



THE MINDFUL HEALTH
FOUNDATION

**Client Handbook
2018-2019**

*Licensed by the Department of Children &
Families*

865- 867 91st. Ave. North

Naples, FL 34108

Phone: (239) 434-6596

Fax: (239) 514-2519

Website: www.themindfulhealth.com

Email: contact@themindfulhealth.com

Welcome to Our Practice!

Our Treatment Philosophy

The Mindful Health Foundation bases its treatment philosophy on mindful attention to each recovering individual. Our treatment team is motivated to embrace three common goals:

- To restore health.
- To establish clarity of mind.
- To develop the life skills necessary to fully recovery & prevent relapse.

MHF integrates several treatment modalities in the formulation of our individual treatment plans. This collaborative approach includes the utilization of cognitive-behavioral counseling in an individual and group format, body image & movement therapy, therapeutic yoga & meditation, individual & group nutrition therapy, and experiential therapy to treat complex substance abuse and eating disorder conditions.

Contact Information

Our Address:
865-867 91st. Ave. North
Naples, FL 34108 US

Phone: (239) 434-6596
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Email: Contact@themindfulhealth.com

Our Programs

- Adult Day Substance Abuse and Eating Disorder Program
 - Adult Intensive Outpatient Substance Abuse & Eating Disorder Program
 - Adult Outpatient Substance Abuse & Eating Disorder Program
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Our Services

- Adult Outpatient Eating Disorder Therapy
 - Adult Outpatient Drug and Alcohol Treatment
 - Family Therapy
 - Couples Therapy
 - Case Management
 - Marriage Counseling
 - Group Cognitive Behavioral Therapy
 - Dialectical Behavioral Group Therapy
 - Court Related Assessments
 - Nutrition Therapy
 - Art Therapy
 - Body Image Therapy
 - Yoga & Movement Therapy
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Our Staff

- Licensed Mental Health Counselors
 - Licensed Clinical Social Workers
 - Licensed Dietitians /Nutritionists/ Diet Technicians
 - Body Image Therapists
 - Certified Fitness Instructors
 - Certified Yoga Teachers
 - Certified Addiction Professionals
 - Licensed Marriage & Family Therapists
 - Registered & Licensed Art Therapist
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Outpatient Program Description

MHF offers Outpatient Services for individuals recovering from substance abuse disorders & eating disorders. All of our Outpatient Program patients are seen on a weekly basis. Average length of stay in our Outpatient Program is highly individualized and based on your assessment, medical history, and the particulars surrounding your presenting concerns. Those with continued ongoing issues may require a longer duration. Outpatient constitutes 6 or less hours of services.

Substance Abuse Outpatient Treatment Program includes....

- Individual cognitive-behavioral substance abuse counseling
- Cognitive-behavioral substance abuse group work
- Family therapy
- Couples therapy
- Relapse prevention
- Nutrition counseling

Our services are licensed through The Department of Children & Families and are approved by The Safety Council, Collier County Probation & most other court-related entities.

Eating Disorder Outpatient Treatment Program includes.....

- Individual therapy
- Body image therapy
- Nutrition therapy
- Group work

Outpatient therapy may be covered by insurance however outpatient nutrition counseling, body image counseling, and group therapies are often non-covered services.

Intensive Outpatient Program Description

Substance Abuse & Eating Disorder Intensive Outpatient Treatment Program

Intensive Outpatient Treatment includes a minimum of nine clinical hours of treatment per week. Patients often attend three days a week, for three to four hours.

Intensive Outpatient Treatment or " IOP" is appropriate for the following individuals:

- Successfully completed a Day Treatment Program & transitioning back into life.
- Successfully completed a Residential or Inpatient Program & transitioning back into life.
- Individuals having difficulty stabilizing their symptoms in an outpatient setting.

IOP allows a patient to engage in treatment while still maintaining their work or school schedule. Determination for level of care is completed at the time of your initial assessment and based on your medical history.

Sessions are usually scheduled in three to four hour blocks of time. Average length of stay is three to six months. MHF accepts a maximum of 20 patients in our IOP which allows us to individually tailor treatment plans and take into consideration each patients unique schedule.

Services include:

- Individual & group cognitive therapy
- Individual & group nutrition counseling
- Individual and group body image/movement therapy
- Individual & group experiential therapy
- Family therapy
- Couples therapy
- Creative art therapy
- Therapeutic yoga
- Guided meditation
- Relapse prevention
- Meal support

SAMPLE SCHEDULE FOR IOP PROGRAM

TUESDAY

5:00 P.M.- 5:30 P.M. Individual nutrition therapy
5:30 P.M.- 6:30 P.M. Experiential nutrition group
6:30 P.M. -7:30 P.M. Individual cognitive therapy
7:30 P.M. - 8:30 P.M. Cognitive-behavioral therapy group

WEDNESDAY

5:00 P.M.- 6:00 P.M. Cognitive-behavioral therapy group
6:00 P.M.-7:00 P.M. Individual nutrition therapy

THURSDAY

10:00 A.M. - 11:00 A.M. Body Image therapy group
11:00 A.M. - 12:00 P.M. Individual therapy
12:00 P.M.- 1:00 P.M Focus group
1:00 P.M.- 2:00 P.M. Lunch
2:00-P.M.- 3:00 P.M. Individual body image therapy

Nutrition Therapy

The Role of the Nutritionist in Eating Disorder Recovery

Your Nutritionist plays a crucial role in the recovery of your eating disorder. Your Nutritionist is responsible for guiding you through the recovery process with the ultimate goal of being able to eat normally..... without anxiety, guilt, and angst.

