

**Comprehensive Family Care  
CFC Inc**

**Client Handbook for Individuals Served by our  
Employees, Contractors or Affiliates**

**For more information please visit the website at  
[www.comprehensivefamilycare.org](http://www.comprehensivefamilycare.org) or  
the client portal at  
<https://cfcknight.clientsecure.me/>**

## **Rights and Responsibilities of Persons Served**

### **I. POLICY:**

- A. It is the policy of Comprehensive Family Care/CFC Inc to provide quality services in an environment in which the needs of persons served are met through the protection of individual interests. Such an environment is based on respect of the dignity of the person served as an individual who is provided care in a courteous and compassionate manner. The dedication of each employee to the components outlined in this policy is essential in achieving our goal of protection of individual rights and interests.

### **II. CONSUMER RIGHTS:**

- A. All persons receiving services from Comprehensive Family Care/CFC Inc shall retain all rights, benefits and privileges guaranteed by Federal, State, and local law, except those specifically lost through the due process of law.
- B. Persons served have the right to live in the community of their choice without restraints on their independence, except those restraints to which all citizens are subject.
- C. Persons served have the right to be treated with courtesy and dignity, and are at all times entitled to respect for their individuality, and the recognition that their strengths, abilities, needs, and preferences are not determinable on the basis of a psychiatric diagnosis.
- D. Persons served have the right to be notified of all rights accorded them as recipients of services at time of admission or intake, and in terms that he or she understands.
- E. Persons served have the right to be treated in the least restrictive setting to meet their needs. Use of physical restraints are prohibited including emergency interventions where there is a reasonable expectation that the situation would result in serious injury or death to the consumer or other persons in the environment by anyone that has not been specially trained in such interventions. Our company neither provides nor endorses any such training and any person serving persons in any company programs who seeks to attain such training and/or certification does so at their own risk and liability.

Persons served have the right to receive services conducted in a manner reflecting quality professional and ethical standards of practice, and shall be apprised of the organization's code of ethics/conduct.

- F. Persons served have the right to receive services without discrimination based on race, color, sex, sexual orientation, age, religion, national origin, domestic/marital status, political affiliation or opinion, veteran's status, physical/mental handicap or ability to pay for services.



- G. Persons served have the right to be treated in an environment free from physical abuse, sexual abuse, physical punishment, or psychological abuse by threatening, intimidating, harassing, or humiliating actions on the part of staff.
- H. Persons served have the right to be fully informed of the services to be provided, the right to consent to services, and the right to refuse services (with the exception of legally mandated services) without fear of retribution or loss of rights.
- I. Persons served have the right to privacy during facility visits. Individuals and/or group visits are permitted only when the purpose of the visitation is education or professional in nature. Planning for outside visitors shall provide for limited interruption of consumer routine, therapeutic or rehabilitative programs, and related activities. Persons served will be given notice of such visitation.
- J. Persons served have the right to confidentiality. Information may not be released without the consumer's written permission, except as the law permits or requires.
- K. Persons served, or the consumer's legal guardians, have the right to review the consumer's record at any reasonable time upon request, including prior to an authorized release, and shall be afforded the assistance of an appropriate clinical employee in cases where a reasonable concern exists of a possible harmful effect to the consumer through the misinterpretation of information in the record.
- L. Persons served, along with family or significant other(s), when appropriate, have the right to participate in their treatment and treatment planning. Persons served have a right to a full and complete explanation of the nature of treatment and any known or potential risks involved therein.
- M. Persons served have the right to an individualized, written treatment plan to be developed promptly following admission, treatment based on the plan, periodic review and reassessment of needs, and appropriate revisions of the plan including a description of services that may be needed following discharge from services.
- N. Persons served have the right to request and receive outside (other than (Comprehensive Family Care/CFC Inc) employees) professional consultation regarding their treatment at their own expense.
- O. Legally competent persons served have the right to refuse treatment, except in emergency situations or other circumstances required by law. Persons served shall not be denied treatment, services, or referral as a form of reprisal, excepting that no individual provider shall be obligated to administer treatment or use methods contrary to his or her clinical judgment.
- P. Persons served shall have access to written information about fees for services and their rights regarding fees for services, and will not be refused services due to an inability to pay.



- Q. Persons served have the right to an explanation if services are refused to them for any reason including admission ineligibility or continued care ineligibility, and have the right to appeal such decisions.
- R. Persons served have the right to informal complaint and/or formal grievance regarding practices or decisions that impact their treatment or status without fear or concern for reprisal by the organization or its staff, and have the right to have this process clearly communicated to them upon entry to services and throughout participation in services.
- S. Persons served have the right to refuse to participate in research without loss of services, and participate in research on a voluntary basis only with full written informed consent.
- T. Persons served have the right to access guardians, self-help groups, advocacy services and legal services at any time. Access will be facilitated through the person responsible for the consumer's service coordination.
- U. Persons served have the right to be treated in the least restrictive environment, be provided evidence-based information about alternative treatments, have access to their records, have equal access to treatment regardless of race ethnicity, gender, age, sexual orientation and sources of payment.
- V. Persons served have the right to be informed of appeal procedures, initiate appeals, have access to grievance procedures, receive a grievance appeal decision in writing, and appeal a grievance decision to an unbiased source.
- W. Persons served have the right to be protected from the behavioral disruptions of other persons served.

### III. PROGRAM PARTICIPANT RESPONSIBILITIES

- A. Persons served have the responsibility to treat other persons served and employees with courtesy.
- B. Persons served have the responsibility to behave in such a way as to protect themselves and others from exposure to or transmission of any infectious or communicable disease, including diseases that are sexually transmitted.
- C. Persons served have the responsibility to make their concerns known to Comprehensive Family Care/CFC Inc staff and to ask questions when they require information from staff.
- D. Persons served have the responsibility to follow all of Comprehensive Family Care/CFC Inc's safety rules and posted signs.
- E. Persons served have the responsibility to keep scheduled appointments.
- F. Persons served have the responsibility to attend services without the use of alcohol or illicit

drugs.

