



**Behavioral Health Services  
Client Handbook  
Acknowledgement**

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I acknowledge that I have received a copy of the Client Handbook.

\_\_\_\_\_  
Responsible Party Signature

\_\_\_\_\_  
Date

**(Please Return with your intake packet)**



# **Client Handbook For Behavioral Health Services**

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**We strongly encourage you to keep this handbook for your reference.**

## **1. Introduction**

Welcome to Genesis II for Families. We are pleased to provide behavioral health services to you. Our staff is committed to working with you in a sensitive, private, and professional manner.

Genesis II is a non-profit organization that provides a number of different community services to children, adults, and families including behavioral health services. Some of our therapists are working toward their licensure. You will be notified in writing if your therapist is being supervised by a licensed mental health professional. Licensed professionals are licensed according to their professional board's state and federal practice guidelines.

Mental health therapy, being part of the health care system, can be complicated to use. For more information about Genesis II for Families please call 612-617-0191 and ask to speak to the Director of Clinical Services or visit us at our website at [www.genesis2.org](http://www.genesis2.org). We strongly encourage you to keep a copy of this handbook for your reference.

## **2. Treatment Plan**

An intake (diagnostic assessment) is conducted to identify areas of strengths and needs to develop long and short term treatment goals. Each treatment plan is tailored to meet individual needs. Session length, frequency and duration vary depending upon the client's needs. After the diagnostic assessment and initial therapy session, you should have an understanding of your treatment plan. A new treatment plan is written once every 90 days to re-address the long and short term goals identified within the therapy process. You will be asked to sign the plan once every 90 days indicating your support of the treatment plan. You may refuse to sign or ask that amendments be made prior to the document becoming an official record. Refusal to sign the report may affect your ability to receive services. Upon your written consent, treatment reports are released to your primary care doctor and other professionals that you authorize.

You have the right to decline a treatment option identified in the treatment plan. However, failure to follow the recommended treatment plan identified may affect the progress you can achieve. If you have concerns about the services please contact the therapist working with you or the Director of Clinical Services at 612-617-0191.

## **3. Missed appointments**

Please call to cancel or reschedule appointments. We recognize that people need to change their schedules unexpectedly. If an appointment is not cancelled at least 24 hours in advance, you may be charged for missed appointments. If less than 24 hour notice is given, you will be billed \$50.00 for the missed appointment. This fee is not billable to your health insurance.

We reserve the right to discharge you from therapy when 2 consecutive treatments are missed without an advanced notice. In addition, if 3 appointments are missed within a 90 day period, we reserve the right to discharge you from therapy. Therefore, we ask that you call your therapist as soon as possible whenever you will be unavailable for a scheduled appointment.

## **4. Professional Meetings/Consultations**

For a nominal fee you may request that your therapist attend additional meetings or perform additional professional task designed to facilitate interdisciplinary team collaboration. Examples include lengthy phone consults with physicians, psychologists, or other professionals and attending IEP meetings. A nominal fee is applied when the meeting requires therapist time that goes above and beyond the usual and customary meeting and collaboration efforts needed to provide a skilled and necessary service. This fee is not billable to your health insurance or medical assistance.

## **5. Clinic Hours and Service Locations**

Our behavioral health clinic hours are 9:00-5:00 Monday through Friday. Additionally, evening appointments are available upon request and upon therapist availability in the evenings. Clients may call their therapist or other members of the treatment team during regular business hours at 612-617-0191.

Emergency services if needed are available in a number of ways:

The Hennepin County Acute Psychiatric Service is available to all residents of Hennepin County. Confidential assessment, information, referral and support are available 24 hours a day. The number is 612-873-3161. First Call for Help at 651-291-0211 and Crisis Connection at 612-379-6363 also provide support to families in crisis. These agencies are designed to offer callers resources to help them access needed services.

In emergency situations, involving the risk of harm to self or others, contact the nearest hospital emergency room or, if necessary, call 911.

## **6. Working with Families Experiencing Parental Separation and/or Divorce**

Genesis II for Families' mission statement articulates our sense of commitment to strengthen families and the community. Our many and varied programs are designed to carry out that mission and to demonstrate how valuable self-determination, self-sufficiency, and healthy family lifestyles are. As such, we serve diverse populations of families.

In the Behavioral Health Services Department we frequently provide therapy to children and adults whose family units are experiencing or have experienced divorce or separation. Sometimes the families are involved in custody disputes. As therapists, we work to establish a strong therapeutic relationship with our primary client (child or adult), while also respecting the complexity of emotions and distress the entire family unit may be experiencing.

