

**CLIENT HANDBOOK**

**SC Dept. of Mental Health Mobile Crisis Unit**

**1-833-364-2274**

**National Suicide Prevention Lifeline**

**1-800-273-TALK (8255)**

**Crisis Text Line: Text TALK to 741741**

**Trans Lifeline for Suicide Prevention**

**1-877-565-8860**

**LGBT Youth Suicide Prevention Line**

**866-488-7386**

[**Three Rivers Behavioral Health**](https://www.bing.com/ck/a?!&&p=f44e15ea68b29b48JmltdHM9MTcyNTQ5NDQwMCZpZ3VpZD0zZjRkMGNkYy0zNzljLTY1YWMtMTQzMC0xOGMxMzY5ODY0OWImaW5zaWQ9NTUxNQ&ptn=3&ver=2&hsh=3&fclid=3f4d0cdc-379c-65ac-1430-18c13698649b&u=a1aHR0cHM6Ly93d3cuYmluZy5jb20vYWxpbmsvbGluaz91cmw9aHR0cHMlM2ElMmYlMmZ0aHJlZXJpdmVyc2JlaGF2aW9yYWwub3JnJTJmJnNvdXJjZT1zZXJwLWxvY2FsJmg9MWlqVW1hc2RCcnVac2tNRTlpdU81UmglMmJLZ2dmNzVrZ1hTdFZCYnlOYkk4JTNkJnA9bHdfZ2J0JmlnPUIxMkI2Rjk3MTUyRDRBRDlCN0QwNzE3MTc1MjlEQ0I4JnlwaWQ9WU43ODd4MTM0MDIxNzM&ntb=1)

[**2900 Sunset Blvd, West Columbia, SC 29169**](https://www.bing.com/ck/a?!&&p=17537bfee522e258JmltdHM9MTcyNTQ5NDQwMCZpZ3VpZD0zZjRkMGNkYy0zNzljLTY1YWMtMTQzMC0xOGMxMzY5ODY0OWImaW5zaWQ9NTUxNg&ptn=3&ver=2&hsh=3&fclid=3f4d0cdc-379c-65ac-1430-18c13698649b&u=a1L21hcHM_Jm1lcGk9MTA5fn5Ub3BPZlBhZ2V-QWRkcmVzc19MaW5rJnR5PTE4JnE9VGhyZWUlMjBSaXZlcnMlMjBCZWhhdmlvcmFsJTIwSGVhbHRoJnNzPXlwaWQuWU43ODd4MTM0MDIxNzMmcHBvaXM9MzQuMDA3MzI4MDMzNDQ3MjY2Xy04MS4xMTgxODY5NTA2ODM2X1RocmVlJTIwUml2ZXJzJTIwQmVoYXZpb3JhbCUyMEhlYWx0aF9ZTjc4N3gxMzQwMjE3M34mY3A9MzQuMDA3MzI4fi04MS4xMTgxODcmdj0yJnNWPTEmRk9STT1NUFNSUEw&ntb=1)

[**(803) 796-9911**](tel:8037969911)

**threeriversbehavioral.org**

**Inpatient Services**

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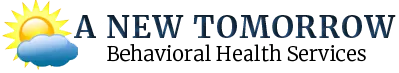
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To the Person who is Considering Obtaining Care at A New Tomorrow Behavioral Health Services:

At A New Tomorrow Behavioral Health Services, we serve people at various stages of life. From young children up to adults of all ages. We are dedicated to our clients, our community, and our staff. Wherever you are at in life, we strive to act as an agent of change to assist all our clients in their goal of leading a healthier and fulfilling life.

Congratulations on taking this positive step towards dealing with your current life situation. If there is anything we can assist you with during your journey, please call us at (803) 883-4981.

Sincerely,

Tara L. Corbett MS, LPC, LPC-S

Director

***Mission Statement***

Here at a New Tomorrow, we are dedicated to our clients, our community, and our staff. Our services are person centered and focuses on the strengths, needs, and abilities, and preferences to meet the needs of our clients. The level of our services contributes to the physical, psychological, and social well-being of our clients.

*Vision:* To become a premier provider of outpatient children, adolescent, and adult behavioral health services to prompt the well-being of our community and schools.

*Values:* High quality client care – To provide the highest quality of care for the clients’ we serve.

Ethically professional conduct- To maintain ethical practices to promote the well-being and confidentiality of the clients and proficiency of the counselors.

Empathy- To show the clients’ compassion and understanding to promote well-being and growth.

Equity- To provide the same level of care for all individuals.

Diversity- To promote the well-being of people with a wide range of different social and ethnic backgrounds by developing adaptation to service delivery reflecting an understanding of diversity between and within cultures.

Person Centered- To enhance therapeutic alliance by creating a collaborative experience based on the clients’ strengths, needs, abilities, and preferences.

Advocacy of clients- To assess wrap around services in the community that may aid the clients.

*We provide services for distinct programs:*

* Adults suffering from a severe form of mental illness, such as depression, anxiety, bipolar disorder, and other mental health disorders.
* Children with serious emotional disturbances. These are children over the age of 5 with mental illness such as depression, anxiety, attention deficit hyperactivity disorder, and other mental health disorders.
* (LEA) School-based services assist in reducing barriers to treatment and to coordinated client care while in the school environment. School based staff are assisted with education to aid in the better understanding of the child or adolescent behavioral health issues and techniques and accommodation to meet the person-centered needs of the child or adolescent in the educational environment.