***Monique Knight***

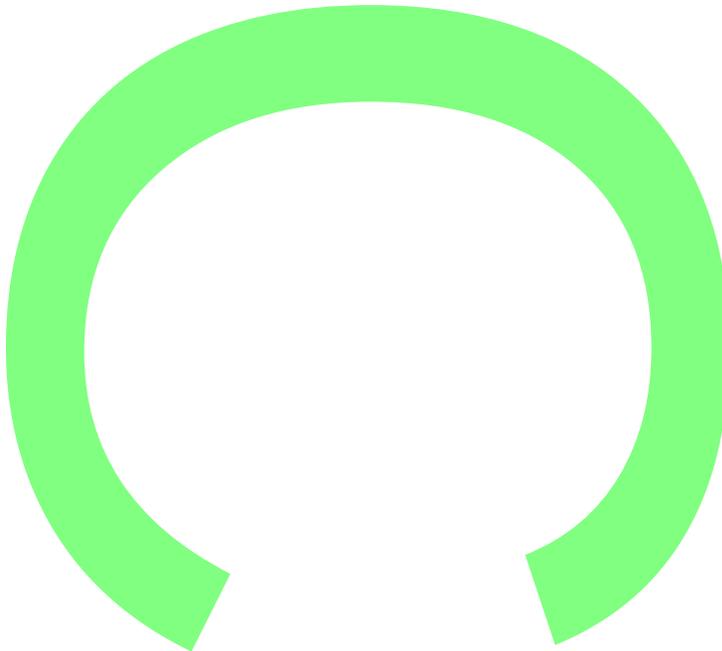
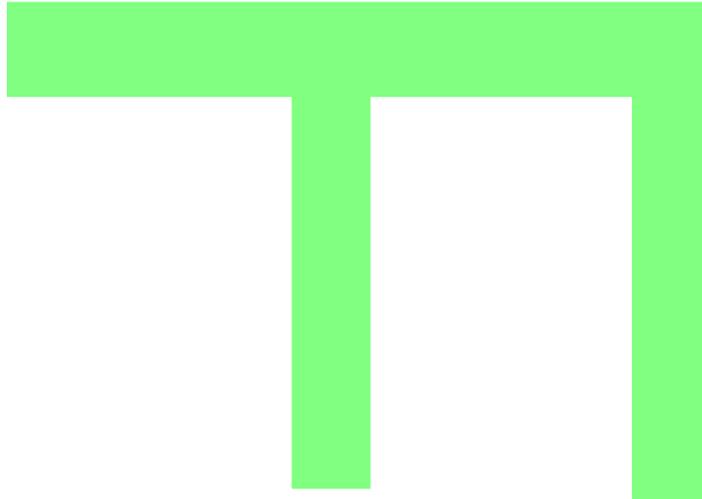
***4/3/21***

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Designated Authority

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Date



## WHAT ARE MY RIGHTS AND RESPONSIBILITIES?

As a consumer of services you have the right to:

- Be treated with respect
- Receive services in a safe & clean place
- Receive services regardless of your ability to pay
- Receive services no matter what your race, religion, sex, age or disability
- Expect the people working with you to never physically or sexually abuse you or say hurtful things to or about you
- Have a treatment plan, made by you and the clinician that you agree to work on
- Refuse to participate in any kind of survey or research
- Expect all information to be kept confidential unless you agree to release it
- Have your opinions about your care heard and used to improve our services
- Receive help if you do not believe you are being treated fairly

As a consumer of Comprehensive Family Care/CFC Inc you have a responsibility to:

- Be courteous to other consumers and staff
- Relate your strengths, needs, abilities and preferences to your clinician as honestly and completely as possible
- Ask questions about anything you don't understand
- Inform your clinician should you have any special needs
- Actively participate in your treatment and in meeting your goals
- Inform your clinician if you wish to discontinue therapy
- Attend services alcohol and drug free

## Grievance Policy

### I. POLICY:

- A. It is the policy of Comprehensive Family Care/CFC Inc that the persons served are encouraged to state complaints and/or grievances if they believe their rights have been violated, and to pursue a resolution to their concerns in a structured format that provides fair and equitable results through due process.

### II. PROCEDURES:

- A. Persons served will be fully informed of the grievance procedures during their orientation to services. In addition, they will receive access to materials electronically that will provide an overview of this process for later reference at <https://www.accreditationnow.com/client-grievance-form.asp> or in printed format if requested.
- B. Day-to-day issues affecting the persons served shall be resolved informally between the person served and the primary staff member responsible for his/her service coordination. If the problem or complaint is not resolved to the satisfaction of the person served, the Program Manager will adhere to the guidelines contained in this policy and assist the person served in accessing the procedures necessary to resolve the concern.
- C. Persons served have the right to due process with regard to grievances, and the organization will afford every reasonable opportunity for informal and/or formal resolution of the grievance.
- D. Persons who may bring grievances include, but are not limited to:
- 1) The person served.
  - 2) The guardian of the person served.
  - 3) The attorney, designated representative, or a representative of a rights protection or advocacy agency of the person served.
- E. A grievant shall in no way be subject to disciplinary action or reprisal, including reprisal in the form of denial or termination of services, loss of privileges, or loss of services as a result of filing a grievance.
- F. Notices summarizing a person's right to due process in regard to grievances, including the process which grievances may be filed and copies of forms to be used for such purpose, shall be available within each facility and program area.
- G. Each person served will be informed of his/her right to grieve and the right to be assisted throughout the grievance process by a representative of his/her choice, in a manner designed to



be understandable to the person served.

H. During a formal grievance procedure, the person served will have the right to the following:

- 1) Assistance by a representative of his/her choice.
- 2) Review of any information obtained in processing the grievance, except that which would violate the confidentiality of another person served.
- 3) Presentation of evidence of witnesses pertinent to the grievance.
- 4) Receipt of complete findings and recommendations, except those that would violate the confidentiality of another person served.

I. In all grievances the burden of proof shall be on the organization, facility, or program to show compliance or remedial action to comply with the policies and procedures established to ensure the rights of persons served.

J. All findings of a formal grievance procedure shall include:

- 1) A finding of fact.
- 2) A determination regarding the adherence of the organization, program, or employee, or the failure to adhere, to specific policies or procedures designed to ensure the rights of persons served.
- 3) Any specific remedial steps necessary to ensure compliance with organizational policies and procedures.

K. The steps of a formal grievance are as follows:

- 1) Formal grievances shall be filed first with the supervisor/director of the service unit or program in which the grievance arises.
- 2) A copy of the grievance shall be forwarded to the administrative head of the organization.
- 3) The supervisor/director of the service unit or program will meet with the grievant, and/or representatives, immediately following the filing to brainstorm resolution of any related issues that may get in the way of full participation in services. Actions may include, but not be limited to, a change in direct care providers or an adjustment in programming schedules and/or program environments.
- 4) The organization will issue a formal written response to the grievant, and/or the designated representatives, within five working days, excluding weekends or holidays, of the complaint.