Your Nutritionist is not there to force you to eat or scrutinize your every behavior. MHF Nutritionists utilize unique & interesting ways of re-presenting food to the recovering individual in fashion that is fun, exciting, and healthy.

Our Nutritionists are there to challenge distorted thinking & beliefs surrounding food and body. We are there to ensure you have the most accurate information about food and that you are able to select healthy, variety filled meals that meet your needs.

The Role of the Nutritionist in Substance Abuse Recovery

Our Nutritionists have special training in substance abuse disorders. Nutrition plays a crucial role in recovery including:

- Stabilizing blood sugars.
- Replenishing the body with essential nutrients that may have been disturbed by substance intake.
- Protecting your body from continued damage.

Our Nutritionists address such topics as:

- Caffeine use & abuse.

- Appropriate supplementation.
- Restoring balance in your body.

Body Image Therapy

Defining Body Image

Body image can be defined as the way you perceive your body, the way you feel in your body & the way you think about your body. Body image includes your overall satisfaction or dissatisfaction with your physical appearance. Your body image includes your attitude, your thoughts, and your affective response to your body.

The Spectrum of Body Image Disturbance

Body image disturbance can range from discontent or mild dissatisfaction with some features of your body to a conviction bordering on delusional, that one's physical appearance is grotesque and completely unacceptable. When discontent with weight and shape becomes obsessive and begins to influence your socialization and engagement in normal life events, it is a sign that you may be suffering from moderate to severe body image disturbance. Body image disturbance that interferes with daily functioning is one factor included in the diagnosis of Anorexia Nervosa and is a well-documented symptom in all other eating disorders including Bulimia Nervosa & Binge-Eating Disorder.

MHF's Approach to Treating Body Image Disturbance

MHF treats body image disturbance in both individual sessions and via group work. Our body image specialist has years of experience in treating all levels of body image disturbances. Patients admitted to MHF's IOP or Day Treatment program will participate in a Comprehensive Body Image Assessment. This assessment is critical for treatment planning, allows our clinicians to determine your baseline experience of your body, and provide feedback about your strengths and vulnerabilities in your body image. We evaluate for body dissatisfaction, drive for thinness, and perceptual inaccuracy or distortions.

Body image treatment includes:

- Collaborative psycho- education on body image.
- Identifying & questioning assumptions about your appearance.
- Identifying distorted thoughts surrounding your body image.
- Identifying self destructive body image behaviors.
- Actively enhancing a positive body image through body image enhancement activities.
- Relapse prevention.

MHF Group Therapy

Cognitive Behavioral Groups

When: Tuesdays & Wednesdays from 5-6 PM, and Thursday from 7-8 PM, Duration: 60 mins. Description: These groups focus on changing unproductive thinking patterns. These strategies include learning to recognize your distortions in thinking that are creating problems, learning to reevaluate them in light of reality, and gaining a better understanding of the behavior and motivations of others. This group will teach you to problem-solving & to cope with difficult situations. You will learn to develop a greater sense of confidence in your own abilities.

Facilitator: Chris Lombard, LMHC & Lauren Mulkey, M.S.

Substance Abuse Group

When: Tuesdays from 6-7 PM, Duration: 60 mins.

Description: This form of counseling can be extremely beneficial because it provides a safe place to share experiences and hear contributions and feedback from other group members who have similar experiences. Similar to individual counseling, these meetings are led by a group therapist. One of the main theories behind group counseling is the idea that dealing with specific issues might feel isolating, and that being able to share struggles and successes in a safe, confidential and non-judgmental place with others

who have experienced the same struggles accelerates the recovery process. This type of scenario works well for drug and alcohol addiction.

Facilitator: Deanna Soprino, CAC, ADC, CRRA

Art Therapy Group

When: Tuesdays from 2-4 PM, Duration: 120 mins.

Description : This group explores the immensely therapeutic nature of art in different ways. Through your art, you will learn to deal with often confusing and complex emotions that are difficult to process and verbalize. A therapeutic group setting provides a safe, non-judgmental space for the same. With the guidance of the facilitator, experiences shared by members of the group help to build a supportive and encouraging environment where you feel free to express, through art or otherwise. (No prior experience of Art is required!)

Facilitator: Cara Levitt, MA, Registered Art Therapist, CYT

Therapeutic Yoga Group

When: Tuesdays from 4-5 PM, Duration: 60 mins.

Description: Yoga therapy is conducted in small groups. What sets this healing modality apart from others is the focus on linking intuitive movement to deep, rhythmic breathing. Another difference is the emphasis on relaxation. Through mindfulness, relaxation and breath work, you will gain skills to slow down and be present. By being present you will learn how to create an open mind, and through this experience, increase your awareness. Awareness is the key to acceptance. Acceptance of struggle, adversity or success is just one benefit to yoga therapy. (Please bring comfy clothes)

Facilitator: Cara Levitt, MA, Registered Art Therapist, CYT

Communication Skills Group

When: Thursdays from 5-6 PM, Duration: 60 mins.

Description: The goal of the this group is to improve your listening skills and to develop a communication style and pattern that improves intimate conversations, trust and love in relationships. You will work to resolve communication errors that lead to relationship conflicts. You will learn to understand how communication works, gain active listening and responding skills, and see things from other's points of view. You will become aware of body language, increase confidence, and practice techniques to communicate with difficult people or situations including dealing with manipulation and listening to fear and anger. The facilitator utilizes role-playing to enhance your skill set.