When treating a child in an unresolved custody situation, we feel strongly that both parents must give written consent for the child(ren) to be seen for therapy. The only exceptions would be if a parent is unavailable to give consent (for example, his/her whereabouts are unknown), if the named parent has not been legally adjudicated as the parent of the child, or if one parent has been given sole legal custody of the child. If a parent has restricted access to their child(ren) due to domestic abuse or child protection concerns, then the therapist must be provided a copy of the court order prohibiting contact with the child. In this circumstance, the parent who is restricted from contact with the child may not be asked to provide consent for therapy. (The therapist may request legal opinion regarding the restricted parents consent.)

The therapist will make reasonable efforts to pursue consent from both legal parents. In most cases, the therapist will likely encourage both parents to have involvement in the therapy of the child(ren). It is the therapists' discretion to determine what level of parental involvement is therapeutic and beneficial to the child.

It is always the therapist's role to help the child(ren) understand and cope with the major transitions and loss that usually accompany divorce. The therapist can help treat anxiety, depression, and other adjustment concerns that many children of divorce experience. In order for this to occur, the child must see the therapist as being aligned with him/her, not perceiving the therapist as being an agent of either parent. It is not the therapist's role to conduct a parenting evaluation, custody study, mediation or to determine parenting time (i.e. visitation schedules). It is our policy to refer clients to other agencies or resources if we are requested to assume roles we feel are not appropriate or therapeutic. In the event a client is referred to us inappropriately by an

attorney or judge, we will contact the referral source and suggest other resources. We believe in maintaining and strengthening parent/child relationships whenever possible. We also think it is best to respectfully share our philosophy with you prior to the therapeutic relationship beginning. If you have any questions, please feel free to contact the Director of Clinical Services at 612-617-0191.

## **7. Client Payment**

### **Changes in health insurance providers and policy numbers**

You are required to inform us if you have a change in your health insurance policy (provider or policy number) and your home address and phone number. Failure to inform us of your health insurance policy number or provider changes can result in you being charged the full fee in the event that the payment is denied by the payer.

### **Billing intake records and consent to treat and bill**

Please offer us a copy of the front and back of your insurance card. We can copy the card for you during your intake.

You must complete an intake prior to being seen by your therapist as this will allow us to secure certificate of health insurance benefits and help us offer you a high quality, cutting edge therapy service. On occasion, exceptions are made allowing you to complete these records during your diagnostic visit or within a few business days after your first appointment. Failure to complete the intake packet can result in termination of service as we will not have the necessary information to follow our regulatory guidelines or offer you an effective therapy experience.

By law, we must annually update client signatures verifying consent that allows us to bill your health insurance company and to treat your child. We ask that you promptly fill out and return the billing consent form if it is mailed to you.

### **Payment for services**

Co-payments are required to be paid at the time of each visit.

Payment in full of the bill is due upon receiving the monthly statement of incurred charges. It may be paid with cash or check only. If you have any questions about your bill, please call 612-617-0191 and ask to speak to a finance department member.

If your insurance company has not paid your account in full within 120 days, we may reserve the right to transfer the responsibility for the charges to you.

We reserve the right to bill you privately for insurance benefits not paid to the provider because the policy holder needs to update the insurance company on any secondary insurance payers. Occasionally, the insurance company may ask in writing that you contact them to fill out a Coordination of Benefits form. Genesis II will not receive payment until you process this form.

If it becomes necessary to place your account with a collection agency because of nonpayment, any legal and/or collection fees will be added to your account balance.

### **Insurance Benefits**

We will accept assignment of insurance benefits. Benefits vary from one plan to another. Insurance companies occasionally request copies of client records to decide if the claim is covered under the policy. We will send copies of reports as requested by the insurance company in an effort to secure reimbursement. Some diagnoses do not qualify for payment from insurance

companies or other payers. Also, please be aware some of the treatment modalities may be “non-covered” services and not considered reasonable and necessary. Please check with your insurance company concerning the specifics of your policy. We will work with you to develop and submit an appeal to the insurance company in the event that the services are not covered.

**You, however, are ultimately responsible for the charges you incur and understanding the terms of your insurance policy (i.e. certificate of benefits). If you have questions about how to submit an appeal, please contact the Behavioral Health Services Department at 612-617-0191.**

Please discuss questions about your certificate of benefits with your employer or insurance agent. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. We ask that you call the member services phone number listed on your health insurance card to verify your certificate of benefits for therapy services as it specifically relates to your treatment needs. We will also call your health insurance member services department to check your certificate of benefit coverage for therapy services. We make a concerted effort to inform you when we suspect a problematic claim. **However, we strongly encourage you to refer to your certificate of coverage to confirm this information. Keep in mind, it is the policyholder’s responsibility to understand and keep up to date with benefit coverage. We are not responsible for denied claims due to misperceptions about what your insurance will cover. Listed below are several questions that you should ask your health insurance company.**

Is Mental Health Counseling a covered service? Yes or No \_\_\_\_\_

Is there a deductible?

