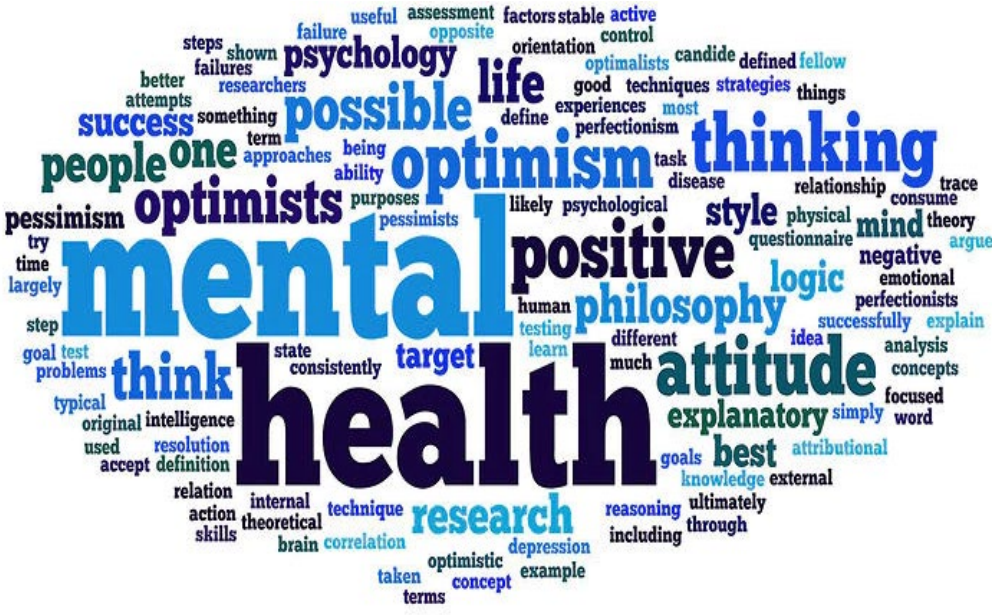
Henderson Behavioral Health

Innovation
Compassion
Hope

ORIENTATION PACKET



It is our mission to be the premier provider of accessible, cost effective and quality behavioral healthcare services to the people of South Florida in order to promote their mental health and well-being.

Administration
4740 N. State Road 7
Suite 201
Lauderdale Lakes, FL 33319
954-486-4005

Scheduling and Care Navigation
954-540-0714

Youth and Family Services Outpatient, Case Management, and Clinical Services
Broward
2900 W. Prospect Rd.
Tamarac, FL 33309
954-731-5100

Prevention
4700 North State Rd 7, Suite 220
Lauderdale Lakes, FL 33319
954-735-4530

Youth Services of Palm Beach County
7721 N. Military Trail
Suite #3
Palm Beach Gardens, FL 33410
561-649-6500

Youth Services of Treasure Coast & Okeechobee
590 NW Peacock Blvd, Suite 10
Port Saint Lucie, FL 34986
772-361-6767

Youth Services of Brevard County
4050 Riomar Drive, Suite 2
Rockledge, FL 32955
321-300-2442

Youth & Family of Central Florida Tri-County Services
3600 Commerce Blvd.
Kissimmee, FL 34747
407-502-8599

Veterans Services (Victory)
Central, North, South
954-921-2600

Adult Outpatient, Case Management and Psychosocial Rehabilitation Services
Central Broward
330 SW 27th Ave
Fort Lauderdale, FL 33312
954-791-4300

North Broward
2900 W. Prospect Rd.
Tamarac, FL 33309
954-731-1000

South Broward
1957 Jackson Street
Hollywood, FL 33020
954-921-2600

West Broward
3347 N. University Dr.
Davie, FL 33024
954-888-7999

Medication Assisted Treatment (MAT)
2900 W. Prospect Rd.
Tamarac, FL 33309
954-731-1000

Early Treatment Program
Central
4700 N. State Road 7, Bldg. A,
Suite 206
Lauderdale Lakes, FL 33319
954-634-8096

South
4801 S University Drive
Suite 3000
Davie, FL 33328
954-828-2478

Treasure Coast
590 NW Peacock Blvd,
Suite 10
Port Saint Lucie, FL 34986
772-361-6767

Centralized Receiving Center
4720 N. State Road 7
Bldg. B NW Entrance
Lauderdale Lakes, FL 33319
954-606-0911

HILL Integration Project
4720 N. State Road 7, Bldg. B,
Lauderdale Lakes, FL 33319
954 730-7284

Community Support Services
FACT (Broward County)
4700 N. State Road 7,
Bldg. B South Entrance
Lauderdale Lakes, FL 33319
954-485-8888

FACT (Palm Beach County)
7721 N. Military Trail Suite #3
Palm Beach Gardens, Fl. 33410
561-649-6500

FORENSIC MULTI-DICIPLINARY TEAM (FMT)-Broward
4700 N. State Road 7 Bldg. A
Lauderdale Lakes, FL 33319
954-730-7284

FMT-Treasure Coast
590 NW Peacock Blvd,
Suite 10
Port Saint Lucie, FL 34986
772-361-6767

Certified Community Behavioral Health Clinic (CCBHC) Initiative
4740 N. State Road 7, Suite 201
Lauderdale Lakes, FL 33319
954-486-4005

Student Counseling Services
Nova Southeastern University (NSU)
954-4242-6911

Acute Care Services
Crisis Stabilization Unit (CSU)
Detoxification Unit
300 SW 27th Avenue
Fort Lauderdale, FL 33312
954-739-8066

Mobile Crisis Response Team
954-463-0911

Housing Services
4700 N. State Road 7
Bldg. A, Suite 208
Lauderdale Lakes, FL 33319
954-735-4331

Chalet
746 N. 19th Avenue
Hollywood, FL 33020
954-925-3353

Summit
868 10th Street
Pompano Beach, FL 33060
954-785-4079

HHOPE Team
4700 N. State Road 7
Bldg. A, Suite 202
Lauderdale Lakes, FL 33319
954-735-9550

Henderson Village Parkside and Rainbow
5700 NW 27th Court
Bldg. A, Lauderhill, FL 33313
954-735-1901

Forensic Residential Treatment
5700 NW 27th Court
Bldg. D, Lauderhill, FL 33313
954-735-9541

Welcome to Henderson Behavioral Health

MISSION STATEMENT

It is our mission to be the premier provider of accessible, cost effective, and quality behavioral healthcare services to the people of South Florida, in order to promote their mental health and well-being.