Facilitator: Val Stec, LCSW, LD/N

DBT Skills Group

When: Wednesdays from 1-2 PM, Duration: 60 mins.

Description: Dialectical Behavior Therapy (DBT) is a cognitive behavioral treatment developed by Marsha Linehan, PhD. It emphasizes individual psychotherapy and group skills training classes to help you learn and use new skills and strategies. DBT skills include skills for mindfulness, emotion regulation, distress tolerance, and interpersonal effectiveness. In DBT group, you and the therapist work together to set goals that are

meaningful to you. Often this means you work on ways to decrease harmful behaviors and replace them with effective, life-enhancing behaviors.

Facilitator: Lauren Mulkay, M.S.

Meal Planning Group

When: Wednesdays from 4-5 PM, Duration: 60 mins.

Description: Meal planning is a critical skill for recovery from all eating disorders. It is also an important skill for any adult working on recovery from alcohol, drugs or other mental health issues. Good health and recovery requires the normalization of regular eating patterns. This is best accomplished through planned and structured eating. Our dietitian addresses food consumption patterns, meal exposures, and provides education and support, as well as helping you to learn healthy meal planning and weight management skills. These skills will help prevent relapse.

Facilitator: Jacqueline Santiago, RD

Social Meal Groups

When: Tuesdays, Wednesdays & Thursday from 6-7 PM, Duration: 60 mins.

Description: Social meal groups are 3 times per week. Groups are held at Whole Food. The setting is casual and led by our Dietitian. This group provides support for those patients that need nutrition guidance, but also focuses on social skills training. For many patients recovering from substance abuse or mental health issues, isolation has become a way of living. It's not enough to learn about healthy communication skills – you need to have some real life experiences. We offer this group in the evening because most social activity

takes place after work or school. You will have a chance to practice the skills you have learned in other groups & individual sessions in a casual, every-day, social environment.
Facilitator: Jackie Santiago, RD

MHF Therapy Guidelines

Attendance

It is very important to keep good attendance, however, we do understand that circumstances do arise that are beyond your control. Please be sure to reschedule all appointments at least 24 hours in advance or you will be charged for the session. If an emergency does arise, please be sure to call as soon as possible.

Abstinence

While you are in our program, we ask that you refrain from all mind- or mood-altering drugs, such as alcohol. If you are on a prescription medication, please provide us with a copy of the prescription.

Participation

As a client of Mindful Health, participation is very important. We ask that all clients stay active in their participation. If you feel that there are issues that you need to discuss in private with your therapist, please set up an individual session.

Confidentiality

If you are in a group or individual setting, it is very important to understand the confidentiality regulations. If you see anyone you know outside of our center, it is confidential that he or she is a client. You are not allowed to disclose their attendance at the counseling center. While in a group setting, anything discussed is also confidential, and is not to be discussed outside of the group setting.

Privacy and Security

The Mindful Health Foundation is committed to following the Health Insurance Portability and Accountability Act, 1996 (HIPAA) rules and regulations. This act is designed to protect and secure your personal information. As a result, you have the right to:

- Confidentiality
- Releasing personal information to others by signing an authorization form
- Determine the amount of time your information may be released
- Review or obtain a copy of your chart for a nominal fee
- Know to whom we have disclosed information to
- File a complaint to the Department of Health and Human Services (DHHS) if you feel we have not been compliant with your protected health information. The DHHS has a right to access your file if a complaint is filed.

Exceptions to Confidentiality

There are a few instances when confidential information may be released to others. These instances include:

- If there is a court order that has been properly executed
- A medical emergency arises that requires immediate attention; we will provide that information which is necessary to meet your medical needs.
- We are required by law to report abuse, neglect, or exploitation of yourself or others.
- If we have identified a reportable communicable disease such as Hepatitis, HIV, or a sexually transmitted disease, we may be required by law to report this information to the Health Department.
- On occasion the State of Florida may conduct audits, research, or program evaluations. The State is governed by Federal regulations and Florida Statutes that protect your confidentiality.
- If you are seeking treatment as referred by the Court, you should discuss with us information that may be supplied in a report to the court.
- If you are involved in litigation and inform the Court, you may be waiving your right to confidentiality. You may wish to consult your attorney.

- If you threaten to harm yourself or others and we deem that threat to be serious, we will conduct interventions necessary to protect you or others.

Frequently Asked Questions

We try to anticipate questions you might have about our services and provide the answers here.

1. What happens during the first appointment?

When you come in for your first appointment you can be expected to be treated cordially and warmly greeted. You will be asked to complete the standard type of paperwork that all health care providers request such as name, address, phone number, and medical history. This process can be somewhat lengthy, so expect to spend at least fifteen minutes completing your paperwork. If questions arise, please don't hesitate to ask our staff.

After that, your clinical therapist will meet with you & review you're presenting concerns. We will spend time getting a comprehensive history and a detailed account of what brought you to our office, the problems you may be experiencing, and the concerns you have. Your therapist may request additional questionnaires to be completed & may schedule a follow up appointment if more information is required.

