



Client Information Handbook

LOCATIONS:

Guntersville Office:

2409 Homer Clayton Dr.
Guntersville, AL 35976
Daytime (256) 582-3203
Crisis Line (866) 223-2076
National Suicide Prevention
Lifeline Call or Text (988) or visit
988lifeline.org

Scottsboro Office:

16003 Alabama Hwy 35
Scottsboro, AL 35768
Daytime (256) 259-1774
Crisis Line (866) 223-2076
National Suicide Prevention
Lifeline Call or Text (988) or visit
988lifeline.org

Cedar Lodge:

22165 US Hwy 431 N
Guntersville, AL 35976
(256) 582-4465

Administration Services:

3200 Willow Beach Rd
Guntersville, AL 35976
(256) 582-4240

It is the policy of Mountain Lakes Behavioral Healthcare that individuals receiving services shall not, in any way, be excluded from participation in, or be denied the benefit of, any program or activity, nor shall they be discriminated against because of race, creed, color, religion, sex, age, national origin, handicap, language preference, social status, or diagnostic category.

CONTENTS

- I. Client Rights and Responsibilities
- II. Guarantee of Due Process
- III. Financial Information
- IV. Notice of Privacy Practices

I. YOUR RIGHTS

Each client of Mountain Lakes Behavioral Healthcare has rights and protections in accordance with applicable federal, state, and local laws and regulations. Any reference to “written” notification in these rules indicates that the client is entitled to receive information in their preferred language and manner understood by the client. This includes the right:

1. To be informed of client rights at the time of admission, and as needed throughout the service delivery process, in their preferred language and terms appropriate for the client to understand.
2. To be informed of the person(s) who has primary responsibility for the client’s treatment and clinical care.
3. To participate fully in all decisions related to treatment and clinical care provided by the agency.
4. To be provided with appropriate information to facilitate informed decision making regarding treatment.
5. To the provision of services in a manner that is responsive to and respectful of the client’s strengths, needs, and abilities and preferences, including preference of language.
6. To the development of an individualized unique service/treatment plan formulated in partnership with the program’s staff, and to receive services based upon that plan.
7. To the availability of an adequate number of competent, qualified, and experienced professional clinical staff to ensure appropriate implementation of the client’s service/treatment plan.
8. To the provision of care as according to accepted clinical practice standards within the least restrictive and most integrated setting appropriate.
9. To be educated about the possible significant adverse effects of the recommended treatment, including any appropriate and available alternative treatments, services, and/or providers.
10. To express preference regarding the selection of service provider(s).
11. To service delivery that is free from physical abuse, sexual abuse, harassment, physical punishment, psychological abuse, humiliation, threats, exploitation, coercion, or fiduciary abuse.
12. To be protected from harm including any form of abuse, neglect, or mistreatment.
13. To report without fear of retribution, any instances of perceived abuse, neglect, or exploitation.
14. To provide input into the agency’s service delivery processes through client satisfaction surveys and other avenues.
15. To access upon requests all information in the client’s mental health, substance abuse, medical, and financial records consistent with applicable laws and regulations.
16. To manage personal funds.
17. To access funds when Mountain Lakes Behavioral Healthcare is the payee.
18. To complaint and grievance procedures.
19. To be informed of the financial aspects of treatment.

20. To be informed of the need for parental or guardian consent for treatment, if applicable.
21. To a written statement of services to be provided.
22. To give informed consent prior to being involved in research or experimental projects.
23. To have access to courts and attorneys.
24. To enforce rights through courts or appropriate administrative proceedings.
25. To be informed of commitment status, if any.
26. If committed, to be included in the community with appropriate and adequate supports on completion of or in conjunction with the terms of commitment.
27. To be accorded human respect and dignity on an individual basis in a consistently humane fashion.
28. To refuse services without reprisal except as permitted by law.
29. To be informed of the means for accessing advocates, an ombudsman, or rights protection services.
30. To be free from seclusion, restraint, drugs, or other interventions administered for purposes of punishment, discipline, or staff convenience.
31. In residential settings, to have access to and privacy of mail, telephone communications, and visitors; to a well-balanced diet that meets his/her daily nutritional and special dietary needs; to assistance in accessing medical and dental care, including vision and hearing services.
32. To access and utilization of appropriately prescribed medication.
33. To privacy relative to their treatment and care, unless contraindicated by clinical determination made by professional staff for therapeutic or security purposes.