HENDERSON BEHAVIORAL HEALTH
STATEMENT OF VALUES/CODE OF ETHICS

In Pursuit of our Mission, we commit to upholding the following values in all our interactions with our customers and staff:

***INTEGRITY**

We lead by example, tolerating only honest and professional behavior;

***RESPECT**

We demonstrate regard for others in our actions and communications

***COMMITMENT**

We pledge our dedication to the achievement of our Mission,

and our allegiance to the staff who pursue those goals inherent in our Mission;

***COMPASSION**

We care for those we serve by actively listening to their concerns, and supporting them in their pursuit of well-being;

***ACCOUNTABILITY**

We accept responsibility for our own actions, the tasks we are given,

the resources to which we have access, and ultimately, to the individuals we serve;

***PROFESSIONALISM**

We establish and maintain ethical codes of behavior and conduct which are reflective of the quality of service our customers deserve and expect.

This orientation packet is designed to familiarize you with our services and can be utilized as a quick reference guide. Our staff is dedicated towards providing professional care to individuals in need.

We thank you for choosing us as your behavioral healthcare provider.

Sincerely,

_____

Director of Services

RESOURCE INFORMATION

Henderson provides a conveniently located "**Resource Center**" at each site. This area contains information on basic

community resources, mental health issues, and services within HBH.

Resources about mental health and substance use issues and treatment are also available on our website: **www.hendersonbh.org**

On the SAMHSA website: **www.SAMHSA.gov**
And at your local library, where computers are available for public use.

A suggestion box is also available for input. Each site will have a designated assistant to maintain this area.

Your site assistant is:

_____

Henderson Behavioral Health

Treatment Practices

Assessment:

A comprehensive assessment will be provided to you based upon admission to HBH. Information gathered from this process will be used to determine *your* expected outcomes, individual needs, strengths, abilities, preferences, skills and interests to be used for setting individualized goals and treatment planning.

Individuals Expectation/Treatment Planning:

It is the expectation that you will participate in the development of your treatment plan and Safety Wellness Toolbox in conjunction with staff. The staff are dedicated to providing care and treatment, and assist you with meeting your individuals goals.

Follow-up:

During the course of treatment, attempts will be made to follow-up on your progress as well as no shows, or for other significant reasons. The follow-up process may include telephone contacts, letters and/or face to face visits.

Transition:

You will be receiving services based on your individual needs and/or availability of services. Waiting lists may be maintained by specific programs if you are referred to a program, you meet the program admission criteria, but the service is not available due to capacity at the time of the referral. You will be informed of the referral to the program, your current waiting list status, and efforts will be made to assist with this transition.

Discharge:

The discharge criteria will also be addressed with you. The discharge criteria is based upon the achievement of the individual goals agreed by you or non-participation with program services. If you drop out of treatment and we have no contact with you, you will be administratively discharged from Henderson Behavioral Health. If we do not provide any additional services to you for a period of seven (7) years, your medical record will be destroyed (this is based on State regulations).

Advanced Directives:

If you believe you may be hospitalized for mental health care in the future and that your doctor may think you aren't able to make good decisions about your treatment, then completing a mental health advance directive will ensure that your treatment choices are known. A form will be made available to you upon your request and a staff member will assist you in completing it if you need additional help.

Rights & Responsibilities of Individuals:

Based on each program rules and regulation, privileges may be restricted or taken away based on behaviors, however you will be notified how to earn back these privileges. Please refer to your programs Rules and Regulation and/or Rights and Responsibilities of Individuals documents for more information.

Fees:

Fees will be established on a sliding scale based on your income. Medicaid, Medicare, and other insurance plans may be accepted, and you will be asked to pay co-payments/ deductibles/co-insurances based on your insurance. Financial obligations/ arrangements for services provided will be made during your first visit and anytime you have a change in insurance or financial status. Refusal to pay your agreed upon fee(s) may result in services being re-scheduled or terminated.

Administrative Practices

Smoking, Alcohol and Illicit Drugs :
HBH prohibits use of tobacco and/or smoking/vaping in Henderson facilities, including parking lots and in any of its corporate owned vehicles. HBH prohibits the possession of alcohol and illicit drugs while on HBH property. Any persons with alcohol and/or illicit drugs on the premises may be asked to leave and/or the police will be notified. If you choose to bring legal and/or prescribed drugs onto HBH property, you must handle them in a responsible manner and keep them secured at all times.

Weapons:
Possession of weapons, firearms, ammunition, explosives, or fireworks on HBH premises including parking lots is not allowed. Any persons with weapons on the premises may be asked to leave and/or the police will be notified.

Disruptive Behaviors:
Disruptive behaviors, for example, threatening/cursing staff, verbal abuse, physical altercations, etc.… on Henderson property are not permitted. You may be asked to leave the property, and services may end if disruptive behaviors do not cease. This may include services in your home, we may leave your property and services may be discontinued.

Restraints:
HBH prohibits the use of restraints and/or seclusion in all of its outpatient programs. Briefly holding a person served without undue force for the purpose of comforting him/her, holding the persons hand or arm to safely escort him/her from one area to another is not a restraint.