L. The steps to appeal a written response to a grievance:

- 1) If the grievant is unsatisfied with the findings of the written response to a grievance, he or she may appeal the decision to the chief executive officer within five days, excluding weekends or holidays.
  - 2) The chief executive officer will issue a formal written response to the grievant, and/or the designated representatives, within five working days, excluding weekends or holidays, of the complaint.
  - 3) If the grievant is unsatisfied with the findings of the written response, he/she will be referred to a third party outside of the organization. Third parties may include organizations such as children's or adult protective services, professional licensing boards, nursing home ombudsmen, or other appropriate organizations that may serve as an advocate for the person served.
- M. All staff members of Comprehensive Family Care/CFC Inc will be trained in the implementation of this policy and procedures during orientation, and will receive ongoing training of the procedures to ensure the process is applied in a comprehensive manner is a grievance is filed.
- N. Grievances regarding the actions of specific staff members will be handled in accordance with personnel rules and contract provisions. No disciplinary action may be taken, nor facts found with regard to any alleged employee misconduct, except in accordance with applicable personnel rules and labor contract provisions.
- O. A Grievance Log will be maintained by the organization detailing the nature of the complaint, relevant information obtained in the investigation, and the outcome of the process. All information contained will maintain the confidentiality of the participants in the process. This record will be reviewed annually by the management team to determine if there are trends in the complaints, and to identify areas to initiate performance improvement activities.

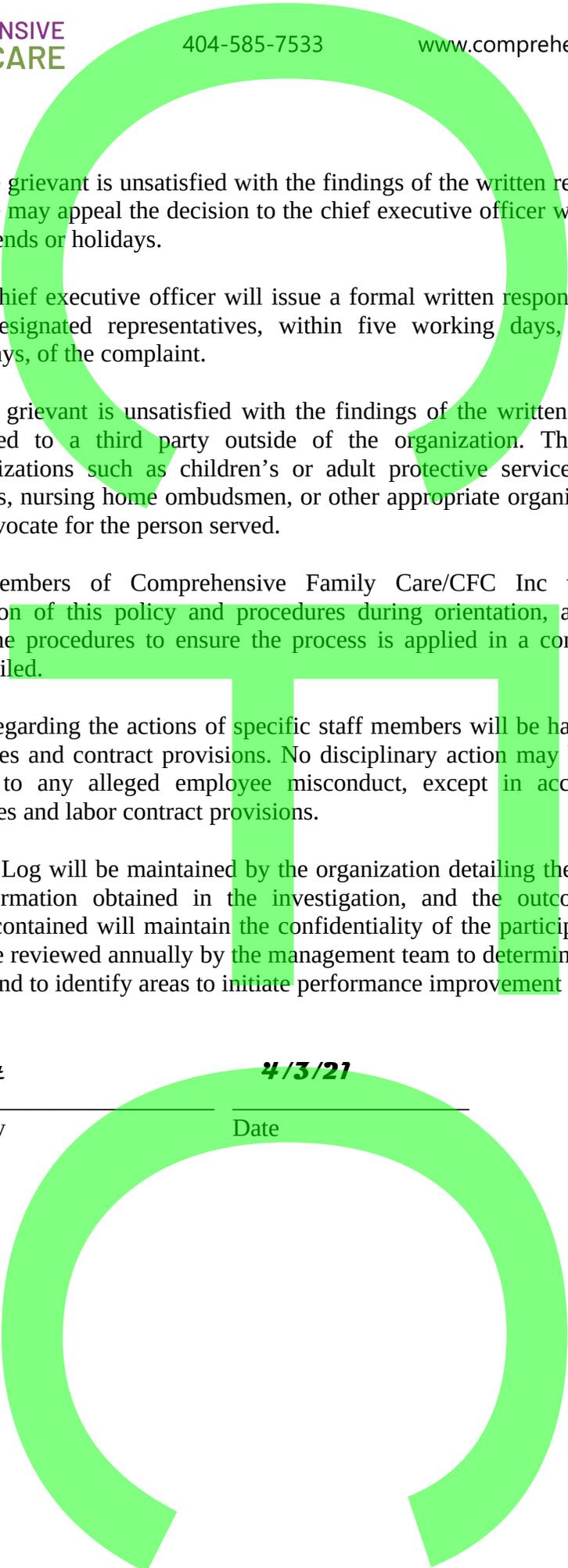
***Monique Knight***

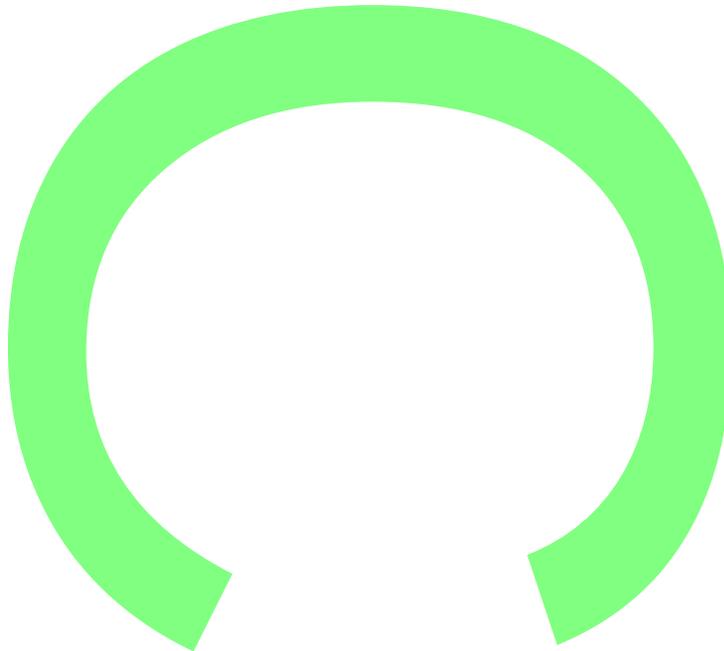
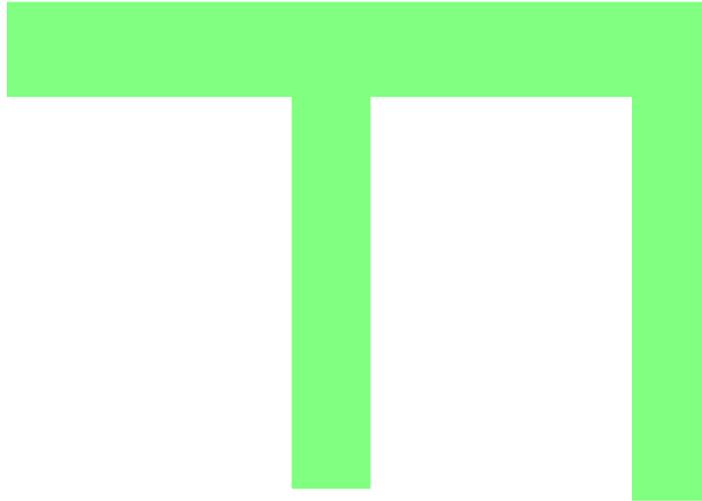
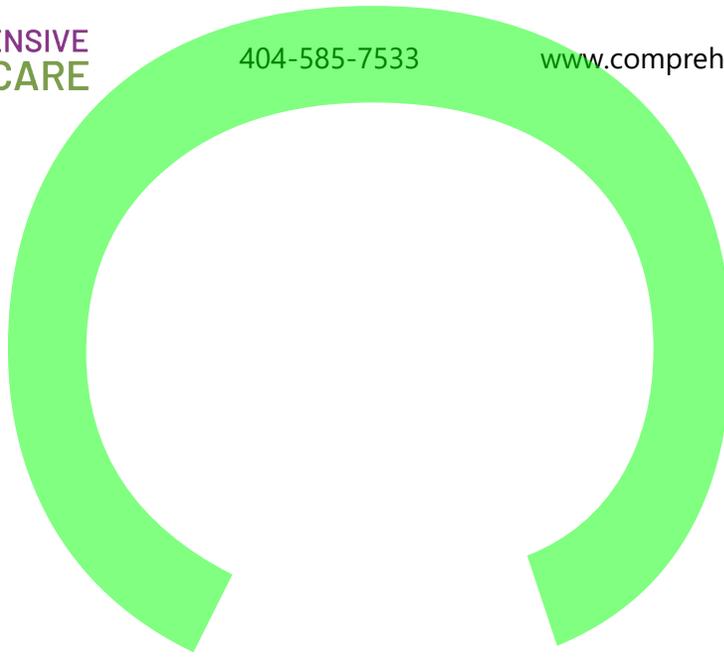
***4/3/21***