2. What kind of problems do you treat?

MHF treats all types of eating disorders and substance abuse disorders including:

- Avoidant/ Restrictive Food Intake Disorder
- Anorexia Nervosa
- Bulimia Nervosa
- Binge-Eating Disorder
- Alcohol, Cannabis, Hallucinogen, Inhalant, Opioid, Sedative-Hypnotic or Anxiolytic , Stimulant & Tobacco Related Use Disorders

3. What about other mental disorders?

Along with treating eating & substance abuse disorders, our staff assess & develops treatment plans that address co-occurring mental health diagnoses including:

- Depressive Disorders
- Anxiety Disorders
- Bipolar & Related Disorders
- Trauma & Stressor-Related Disorders
- Obsessive - Compulsive & Related Disorders
- Attention-Deficit/Hyperactivity Disorders
- Somatic Symptom & Related Disorders

4. What about payment, insurance, co-pays.....

MHF does work with several insurance providers however, based on the complexity of these issues, we address payment & insurance individually during your first phone interview with our Program Director prior to your appointment. We encourage you to contact your insurance plan ahead of time to review your deductible/copay, etc.

5. What if my issues are more complex?

MHF practitioners are experienced in working with individuals diagnosed with personality disorders. If you have been diagnosed with a personality disorder, you may have experienced difficulty finding professionals willing and able to work with these complex issues. This often leads to interference receiving the treatment necessary to establish a good quality of life. Our practice is experienced in working with individuals with the following conditions:

- Borderline Personality Disorders
- Narcissistic Personality Disorders
- Antisocial Personality Disorders

6. Do you treat self-harm?

Yes, we treat all forms of non-suicidal self harm including:

- Direct self-harm which is immediate, has purpose & intent and results in tissue damage. For example, cutting.
- Indirect self-harm where the damage is accumulative, intent is ambiguous, the harm can be a side effect, and may even have an initial pleasurable effects. For example, substance abuse.

If you are feeling suicidal, those issues are best treated in an inpatient setting until such a time that you and your treatment team feel you can safely resume life in an outpatient setting.

If you are having suicidal thoughts please call 911 & seek immediate help.

7. What if I don't have insurance?

At this time, we do not have any outside grants or scholarships available. In light of this, our office does offer a sliding scale for patients that are not covered by insurance or their plan is not accepted by our practice. Our sliding scale is based on household income. In order to qualify for a sliding scale, our office requires three forms of income verification:

- A copy of all adult household members last two paychecks.
- A copy of all adult household members tax return (previous year is O.K.).
- A copy of all adult household members most recent bank statements.

We request a copy of all adult household members financials in order to maintain the integrity of our sliding scale program. There is a significant difference between an individual seeking treatment on a limited income with no outside source of support verses an individual living in a home with family members that are able to contribute financially.

8. Does your office prescribe medicine?

Our office does not prescribe medicine. However, we do work in conjunction with several outpatient prescribers. With your written permission, we communicate regularly with prescribers working with our patients. If you do not have a prescriber and are in need of medication management, referrals will be provided upon your initial assessment.

Copy of MHF Forms

Upon admission, you will be asked to complete an “ intake packet”. For your convince, we have included copies of our forms for your reference.

INFORMED CONSENT FOR VOLUNTARY ASSESSMENT AND/OR TREATMENT

I understand that I have voluntarily entered into treatment, or given my consent for the minor person under my legal guardianship mentioned above, at MHF. I voluntarily consent to have treatment provided by a psychologist, social worker, mental health counselor, dietitian, body image therapist, yoga instructor or intern in collaboration with a supervisor. The type and extent of services that I will receive will be determined following an initial assessment and thoroughly discussed with me. The goal of the assessment process is to determine the best course of treatment for me. Typically, treatment is provided over the course of several weeks.

I understand that all information shared with the clinicians at MHF is confidential and no information will be released without my consent. I further understand that there are specific and limited exceptions to this confidentiality which include the following:

When there is risk of imminent danger to myself or to another person, the clinician is ethically bound to take necessary steps to prevent such danger.

When there is suspicion that a child or elder is being sexually or physically abused or is at risk of such abuse, the clinician is legally required to take steps to protect the child, and to inform the proper authorities. When a valid court order is issued for medical records

I understand that while psychotherapy may provide significant benefits, it may also pose risks.

Psychotherapy may elicit uncomfortable thoughts and feelings, or may lead to the recall of troubling memories. I am aware that the practice of mental health counseling and the treatment involved are not exact sciences and that no guarantees have been made to me as a result of my treatment by or through MHF.

I understand that MHF does not warrant or agree to offer a care of rehabilitation, but merely to afford such treatment that the MHF normally gives other patients in similar circumstances. I agree to pay for services in full as outlined in my initial intake assessment. I authorize the MHF to act on my behalf with case management services that may include scheduling and billing. I understand that the individual practitioners are not employees of The Mindful Health Foundation. If a legal complaint is made against an independent contractor, I agree to indemnify The Mindful Health Foundation and hold them harmless in all ways from any complaints or any type of legal claim made against the individual practitioners.

If I have any questions regarding this consent form or about the services offered at The Mindful Health Foundation, I may discuss them with my therapist. I have read and understand the above. I consent to participate in the evaluation and treatment offered to me by The Mindful Health Foundation. I understand that I may stop treatment at any time.

MHF PROGRAM RULES

The “Program Rules” are a set of standards created to ensure a safe and open treatment environment. MHF requires all of our clients to abide by a certain set of standards to facilitate the most effective treatment whether you are here for one visit, two visits, or more.

I am voluntarily applying to MHF’s program and I am responsible for making that choice. You may have a court requirement that you are required to fulfill, but engaging in treatment at MHF is your choice.

I AGREE TO BE ALCOHOL AND DRUG FREE WHILE ENROLLED IN SERVICES AT MHF. I understand that this is a drug/alcohol-free program. I am willing to notify staff if another client is under the influence of alcohol or drugs or is dealing drugs.

I agree to attend all scheduled appointments on time.