Quality of Care:
The organization welcomes your input, as well as input from family/significant others, referral sources, funding sources, and other relevant stakeholders, recognizing the value of this input in all levels of planning. A variety of mechanisms are utilized to solicit and collect input from you and other stakeholders. These currently include:

a. The Consumer Report Card Process
b. Consumer Satisfaction Surveys by Crisis Services (Walk-In/Mobile & CSU)
c. The Referral Source Satisfaction Survey Process
d. Collection of post-discharge satisfaction information
e. Suggestion Box Review
f. Review of Consumer Complaints and Grievances
g. Advisory Councils, focus groups, and other similar forums, including the Children's Mental Health System Meeting and the Case Management Coordinating Committee.

HBH routinely collects outcomes on all programs to ensure the service is meeting your needs and is effective in the achievement of your recovery goals.

Confidentiality:
Henderson Behavioral Health ensures that all of your clinical records and information obtained during your treatment are kept strictly confidential and will not be revealed to anyone without your written authorization. See Privacy Notice for more details.

Universal Precautions

Universal Precautions are to be followed at all times. They are designed to keep both the staff and clients as healthy as possible. Please always:

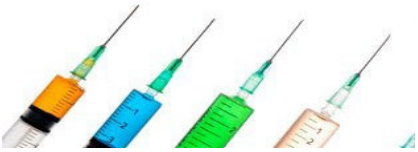
Wash your hands frequently - after using the restroom, when handling food or trash, before eating, after coughing or sneezing or coming in contact with someone who is sick. Use soap and rub your hands together for 20 seconds. Turn off the faucet with a paper towel & dry your hands thoroughly.

Gloves should be worn - whenever there is contact with another person's bodily fluids. Any items with blood on them must be disposed of properly in a BioWaste container.

When sick, stay home - the best way to prevent the spread of an illness is to stay away from person's who are sick. Always cover your mouth when sneezing or coughing - turn your head toward your elbow if no tissue is available.

Use bug spray – (Non-Deet) and wear protective clothing, especially at dawn and dusk, to prevent Zika and other mosquito borne illnesses.

Get vaccinated! - Please get all vaccines your doctor recommends.



Let's stay healthy together!

First Aid Kits are with the nurses/medical assistances in case of need.

Henderson Behavioral Health

CLIENT RIGHTS AND RESPONSIBILITIES

Henderson Behavioral Health will protect and promote the rights of Individuals Served to the fullest extent of the law. At all times, Individuals Served will be treated with respect and dignity and with sensitivity to their cultural background, social, psychological, physical, and spiritual factors.

NON-DISCRIMINATION POLICY

No person shall, on the basis of race, color, religion, national origin, sex, age, disability, handicap, marital status, veteran or military reserve status be excluded from the participation in, be denied the benefits of, or be subjected to unlawful discrimination under any program or activity receiving or benefitting from federal financial assistance and administered by the Department of Children and Family Services. No person meeting entrance criteria shall be denied access to behavioral health services by Henderson Behavioral Health.

RIGHT OF INDIVIDUAL DIGNITY

Henderson Behavioral Health shall not exploit any person served or require them to make public statements acknowledging gratitude to the agency or perform at public gatherings. Furthermore, people served shall have the right:
To be respected at all times.
To manage their own financial affairs, to the fullest extent possible.
To be free from physical, psychological, or sexual abuse/harassment, neglect, and physical punishment. To be free from psychological abuse, including humiliating, threatening, or exploitive actions.
To be informed of crisis procedures utilized by the facility, including voluntary and involuntary hospitalization procedures, and any seclusion or restraint policies.
To purchase goods and property of their choice.
To have freedom of movement unless restricted by a Judge or as apart of treatment.

RIGHT TO TREATMENT

Individuals served shall have the right:
To receive treatment in the least restrictive setting possible.
To be free of unnecessary treatment.
To decline to participate in research of any kind.
To participate/review the development and planning of services to be rendered. Persons Served are encouraged to participate in the development of their treatment goals, objectives and discharge plans with the professional staff.
To a complete description and explanation of the purpose, length, cost of my treatment and to receive a formal treatment plan.
To review my treatment, transfer or discharge plans with professional staff/treatment team; or to appoint a representative to do so, as prescribed by Henderson Behavioral Health policy and applicable legal requirements.

RIGHT TO BE FREE OF FINANCIAL ABUSE

No person shall be refused services due to an inability to pay. Individuals served shall have the right:
To be assessed a fee for all services at Intake, which is based on a standardized Sliding Fee Schedule according to the current Federal Poverty Guidelines and the resources, insurances, and ability to pay.
To have the opportunity for a financial update annually to report any changes in financial and insurance status.
To assurance that only services received are billed to the appropriate parties/funders/insurances.

RIGHT TO EXPRESS AND INFORMED CONSENT

Individuals served shall have the right:
To consent, or not consent, in writing, to treatment, to release and/or obtain records, unless restricted by a Judge or in an emergency.
To be informed about the nature of the treatment, and treatment options to facilitate the persons served decision making. To consent to, or not consent to, in writing, to any research conducted by Henderson Behavioral Health, including the right to terminate participation at any point in the research process; and the right to receive notice of all potential risks involved with the research process.

CLIENT RIGHTS AND RESPONSIBILITIES

To assurances that all research conducted by Henderson Behavioral Health adhere to all government regulations, adhere to professional ethics, be pre-approved by the designated authority, and be sensitive to the cultural and ethnic background of all participants. Written consent to participate in research activities also includes the use, disposition and release of the data.
To refuse or terminate services at any time by contacting assigned staff in person, by phone, and/or by letter of intent.

RIGHT TO QUALITY TREATMENT

Individuals served shall have the right:
To receive treatment that is skillfully, safely, and humanely administered.
To receive behavioral care services as are needed: medical, therapeutic, vocational, social, educational, and rehabilitative. To choose providers of behavioral care services to request a second opinion, or to request a transfer of providers.
To receive information on the expected results and side-effects of treatment and services.