YOUR RESPONSIBILITIES

The freedom to exercise your rights carries with it the need to accept some responsibilities. You have the responsibility to:

- Keep appointments and attend scheduled activities;
- Provide, to the best of your knowledge, accurate and complete information regarding your medical history;
- Be responsible for your actions should you refuse treatment or do not follow instructions;
- Be responsible for the fees for the services you receive;
- Be familiar with and follow rules governing your care and conduct;
- Be considerate of the rights of others and obey the laws, which apply to all citizens;
- Be respectful of the property of others and of the facility;
- Take an active part in planning for your treatment program and discharge;
- Ask questions when you do not understand instructions, treatment, etc.
- Stay clean and appropriately dressed.

II. GUARANTEE OF DUE PROCESS

Persons with a complaint, grievance or who have been denied admission or involuntarily terminated from Center services, shall have the right of appeal and shall be guaranteed due process. Appeals should be made to the program coordinator or program director most closely responsible for the situation. If satisfactory resolution is not accomplished, the client may appeal the decision to the clinical director with final appeal to the executive director. Client access to advocates and the grievance/complaint process will occur without reprisal or barriers to service.

Mountain Lakes Behavioral Healthcare
3200 Willow Beach Road
Guntersville, Alabama 35976

Marshall County - Vanessa Vandergriff	256-582-3203
Jackson County - Erica Player	256-259-1774
Geriatrics - Gerald Privett	256-582-3203
Cedar Lodge - Dianne Simpson	256-582-4465
Residential Services - Sherneria Rose	256-582-3203
Administration Services	256-582-4240

Alabama Disability Advocacy Program	800-826-1675
The Rights Protection and Advocacy Office, DMHMR	800-367-0955
Department of Human Resources - Marshall County	256-582-7100
Jackson County	256-574-0300
Blount County	205-274-5200
DeKalb County	256-844-2700
Etowah County	256-549-4100

III. FINANCIAL INFORMATION

Payment for services is expected at the time of service. Clients who carry health-care insurance should remember that professional services are rendered and charged to the client and not to the insurance companies.

Insured clients are expected to take care of their fees as services are rendered. Even though an insurance claim is filed, you will receive a monthly statement if your account has a balance due. This office cannot accept final responsibility for collecting your insurance claim or for negotiating a settlement on a disputed claim. You are responsible for payment of your account within the limits of our credit policy. You must agree to provide us with accurate information regarding your coverage. If there are any changes, you must notify us. If you have insurance that would cover our services but choose not to file, you will be responsible for the full fee. Some healthcare plans may require a call from you before visits are approved. If you fail to do

this prior to your **scheduled appointment, you will be expected to pay for the services you receive.** If you are not covered by an insurance plan and are unable to pay full fees for services, you may wish to apply for reduced fees. To qualify for reduced fees, it is necessary for you to cooperate fully by providing the following information:

- Social Security Card of client and responsible party
- Most recent year's tax return or paycheck stubs for one month
- Picture ID and Insurance Card (if applicable)
- Verification of address such as utility bill, rent receipt, or house payment stub

AUTHORIZATION TO RELEASE INFORMATION: In the event of filing an insurance claim for the above patient, I hereby authorize Mountain Lakes Behavioral Healthcare to release any medical and/or psychotherapy information necessary to process the claim to my insurance carrier. A copy of this authorization is as valid as the original.

AUTHORIZATION TO PAY BENEFITS TO MOUNTAIN LAKES BEHAVIORAL HEALTHCARE: I hereby authorize payment directly to Mountain Lakes Behavioral Healthcare for services rendered to my dependents or me. I consent to treatment at Mountain Lakes Behavioral Healthcare. I will be seeing a clinician trained in one of the following fields: Psychiatry, Clinical Psychology, Clinical Social Work, Counseling, or Psychiatric Nursing. I understand that any form of psychotherapy is a cooperative effort, which will require my active participation and has no guaranteed outcome. Mountain Lakes Behavioral Healthcare has agreed to accept Medicaid as payment in full.