***Admission Critia:***

A New Tomorrow accepts all clients who are of 5 years of age and older with in network insurances, self-pay or sliding fee scale who need routine outpatient therapy.

* Financial forms must be completed to determine the client’s service fee or sliding fee scale.
* The client must sign all necessary forms such as Informed Consent. Consent for Treatment, SNAP, Rights of Persons served, permission to submit billing.
* The client will be assessed as to their need for services and will be asked to take part in the development of a service plan for them.
* If a client is determined to need a higher level of care the counselor will coordinate with the client to provide referrals to the necessary level of care.
* The client will be seen by the counselor until the client can be admitted into the high level of care.

**WELCOME!**

**Things you need to know about A New Tomorrow Behavioral Health Services**

1. Your input as to the quality and satisfaction with the services you receive is very important to us. You may be asked to fill out a satisfaction survey, both while you

are receiving services and after you have completed your services here. This information helps us evaluate our programs to be sure we are meeting your needs.

Please take the time to complete these surveys and return them to us. A New Tomorrow offers a wide variety of services and activities designed to assist clients in

meeting their treatment goals. The staff at A New Tomorrow will work with you to achieve the goals that you set for your treatment. This can best be accomplished through your attendance and participation in all aspects of your

treatment. Please keep your scheduled appointments, as this is vital to your treatment. If you must cancel, please give us 24 hours’ notice to avoid a cancellation fee.

2. The agency’s normal business hours are Monday through Friday from 8:00 AM to 6:00 PM. Please do not hesitate to call if you need assistance. The agency is closed on Thanksgiving Day, Christmas Day, New Year’s Day, Memorial Day, Fourth of July, and Labor Day. Please refer to emergency numbers for help outside of normal business hours or report to your local emergency room.

3. The agency does not make use of physical restraints or seclusion measures. The agency will notify the Sumter Police Department and/or the Department of Social Services if there is sufficient reason to believe that someone is a threat to physically harm themselves or others while on agency property or in an agency facility.

4. A New Tomorrow is a non-smoking environment.

5. No illegal drugs are to be brought onto any agency property or into any agency facility unless they are prescribed medication to be used by that individual. Legal drugs are permitted on site only if they are kept in a safe, restricted manner. They are not to be shared or given away to others. Any illegal possession, use or sale of drugs legal or illegal on the agency property or in an agency facility will result in notification of the Sumter Police Department and charges being filed.

6. A New Tomorrow has a “zero tolerance” policy regarding weapons brought onto any agency property or into any agency facility. Weapons will be confiscated and disposed of and, if necessary, the Sumter Police will be notified.

7. The agency regularly conducts various safety drills, such as fire drills, tornado drills, etc. Should this occur while you are at the main building or any of the facilities, you will be directed by staff on what to do. Evacuation routes and shelter

areas are identified on the agency maps posted throughout the buildings. All exits are identified by exit signs and/or exit lights. It is very important that you follow the staff instructions and go quickly to any area that the staff directs you to, even if you suspect that this is only a drill. These drills are conducted to assure that all staff and clients can respond quickly to any emergency situation.

8. The agency has first aid kits available through out the facility. Please see the front office if you need first aid supplies.

9. Risks to the person served: When participating in treatment, persons served may experience an increase in symptoms and distress at the onset. Clinicians and staff

will work with persons served to identify potential risks and ways to manage increased symptoms through treatment planning. A crisis plan may be developed in order to ensure client safety and well-being at all times.

10. Rules & Expectations of the Person Served: In some programs within the agency, certain requirements are needed in order to qualify for those specific services. In each of the specific programs, staff meet with persons served to discuss the program rules, expectations, restrictions, possible consequences, how to reinstate privileges, and discharge criteria from the program. For information about specific programs, please ask staff for further details. General expectations include client’s promptness to appointments and making reasonable efforts to cancel prior to 24 hours. Clients are also expected to treat staff in a respectful manner, aggression towards staff is not acceptable.

11. Purpose of the Assessment: The diagnostic assessment is the process by which staff help identify services that may be appropriate for persons served. Historical information about the person served is gathered, including medical, mental health, developmental, educational, occupational and other pertinent information. Once this information is collected, the clinician can assist persons served with identifying the

services that may be beneficial for the symptomology presented. Referrals are then made for those services deemed necessary to help stabilize the symptoms. Once the

assessment is complete, the Individual Plan of Care (IPOC) is developed. The IPOC incorporates the goal of the person served who is requesting services and what will be alleviated when services are terminated. At times, staff may use incentives as a way to motivate persons served to reach their stated goals. In cases where the person served is ordered by court or probation officers to attend assessments and follow required treatment recommendations, releases of information will need to be signed to allow staff to communicate on behalf of the person served and coordinate care.

**We want your experience here to be a positive one. Please do not hesitate to ask any questions or voice any concerns you may have. Thank you.**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO**

**THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

A New Tomorrow Behavioral Health Services 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.