RIGHT TO COMMUNICATION AND ABUSE REPORTING

Individuals served shall have the right:
To communicate with persons of their choice.
To have access to a telephone at any time to report abuse or neglect (1-800-96-ABUSE). To make complaints and receive timely responses. To be informed of the Grievance Procedure should any complaints not be resolved appropriately, which includes documenting the investigative steps and the resolution of the person served's grievance.
To send and receive mail and communicate by telephone unless restricted as apart of treatment.
(For Residential Programs) To have visitors at reasonable hours, unless restricted as apart of treatment.
To choose and wear own clothing as appropriate.

RIGHT TO CARE AND CUSTODY OF PERSONAL EFFECTS (For Residential Programs)

To training and assistance in the selection and proper care of clothing and to clothing that is suited to climate, in good repair, of proper size, and similar to the clothing worn by peers in the community.
To have your right to personal clothing and belongings respected.
To know that the facility administrator will maintain safe custody of your belongings taken for medical or safety reasons.

RIGHT TO VOTE IN PUBLIC ELECTIONS (For Residential Programs)

Individuals served shall have the right:
To vote in all public elections, if eligible.
To know that there is a procedure to obtain a voter registration form and applications for absentee ballots.

RIGHT TO PRIVACY

Individuals served shall have the right:
To facility space, furnishings, and telephone that enable staff to provide appropriate services/supervision while respecting the privacy of persons served.
To participate in religious services or activities of their interest. (For Residential Programs)

RIGHT TO CONFIDENTIALITY

Individuals served shall have the right:
To confidentiality in all matters pertaining to your course of treatment, including all PHI, in accordance with all current governing statutes.
To designate, if legally competent, who or which agencies shall receive or send us information about your treatment.
To know that only a court order, or an emergency situation, can result in information from your PHI being shared.
To have reasonable access to your records. To maintain the confidentiality of your PHI.

Henderson Behavioral Health

CLIENT RIGHTS AND RESPONSIBILITIES

RIGHT TO PETITION FOR A WRIT OF HABEAS CORPUS (Court Order for CSU)

Individuals served shall have the right:
To ask the cause and legality of your detention.
To ask the circuit court to order your release.

RIGHT TO TRANSPORTATION (For Residential Programs)

Individuals served shall have the right to be transported to and from a treatment facility if you are unable to provide or pay for such transportation.

RIGHT TO DESIGNATE REPRESENTATIVES

Individuals served shall have the right:
To designate a person to receive notices if you are admitted to a hospital or residential program. To access a guardian, conservator, self-help groups, and/or advocacy services or legal advocates.

RESPONSIBILITIES OF PERSONS SERVED

As a person receiving services from Henderson Behavioral Health, you have the responsibility to:

1. To keep predetermined appointments.
2. To notify the center at least 24 hours in advance of canceling an appointment.
3. To participate in the development of treatment goals, objectives, and discharge plans and all treatment sessions.
4. To follow agreed upon treatment.
5. To maintain confidential information pertaining to group therapy members (when applicable).
6. To assume responsibility for payment of the assessed fee for services.
7. To inform treatment staff of any changes of address, telephone number, medical insurance policies, or financial status.

Henderson Behavioral Health

GRIEVANCE AND APPEAL PROCEDURE

- *You have the right to file a **COMPLAINT** with any staff member regarding dissatisfaction with services or if you feel that your civil rights have been violated.*

- If your complaint is not resolved to your satisfaction, OR if the problem is of a more serious nature, you may file a **GRIEVANCE**.

- To file a grievance, ask any staff member, OR contact the Recovery Support Specialist and/or Director of Services in this facility.

- You may request assistance or advocacy from entities within or outside of Henderson in processing the grievance.

- The staff member, Recovery Support Specialist and/or Director of Services with whom you have filed a grievance will work with you directly OR refer you to the appropriate person(s) to reach an agreement within two (2) weeks. An additional week may be required in some cases. At the end of this time the final results will be presented to you in writing.

- If the grievance is not resolved to your satisfaction. You may file an appeal by calling Henderson's Risk Management Coordinator (954.777.1612).

There will not be any retaliatory consequences regarding your treatment due to filing of a grievance