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Designated Authority

Date





## COMPLAINT PROCEDURE

Clients have a right to address complaints about service provision with Comprehensive Family Care/CFC Inc, and do so without fear of reprisal for doing so. Comprehensive Family Care/CFC Inc process for addressing a complaint is as follows:

- G. Clients are encouraged to address complaint/grievances with their counselors and attempt to work out the perceived problem in an informal manner.
- H. If the informal attempt to address the complaint/grievance does not result in a satisfactory outcome for the client, a formal complaint/grievance may be initiated.
- I. To file a formal complaint/grievance, Use the attached instructions to file a grievance online
- J. Complete the complaint/grievance form and submit it electronically to the clinic director.
- K. Upon receipt of the complaint/grievance form, the clinic director will begin an investigation of the complaint, which may include interviews with the person submitting the complaint, and other persons noted on the form and/or within the clinic that may offer relevant information in resolving the complaint.
- L. Within 5 working days of receiving the complaint, the clinic director will respond, in writing to the person who submitted the complaint, noting the result of the investigation. The written response will be provided during a meeting between the clinic director and the client, in which the outcome of the investigation will be discussed.
- M. Should the client be dissatisfied with the result of the response to the complaint, an appeal can be made to the program sponsor by indicating to the clinic director that an appeal of the outcome is requested.
- N. Within 5 working days, the program sponsor will respond in writing to the client as to the outcome of the appeal review.
- O. At any time in the process, from the initial informal attempt to resolve the complaint to the receipt of the written response from the program sponsor, the client has the right to seek assistance from an advocate outside of the organization. Available advocates for Comprehensive Family Care/CFC Inc clients listed below:

List state or local advocates:

**Mentors & Advocates Consulting Services of GA**

**5th Ave #100, Decatur, GA 30030 (347) 867-7583**

## FORMAL COMPLAINTS HANDLING

An annual analysis of all formal complaints will be conducted. The information collected is to be used for performance improvement activities such as training, education, and prevention to facilitate change that results in better customer service and outcomes for persons served.

**Were Formal Complaints received?** \_\_\_\_\_

\_\_\_\_\_

**Trends:** \_\_\_\_\_

\_\_\_\_\_

**Areas Needing Improvement:** \_\_\_\_\_

\_\_\_\_\_

**Actions to Address the Improvements Needed:** \_\_\_\_\_

\_\_\_\_\_

**Implementation of the Actions:** \_\_\_\_\_

\_\_\_\_\_

**Whether the Actions Taken Accomplished the Intended Improvement (Results):** \_\_\_\_\_

\_\_\_\_\_

**Necessary Training & Education of Personnel (extra):** \_\_\_\_\_

\_\_\_\_\_

**Prevention of Recurrence Activities or Plans (extra):** \_\_\_\_\_

\_\_\_\_\_

**Internal or External Reporting Requirements Performed (extra):** \_\_\_\_\_

\_\_\_\_\_

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## Confidential Information Dissemination

### I. POLICY:

- B. It is the policy of Comprehensive Family Care/CFC Inc to ensure that all verbal and written information of persons served is released in a manner that protects the individual's right to confidentiality. Information may not be released without the individual's written permission, except as the law permits or requires. Comprehensive Family Care/CFC Inc will make reasonable efforts to limit use, disclosure of, and requests for private health information to the minimum necessary to accomplish the intended purpose.

### II. PROCEDURES:

- P. Information may be released in written and/or verbal form. The release of information will occur upon receipt of an authorization determined as valid. Validity is determined by the presence of each of the following items:
1. The name of the person about whom information is to be released, including social security number.
  2. The specific content of the information that is to be released.
  3. The person to whom the information is to be released.
  4. The signature of the person who is legally authorized to sign the release and the date on which the release is signed.
  5. The expiration date of the authorization, not to exceed one year.
  6. Information that defines how and when the authorization can be revoked.
- C. Requests for Information:
1. All requests for information will be in writing.
  2. Requests for information from an individual's record will be answered within 10 days from the date of receipt. If the information cannot be provided within this period, the requester will be informed in writing of the reasons for the delay and the anticipated date the information will be available.



3. Requests for records that have been incorporated into Comprehensive Family Care/CFC Inc's records from outside sources will not be released and the requestor will be encouraged to seek those records from their original source.

D. Release of Sensitive Information:

1. Information contained within the individual records may have a serious adverse effect on an individual's mental or physical health if disclosed to the individual. Such information may contain materials requiring an explanation or interpretation to assist in its acceptance and/or assimilation in order to avoid an adverse impact on the individual's health. To minimize the risk of a release of information adversely impacting a person served, the following guidelines will apply:

1. The Provider will review all requests of individuals seeking direct access to their records. Information identified as potentially sensitive will be reviewed by Clinical Director. This review will occur within one working day of the referral.
2. All materials directly related to behavioral health treatment that includes a diagnosis, assessment, or interpretative data will be reviewed by Clinical Director.
3. If after the professional review of the record, it is believed that disclosure of the information directly to the individual could have an adverse effect on that individual, arrangements will be made to disclose the information to a professional staff member selected by the individual. The staff member will discuss the information with the individual prior to the release.
4. Should it be determined by the professional staff member that after a careful and conscientious explanation of the information to the individual has been made, and it is the opinion that access to the information could be harmful, physical access will be denied. The justification for making the denial will be fully documented by the staff member and final concurrence will be made by Medical Director or Safety Officer. The individual will be advised of the denial, the reasons for the denial of the request, and advised of the right to file a grievance, should the individual disagree with the decision.