Effective Date of This Notice September 4, 2024

I. How A New Tomorrow may Use or Disclose Your Health Information A New Tomorrow collects health information from you and stores it in a chart and on a computer. This is your medical record. The medical record is the property of

A New Tomorrow, but the information in the medical record belongs to you. A New Tomorrow protects the privacy of your health information. The law permits A New Tomorrow to use or disclose your health information for the following

purposes:

1. Treatment. Your personal health information will be used by A New Tomorrow’s clinicians to assist in the assessment, diagnosis and treatment of the condition for which you have sought services. Use of any of your Personal Health Information (PHI) for treatment at A New Tomorrow is limited to only those staff with a need to know.

2. Payment. PHI cannot be released to any third-party payer without your written authorization. This is South Carolina law.

3. Information provided to you. You have the right to review and request copies of your medical record. The actual medical record itself belongs to the agency, but the

information in it belongs to you. You will receive information on how to access your medical record during your orientation.

4. Notification and communication with family. Under South Carolina law, we will not release any information or communicate with a family member without the written

authorization of the client.

5. Required by law. As required by South Carolina law, we may use and disclose your health information. An example of this would be if we received a court order signed by a

judge to release your records to the court. We would first attempt to obtain an authorization from you to release the requested records, but may be required by law to release them without your authorization.

6. Public health. As required by South Carolina law, we may disclose your PHI to public health authorities for purposes related to reporting child abuse and/or neglect. An example would be if during a counseling session, you revealed that you had physically, sexually or emotionally abused a child. Your counselor would be required by South Carolina law to report that information to the appropriate County Children's Services Board.

7. Judicial and administrative proceedings. We may disclose your health information in the course of any administrative or judicial proceeding upon written order by a judge

to do so. An example would be if your counselor were subpoenaed to testify at a trial or hearing involving you. The counselor will first attempt to obtain a written authorization from you to release information in the form of testimony. However, if you decline the authorization, the counselor may be ordered by the judge to answer questions. This is South Carolina law.

8. Law enforcement. We may disclose your PHI to law enforcement when complying with a court order signed by a judge directing that such information be provided to law

enforcement. A New Tomorrow will first attempt to obtain a written authorization from you that would allow for the release of the requested records. This is South Carolina law.

9. Worker’s compensation. We may disclose your health information as necessary to comply with worker’s compensation laws, only with your written authorization. This is South Carolina law.

10. Continuity of Care. South Carolina law allows disclosure of information to certain hospitals and providers of treatment and health services if the purpose of the exchange is to facilitate continuity of care for a patient. Before information is disclosed, attempts will be made to obtain your consent.

**Code of Ethics**

Policy

CODE OF ETHICAL BEHAVIOR.

The organization has a responsibility to establish ethical standards for all of its client care and business activities. The focus of this policy is to outline the guidelines for the ethical business practices that specifically address the areas of marketing, admission, transfer, discharge, billing conflict resolution, organizational values, the relationships of our staff members to other providers, and payers, social media, personal fundraising, and witnessing legal documents. It is also the intent of this policy to ensure clinical decisions are based upon identified client needs and that the quality of care is not compromised by financial or other economic considerations.

Procedure: It is the responsibility of company employees to act in a manner which is consistent with the following statements and related policies and procedures.

1. Marketing

We believe in truth in advertising. We market only those services that can be provided by the organization. The qualifications of our staff are accurately stated, and the level of licensure and accreditation is included as appropriate in our marketing material.

1. Admission, Transfer, and Discharge

Clients are admitted, transferred, or discharged based on the needs of the client and the ability of the organization to provide the service.

1. Fair Billing

The organization will invoice state agencies or Medicaid only for those services actually provided. We will attempt to resolve questions and objections to the satisfaction and the protection of privacy of the client.

1. Organizational Values

All employees are expected to demonstrate behavior consistent with the stated values of accountability, excellence, respect, and adaptability.

1. Client Rights

All employees are expected to support the rights of clients including their right to access protective services.

1. Integrity of Clinical Decisions

The Director and staff are responsible for ensuring that clinical decisions are based upon identified client needs and that clinical quality is a key consideration in making financial and other business decisions.

1. Social Media, Personal Fundraising, and Witnessing of Legal Documents

* Personal fundraising towards clients is not allowed.
* Witnessing of legal documents must be approved by the Director and will be done by administrative personnel that is a notary.
* Social Media / Media Relations cannot under any circumstances compromise the organization or client confidentiality. For appropriate use of social media / media relations, refer to the media policy. Employees are not allowed to speak to the media.

**Staff Member’s Ethical Responsibility to Clients/Participants**

 A.  Primacy of Clients’/Participants’ Interests – The staff member’s primary responsibility is to clients/participants.  The staff member does not exploit clients financially, sexually, or emotionally.  The staff member maintains an objective, non-possessive relationship with clients at all times.

To avoid exploiting clients’ trust and dependency, employees are cognizant both of their own needs and of their inherently powerful position in relation to clients/participants.  They avoid personal relationships with clients or others which might impair their professional judgment or increase the risk of client exploitation.

1)   The staff member does not financially exploit clients/participants.

 a. Staff members will have no financial or business transactions with clients/participants in which the associate takes special advantage of the work relationship.

 b. All offers of gifts or gratuities of more than minimal value ($20) to staff from clients/participants, regardless of amount, are subject to review for appropriateness, bearing in mind issues of individual exploitation.

 c.  The staff member does not solicit clients/participants for the clinicians’ private practice or business. The staff member does not solicit funds from clients for any reason to include personal fundraising efforts.

 d. The staff member always takes client financial distress issues to supervision for advocacy with other agencies or assistance in determining and managing alternatives.