Community Resource List

Crisis Hotlines:		Counseling:	
HBH Centralized Receiving Center	(954) 606-0911	Women in Distress	(954) 760-9800
HBH Mobile Crisis Response Team	(954) 463-0911	Jewish Family Service	(954) 370-2140
Women in Distress	(954) 761-1133	Pride Institute (LGBTQ)	(954) 453-8679
Florida Initiative for Suicide Prevention	954-384- 1384	Nova Southeastern University (Brief Therapy Institute)	(954) 262-5730
First Call for Help	(954) 537-0211	Glass House (Counseling Male Batterers Group)	(954) 938-0055
Seth Line (after 6pm)	(954) 578-5640	Nancy Cotterman (Sexual assault)	(954) 761-7273
Suicide Prevention	(800) 784-2433	Family Success Center (central)	(954) 497-1340
Suicide Prevention- Spanish	628-9454		
Text-Suicide Hotline	838-255		
Drug/Alcohol & Opioid:		**Shelters:**	
Broward Addiction Recovery Center	(954) 765-4200	Florida Domestic Violence Hotline	1-800-500-1119
Memorial Regional Share Program	(954) 265-5836	Broward Outreach Center (BOC)	954-926-7417
House of Hope and Stepping Stones	(954) 524-8989	Women in Distress (Dom Violence)	(954) 761-1133
HBH's MAT Program	(954) 958-0911	Covenant House (under age 21)	(954) 561-5559
		Safespace (Dom.Vio - Dade Cty)	(305) 758-2546
Alcoholics Anonymous	(954) 462-0265	First Call for Help / 211	(954) 537-0211 or 211
Narcotics Anonymous	(954) 476-9297	Henderson Village	(954) 735-4331
Children's Services:		**Financial Aid:**	
Henderson – Youth and Family Svcs	(954) 731-5100	Catholic Charities	(954) 630-9404
Camelot Community Care	(954) 958-0988	American Red Cross	(954) 797-3800
Sun Serve (LGBTQ)	(954) 764-5557	DCF – Economic Services	(954) 467-4373
Smith Community MH Center	(954) 321-2296	Hispanic Unity	(954) 964-8884
Kids in Distress	(954) 390-7654	Community Hope Center	(954) 463-1630
Legal Help:		Gateway Community Outreach	(954) 725-8434
Legal Aid Services of Broward County	(954) 765-8950	Economic Services Center (food stamps/Medicaid)	(954) 327-5000
We The People	(954) 491-2990	Family Success Center (central)	(954) 497-1340
Developmental Disabilities:		Cooperative Feeding Program	(954) 792-2328
Agency for Persons with Disabilities	(954) 467-4218		
Elderly Services:		**Medical:**	
Silver Impact Center	(954) 572-0444	Clinica de las Americas	(954) 761-1020
Broward County Elderly & Veterans Services	(954) 537-2936	Seventh Avenue Family Health Center	(954) 759-6600
Senior Connection (Resource Center)	(954) 745-9779	Little House (Healthcare for the Homeless)	(954) 527-6041
Medicare Information	1-800-633-4227	Memorial Primary Health Care System (South Broward)	(954) 985-1551
Alzheimer's Family Center	(954) 971-7155		

Advocacy Services/Consumer-Run Programs	
Florida Abuse Hotline	(800) 342-9152
Office of Consumer Affairs	(954) 566-6215
Advocacy Center for Persons with Disabilities	(954) 967-1493
Mental Health Association	(954) 746-2055
9 Muses Art Center	(954) 746-2055
Rebel Drop-In Center	(954) 965-6452

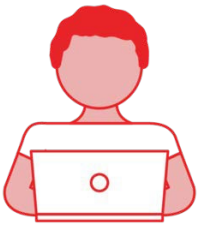
Revised 5/2023

CRISIS TEXT LINE |

Henderson Behavioral Health

How it Works

THE SHORT VERSION

1. 	2. 	3. 

1. Text HOME to 741741 from anywhere in the US, anytime, about any type of crisis.
2. A live, trained Crisis Counselor receives the text and responds quickly.
3. The volunteer Crisis Counselor will help you move from a hot moment (intense feelings) to a cool moment (safe).

AND IN A BIT MORE DETAIL...

A. 	B. 	C. 
D. 	E. 	F. 

CRISIS TEXT LINE

Henderson Behavioral Health

How it Works (continued)

A. First, **you're in crisis**. That doesn't just mean suicide: it's any painful emotion for which you need support. You text us at **741741**. Your opening message can say anything: The opt-in words you see advertised ("HELLO," "START") just help us know where people are learning about us!

B. **The first two responses are automated**. They tell you that you're being connected with a Crisis Counselor, and invite you to share a bit more. The Crisis Counselor is a trained volunteer, not a professional. They can provide support, but not medical advice.

C. It usually takes less than five minutes to connect you with a Crisis Counselor. (It may take longer during high-traffic times). **When you've reached a Crisis Counselor**, they'll introduce themselves, reflect on what you've said, and invite you to share at your own pace.

D. You'll then text back and forth with the Crisis Counselor. **You never have to share anything you don't want to.** The Crisis Counselor will help you sort through your feelings by asking questions, empathizing, and actively listening.

E. **The goal of any conversation is to get you to a calm, safe place.** Sometimes that means providing you with a referral to further help, and sometimes it just means being there and listening. A conversation usually lasts about 45 minutes.

F. The conversation typically ends when you and the Crisis Counselor both feel comfortable deciding that you're in a "cool," safe place. **After the conversation, you'll receive an optional survey** about your experience. This helps us help you and others like you!

Treatment Team Contact Sheet

Location:_____ **Phone:**_____

Team Members:

Role:	Name:
Recovery Specialist:	
Case Manager:	
PSR Counselor:	
Prescriber:	
Therapist:	

In Case of Emergency and After Hours:

Mobile Crisis Response Team (MCRT) (954) 463-0911
Centralized Receiving Center (CRC) (954) 606-0911
Suicide Hotline: 988

IMPORTANT CONTACT INFO

Florida Department of Children & Families:		Disability:	
FLORIDA ABUSE HOTLINE Or report online at: https://reportabuse.dcf.state.fl.us/ Florida Relay 711 or TTY 800-453-5145 Fax your report to 800-914-0004	**800-962-2873** **OR** **800-96ABUSE**	**Americans with Disabilities Act (ADA)** US Department of Justice 950 Pennsylvania Avenue, NW Civil Rights Division Disability Rights Section-NYA Washington, D.C. 20530	**800-514-0301 (Voice)** **800-514-0383 (TTY)**
SOUTHEAST REGION Myflfamilies.com **OFFICE OF SUBSTANCE ABUSE & MENTAL HEALTH** SER.SAMH@MYFLFAMILIES.COM	**561-227-6680** **954-762-3700**	**Disability Rights Florida** 2473 Care Drive, Suite 200 Tallahassee, FL 32308 www.DisabilityRightsFlorida.org	**800-342-0823** **TTY:800-346-4127**

Client Orientation Sign-Off Sheet

Name:_____ **Medical Record #:** _____

I received the Orientation Packet from Henderson Behavioral Health, Inc. and am fully aware of the following:

