT: I hereby GIVE DO NOT GIVE (Please check one) permission to QUEST to contact me by telephone or letter for follow-up and to answer questions concerning my satisfaction with services and my current status.

K. ACKNOWLEDGEMENT OF RECEIPT OF CONSUMER HANDBOOK

I have been educated on the following: _____(initial)

- Code of Ethics
- Consumer Rights
- Confidentiality of Consumer Records
- HIPAA Notice
- Complaint/Grievance Procedure
- Orientation Information
- Consumer Expectations
- HIV/AIDS/STD Education Session
- HIV/AIDS/STD Referral Information
- Advance Directive

Do you or your significant other wish to receive:			<input type="checkbox"/> Yes	<input type="checkbox"/> No
HIV/AIDS/STD Education	HIV/AIDS/STD Testing	HIV/AIDS/STD Counseling		
<input type="checkbox"/> Self	<input type="checkbox"/> Self	<input type="checkbox"/> Self		
<input type="checkbox"/> Significant Other	<input type="checkbox"/> Significant Other	<input type="checkbox"/> Significant Other		
<input type="checkbox"/> Both	<input type="checkbox"/> Both	<input type="checkbox"/> Both		

Is the consumer under the age of 21? Yes No

If yes, does QUEST have permission to see him/her at school? Yes No

Does QUEST have permission to transport child for the purpose of receiving services? Yes No

In the event that a medical emergency occurs while my child is with a Quest representative, and it is not possible for me to consent to medical treatment, I hereby authorize any Quest representative to seek appropriate medical treatment for my child. I also give permission for attending personnel to execute on my behalf, permission forms or other medical documents, and to act on my behalf if I am unable to do so. The undersigned has read the above consent and release and acknowledges that this document has been signed voluntarily.

QUEST MHSa, LLC is a Medicaid fee for service provider and all fees are covered by Medicaid if consumer is eligible. On occasion it may be necessary for a licensed person to reassess and/or update clinical information regarding your plan of treatment. Your signature below acknowledges your permission for this licensed person to see you.

The undersigned acknowledges that he/she has received a copy of the Consumer Handbook which has been communicated to him/her in a meaningful way. Furthermore, he/she has read and understands this document in its entirety and further certifies that he/she agrees to the terms and provisions stated herein.

Consumer Name

Medicaid #

Signature of Consumer if 14 or over

Date

Signature of Parent or Guardian if consumer is under 18

Date

Witness (Clinician)

Date



Consumer Name

Identifier

Consumer Orientation Checklist

- MH
- SA
- Both

- Consent for Treatment Form
- Consumer Handbook
- Consent for Release of Confidential Information, if needed
- Right to Name Treatment Advocate, if adult
- ASAM if Substance Abuse diagnosis

Did the Consumer utilize the Advance Directive? Yes No (If yes, provide to the office)

Is Quest collaborating with another agency or LBHP provider regarding this consumer? Yes No

If Yes, who? _____

After your intake is completed, we will develop a treatment plan using the information you give us about your preferences and needs. Your therapist will go over this plan with you, including the discharge criteria, when it is ready to sign.

ASSIGNMENT OF BENEFITS: The undersigned hereby authorizes the release of any information relating to all claims for benefits submitted on behalf of myself and/or dependents. I further expressly agree and acknowledge that my signature on this document authorizes my therapist to submit claims for all benefits, for services rendered and for services to be rendered, without obtaining my signature on each and every claim to be submitted for myself and/or dependents, and that I will be bound by this signature as though the undersigned had personally signed the particular claim. I further authorize the OHCA or any other insurance carrier to reimburse Quest MHSAs directly.

For the purpose of determining whether any payment will be made in the behalf of the patient for any medical services, hereafter reported, I do hereby authorize the Authority, or any representative thereof, authorized for the purpose of determining compensability of claims in the patient's behalf, to inspect all hospital and medical records pertaining to such hospitalization or medical services; and I do further authorize the hospital, physician, or other medical provider to release and furnish to the Authority and its representatives, any information shown in such records.

Signature of Consumer if 14 or older _____ DATE _____

Guardian Signature if Consumer is under 18 _____ DATE _____

Witness (Clinician) _____ DATE _____



Consumer Name

Identifier

Right to Name a Treatment Advocate

All adult mental health consumers being served by a licensed mental health professional have the right to designate a family member or other concerned individual as a Treatment Advocate. The choice to name an advocate is the consumer's alone. In the event an advocate is chosen, the level of involvement of the advocate is to be determined by the consumer and no limitation may be imposed on a consumer's right to communicate by phone, mail or visitation with the established Treatment Advocate. The Treatment Advocate may participate in the treatment planning and discharge planning of the person being served to the extent consented to by the consumer and permitted by law.

Would you like to name a Treatment Advocate? Yes No

Please list the name and phone number of the person you wish to choose as a Treatment Advocate:

Name: Phone (Include area code):

Please indicate the level of involvement the identified Treatment Advocate shall have:

- Should the advocate be present during intake?
- Would you like the advocate to help you with the treatment planning?
- Do you want the written treatment plan information provided to the advocate?
- Should we notify the advocate only if there are changes to the treatment plan?
- Would you like the advocate to be present at all of your sessions?
- Other:

Signature of Consumer

Date

For the Treatment Advocate:

I intend to serve as Treatment Advocate for the above named consumer. I have received a copy of the QUEST confidentiality standards and I agree to serve according to the consumer's specifications and comply with all standards of confidentiality.

Signature of Treatment Advocate

Date

The consumer may revoke the designation of a treatment advocate at any time and for any reason.

Signature of person entering this form in consumer chart: _____