2) The staff member does not sexually exploit clients/participants.  When inequality of power exists, sexual and romantic relationships between associates and clients/participants are prohibited.  It is always the responsibility of the person with the greatest power to avoid or terminate the relationship.

a. All staff members, regardless of position in the agency, are prohibited from having sexual or romantic relationships with clients in any program receiving services.  This prohibition extends for two years beyond the end of active services to that client.

 b. All staff members, regardless of position in the agency, are prohibited from having sexual or romantic relationships with any client/participant who is under age 18 (including the children of adult clients/participants).  This prohibition extends until:

  i.  the client/participant reaches age 18; and

  ii. two years beyond the end of active services to the client/participant.

c. Staff and volunteers in any program are not to be sexually or romantically involved with clients/participants in the same program.

 d. Sexual harassment of clients/participants is prohibited.  “Sexual Harassment” means any unwelcome sexual advances or requests for sexual favors or any conduct of a sexual nature.

 e. Concerns about sexual or romantic relationships between a staff member and clients/participants in all circumstances as described above are to be brought into supervision immediately.  It is the responsibility of the staff member to bring the concerns to supervision.

 3)  The staff member does not emotionally exploit clients/participants

 a. When the personal values of a staff member interfere with ability to promote client autonomy, the client is to be transferred to another staff or service provider.

 b. The staff member terminates service to clients/participants when such service and relationships are no longer required or no longer serve the client/participant’s needs or interests.

 c.  The staff member withdraws services abruptly only under unusual circumstances and under supervision.

 d.  In group settings, staff members are responsible for taking reasonable precautions to protect individuals from physical or psychological trauma resulting from interaction within the group.

4)  The staff member always safeguards the interests of clients/participants.

 a. The staff member apprises clients/participants of their risks, rights, opportunities, and obligations associated with service to them.  Clients/participants have freedom of choice with regard to participation.

 b. The staff member seeks advice and counsel of colleagues and supervisors whenever such consultation is in the best interest of clients/participants.

 c.  The staff member acts to safeguard clients when their care and safety are affected by incompetent, unethical or illegal conduct of any person.

 d. Whenever there is as pre-existing relationship which could affect services between a client/participant and staff member, supervision will be sought by the staff member.

 e. Staff members do not use language which is inappropriate or derogatory.  They are to be aware of cultural sensitivities when choosing language which is inappropriate or derogatory.

B. Rights and Prerogatives of Clients/Participants – The staff member makes every effort to promote maximum self-determination on the part of clients/participants.

 1) When the staff member must act on behalf of a client/participant who has been adjudged legally incompetent, the staff member safeguards the interests and rights of that client/participant.

 2) When another individual has been legally authorized to act in behalf of a client/participant, the staff member deals with that person always with the client/participant’s best interest in mind.

 3) The staff member does not engage in any action that violates or diminishes the civil or legal rights of clients/participants, unless it is in the best interests of the client/participant.  Exceptions are always reviewed by the appropriate supervisory staff.

 C. Confidentiality and Privacy – The staff member respects the privacy of clients/participants and holds in confidence information obtained in a professional role.  Confidentiality extends beyond the work environment.  Staff members will inform their spouses, partner and significant others of the staff members’ responsibilities to abide by confidentiality standards.  Staff members abide by applicable law governing confidentiality.

 1)  The staff member shares confidences revealed by clients/participants, without their consent only for compelling professional and/or legal reasons, and in consultation with colleagues and supervisor.

 a.  In case of disclosure involving physical or sexual abuse of children, the associate (staff or volunteer) reports it immediately to appropriate supervisors.

 b.  In case of a client/participant clearly threatening to harm any other person, the staff member makes every reasonable attempt to warn anyone in imminent danger.  The staff member then notifies the supervisor of action taken as soon as possible.

 c. Revelation of crimes by clients/participants always prompts consultation with supervisor and a review of relevant law.

 d. Information germane to the provision of services to current and past clients/participants is divulged within the agency only to those who have a legitimate need to know, including appropriate co-workers and supervisors.

2)  The staff member informs clients/participants fully about the limits of confidentiality in each situation, the purposes for which information is obtained, and how it may be used.

 a. Clients/participants are advised that their disclosure of confidential information could jeopardize themselves or other clients.

 b. Clients/participants are used in community relations only after fully informing them of effects and possible ramifications and are not exploited in any way.  A signed release is obtained.

 c.  The staff member obtains informed consent of clients/participants before taping, recording or permitting third party observation of their activities.

 3) Records are maintained to promote accuracy and confidentiality of information.

 a. Staff members afford clients/participants reasonable and supervised access to any agency records concerning them.

 b. When providing clients/participants with access to records, the agency takes due care to protect the confidences of others contained in those records.

**CLIENT CONFIDENTIALITY**

Policy: It is the policy of the program to protect clients’ right to confidentiality as required by state and federal regulations.

Procedures: The client signs an informed consent upon the start of treatment outlining their rights and limitations to confidentiality. Clients who wish to share information regarding their care must sign a release of information form and return it to the front office.