1. Services provided at Henderson Behavioral Health, Inc. including mission, and values/code of ethics and hours of operation.
2. Financial Responsibility/Fees.
3. Individuals' involvement in treatment planning, expectations and goal development process.
4. Individuals Rights & Responsibilities.
5. Individuals Grievance Procedure.
6. Persons responsible for service coordination.
7. Rules and Regulations (and restrictions, if applicable), which includes information regarding privileges and expectations for court appearances.
8. Discharge criteria and procedures.
9. Follow-up and transition of services process.
10. Confidentiality procedure/privacy notice.
11. Therapeutic interventions used.
12. Smoking/Illicit Drugs/Weapons policy.
13. Site/facility orientation including Universal Precautions, First-aid kits and fire suppression devices.
14. Seclusion and Restraint policy.
15. Assessment process.
16. Process for obtaining input from individuals.
17. Advanced directives.
18. Reporting of communicable disease as cited in FS 381.0031 & 384.25.
19. Received and explained the Code of Ethics for Employees as related to my treatment.

CONSENT FOR TREATMENT

The regulatory/funding agencies/third-party payer and staff of the Henderson Behavioral Health, may periodically have access to my record for the purpose of monitoring to insure the provision of quality services and for consumer advocacy. Also, to evaluate the effectiveness of services provided, the Center may conduct a survey with me after termination. The survey will be limited to a few questions concerning the goals established for my treatment while at Henderson Behavioral Health, Inc.

I understand and voluntarily agree to the above and authorize evaluations and/or treatment by the Henderson Behavioral Health staff. I understand that consent can be repealed in writing at any time during the treatment period and hereby confirm that I have received a copy of my rights and responsibilities.

_____ _____

Signature of Person Served or Guardian **Date** **Witness** **Date**

The services at Henderson Behavioral Health, Inc. are made available to persons served without regard to race, color, sex, age, religion, national origin, handicap, disability, marital status, veteran or military reserve status, or sexual orientation.

Henderson Behavioral Health

NOTICE of PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND/OR DISCLOSED, AND HOW YOU MAY ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT THE PRIVACY OFFICER AT 954-777-1612.

OUR LEGAL RESPONSIBILITY TO PROTECT YOUR MEDICAL INFORMATION

This Notice of Privacy Practices describes how Henderson Behavioral Health, may use and/or disclose your protected health information to provide treatment, payment, health care operations, and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected Health Information" (PHI), is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. Furthermore, Henderson Behavioral Health will not use or disclose your health information without your consent or authorization, except as described in this notice.

Henderson Behavioral Health is required to abide by the terms of this Notice of Privacy Practices. Henderson Behavioral Health reserves the right to change the terms of this Notice at any time. The new notice will be effective for all protected health information that is maintained at that time. The revised Notice be posted in our offices, available at your next visit, and on our website at: **www.hendersonbh.org.**

USES and/or DISCLOSURES of PROTECTED HEALTH INFORMATION

Without Your Authorization Treatment:

Henderson Behavioral Health may use and/or disclose your protected health information to provide, coordinate, or manage your mental health care and any related services. For example, this could include communication of your protected health information to: other physicians who are treating you, or to a physician to whom you have been referred to ensure that the physician has the necessary information to treat you.

In addition, Henderson Behavioral Health may disclose your protected health information from time-to-time to health care providers (e.g., a specialist or laboratory), who at the request of your Henderson Behavioral Health service provider, becomes involved in your care by providing assistance with your mental health care diagnosis or treatment to your physician.

Payment:

Your protected health information may be used, as needed, to obtain payment for mental health care provided to you by HBH. This may include certain activities that your health insurance plan may undertake before it approves or pays for the services we have recommended for you. This might be: determination of eligibility or coverage, reviewing services provided to you for medical necessity, and undertaking utilization review activities. Henderson Behavioral Health may also share portions of your medical information with the following: billing departments, collection departments or agencies, insurance companies, health plans, hospital departments and consumer reporting agencies (e.g., credit bureaus). For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operations:

Henderson Behavioral Health may use or disclose, as needed, your protected health information in order to support its operational activities. These activities include, but are not limited to: quality assessment, employee review, training of student interns, licensing, resolving grievances within our organization, marketing, fundraising, and conducting or arranging for other business activities.

For example, Henderson Behavioral Health may use a sign-in sheet at the receptionist's desk. Your name may also be called in the waiting room when your psychiatrist is ready to see you. Henderson Behavioral Health may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment, such as calling you or sending you a postcard.

Henderson Behavioral Health may share your protected health information with third party "business associates" that perform various activities (e.g., billing, transcription services) for our operation. Whenever an arrangement between our organization and a business associate involves the use or disclosure of your protected health information, Henderson Behavioral Health will have a written contract that contains terms that will protect the privacy of your protected health information.

Henderson Behavioral Health may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other mental health-related benefits and services that may be of interest to you.

Henderson Behavioral Health may also use and disclose your protected health information for other marketing activities. For example, your name and address may be used to send you a newsletter about our organization and the services we offer. Henderson Behavioral Health may also send you information about products or services that we believe may be beneficial to you.

Henderson Behavioral Health may use or disclose your demographic information and the dates that you received treatment from us, as necessary, in order to contact you for fundraising activities supported by Henderson Behavioral Health's Development Office.

Henderson Behavioral Health

NOTICE of PRIVACY PRACTICES

Other Uses and/or Disclosures of Protected Health Information Permitted Without Your Consent:
Henderson Behavioral Health may use and disclose Protected Health Information about you for a number of circumstances for which you do not have to consent, give authorization, or otherwise have an opportunity to agree or object. These circumstances could include:

As required by law: Required by federal, state, local law, or other judicial or administrative proceeding.