Yes or No \_\_\_\_\_

What is the deductible? \_\_\_\_\_

Is there a co-pay?

Yes or No \_\_\_\_\_

What is the co-pay? \_\_\_\_\_

**Other questions you should ask your health insurance company**

1. Is Genesis II for Families included in the insurance plan provider list as an “in-network” provider? If no, what is the “out of network” benefit?
2. Is a clinic referral needed for an evaluation and for on-going treatment services?
3. Is prior-authorization needed for an evaluation or/and treatment?
4. Is there a visit or dollar cap per policy year? If yes, what is it?
5. Are there any policy plan exclusions not already mentioned above that may apply?

**Clinic Referrals**

As a courtesy, we will work with you to obtain clinic referrals if they are needed. We encourage you to contact your health insurance member services department to determine if a clinic referral is needed. We want to assist in any we can to make this process as smooth as possible. However, we are not responsible for claims paid out of network due to misperceptions about the need for a clinic referral.

**Medical Assistance**

We accept payment from Medical Assistance as payment in full. It is your responsibility to complete all the requirements for obtaining and maintaining Medical Assistance. If you fail to complete the requirements for keeping the Medical Assistance active, we reserve the right to stop services immediately or to bill you privately for the services during the ineligible period.

### **Paying Privately for Therapy Services**

You may pay for your therapy services privately. A down payment of 50% of the bill is required before each visit. You will be billed the remainder of the amount due on a monthly basis by our finance department. Payment in full is due upon receipt of the bill.

### **Reduced Fees**

When paying privately, if you are unable to pay in full for the services provided, you may apply for a sliding fee. In order to apply for the sliding fee, you must provide proof of income and financial ability to pay. Your sliding fee scale rate will be evaluated periodically and with any change in your financial situation.

When paying privately for services (given a reduced fee) a 50% down payment is required before each visit. You will be billed the remainder of the amount due on a monthly basis by our finance department. Payment in full is due upon receipt of the bill. You may obtain a reduced fee application by call 612-617-0191 and ask to speak to someone in the finance department.

## **8. Medical Records**

Your file on record will generally contain the following information:

1. Records obtained during intake including history and background, payer information, sliding fee scale applications and a letter of determination reflecting your discounted private pay rate for the service and data release form.
2. Treatment reports including diagnostic assessments, progress notes, treatment plans, quarterly reviews and other professional reports obtained with your written permission from other community providers or agencies.
3. Legal documents and correspondence to and from legal representatives.
4. Statement of credentials stating that the mental health therapist working with you is in the process of obtaining licensure and is being supervised by a qualified mental health professional.
5. Other mutually agreed upon documents.

Your medical record will not include the following:

1. Documentation of phone conferences unless the therapist chooses to write a case note to give situational specific circumstances
2. Documentation of other correspondence (verbal or written) received outside of typical treatment session (i.e., hallway conversation, information reported to the therapist from another source such as IEP reports).

You have the right to review or obtain copies of your record. Access to your records is free of charge. However, there may be a nominal fee for photocopying your file. To obtain copies of your record, you must talk with your therapist and offer the request in writing. The therapist and/or behavioral health services department staff require a minimum of 48 hours to provide the record to you. If your therapist denies your request believing it to be in your best interest you may ask another mental health professional from another clinic to receive and review your records or obtain legal advice. You also have the option of filing a grievance complaint and submitting your complaint to the Director of Behavioral Services.

## **9. Your Rights and Responsibilities as a Client**

As a client of Genesis II for Families, Inc., you have certain rights under the laws of Minnesota. Most of your legal rights are derived from the Patient Bill of Rights (Minnesota Statue Section 144651) and access to Health Records (Minnesota Statue Section 626557). In our effort to provide responsible care to our clients, we, the staff of Genesis II for Families, Inc., will treat you with respect and honor your rights to privacy, confidentiality, and all other rights identified below. Furthermore, clients have the right for

reasonable access to care, which will not be affected by your race, religion, gender, ethnicity, culture, spiritual values, sex, age, illness or sexual orientation. Clients and their families have the right to be informed of their rights in a language they understand.