E. Comprehensive Family Care/CFC Inc's legal counsel will be consulted when the release of information involves the following circumstances:

1. Any request for records that are to be used in a suit against the organization or in a prosecution against a person served.
2. All subpoenas for records that were not accompanied by a written consent signed by the person served.
3. All requests for information which indicates a possible liability for the cost of care and services.

F. Information may be released without the consent of persons served under the following conditions:



1. For use by any Comprehensive Family Care/CFC Inc employee who has a need for the information in the performance of their duties to ensure continuity of care.
  2. To medical personnel who have a need for the information for the purpose of treating a condition which poses an immediate threat to the health of a person served.
  3. To public health authorities related to infection with HIV when there is a written request that the information and there is a fine or penalty for failure to comply.
  4. To a spouse or sexual partner of an individual when it is reasonably believed that the individual will not provide disclosure of information related to infection with HIV when that information is necessary to protect the health of the spouse or sexual partner.
  5. To recover or collect the costs of medical care from third party health care insurance carriers contracted with by the persons served and required by the health plan to be disclosed.
  6. To Federal, State, or local government agencies or entities charged under applicable laws with the protection of public health and safety. In such cases, the information may be release with the consent of the individual whose records are being requested, or upon receipt of a written request from the head of the government entity. A request for release under these circumstances may be either a standing written requested based on reporting requirements, or a specific written request from the head of a law enforcement agency for a special law enforcement purpose. Standing requests must be updated in writing every (Insert#) years.
  7. Disclosure as a result of a court order from a court of competent jurisdiction.
  8. To the Department of Children and Family Services for the purpose of investigating abuse, neglect or exploitation.
  9. To the Medical Examiner, in conjunction with an investigation of a suspicious death.
  10. To professional review organizations, in accordance with government contracts (Medicare/Medicaid).
  11. Disclosure of information to a third party payer in a care cost recovery action will be limited to date of birth; social security number; payment history; and account number, unless the individual provides a written consent designating further information to be released.
- G. An accounting record will be maintained on all records released by Comprehensive Family Care/CFC Inc. It will include the date, nature and purpose of each disclosure, the name of the party to whom the disclosure is made. This accounting record will be maintained in the record from which the disclosure was made. In addition, a logbook will be maintained for all release of information for data reporting purposes.
- H. Special consent is required to release records that contain information related to drug and alcohol addiction and abuse, and tests for, or infection with human immune virus. Any authorized disclosure from records containing information of this type will be limited to that



information which is necessary for the purpose of the disclosure. Because of the special nature of this information, the release must be processed by Clinical Director to assure compliance with the special regulatory requirements.

- I. The following type of communications do not constitute disclosure of information/records:
  1. Communication of information between any Comprehensive Family Care/CFC Inc employees who have a need for the information in connection with their official duties.
  2. Communications with law enforcement offices which are directly related to the person served committing or threatening to commit a crime on the organization's property or against an employee of the organization.
  3. Communication of information which does not provide an individual's identifying information.
- J. Comprehensive Family Care/CFC Inc will protect the confidentiality of private health care information when transferring data electronically by adherence to the following guidelines:
  1. All data sets containing individual names transferred on a diskette, e-mail or any other electronic medium, will be password encrypted.
  2. The sending and receiving parties prior to transfer of the electronic data will negotiate passwords.
  3. Passwords will be at least eight characters in length, contain both letters and numbers, and must not be commonly used words.
  4. Passwords for encrypted files may not be mailed in the same shipping package as the encrypted file.
- K. Comprehensive Family Care/CFC Inc will adhere to the following guidelines when mailing confidential private health information:
  1. Stamp all envelopes containing records as confidential.
  2. Clearly indicate a particular office on the address where the envelope is to be delivered.
  3. Whenever possible, include in the address the name of the staff member authorized to open the envelope.
  4. All envelopes individually addressed will contain the following statement in the outside of the envelope: "TO BE OPENED BY ADDRESSEE ONLY".
- L. When faxing confidential information, the following guidelines will apply:
  1. Confidential private health information will only be transmitted by fax when absolutely necessary or required by the requestor, and other traditional methods such as confidential mail

is not possible to deliver the information.

2. All fax cover pages for confidential information will contain the following:
  1. The name and program of the person to whom the fax is intended.
  2. The name, program, and phone number of the person sending the fax.
  3. The statement “Confidential Information” in a large bold font.
  4. A statement that clearly identifies the accompanying material as confidential information that reads as follows: *“The documents accompanying this facsimile transmission contain confidential information which is legally privileged. The information is intended only for the use of the recipient named above. If you have received this facsimile in error, please immediately notify us by telephone to arrange for return of the documents to us, and that you are hereby notified that and disclosure, copying, distribution or the taking of any action in reliance on the contents of this facsimile information is strictly prohibited.”*
3. In situations where the information is not being regularly faxed to a common organization and individual, a phone call will be made to the person receiving the fax to verify the fax number and a follow-up call will be made to ensure the receipt of the fax.
4. Fax transmissions will be restricted to persons specifically authorized to transmit confidential information.
5. Fax machines will not be situated in common public areas.
6. Fax number lists will be current, accurate, and regularly checked.
7. All transmission records will be checked to detect possible transmission errors and retained for confirmation purposes.
8. Upon the receipt of any confidential misdirected fax, the sender will be contacted and the information will be shredded.
9. When the fax machine is unattended at night or on weekends, the print memory will be activated to prevent printing of confidential information when staff are not present.
10. When a fax server is used in lieu of a machine, password protocols will be in place that will restrict and define user access.
- M. Any information released verbally over the phone, can only be done after verification of the caller’s identity through taking the phone number and making a call back prior to releasing the information.
- N. All telephone calls from outside the organization that request confirmation of an individual being served by Comprehensive Family Care/CFC Inc, will be handled by repeating the

following statement: *"I can neither confirm or deny that the individual in question is receiving services or has ever received services without a written authorization from that individual."*