Public health: Public health activities and purposes to a public health authority that is permitted by law to collect or receive information. The disclosure will be made for the purpose of controlling disease, injury or disability. It may also be disclosed if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Diseases: If authorized by law to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: For activities authorized by law, such as audits, investigations, and inspections. Entities seeking this information include: government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: If disclosure relates to victims of abuse, neglect or domestic violence.

Food and Drug Administration: To report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post market surveillance, as required.

Legal Proceedings: In response to a Court Order or Administrative Tribunal.

Law Enforcement: In order to comply with laws requiring the reporting of certain types of wounds or other physical injuries; Coroners, Funeral Directors, Organ Donation: For identification purposes, determining cause of death, or for the coroner or medical examiner to perform other duties authorized by law It may also be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Research: To researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Criminal Activity: To prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Workers Compensation: To comply with state workers compensation laws and other similar legally established programs.

Specialized Government Functions: If related to military and veterans' activities, national security and intelligence activities, protective services for the President, and medical suitability or determinations of the Department of State.

Correctional Institutions: If it relates to correctional institutions and in other law enforcement custodial situations where they have lawful custody of you.

Permitted and Required Uses and/or Disclosures To Which You Mav Object:
You have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are not present or ab le to agree or object to the use or disclosure of the PHI, then your Henderson Behavioral Health service provider may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your mental health care will be disclosed.
Unless you object in writing, to a member of your family, a relative, a close friend or other identified person, your PHI that directly relates to that person's involvement in your mental health care, also to notify or assist in notifying a designated person responsible for your care, of your location, general condition or death.

To assist in disaster relief efforts, such as the American Red Cross. In the event of an emergency.
To contact you to provide appointment reminders.
To manage or coordinate your mental health care by contacting you with information about treatment, services, products or health care providers.
To contact you for fundraising activities.

ANY OTHER USE OR DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION REQUIRES YOUR WRITTEN AUTHORIZATION
Under any circumstances other than those listed above, your written authorization is needed before your PHI is used or disclosed. If you sign a written authorization allowing the disclosure of your PHI in a specific situation, you can later revoke your authorization in writing. If you revoke your authorization in writing, your PHI will not be disclosed after receiving your revocation, except for disclosures which were made before your revocation was received.

Henderson Behavioral Health

NOTICE of PRIVACY PRACTICES

YOUR RIGHTS

You have the right to request restrictions of the uses and disclosures of our protected health information.
You have the right to request a restriction on the use and disclosure of your PHI. Henderson Behavioral Health is not required by federal regulation to agree to your request. Even if Henderson Behavioral Health agrees with your request, your restrictions may not be followed in certain situations, as described in the section of this Notice entitled, "Other Uses and Disclosures of Protected Health Information Permitted Without Your Consent". To make a restriction, you must make your request in writing.

You have the right to request to receive confidential communication from Henderson Behavioral Health by alternative means, or at an alternative location.
Henderson Behavioral Health will accommodate reasonable requests made by you in writing. Henderson Behavioral Health may condition this accommodation by asking you for information as to how payment will be handled, or specification of an alternative address, or other method of contact.

You have the right to inspect and receive a Copy your protected health information.
You have the right to request to inspect and receive a copy of PHI used to make decisions about you, for as long as the medical record is maintained by Henderson Behavioral Health. Your request must be made in writing. You may be charged related fees. Instead of providing you with a full copy of the PHI, you may be given a summary or explanation of this information, if you agree in advance to the form and cost of the summary or explanation. There are certain circumstances in which Henderson Behavioral Health is not required to comply with your request Depending on the circumstances, you may have the right to have this decision reviewed.

You have the right to request amendment of your Protected Health Information.
You have the right to request that amendments are made to your PHI, as long as Henderson Behavioral Health maintains the record. Your request must be in writing, and must explain your reasons for the amendment.
If your request for amendment is denied, you have the right file a statement of disagreement with Henderson Behavioral Health, and Henderson Behavioral Health may prepare a rebuttal to your statement, and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of disclosures made by Henderson Behavioral Health of your Protected Health Information.
You have the right to receive a written list of certain disclosures of your PHI. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to obtain a paper copy of this Notice.
You have the right to request a paper copy of this Notice at any time, even if you have agreed to accept this notice electronically. You may ask for a paper copy or you may obtain a copy at our website at www.hendersonbh.org

COMPLAINTS

If you think your privacy rights have been violated by Henderson Behavioral Health, or you want to complain to us about our privacy practices, you may contact our Privacy Officer:

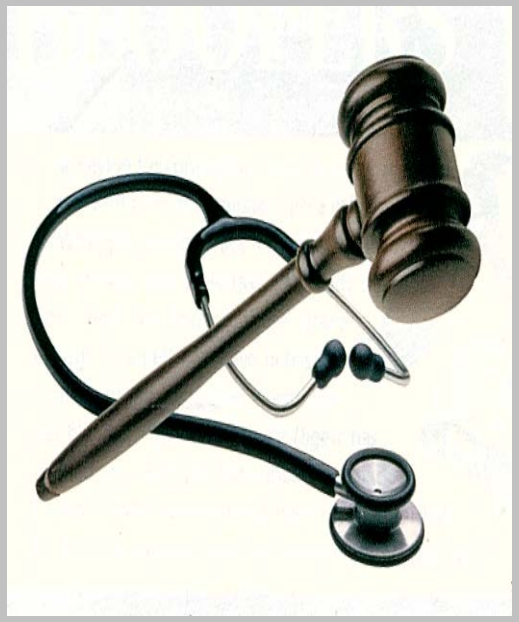
Henderson Behavioral Health
4740 N. State Road 7, Suite 201
Fort Lauderdale, FL 33319

Complaints not resolved by the complaint process shall be determined by binding arbitration in Broward County, Florida, with each party to pay its own attorneys' fees and costs.

You may also send a written complaint to the United States Secretary of the Department of Health and Human Services. If you file a complaint, we will not take any action against you or change our treatment of you in any way.