Safeguards:

1. A list of the types of data collected in the clinical and educational record will be outlined in the Client Records Policy and Procedures.
2. In-service training, or instruction regarding state policies and procedures on confidentiality will be provided to all employees having access to personally identifiable data to ensure all employees understand Federal and state confidentiality guidelines.
3. Records shall be secured in a locked area and retained for a minimum of seven (7) years.
4. The Director is responsible for insuring confidentiality.
5. All employees hired by the organization must sign a Confidentiality Agreement. This signed and witnessed document is maintained in each employee’s personnel file.
6. A release of information form must be executed prior to any information being released from this facility. The following information is documented on the form prior to the patient or guardian signing the release:

* The name, address or agency, address of people requesting information.
* The specific information required.
* The purpose for disclosing the information (benefits and/or disadvantages).
* The date or event upon which the form expires.
* The date the information is to be released and the signature of the person, agency
* releasing the information.

1. All consents for release of information must be voluntary and the client must be informed that the provision of services is not contingent on his or her decision concerning the release of information.

**Client Financial Policy**

**Client Balance Policy**

A New Tomorrow strives to ensure all client balances are correct and timely billing occurs. The billing department creates client invoices and assigns copays to the client’s account when past due balances are owed or No-Show/Same Day Cancellation Fees are to be collected.

**Procedure – Past Due Balance**

1. The billing department bills all claims and processes insurance payments.
2. Client accounts are audited up receival of insurance payments.
3. Client balances are assessed and invoices are created.
4. The invoices are sent in the mail and the clients are contacted via telephone.
5. A copy of the invoice is put in the client’s file.
6. Client’s must pay 33% of their past due balance at their next three scheduled appointments to be seen on top of their copay if applicable.

**Procedure- No Show Fees**

1. When a client has a no-show appointment or a same day cancellation they are contacted before their next appointment regarding their missed appointment.
2. If applicable based off of insurance the client may have a $70 or sliding fee scale equivalent fee applied to their following appointment.
3. The billing department ensures fees are correctly listed on the client’s next appointment.
4. The client must pay the fee the following appointment on top of any copays and/or deductibles if applicable to be seen.

**Returned Checks**

There is a $30 fee for returned checks. This fee plus your balance is due the next day after you are notified of the returned check.

**Self-Pay Clients and Clients who have not met Deductibles:**

These clients are required to pay for services in full prior to leaving. It is your responsibility to inform us in a timely manner of any changes to your billing and insurance information. If an insurance company denies payment for incomplete or wrong information, it is your responsibility to make payment in full. Please be aware there is a time limit on how long we must file insurance claims. If we miss the deadline because you did not provide us with the correct information, you will be responsible for payment in full. If your insurance company does not pay the practice within a reasonable period, we will transfer the balance to your responsibility. You are responsible for any portions of the bill not covered by your insurance plan. **Co-Pays must be paid PRIOR to services being rendered.**

**Client Records Policy**

A clinical record is established and maintained on each client at the time of intake. The index in each record identifies document location. All records will be maintained in a systematic and legible fashion. Client records are classified as Protected Health Information and as such will be covered under all applicable HIPAA laws. A client’s electronic health record contains significant portions of the client’s records at A New Tomorrow and is maintained by Therapy Notes (EHR provider). It is the policy of A New Tomorrow that records are maintained in a secure area with limited access by authorized individuals. The Office Manager is responsible for control of the records.

1. Client Records are available for review by licensing and regulatory agencies during regular business hours.

**Record Analysis**

1. Five (5) client records are audited each month for accuracy and maintenance. Audits evaluate required documentation, organization, accuracy of documents in the correct chart, content of Weekly Summary Notes and Care Plans and Care Plan Reviews. Findings are documented. The systematic review of the records ensures the appropriateness, quality and utilization of service delivery, as well as, improving the quality of services provided.
2. Follow-up and counseling staff on deficiencies occurs with an action plan for improvement. Failure to correct deficiencies may result in further disciplinary action.
3. Discharged charts are audited for completeness. The audit is included as part of performance improvement activities.
4. Performance Improvement data are collated.

**Record Retention and Destruction**

1. Licensing standards require records be maintained for a period of ten years from the date of discharge. Program policy is retention for ten years from the date of discharge.

1. Destruction of clinical records is conducted for each terminated case after 10 years of closure.
2. The Executive Administrative Assistant will generate a list of records slated for destruction.
3. The records are pulled and placed in a secure shred container provided by the shredding company. The contracted shredding company shreds all of the clinical documentation on site. A packing slip provided at the time of the destruction is provided that identifies the container, the date, and time of the document destruction.
4. A certificate of destruction is provided at the time of invoicing.

**ACCESSING YOUR RECORDS**

Federal Law and Regulations protect the confidentiality of your client records. You have the right to have access your own treatment records, unless access to particular identified items of information are specifically restricted from you for clear treatment reasons in your Individual Plan of Care. “Clear treatment reasons” shall be understood to mean only severe emotional damage to you such that dangerous or self-injurious behavior is imminent risk. The person restricting the information shall explain to you the factual information about you that requires the restriction. The restriction must be renewed at least annually to retain validity. Any

person authorized by you has unrestricted access to all information.

A release form must be completed in order to have access to your own record. Release forms may be obtained the front desk.