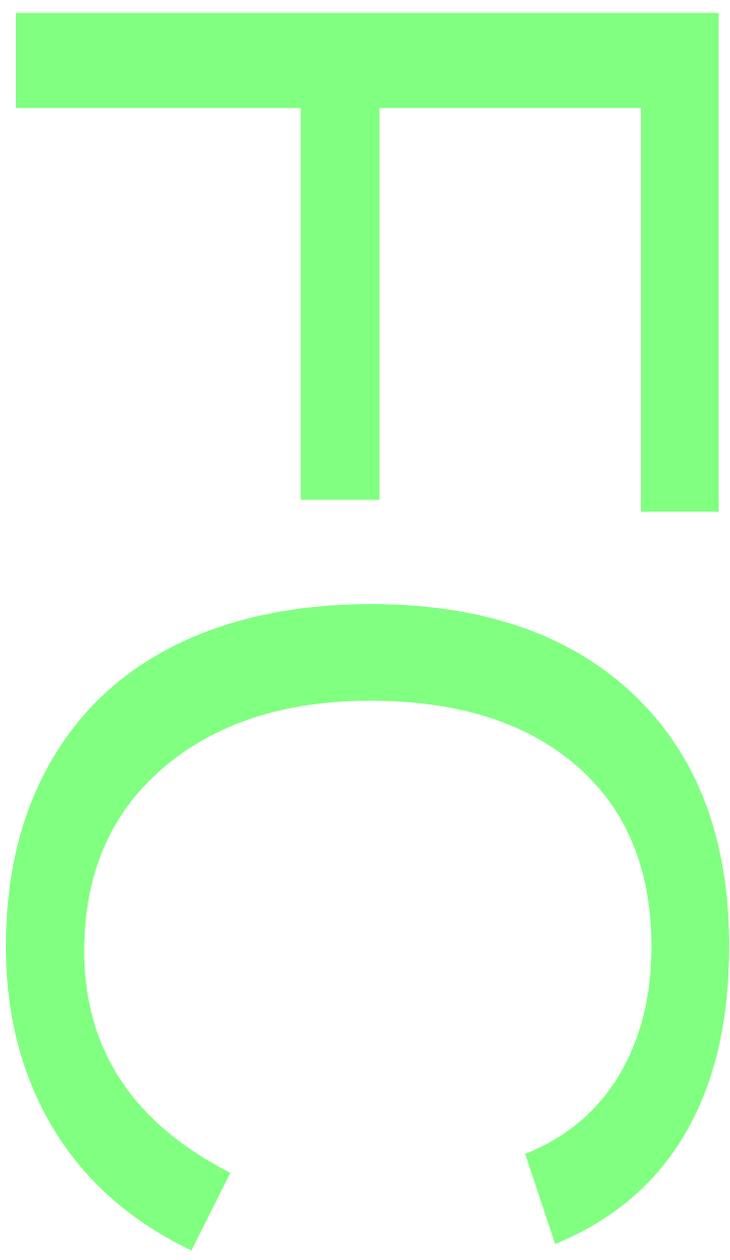
- O. Any Comprehensive Family Care/CFC Inc employee who knowingly and/or willfully violates provisions of this policy and procedures will face administrative disciplinary action that may result in termination of employment.

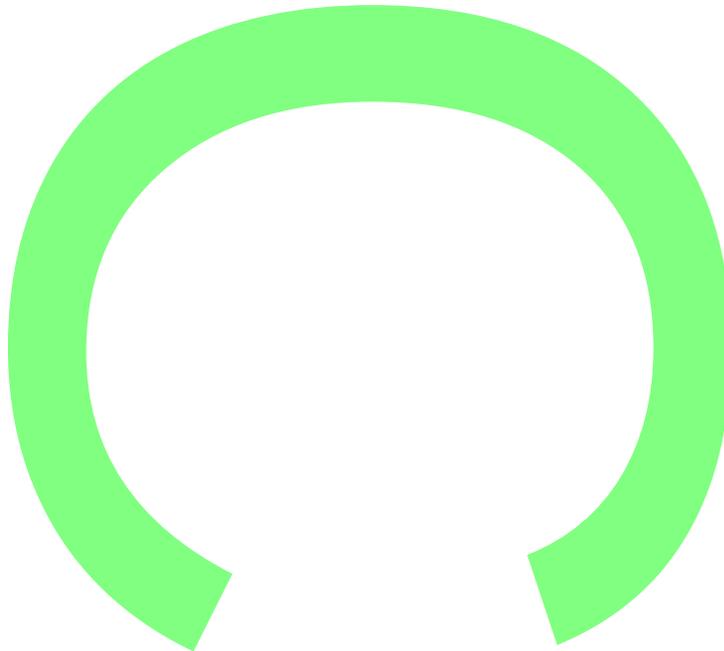
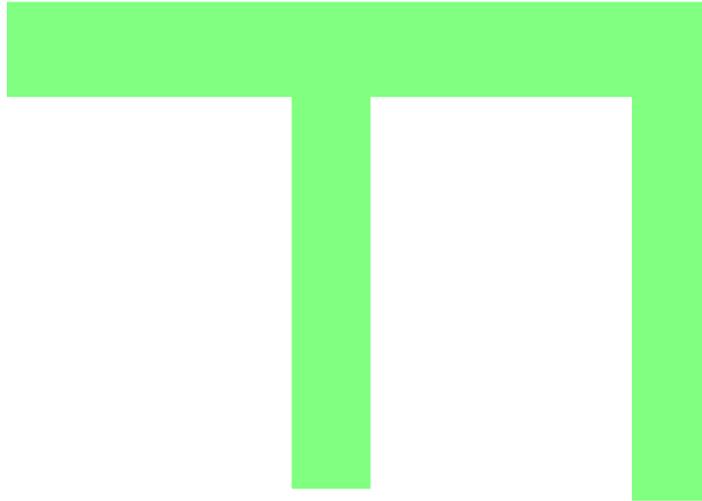
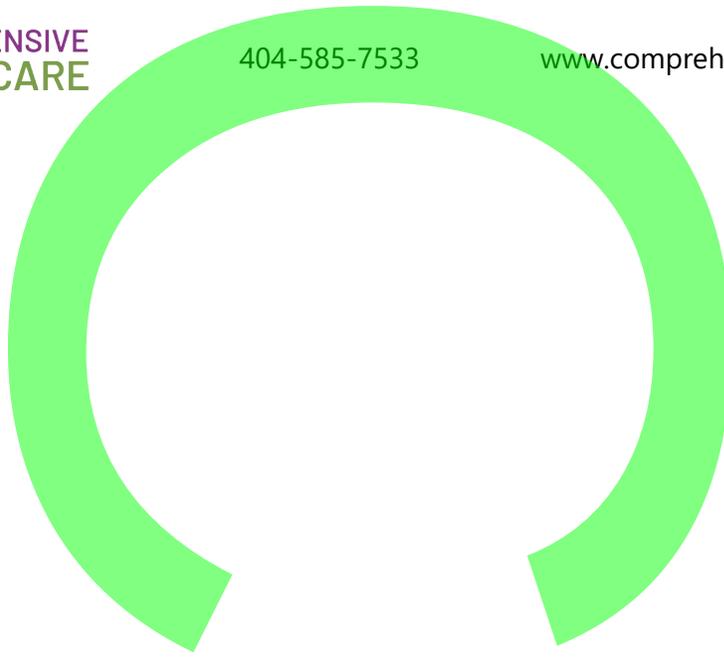
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6/4/21