▪ **Confidentiality of Records**

Genesis II for Families, Inc. is an outpatient treatment program. Therefore, your Genesis II record is a Genesis II record. Information about you and our records are private and will not be released to persons outside Genesis II without your written consent (i.e. Authorization for Disclosure of Private Healthcare Information). However, Genesis II staff may be obligated to release your record or share information about you without consent in the following circumstances:

- a. Staff is required by law to report suspected child abuse or neglect that has occurred within the past three years.
- b. Staff is required by law to report suspected abuse or neglect of vulnerable adults.
- c. Protecting yourself or others if you are threatened with harm.
- d. If you plan to commit or have committed a crime.
- e. To medical personnel in a medical emergency.
- f. To comply with the Minnesota Department of Health regulations.
- g. To qualified researchers, or for audit or program evaluation purposes.
- h. If required by court order, state, or federal law.
- i. Limited information may be released to outside collection agencies for the collection of unpaid bills.

▪ **Right to Information about Treatment**

Clients have the right to be involved in the decision making process regarding the development of your individualized treatment plan. Clients have the responsibility to follow their agreed upon treatment plan. Clients are entitled access to this information, provided you make a written request. In addition, you can expect the staff to explain your diagnosis, treatment alternatives, progress and prognosis, and benefits and risks of each treatment alternative.

Clients have the right to participate in the consideration of ethical issues that arise in the provision of care, including resolving conflict, withholding resuscitative services, forgoing or withdrawing life-sustaining treatment, and participating in investigational studies for clinical trials. Clients have the right to designate a surrogate decision-maker if the member is incapable of understanding a proposed treatment or procedure or is unable to communicate his or her wishes regarding care.

Clients may be asked to provide informed consent in writing to certain tests or procedures. Ask as many questions as you need to fully understand each document you are asked to sign to your insurance company or other third party payer.

▪ **Right to Refuse Care**

Clients have the right to refuse care at any time during their treatment plan. If you decide to refuse care, or change your mind about an agreed upon treatment plan, we encourage you to discuss your concern with a Genesis II staff. We respect your right to refuse a recommended treatment plan and to be informed of the consequences of your decision.

▪ **Freedom from Abuse**

Genesis II staff is required by the Vulnerable Adults Protection Act and by Child Protection laws to report incidents of abuse by or against Genesis II clients.

- **Counseling Staff**

The counselors and therapists are professionally trained and/or supervised. Because Genesis II for Families may have graduate students in training, they may participate in your care. The graduate interns are closely supervised by professionals. Ask your provider about their qualifications.

## **10. Grievance Procedure**

Our services are in compliance with the Civil Rights Policy and Standards of the Minnesota Department of Human Services. Qualified persons will not be excluded from participation in, be denied the benefits of or be subject to discrimination in any manner on the basis of age, race, color, creed, religion, national origin, disability, sex, sexual orientation, arrest or conviction record, or status with regard to public assistance. This policy covers admission policies and procedures, access to services, and treatment in all programs and activities. If you believe that your legal, civil or human rights have been violated, you may use any of the following resources to file a complaint or grievance. You may contact the Director of Clinical Services at 612-617-0191. Your concerns will be responded to within 7 working days.

Complaints about a therapist's professional conduct can be registered with the appropriate professional authority. This would be at the Minnesota Board of Psychology at 612-617-2230, the Minnesota Board of Social Work at 612-617-2100, the Minnesota Board of Behavioral Health & Therapy at 612-617-2178, or the Minnesota Board of Marriage and Family Therapy at 612-617-2220.

To file a complaint, you may contact the Minnesota State Office of Ombudsman for Mental Health at 651-296-3969 or 800-657-3506.

You have the right to disagree with recommendations (written or verbal) offered by your therapist. If you disagree with any written information, you have the right to appeal to make an amendment. Please contact the Director of Clinical Services at 612-617-0191.

## **11. Client Responsibilities**

As a partner in your services at Genesis II for Families, you have responsibilities as well as rights. You can help yourself by being responsible in the following ways:

- Providing an accurate and complete medical, criminal and psychological history.
- Understanding and following your treatment plan. If you have questions about your condition or treatment, ask staff assisting in your care.
- Informing the staff treating you if you are uncomfortable with your treatment plan or dissatisfied with your care.
- Knowing the purpose, proper use and potential side effects of your prescribed medications and usage of mood altering substances.
- You are responsible for arranging payment for the cost of services you receive. Please carefully read the **Client Payment Policy** that is a part of this document.
- You are responsible for keeping scheduled appointments. If you cannot keep an appointment, please call as soon as possible. Please refer to the policy on missed appointments and note that there is a fee for missing appointments when you do not call to cancel.
- You are responsible for respecting the right of privacy and confidentiality of other clients you see at our agency. This is especially true of other clients you meet when participating in any group situations or passing in the hallway.
- You share responsibility with us for helping evaluate our services. This may involve your participation in completing a survey. Your privacy will be respected in such contacts.
- You share the responsibility with us in assuring that the helping relationship remains respectful and that our staff, other clients, and visitors feel safe and protected. We reserve the right to terminate contact with clients who engage in abusive language or behavior, any form of harassment, or who are perceived to be under the influence of alcohol or other drugs.