A New Tomorrow reserves the right to charge an administrative fee for copying of client records for clients as well as requests from outside agencies as per state guidelines.

**Client Rights**

# Policy

The program is committed to providing clients admitted to the program a system of rights that nurtures and protects their dignity and respect. The rights of all clients admitted to shall be given the highest priority. Client rights are reviewed at the time of admission, and a copy is signed by the client and added to their file, and posted is posted in our lobby. The program will make every effort to ensure that clients have a clear understanding of these rights by communicating and sharing this information in a way that is meaningful to the client. Clients can make complaints in writing and verbally when needed.

## Procedure

I. A New Tomorrow promotes the following client rights with the expectation that it will be always be adhered to:

1. The right to receive services no matter what you look like or believe in.
2. To have people treat you appropriately and with respect.
3. To know that your records are private and that law says that no one can see them without permission.
4. To have privacy as much as possible.
5. To have treatment and service made especially for you, based on your needs.
6. To have someone explain your treatment to you.
7. To know who the people are that are helping you and what qualifies them to do so. You also have the right to k now who is most responsible for your care.
8. To say no to treatment and service delivery as longs as the saw says it is OK for you to do so.
9. To access your records and get the most recent news about your progress.
10. To be involved in creating special programs which will be used in your treatment and general health care.
11. To leave the practice and not take part in services without giving up the chance to come back at a later time.
12. To be told about referrals, discharge from services, or other treatment services.
13. To say no to treatment that you feel may hurt you, if the law says you can.
14. To make a complaint without retaliation or humiliation. If you think any of these rights have been denied or not fully explained to you.
    * To have immediate access to grievance forms which are located in the front office or ask a staff member to provide a form to you. If you do not understand the form, you have the right to have the form explained to you. Complaints can be made verbally and in writing.
15. To be protected from harm, abuse, neglect, or exploitation.

**Client Grievance Procedures**

**Policy:**

It is the policy of the practice that all clients, family members, or legal guardians have the right to initiate a complaint or grievance concerning the quality of care without retaliation or barriers to services. For the purpose of this policy, a grievance is defined as a violation of client rights.

**Procedures:**

1. Individual Client Grievance
2. Clients receive a copy of this policy upon request and forms are kept with the front office administrative assistants. Client’s family members or legal guardians will be advised of the process for voicing complaints or grievances during the intake.
3. All grievances will be in writing, placed in the appropriate box on the lobby wall, reviewed by the Director for resolution.
   1. If a grievance is made by a client towards the Director the grievance will be reviewed by the Assistant Director.
   2. When a complaint is made the Director will interview the parties involved and any witnesses to the grievance.
   3. The Director will attempt to resolve any grievance internally if possible.
   4. If the grievance needs to be escalated due to not being able to resolve internally then the appropriate outside agency will be contacted.
4. Within five (5) days, there will be a response to the client, the family member, or legal guardian addressing the outcome of the grievance.
5. If the grievance requires further reporting to an outside agency, a representative from the facility will contact the appropriate state agency required by law.
6. If a grievance is filed there shall not be any retaliation or barriers to service.

**PROGRAM DESCRIPTIONS**

The purpose of the program is to provide safe and affordable education and training for our clients so they can function in the community.

The program goals are:

• To provide appropriate and safe therapy to all clients.

• To assure that clients receive adequate medical care.

• To provide education/consultation to clients regarding symptom management.

• To provide education/consultation to staff and community.

Client Populations Served: Children, Adolescents, and Adults in Sumter County and surrounding areas in emotional or mental distress.

Settings: A New Tomorrow Behavioral Health Services, Telehealth, Multiple Schools in Sumter County.

Hours and Days of Operation: Monday through Friday, 8:00 am to 6:00 pm (by appointment only)

After Hours Contact: (Please see front cover for all available after hours service providers).

Frequency of Service: As medically necessary.

Payer Sources: Medicaid, in-network private insurance, self-pay, sliding fee scale.

Fees: Fees are based on funding source and service provider. Office and billing staff are available to assist with the determination of fees.

Referral Sources: Referrals come from many community contacts. These would include clients themselves, their immediate and extended family members and their friends and neighbors. Referrals are also received from other community agencies such as other mental health agencies, other social service agencies, local and state hospitals and other community and state contacts not listed.

Providers: The providers at A New Tomorrow consists of LPC-S, LPC, LPC-A, LMFT-A and interns.

**Child and Adolescent Therapy**

The providers at A New Tomorrow focuses on helping children 5 years and older learn coping and self-monitoring skills to reduce negative feelings and behaviors. We work to include parents in treatment to improve parent/child communication and bonds. We also aid parents in learning positive parenting techniques to assist in their child’s progress. We use CBT, DBT, PCIT, play therapy, ACT, expressive therapy, Solution Focused, Trauma Focused CBT, and more.

**Adult Therapy**

The providers at A New Tomorrow focuses on helping adult populations dealing with various mental health concerns such as depression, anxiety, mood disorders, BPD, OCD and more. We work with our adults using a variety of modalities such as CBT, DBT, ACT, Solution Focused, Trauma Focused and more. These are used to teach clients coping skills and express negative emotions to improve overall wellbeing.