I understand that disagreements among clients and/or staff do occur and that physical fighting/ threats are never permitted.

If I desire to leave this program prematurely, I agree to talk to my therapist about the issues or problems that are encouraging that decision.

I accept responsibility for the cost of the program.

I have received a copy of the patient handbook, including the Patient Bill of Rights and accepted them as presented to me. I understand that all efforts will be made to respect my rights as a person and client.

I agree to protect the anonymity of other group members. And I must not disclose to outside sources the identity of other group members or give any information that may identify a person as being in treatment with me.

I understand that I retain all legal and civil rights during the period of my treatment.

I understand that if one or more of these program rules are not adhered to; this may result in make up sessions, dismissal, suspension from treatment, and /or referral to another treatment modality.

I am willing to keep these agreements. I understand that violating these agreements may indicate my lack of interest in this program and may result in suspension or discharge from the program. Referral sources will be notified of this discharge. I agree to seek staff assistance if I have difficulty keeping this agreement.

HERE ARE SEVERAL NUMBERS TO KEEP:

ADVOCACY CENTER FOR PERSONS WITH DISABILITIES: 1-800-342-0823

Jacob Still, DCF SUBSTANCE ABUSE & MENTAL HEALTH PROGRAM OFFICE: (239) 338-1225

CONFIDENTIALITY POLICY

Mindful Health takes the issue of confidentiality very seriously. The information shared in your sessions is private and often deeply personal. In the wrong hands this information could be extremely dangerous and damaging. There are special rules & regulations that apply to mental health records.

Anonymity Policy

Patient’s of The Mindful health foundation agree to not identify or name, share information, or gossip about any other patient in the program. All information in sessions is strictly confidential. This includes groups.

Release of Records

Under no circumstances will mental health records be released with out a WRITTEN MHF consent signed in the presence of a staff member. We do not accept photocopies, faxes, or verbal consents.

When a mental health record is released, the record must be picked up from the office in person and a release form must be signed at that time. We do not mail or fax records as they may end up in the hands of the wrong person. records will only be released to the patient or the parent if the patient is a minor. There is a fee of \$1.00 per page charged for photocopies.

Exception

The Mindful Health Foundation will coordinate the release of records to court/administrative agencies once a valid release is signed by the patient. The Mindful Health Foundation will update your referring provider monthly of your progress if a valid release is signed to facilitate continuity of care. We will correspond with your insurance company.

Types of Records Released

The Mindful Health Foundation will release treatment updates, admission summaries, Psychological reports, and discharge summaries. Any patient also has a right to have a copy of any form they signed.

Phone Policy:

Unless we have a release from the patient, we will not confirm or deny that any patient attends The Mindful Health Foundation over the phone. This can be frustrating if you ask a friend or family member to contact us for scheduling or billing purposes. Please understand that without a release, we will not speak with anyone. This is done to protect your mental health records.

PAYMENT POLICY

This office is a fee-for-service practice. Therefore, we expect payment at the time of service unless arrangements are made PRIOR to the visit. We accept cash, check, VISA, debit cards, or MasterCard.

Cost of Individual Services

\$95.00 per hour for Individual Therapy

\$95.00 per hour for Nutrition Therapy

\$50.00 per hour for Group Therapy

\$40.00 for Initial Intake

\$150.00 per hour for Family Therapy

\$175.00 per day for IOP

Cost of Court-Related Services

\$40.00 DUI Substance Abuse Intake

\$80.00 per hour for Individual Substance Abuse/DUI Related Therapy

\$25.00 per hour for Substance Abuse Group Therapy

Missed Appointments Without Adequate Prior Notice

Because we schedule large segments of our time for appointments, we must charge for missed appointments. If you must reschedule or cancel an appointment, you must notify us 24 hours in advance to avoid a charge. Please Note: Charges for missed appointments will be at the full rate. If you are calling after hours or over the weekend, you need to leave a message with the answering service. They will fax us with the date and time you called. We, of course, make exceptions for true emergencies.

Finance Charge Policy

Please note that any outstanding balances are subject to a 12% annual finance charge if not paid at the designated and agreed upon intervals. Any balance over sixty days past due will be subject to referral to a collection agency.

Returned Check Policy

Also be aware that returned checks are costly to you and us. Not only will your bank charge you, we will charge you a fee of \$25 and insist on cash or credit card in the future.

I have read and understand all of the above policies. By signing below, I verify that I understand and agree to comply with those policies and that all questions have been answered sufficiently.

NOTICE OF PRIVACY PRACTICES

The Office for Civil Rights enforces the HIPAA Privacy Rule, which protects the privacy of individually identifiable health information, and the confidentiality provisions of the Patient Safety Rule, which protect identifiable information being used to analyze patient safety events and improve patient safety. Below is a description of the privacy practices required by federal law to protect your personal information. A copy is provided in your client handbook.

Our Pledge Regarding Your Medical Information The Mindful Health Foundation (MHF) is committed to protecting medical information about you. We create a record of the care and services you receive at MHF for use in your care and treatment. This Notice tells you about the ways in which we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of your medical information. We are required by law to give you this Notice describing our legal duties and privacy practices with respect to medical information about you; and follow the terms of the Notice that is currently in effect.