## **12. Staff Rights**

The behavioral health therapists at Genesis II for Families are committed to respecting your rights. The therapists also have rights that guide them as professionals.

- Therapists have the right to keep their private lives separate from their professional lives and do not routinely give out their home address or phone number, family information, or other personal information.
- Therapists have the right to consult with other staff as needed. Therapists have the right to transfer clients to other professionals or terminate therapy if they believe:
  1. Their objectivity has become impaired.
  2. The problems presented are outside their area of competence.
  3. Therapy is not indicated.
  4. The client is not benefiting from or following the treatment plan.
  5. A client or client family is being abusive.
- Therapists have the right to expect respectful treatment, not to be intimidated, threatened, or harmed by clients.

## **13. Gifts, Favors and Entertainment**

As indicated in most Mental Health Counseling Professional Code of Ethics, gifts, favors, and tokens of appreciation that you might offer to your therapist are generally items that a therapist cannot accept. These gifts will be returned out of respect for clients that choose not to or may not have the resources to offer gifts and to follow the professional's code of ethics.

## **14. Notice of Privacy Practices and Confidentiality**

Prior to receiving or releasing client specific information about you will be asked to annually complete a Authorization for Disclosure of Private Healthcare Information form as mandated by the Minnesota statute 13.04 (Rights of Subject Data).

All data collected, created, maintained or disseminated in the therapy services program will be governed by the Minnesota Government Data Practices Act and will be in compliance with Title II of the Health Importability and Accountability Act (HIPAA) of 1996 and the Minnesota Rules implementing such Act now in force or hereafter adopted as well as Federal regulations on data privacy. Please refer to the Notice of Privacy Practices in this packet outlining Genesis II's policies on data privacy practices.

The Agency will conform to the maximum extent possible with the guidelines of the "Data Practices Policy and Procedures Manual" published by the Minnesota of Department of Human Services and with Title II of the Health Importability and Accountability Act (HIPAA) of 1996.

In most situations, information about you can only be shared with others with your signed permission (i.e., Authorization for Disclosure of Private Healthcare Information). However, there are instances where we may be unable to protect your privacy. These situations include:

- Staff is required by law to report suspected child abuse or neglect that has occurred within the past three years.
- Staff is required by law to report suspected abuse or neglect of vulnerable adults.
- Staff may report situations in which your personal safety or the safety of another may be at risk.
- Information may be given without a signed release if required by law or by an order of the court.
- Limited information may be released to outside collection agencies for the collection of unpaid bills.

Information we ask you to provide is necessary in our efforts to be of service to you. Unless ordered by a court, you are not legally required to provide any information to us. If you choose not to provide

information requested, it may be more difficult or even impossible for us to provide services to you. You may also become ineligible for financial assistance or to receive services.

All new staff will be given an orientation regarding the strict confidentiality of client data. If you have concerns about your rights to privacy, discuss them with the staff working with you.

### **15. In-home Services**

If you are receiving in-home behavioral health services, we ask that you abide by the following guidelines that will help the therapist work successfully with you in your home in a manner that is mutually respectful, safe and courteous:

1. Distractions kept to a minimum during the counseling service.
  - TV, radio, stereo should be turned off
  - Allow voicemail to pick up phone messages
  - Appropriate care, supervision, or structured activity should be arranged for family members not participating in the therapy to minimize distractions (including childcare for young children)
  - Pets should be caged or put in another room
  - Other home services such as home repair or maintenance appointments should be scheduled at another time
  - Any other potential environmental distraction should be kept to a minimum
2. Please be ready for the therapist upon his/her arrival. The therapist will wait up to 15 minutes for you if you are not at home or unavailable. However, it is expected that appointments will routinely start and end on time. This is critical in order for the therapist to remain on schedule. Please refer to the client handbook for more information about missed and late appointments.
3. It is expected that you provide a safe and appropriate place to meet in your home. Meeting in the kitchen, dining room, living room are appropriate meeting places. Meeting in other areas of the home will be at the discretion of the therapist.