**Group Therapy**

Our providers work on engaging individuals with other members of the community. Through group children and adults can benefit from improving self-esteem and communication skills. Additional benefits seen in clients may include positive coping skills, conflict resolution skills, and emotional regulation. Our groups pull from a variety of modalities depending on the focus of the group.

**Family Therapy**

A New Tomorrow believes in maintaining a healthy family dynamic through individual and family counseling. Our providers work with families to improve understanding, communication, and family bonds. Family therapy uses modalities such as PCIT, CBT, ACT, Family Systems and more to aid in the reduction of maladaptive family patterns.

**Telehealth policy**

**Scheduling as Distant Site**

When a client calls to schedule an appointment, they will be offered an in-person or telehealth visit. If the Client chooses telehealth, reception staff will administer the will work with the Director to establish whether the reason for the visit and/or chief complaint is appropriate for telehealth services. At any time, if conditions change the Client may need to be seen in person or seek urgent/emergent care. Reception staff will also provide additional scripting to ensure patients are clear on the expectations (i.e., must have a quiet place to take the telehealth visit, no multitasking) and the cost requirements as patients are often surprised that the cost/reimbursement for a telehealth visit is the same as an in-person visit. If the Client is a minor, the guardian and Client will need to agree to the expectation listed above.

Reception staff will ask ““Do you have a smartphone, tablet, or desktop computer with camera and internet?” If patients have one of the three, they are considered “video-capable”.

Reception staff will note video capability on the appointment for the clinician.

Client will be sent appointment confirmation by email or text, depending on Client preference, with date/time of appointment with link for telehealth visit and instructions for connecting.

**Before Visit**

* Within three business days of the telehealth visit, the Client will receive an appointment reminder per their preferences – call, email, text or portal message.
* The client will be instructed prior to engaging in telehealth services to log into their therapy portal and the telehealth link to ensure proper functioning.
* If the client finds there to be an issue they are to contact the front office immediately for assistance.
* The client’s are provided with a video step by step guide to use the client portal and the telehealth platform that can be found on the A New Tomorrow website.

**Day of Visit**

All participants on the call will clearly introduce themselves to the client and will display their first and last names and credentials. Clinician and client will share their geographical location. Client may have family member/support system participate in the session as an additional participant with a release signed by the client or guardian.

Clinicians will:

* Confirm the patient’s identity – picture on file, name, date of birth, etc.
* Conduct intake or follow-up session to include emergency contacts.
* Discuss back up plan for if the audio or video fails or the technology otherwise is not working for the Client or the care team, including a number to call the Client or for the Client to call the clinic
* Confirm and document the patient’s physical location in case emergency or other services need to be called to assist the Client in the event of serious signs or symptoms.
* Obtain consent for the telehealth visit
* Perform check-out for the Client at the conclusion of the visit as per our procedure for in-person visits, including asking the Client if they have any additional questions about their treatment plan and scheduling any follow-up or other visits.
* If a client has a technological issue while in session, they are to contact the front office at (803)883-4981 to receive assistance. If needing immediate assistance call the front office. The office will respond within 5-10 minutes if not immediately. The clinician may be able to help through the chat feature as well or contact the client by phone if technical issues persist.
* If a client is unable to resolve the issue with the help of the front office the front office will contact the clinician to update them on the issue and assist in reducing future barriers to treatment.

**Crisis and Emergent Situations During Telehealth**

* If a crisis occurs during a telehealth session, The provider is to assess the level of risk and stay with the client until emergency services can arrive. Providers may contact the client’s emergency contact, the Mobile crisis until, and/or emergency services to assist in de-scalation of the crisis.
* At the beginning of each session a client will be required to disclose current location and emergency contact along with phone number. The clinician will identify local emergency numbers in the event of a crisis situation.
* It is the responsibility of the provider to be aware of the emergency services located in the vicinity of the client for use in crisis situations.

**Advanced Directives**

A New Tomorrow does not engage clients in the creation of Advanced Directives. However, if a client appears to need an advanced directive, they will be provided with the following resources that can help with getting an advanced directive. The office staff will also aid the client in making appointments with the following resources if need arises.

Resources to aid in advanced directives:

* Primary care physician.
* Talk with a local attorney.
* Visit the South Carolina Lieutenant Governor’s Office on Aging at http://aging.sc.gov/legal/pages/advancedirectives You can view and print an Advance Directive Brochure from this site.

Discharge or Transition Policy

**Discharge**

Discharge planning begins at the time of admission and is an ongoing process that involves the client and legal guardian. As service progresses, the client and legal guardian are assisted in preparing for discharge. Discharge occurs once the discharge criterion is achieved by the client. Unplanned discharge may include but are not limited to the following circumstances:

* The client or legal guardian demands immediate discharge and revoke consent to services
* A client assaults a staff or peer and is arrested
* A client engages in a behavior which is a danger to him/her or others
* A client requires a higher level of care
* The client achieves little to no progress

1. **Procedure – Planned Discharge**
2. Discharge planning will begin upon the client’s admission.
3. Discharge planning will be the responsibility of the Provider and Supervisors.
4. Discharge planning will include the documentation of the criteria of achievement developed on the client’s care plan along with the client’s estimated time of completion.
5. The Provider will carefully evaluate the client to determine if the client can be discharged.
6. The Provider will work with the referral source and/or legal guardian to make provisions for after care if need is indicated.
7. A discharge summary will be completed on the client within ten working days of discharge and will include any the discharge summary, goals, progress, and Strength, Needs, Abilities, Preferences (SNAP).