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Designated Authority

\_\_\_\_\_  
Date





Here you will find instructions to complete an electronic Grievance Form

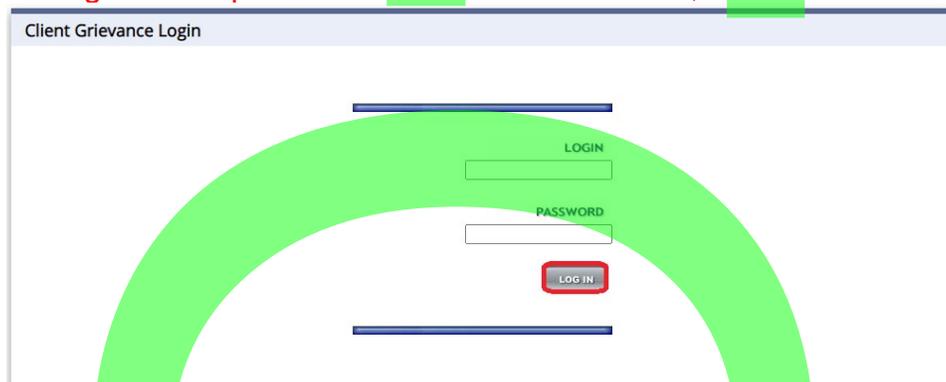
## Client Grievance Reporting

Go to [www.accreditationnow.com](http://www.accreditationnow.com) Click on the **Client** tab and select **Client Grievance Reporting**.



The screenshot shows the Accreditation Now website. At the top, there are buttons for "Schedule Demo", "Log In", "Pricing", and "Help". Below this is a banner with a "100% ACCREDITED" stamp and a carousel of five categories: 1. Documents, 2. Training and Testing, 3. Critical Incident Reports, 4. Surveys, and 5. Corporate Compliance. Each category has a brief description. Below the banner is a navigation menu with tabs for Home, Documents, Personnel, Management, Administration, Client, Surveys, Resources, and Contact Us. The "Client" tab is highlighted with a red box. A dropdown menu is open under "Client", showing "Client Survey", "Client Grievance Reporting" (highlighted with a red box), and "Client Grievance Report Status".

Enter Login (**Insert Login**) and Password (**Insert Password**) and click on the LOG IN button. (Your login ID is your company number, the same as your anonymous login. Your company number and client grievance password are located in Account, under the Administration tab)



The screenshot shows the "Client Grievance Login" form. It has two input fields: "LOGIN" and "PASSWORD". Below the "PASSWORD" field is a "LOG IN" button. The form is enclosed in a light blue border.

Mandatory fields include Date, Time, Location (if applicable), Name, Phone and Email. The Address fields are optional.

Accreditation Now - Client Grievance Form

Grievance Date: 03-17-2021	Name: <input type="text"/>	Address: <input type="text"/>
Time: --:--	Phone: <input type="text"/>	<input type="text"/>
Location: Select Location	Email: kimdegeer	City: <input type="text"/>
		Country: United States
		State: Select State
		Zip/Postal Code: <input type="text"/>

1. Describe your complaint, providing as much detail as possible.
2. Describe why you believe the action was wrongful, illegal, or unlawful.
3. Describe the resolution, or desired outcome, you are seeking.
4. To add witnesses, type in the name and click on the + symbol.

Please describe your complaint (who, what, when, where):

Please describe why you believe the action was wrongful, illegal, or unlawful:

Please describe the resolution you are seeking for this complaint:

If you choose, please provide the names of any individuals who may have been witness to the event or events that led to the filing of this grievance.

1.

Enter a password that you may use to retrieve a response from your grievance officer.

Select Submit.

After you complete the description of the alleged grievance, click on the **SUBMIT** button and it will be sent directly to the Accreditation Now Corporate Grievance Officer.

You may enter a password into the two password boxes below to enable you to check back in and see the status of this report.

Password:

Confirm Password:

**You will see a box that contains our company number and report number. You will need this information, along with the password you created, to retrieve a response from the grievance officer.**

www.accreditationnow.com says

In order to log back in to check status of report, you will need your company number 10060000, the Client Grievance Report Number, which is 9, and the password you assigned to the report. To check the report, you will click on the Client Menu Tab and select Client Grievance Report Status.

OK

## Retrieve a Response to Grievance

Grievances will be responded to within (enter number of days) days of receipt. To retrieve a response, click on the **Client** tab then **Client Grievance Report Status**.



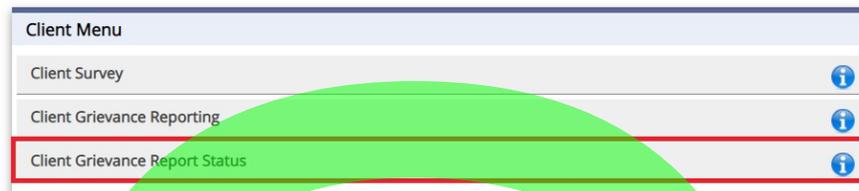
ACCREDITATION Now!  
Assisting with Obtaining and Maintaining CARF Accreditation

Schedule Demo  
Log In Pricing Help

More Resources and Tools ...

6 Grievance Reporting <i>Online</i> filing of employee and client/patient concerns, problems or complaints.	7 Job Descriptions <i>Online</i> entry, maintenance and review of Job Descriptions.	8 Manage Documents <i>Keep documents compliant with CARF standards</i> and provide an instant review summary for surveyors.
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Home Documents Personnel Management Administration **Client** Surveys Resources Contact Us



Client Menu

- Client Survey
- Client Grievance Reporting
- Client Grievance Report Status**

Enter the Company Number (Insert Company Number), the Report Number (provided when you submitted the report), and the Password you created when you submitted the report. Click the Login button.