IV. NOTICE OF PRIVACY PRACTICES

This notice describes how information about you may be used and disclosed and how you can get access to the information. Please review it carefully.

UNDERSTANDING YOUR HEALTH RECORD/INFORMATION

Each time you visit a healthcare provider a record of your visit is made. This record contains your issues, diagnoses, treatment, plan of care and any alcohol and/or drug information. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment.
- Means of communication among health professionals who contribute to your care.
- Legal documentation describing the care you received.

- Means by which your insurance company can verify that services billed were actually provided.
- A tool to educate health professionals.
- Source of information for public health officials.
- Source of data for facility planning.
- Tool with which to assess and continually work to improve the care we render and the outcomes achieved.

Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy.
- Better understand who, what, when, where, and why others may access your health information.
- Make more informed decisions when authorizing disclosure to others.

YOUR HEALTH INFORMATION RIGHTS

Although your medical record is the physical property of Mountain Lakes Behavioral Healthcare, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information.
- Obtain a copy of the Notice of Privacy Practices.
- Inspect and obtain a copy of your medical record at your expense, in accordance with all applicable laws upon request.
- Amend your medical record as provided by federal and state laws.
- Obtain an accounting of disclosures of information in your medical record.
- Request communications of your health information by reasonable accommodations to those that require handicap access and communication assistance.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken. The revocation may be oral as well as written.

OUR RESPONSIBILITIES

Mountain Lakes Behavioral Healthcare is required by law (45CFR164.520) to:

- Maintain the privacy of your health information.
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of the notice.
- Notify you if we are unable to agree to requested restriction.
- Provide reasonable accommodation to those that require handicap access and communication assistance.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will promptly make it available to you. We will not use or disclose your health information without your authorization, except as described in this notice.

We use external providers to enhance services including an AI platform. AI empowers staff to concentrate on their services by offering automated notes and analytics for client conversations. As a part of this process, the AI platform handles protected health information for us, adhering to HIPAA regulations as a Business Associate. We have signed a Business Associate Agreement to protect data that is shared with the AI platform. Under the agreement, the AI platform adheres to regulations such as the HIPAA Security and Privacy Rules. This ensures that electronic health information is safeguarded through appropriate administrative, physical, and technical measures, ensuring its confidentiality, integrity, and security.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions or would like additional information, you may contact our Records Librarian. If you believe your privacy rights have been violated, you can file a complaint with our program coordinator/director or with the Secretary of Health and Human Services. Client access to advocates and the grievance/complaint process will occur without reprisal.

EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH OPERATIONS

We may use your health information for treatment:

- Information obtained by a nurse, doctor, or therapist will be recorded in your record and used to determine the course of treatment that will work best for you.
- Members of your team will document actions they took and their observations.
- Any service provided to you will be documented in the record.
- We may use your health information for payment.
- A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identified you, as well as your diagnosis.

We may use your health information for regular agency operations:

- Members of the staff, the Corporate Compliance Committee, or members of the Continuous Quality Improvement Committee may use information in your health record to assess the care and outcomes in your case and others like it.

- This information will be used in an effort to continually improve the quality and effectiveness of the services we provide.

We may disclose your mental health and/or substance abuse information without your consent as required by federal and state laws (42 CFR, Part 2 & Part 8):

- Internal communications, audits, and/or research.
- The disclosure is allowed by a court order signed by a judge.
- The disclosure is made to medical personnel in a medical emergency or to qualified personnel for program evaluation.
- Federal laws and regulations do not protect any information about a crime committed by a consumer either at the program or against any person(s) who work for the program or about any threat to commit such a crime.
- Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to the appropriate state or local authorities.
- Violation of the federal law and regulations by a program is a crime. Suspected violations may be reported to the appropriate authorities in accordance with federal regulations:

United States Attorney's Office, Northern District of Alabama
Birmingham Office
1801 4th Avenue North
Birmingham, Alabama 35203
(205) 244-2001 Fax (205) 244-2171

Huntsville Office
200 Davis Circle SW, Suite 300
Huntsville, Alabama 35801
(256) 534-8285 Fax (256) 539-3270

SAMHSA
Center for Substance Abuse Treatment
5600 Fishers Lane
Rockville, MD 20852
1-877-SAMHSA-7 (1-877-726-4727)