II. **Procedure – Unplanned Discharge**

1. If unplanned discharge occurs during business hours (M- F, 8:00 AM – 6:00 PM), the provider should contact the Director and Supervisors to inform them of the situation, or if the client has not been in contact with the practice for 90 days.
2. The Provider will complete all the necessary paperwork to properly discharge the client.
3. A discharge summary will be completed within ten working days of the unplanned discharge and the discharge summary, goals, progress, and SNAP.
4. **Discharge Summary Components**
5. The discharge summary is prepared to ensure that the person served has documented treatment/service episodes and the results of those services.
6. The discharge summary will include:
7. Date of admission, date of discharge, date of birth, and client name.
8. Description of presenting issues
9. Description of services provided and description of goals and objectives achieved; indicates status at discharge; indicates program participation
10. Includes the person’s strengths, needs, abilities, and preferences
11. Lists recommendations for services or supports
12. States reasons for discharge
13. Diagnosis
14. Statement regarding the client’s understanding of their discharge.
15. If the discharge is transitioning to an outside provider the client’s initial referral information is to be included.
16. The discharge summary is written ensuring clarity.
17. The discharge letter is mailed to the client and a copy placed in their file.

1. **Discharge Criteria**
2. **Successful:**
3. Completion of identified goals on care plan
4. Demonstrates behaviors necessary to function including application of healthy and safe cognitive and/or behavior management techniques
5. **Against Program Advice (APA):**
6. Provider recommends continuing treatment to improve behaviors and meet goals for success
7. Incomplete care plan goals

**Transitions:**

A New Tomorrow Transitions clients for the following reasons:

* Internal transitions: from one clinician to another.
* Referral to an outside provider.

The discharge plan is initiated as soon as it is clinically appropriate with the input of the person served.

**I: Procedure**

1. **Internal transfers:**
2. Transition planning will begin when clinically appropriate with knowledge and input from the persons served.
3. Transition planning will be the responsibility of the Provider and Supervisors.
4. Transition planning will include the documentation of the criteria of achievement developed on the client’s care plan along with the client’s estimated time of completion.
5. A discharge summary (outlined above) will be completed on the client within 5 working days of transition and will include the progress summary, goals, progress, and SNAP and provided to the new therapist.
6. **Transition to an Outside Provider:**

1. Transition planning will begin when clinically appropriate with knowledge and input from the persons served.

2. Transition planning will be the responsibility of the Provider and Supervisors.

3. Transition planning will include the documentation of the criteria of achievement developed on the client’s care plan along with the client’s estimated time of completion.

4. The provider will work with the referral source and/or legal guardian to make provisions for transition of care.

5. The provider will coordinate with the place of transfer to make provisions for transition of care.

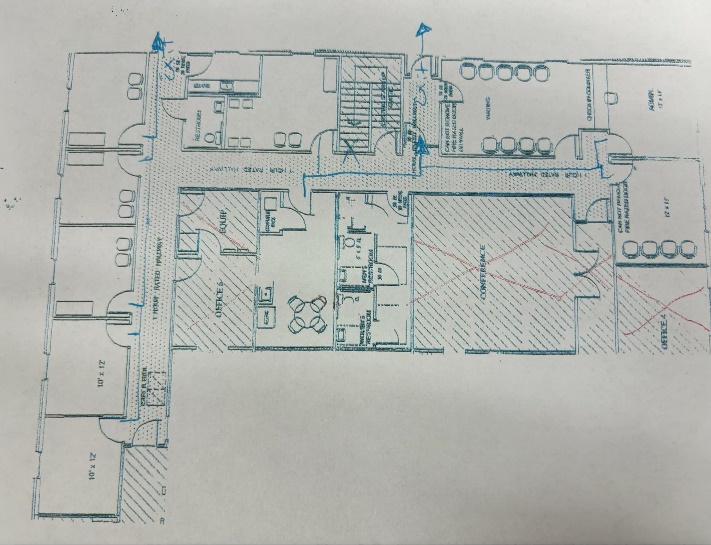
6. A discharge summary (as outlined above) will be completed on the client at time of transition and will include the referral source’s contact name, agency, address and telephone number, progress summary, goals, progress, and SNAP. With written consent by the client and/or legal guardian, the discharge summary is made available to the referral source and to other treatment providers to ensure continuity of care.

7. Providers will follow up to ensure the client has been admitted into the program of transfer.

8. Client’s discharge document will be filed in the client’s file.

Health and Safety Procedures

For the safety of all our clients at A New Tomorrow below is an outline of the building that show emergency exits. If an emergency occurs during a session, please follow the instructions of the staff to ensure the well being of everyone in the building. If you are a parent or guardian of a child and there is a fire emergency during your child’s session please exit the building through your nearest exit, you will be reunited with your child in the meeting area in the parking lot. A New Tomorrow is equipped with two fire extinguishers which can be found in the two main hallways. First Aid kits can be found in the front office or in the locked staff bathroom. If you need medical assistance, please let our staff know immediately.



We at A New Tomorrow hope this information has been helpful to you. If you have any future questions do not hesitate to ask our staff. We look forward to working with you!

-A New Tomorrow