How We May Use and Disclose Medical Information about You. The following sections describe different ways that we may use and disclose your medical information. For each category of uses or disclosures we will describe them and give some examples. Some information such as certain drug and alcohol information, HIV information and mental health information is entitled to special restrictions related to its use and disclosure. The Mindful Health Foundation abides by all applicable state and federal laws related to the protection of this information. Not every use or disclosure will be listed. All of the ways we are permitted to use and disclose information, however, will fall within one of the following categories. For Treatment. We may use medical information about you to provide you with mental health treatment or services. We may disclose medical information about you to staff within our health system and personnel who are involved in taking care of you at MHF. For Payment. We may use and disclose medical information about you so that the treatment and services you receive at MHF may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give information to your health plan about a service you received at MHF so your health plan will reimburse you for the service. We may also tell your health plan about a proposed treatment to determine whether your plan will pay for the treatment. For Health Care Operations. We may use and disclose medical information about you for MHF's operations. These uses and disclosures are made for quality of care and medical staff activities. Your medical information may also be used or disclosed to comply with law and regulation, for contractual obligations, patients' claims, grievances or lawsuits, health care contracting, legal services, business planning and development, business management and administration, the sale of all or part of MHF to another entity, underwriting and other insurance activities and to operate the health system. For example, we may review medical information to find ways to improve treatment and services to our patients. Appointment Reminders. We may contact you to remind you that you have an appointment at MHF. Treatment Alternatives. We may tell you about or recommend possible treatment options or alternatives that may be of interest to you. Health-Related Benefits and Services. We may contact you to tell you about benefits or services that we provide. Disaster Relief Efforts. We may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. As Required By Law. We will disclose medical information about you when required to do so by federal or state law. To Avert a Serious Threat to Health or Safety. We may use and disclose medical information about you when necessary to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person. Any disclosure would be to someone able to help stop or reduce the threat. Workers' Compensation. We may use or disclose medical information about you for Workers' Compensation or similar programs as authorized or required by law. These programs provide benefits for work-related injuries or illnesses. Public Health Disclosures. We may disclose medical information about you for public health purposes. Health Oversight Activities. We may disclose medical information to governmental, licensing, auditing, and accrediting agencies as authorized or required by law. Legal Proceedings. We may disclose medical information to courts, attorneys and court employees in the course of conservatorship and certain other judicial or administrative proceedings. Lawsuits and Other Legal Actions. In connection with lawsuits or other legal proceedings, we may disclose medical information about you in response to a court or administrative order, or in response to a subpoena, discovery request, warrant, summons or other lawful process. Law Enforcement. If asked to do so by law enforcement, and as authorized or required by law, we may release medical information:

- to identify or locate a suspect, fugitive, material witness, or missing person;
- about a suspected victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- about a death suspected to be the result of criminal conduct;
- about criminal conduct at MHF; and
- in case of a medical emergency, to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime. Coroners, Medical Examiners and Funeral Directors. In most circumstances, we may disclose medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine cause of death. We may also disclose medical information about patients of MHF to funeral directors as necessary to carry out their duties. National Security and Intelligence Activities. As authorized or required by law, we may disclose medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities. Protective Services for the President and Others. As authorized or required by law, we may disclose medical information about you to authorized federal officials so they may conduct special investigations or provide protection to the President, other authorized persons or foreign heads of state. Inmates. If you are an inmate of a correctional institution or under the custody of law enforcement

officials, we may release medical information about you to the correctional institution as authorized or required by law.

If you request a copy of the information, there is a fee for these services.

We may deny your request to inspect and/or to receive a copy in certain limited circumstances. Right to Request an Amendment or Addendum. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information or add an addendum (addition to the record).

Amendment. To request an amendment, your request must be made in writing and submitted to: Patient Relations Department, The Mindful Health Foundation 865 91st Ave. North, Naples, FL 34108. Phone : (239)434-6596 and Fax: (239)514-2519. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request.

In addition, we may deny your request if you ask us to amend information that:

- was not created by MHF;
- is not part of the medical information kept by or for MHF;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete in the record.

Addendum. To submit an addendum, the addendum must be made in writing and submitted to Patient Relations. An addendum must not be longer than 250 words per alleged incomplete or incorrect item in your record. Right to an Accounting of Disclosures. You have the right to receive a list of the disclosures we have made of your medical information.

To request this accounting of disclosures, you must submit your request in writing to The Mindful Health Foundation, 865 91st Ave. North, Naples, FL 34108. Your request must state a time period that may not be longer than the six previous years. You are entitled to one accounting within any 12-month period at no cost. If you request a second accounting within that 12-month period, there will be a charge for the cost of compiling the accounting. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. To request a restriction, you must make your request in writing to the Patient Relations Department, The Mindful Health Foundation 865 91st Ave. North, Naples, FL 34108. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, only to you and your spouse.

We are not required to agree to your request. If we do agree, our agreement must be in writing, and we will comply with your request unless the information is needed to provide you emergency treatment. Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.

For example, you may ask that we contact you only at work or only by mail.

To request confidential communications, you must make your request in writing to the Patient Relations Department, The Mindful Health Foundation 865 91st Ave. North, Naples, FL 34108. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. Changes to Privacy Practices and This Notice. We reserve the right to change MHF's privacy practices and this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. Questions or Complaints. If you have any questions about this Notice, please contact the Patient Relations Department, The Mindful Health Foundation 865 91st Ave. North, Naples, FL 34108.

If you believe your privacy rights have been violated, you may file a complaint with MHF or with the Secretary of the Department of Health and Human Services.

To file a written complaint with MHF, contact the Patient Relations Department, The Mindful Health Foundation 865 91st Ave. North, Naples, FL 34108. You will not be penalized for filing a complaint.

Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this Notice will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use

or disclose medical information about you for the reasons covered by your written permission. You understand that we are unable to take back any disclosures we have already made with your permission, and that we will retain our records of the care provided to you as required by law.
I HEREBY CERTIFY that I have read and agree to the conditions.

RELEASE FOR REPORTING COMMUNICABLE DISEASES

Why are we asking you this? There are certain diseases that are life threatening and can be easily spread to others. Sections 381.0031 and 384.25,F.S., (Florida law) requires that each licensed practitioner who diagnoses, treats, or suspects a case or an occurrence of a disease or condition listed in the “Table of Notifiable Diseases or Conditions, Chapter 64D-3.029, F.A.C.”, (can be found in it’s entirety at <http://www.doh.state.fl.us/disease>) is required to report the notifiable disease or condition to the health department. The public health system depends upon reports of disease to monitor the health of the community and to provide the basis for preventive action.

Your signature will authorize a release for reporting communicable diseases to the Collier County Health Department. These conditions are generally rare and include but are not limited to:

- | | |
|--|------------------------|
| Acquired Immune Deficiency Syndrome (AIDS), | Measles, |
| Amebic Encephalitis, Amebiasis, Animal bite, | Meningitis, |
| Anthrax, | Meningococcal Disease, |
| Botulism, | Mumps, |
| Brucellosis, | Paralytic Shellfish, |
| Campylobacteriosis, | Poisoning, Perstussis, |
| Chancroid, | Pesticide Poisoning, |
| Dengue, | Plague, Pliomuelitits, |
| Encephalitis, | Psittacosis, |
| Gonorrhea, | Rabies, |
| Granuloma, | Relapsing Fever, |
| Inguinale, | Rubella, |
| Hansens Disease- Leprosy, | Salmonellosis, |
| Hemorrhagic Fevers, | Shigellosis, |
| Hepatitis, | Smallpox, |
| Histoplasmosis, | Syphilis, |
| Legionnaires Disease, | Tetanus, |
| Leptospirosis, | Toxoplasmosis, |
| Lymphogranuloma, | Trichomonas, |
| Berereum, | Tularemia, |
| Malaria, | |
| Typhoid fever, | |
| Typhus, | |
| Vibrio Cholera, | |
| Vibrio Infections, | |
| Yellow Fever | |

YOUR RIGHTS AND RESPONSIBILITIES

- You have the RIGHT to:
 - Be treated with dignity and respect.
 - No person shall, on the basis of race, color, religion, national origin, sex, age, or disability by excluded from participation in, be denied the benefits of, or be subjected to unlawful discrimination under any program or activity.
 - Have cultural, psychosocial, spiritual and personal values, beliefs and preferences respected.
 - Have the least restrictive means of treatment with maximum potential benefit
 - Have an experienced professional staff person assigned especially to help work with you in addressing problems.
 - A personalized (individualized) assessment of your needs.
 - Have family participate in treatment planning throughout the duration of treatment.
 - Have care within a reasonable time based on clinician assessment and within the scope of services provided.
 - Have another opinion regarding services provided.

Designate or have designated a surrogate decision-maker if incapable of understanding treatment or if unable to communicate wishes regarding care.
 Discharge when treatment objectives have been reached and/or maximum benefit from MHF services has been reached.
 Provide input into program policies and services through customer satisfaction surveys and/or, suggestion boxes, grievance process, and/or through participation in the Consumer Advisory Board
 Be informed both verbally and in writing of your rights.
 Be informed both verbally and/or in writing, if your rights are being withheld.
 Quality treatment.
 Informed consent to treatment.
 Be informed of any actions, procedures, or decisions that may affect you and your treatment at the Center.
 Participate in the development and review of treatment/service and discharge planning.
 Be informed of payment obligations for services rendered
 Comfortable
 Safe
 Physically accessible
 Promote dignity
 Ensure privacy
 Contribute to a positive outcome of treatment
 Be free from neglect, abuse, exploitation, or any form of corporal punishment.
 Report complaints or file a formal grievance.
 Receive patient safety
 Refuse any form of service unless the service has been ordered by a court, or in an emergency situation when needed to prevent harm to yourself or others.
 Be informed that without services, your situation may get worse.
 Refuse to be filmed, photographed or taped without your written permission.
 Refuse to take part in experimental studies or research without your written permission.
 Request release and/or discharge from any program or MHF service

HIV/AIDS FACT SHEET

What are HIV and AIDS? HIV is the human immunodeficiency virus. It is the virus that can lead to acquired immune deficiency syndrome, or AIDS. CDC estimates that about 56,000 people in the United States contracted HIV in 2006. HIV damages a person’s body by destroying specific blood cells, called CD4+ T cells, which are crucial to helping the body fight diseases.
 AIDS is the late stage of HIV infection, when a person’s immune system is severely damaged and has difficulty fighting diseases and certain cancers. Before the development of certain medications, people with HIV could progress to AIDS in just a few years. Currently, people can live much longer - even decades - with HIV before they develop AIDS.
 How is HIV spread? HIV is spread primarily by:
 Not using a condom when having sex with a person who has HIV. All unprotected sex with someone who has HIV contains some risk
 Having multiple sex partners or the presence of other sexually transmitted diseases (STDs) can increase the risk of infection during sex. Unprotected oral sex can also be a risk for HIV transmission, but it is a much lower risk than anal or vaginal sex.
 Sharing needles, syringes, rinse water, or other equipment used to prepare illicit drugs.
 HIV can be passed from mother to child during pregnancy, birth, or breast-feeding.
 Less common modes of transmission include:
 Being “stuck” with an HIV-contaminated needle or other sharp object. Receiving blood transfusions, blood products, or organ/tissue transplants that are contaminated with HIV.
 HIV may also be transmitted through unsafe or unsanitary injections or other medical or dental practices. However, the risk is also remote with current safety standards in the U.S.
 Eating food that has been pre-chewed by an HIV-infected person.
 This screening is for your information and will not be shared with anyone. If you check any of the following, it is a good idea to get tested. Your counselor will provide you with a testing site.
 In the past 90 days,
 1. Have you shared unclean needles or syringes with someone?
 YES NO DON’T KNOW