HEALTH CARE ADVANCE DIRECTIVE

THE PATIENT'S RIGHT TO DECIDE



Making personal decisions to guarantee your healthcare choices

Introduction

Florida law grants every adult the right to make certain decisions about his or her medical treatment.
*You have the right, under certain conditions, to decide whether to accept or reject medical treatment and other procedures that would prolong your life artificially.
The law also ensures your rights and personal wishes are respected even if you are too sick to make your own decisions.

INFORMATION WITHIN PREPARED BY THE OFFICE OF:

Licensure and Certification
& Health Care Administration

The following can be used to direct your future behavioral health care needs.

- The person you choose to be your health care surrogate must be a competent adult whose civil rights have not been taken away.
- The person you choose should **not** be a mental health professional, an employee of a facility that might provide services to you, an employee of the Department of Children & Family Services or a member of the Local Advocacy Council.
- Make sure your surrogate understands your wishes and is willing to accept the responsibility. Your surrogate (and a back-up alternate surrogate if you wish) should sign the form.
- Have copies made and give them to your surrogate, your case manager, your doctor, the hospital or crisis unit at which you are most likely be treated, your family and anyone else who might be involved in your care.
- The document should be available quickly if you need it. If you travel, be sure to take a copy with you.

Adult Behavioral Health Outpatient Services

North Broward
West Broward
Central Broward
South Broward

Henderson Behavioral Health

FAQs About Advance Directives

On what laws are Advance Directives based?
Two main statutes guide the Advance Directives. At the federal level there is the Patient Self-Determination Act and at the state level, Florida's Health Care Advance Directive Act (Florida Statute Chapter 765). These statutes outline the guidelines for directives.

Why is it important for me to complete Advance Directives?
There may be times whether because of an accident, injury or illness, you may not be able to make sound decisions about your health care. However, decisions still need to be made regarding your treatment and care; directives outline who can legally speak on your behalf and see that your wishes are carried out.

Who can complete a directive?
Any person who is 18-years of age and older, as well an emancipated minor, can have Advance Directives.

When are they valid?
You will need two witnesses present when you sign your directives. Only one can be a spouse, family member or relative; your health care surrogate cannot be a witness. These documents do not need to be notarized to be legal, though some prefer to have them notarized along with any other legal documents, such as a will.

Your advance directive will not take effect unless a physician decides that you are not competent to make your own treatment decisions.

If you are in a psychiatric facility, you will have an attorney appointed to represent your interests and a hearing in front of a judge or hearing master.

A health care surrogate is not authorized to consent to treatment for a person on voluntary status.

HEALTH CARE ADVANCE DIRECTIVE

THE PATIENT'S RIGHT TO DECIDE

www.hendersonbh.org

You have the right to fill out a paper known as an "Advance Directive". This paper says what kind of treatment you want or do not want under special, serious medical conditions-conditions that would stop you from telling your doctor how you want to be treated.

What is an Advance Directive?

An Advance Directive is written or oral statement, which is made and witnessed in advance of serious illness or injury, about how you want medical decisions made.

An Advance Directive allows you to state your choices about health care or to name someone to make those choices for you if you become unable to make decisions about your medical treatment.

What is a Living Will?
A Living Will generally states the kind of medical care you want or do not want if you become unable to make your decisions. It is called a "Living Will" because it takes affect while you are still living. Florida law provides a suggested for a Living Will. You may wish to speak to an attorney or physician to be certain you have completed the Living Will in a way so that your wishes will be understood.

WHAT IS A HEALTH CARE SURROGATE DESIGNATION?

A Health Care Surrogate Designation is a signed, dated, and witnessed paper naming another person such as a husband, wife, daughter, son, or close friend as your agent to make medical decisions for you if you should become unable to make them for yourself. You can include instructions about treatment you want or wish to avoid. Florida law provides a suggested form for the designation of a Health Care Surrogate. You may wish to name a second person to stand in for you if your first choice is not available.

All adult individuals in health care facilities such as hospitals, nursing homes, hospices, home health agencies and health maintenance organizations, have certain rights under Florida law. If you believe you may be hospitalized for mental health care in the future and that your doctor may think you aren't able to make good decisions about your treatment, then completing a mental health advance directive will ensure that your treatment choices are known.

It is important that you decide **NOW** what types of treatment you do or do not want and to appoint a friend or family member to make the mental health care decisions that you want carried out. You may always change your preferences or surrogate later.

If I did not designate a health care surrogate or have a court appointed guardian, who would make the decisions on my behalf if I was in the hospital and unable to make them myself?

According to Florida law, the following individuals would make these decisions. They are, in the order of priority:

1. Spouse (Florida law does not recognize common law marriages as a legal marriage contract).
2. Adult children who are reasonably available for consultation (in person or by phone).
3. Parent(s).
4. Sibling(s) who are reasonably available for consultation (in person or by phone). Being the oldest child does not give that child any higher priority.
5. Relative who has exhibited special care and concern for the patient and who has maintained regular contact with the patient and who is familiar with the patient's activities, health and religious or moral beliefs.
6. Close Personal Friend - to qualify, the friend shall be 18 years of age or older, have exhibited special care and concern for the patient; has signed a Close Personal Friend affidavit stating he or she is a friend of the patient; and is willing and able to become involved in the patient's healthcare and has maintained regular contact with the patient so as to be familiar with the patient's activities, health and religious or moral beliefs.

Every competent adult has the right to make decisions concerning his or her own health, including the right to choose or refuse medical treatment. When a person becomes unable to make decisions due to a physical or mental change, such as being in a coma or developing dementia (like Alzheimer's disease), they are considered incapacitated. To make sure that an incapacitated person's decisions about health care will still be respected, the Florida legislature enacted legislation pertaining to health care advance directives (Chapter 765, Florida Statutes).