2. Have you had unprotected sex with anyone (male, female, transgender)?
YES NO DON'T KNOW
3. Have you had sex with someone whose HIV status you did not know?
YES NO DON'T KNOW
4. Have you had sex with someone whose HIV status you knew was different from yours?
YES NO DON'T KNOW
5. Have you been diagnosed with Syphilis, Chlamydia, or Gonorrhea?
YES NO DON'T KNOW
6. Have you had sex while high on drugs or alcohol?
YES NO DON'T KNOW
7. Have you exchanged sex for money, drugs, shelter, etc.?
YES NO DON'T KNOW
8. If you are HIV-positive and have been prescribed HIV medication, have you had trouble taking your HIV medication as prescribed by your doctor?
YES NO DON'T KNOW

CLIENT GRIEVANCE POLICY:

It is the policy of The Mindful Health Foundation that all clients have the means to file complaints and reach resolution. The conditions for expressing a grievance are defined as dissatisfaction with decisions concerning the client and/or services provided the client.

Clients have the right to file a complaint or grievance without interference or fear of retaliation. All staff members are to be attentive and respectful to any grievance registered by a client and are prohibited from discouraging, intimidating, or seeking retribution against clients who seek to exercise their rights or file a complaint or grievance.

Clients have the right to timely notification of the resolution and receive an explanation of any further appeal, rights, or recourse.

All clients have the right to at least one level of review that does not involve the person about whom the complaint has been made or the person who made the decision under review.

GLOSSARY OF TERMS

Clients: Individuals and families that use, receive, or benefit from the programs and services at The Mindful Health Foundation. Clients can include consumers and legal guardians.

Complaint: For clients, a complaint is a verbal expression of dissatisfaction with, including, but not limited to aspects of service delivery, manner of treatment, outcomes, or experiences.

Grievance: For clients, grievances are formal expressions of dissatisfaction or discomfort that can include, but is not limited to service delivery, manner of treatment, outcomes, or experiences. All complaints received in writing, including email, are considered formal grievances. If a client does not wish to or is unable to submit a written expression of dissatisfaction, he or she may request the formal grievance be documented by the staff person receiving the verbal report.

GENERAL PROCEDURES:

Notices informing all clients of their right to make a complaint are posted in an obvious location at all MHF sites.

At the initial assessment, all clients will be informed of their right to make a complaint, the process by which to do so, and the way in which the organization will respond.

In general, the first step to resolving any client concern or complaint should be to seek informal resolution within the program when a dispute arises. This process may begin with the client's direct service worker or program Director/Coordinator. If a satisfactory resolution is not achieved at this level, staff should inform the client of his/her right to submit a formal grievance.

Informal efforts to resolve complaints and grievances should be documented in the client's case record, progress notes, and/or tracking logs as applicable.

If the client believes for any reason that they cannot approach program staff with their concerns, they may address their concerns directly with the CEO.

At the time of a complaint, the client will be provided by staff an additional copy of the client grievance policy. The staff member will review the procedure and clarify any issues for the client. MHF will acknowledge and document the receipt of all formal grievances.

Formal grievances should be submitted to the program Director/Coordinator (receiving supervisor) for review, or as appropriate.

The receiving supervisor should interview the client to discuss his/her concerns directly. The receiving supervisor will document in writing any communication regarding the grievance. This information will be submitted to the CEO for review and/or consultation with the receiving supervisor within seventy-two hours of the receipt of the complaint.

The President/CEO and/or may complete an Internal Program Review to determine the validity of the grievance.

At this point in time if the client remains dissatisfied with the outcome, they may make one final appeal to the President/CEO. Appeals to the President/CEO will be determined within seven business days and the results conveyed to the client within twenty-four hours of a decision.

All clients/families have the right to initiate a complaint.

As required, legal counsel will be sought to intervene in situations that are not successfully resolved through the prior avenues. MHF will not in any way restrict, discourage or interfere with client communication with an attorney for the purpose of filing a complaint.

Should any complaint warrant further investigation beyond the scope of this policy, the client may contact Jacob Still or Susan Nunnally with DCF:

Susan Nunnally
Department of Children and Families -SunCoast Region
Substance Abuse Mental Health Program Office
1864 17th Street
Sarasota, FL 34234
o:941-554-1719
c: 813-731-4957
fax:941-554-1702

Client Grievance Form

Grievance Filed By _____ Date: _____

#/Street City State Zip Phone: _____

Describe what happened:

When and where did this happen?

Who was involved and how were they involved?

Name(s) of witness(es), if any and how they can be reached.

What remedies are you looking for?

I request that The Mindful Health Foundation investigate the above reported incident. I understand that MHF may need to interview other staff and/or review my medical record as part of the investigation; I therefore give MHF authority to take steps necessary to conduct a thorough investigation. I also understand that I have the right to have someone assist me with the grievance.

Client Signature : _____

MHF Grievance Board Representative : _____

Date : _____

Printed Name : _____