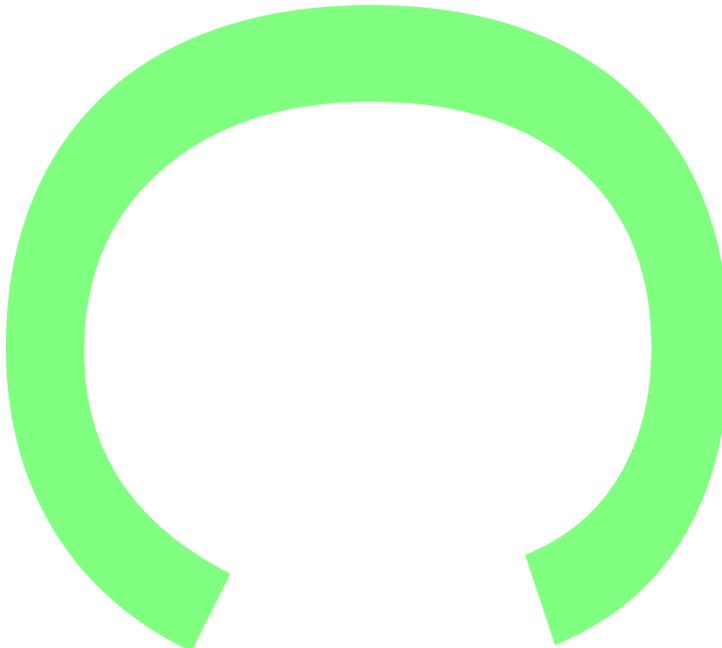
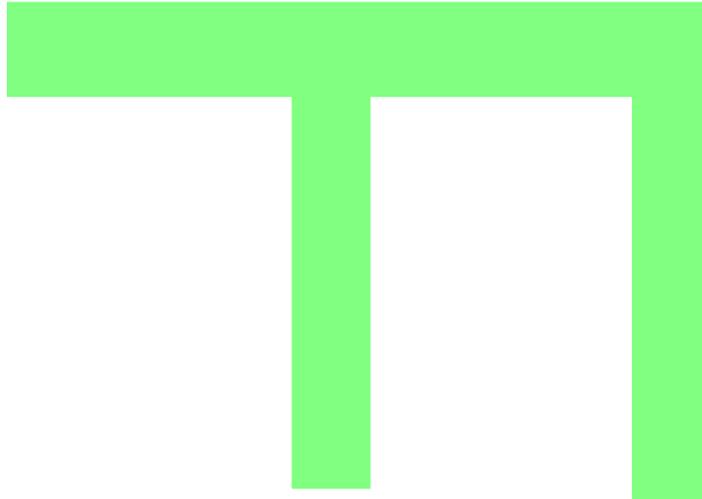
Client Grievance Report Status

Company Number

Report Number

Password

Login



If you are unable to complete the online electronic grievance form above this one may be used. For best processing and recording the online form is preferable.

## PRIVACY COMPLAINT/GRIEVANCE FORM

You have the right to file a complaint with us about our privacy practices or our compliance with our Notice of Privacy Practices, or our Privacy Policies and Procedures. To exercise this right, please complete, sign and date the following form, then submit this complaint to us at:

Comprehensive Family Care/CFC Inc

Attn: Privacy Officer

5556 Redan Rd Stone Mountain GA 30088

Phone 4045857533 or fax 678 8252665, Email: admin@comprehensivefamilycare.org

You may in addition or in the alternative to filing a complaint with us, file a complaint with the United States Department of Health and Human Services.

### Client Lodging Complaint

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

### Client's Complaint

Please provide a detailed description of your complaint.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please tell us what resolution you are seeking for this complaint.

\_\_\_\_\_

\_\_\_\_\_

Name of Client/Parent/Guardian

Date

## Legal Procedures and Confidentiality Guidelines

### I. POLICY:

- P. It is the policy of Comprehensive Family Care/CFC Inc that the confidentiality of current and former persons served be protected throughout all legal procedures which may involve verbal and/or written communication between employees of the organization and outside legal entities.
- Q. The guidelines and procedures of this policy are followed with strict adherence to the legal requirements involved in the above noted communications. Employees will receive initial and ongoing training in the confidentiality guidelines of legal procedures to ensure that rights of the persons we serve are fully protected

### II. PROCEDURES:

#### 1. Duty to Warn:

1. Definition: The duty to warn is defined as a person served revealing by any means a specific and immediate threat to cause serious bodily injury or death to an identified person(s), including self, and the person receiving the information reasonably believes that the person has the intent and the ability to carry out the threat immediately or imminently. The duty to warn supersedes all confidentiality laws.
2. In situations which involve a substance abuse diagnosis, Federal Law 42CFR, Part 2, requires that the duty to warn does not include disclosure or any inference concerning information that a third party could use to identify the individual as having a substance abuse diagnosis or problem.
3. If a public service employee is being requested to arrest, detain or transfer an individual known to have a communicable disease that may threaten the health of the public service employee, the following guidelines will apply:
  1. Public safety employees should be made aware of the potential risk or exposure to a communicable disease without revealing the specific type of disease the individual is known to carry.
  2. Communicable disease is defined as any airborne infection or disease as well as those transmitted by contact with blood or human body fluids.
  3. Public safety employees are defined as any person with law-enforcement authority under the control of state and/or local governing bodies.
  4. Employees involved in the situation should make every reasonable attempt to determine if



the person served is known to be infected with a communicable disease by referring to the record, asking the individual directly, or consultation with other employees who have direct service contact with the individual.

5. Public safety employees must be informed of the “potential risk of exposure to a communicable disease” by communicating the necessary information to alert the public safety personnel of the risk, without disclosing the suspected or known condition.

4. Response to Imminent Threat or Danger: In the event that a decision is made to take precautions to protect due to an imminent threat of harm, employees should take the following actions:

1. Notify your supervisor for assistance, support, and consultation.
2. Warn the intended victim or the victim’s parent if a minor
3. Contact law enforcement having jurisdiction in the area where the person served or intended victim live or work.
4. Attempt to prevent, through verbal means the individual from using violence until law enforcement can take custody.
5. Continue the interaction with the person making the threat if you judge that by doing so the person’s intention to cause injury or death to self or other may be diminished to the extent the “duty to warn” is no longer valid.
6. If you judge the person to no longer be a threat requiring a “duty to warn”, immediately seek consultation with a supervisor following the interaction to assess the level of continued contact or care that may be necessary to assure the situation has been stabilized.
7. Record the event in the individual’s record and complete an Incident Report.

## 2. Subpoenas:

1. Definition: A subpoena is a mechanism for obtaining records from someone who is not a party to a legal case. It is a form of a court order that directs a person named to appear at a designated time and place to testify, produce documents, or both. In responding to subpoenas, Comprehensive Family Care/CFC Inc must balance our duty to protect confidential information against the duty to respond to the order of the court.

1. A document subpoena or a “subpoena duces tecum” requires the person named in the subpoena to appear and produce documents.
2. A subpoena to testify or a “witness subpoena” requires the person named in the subpoena to appear and give testimony.
2. A properly executed subpoena will require a response within the time frame noted on



the document.

3. The recipient of a subpoena will immediately route it to the Safety Officer and/or CEO who will review the document and ensure that it includes the following:
  1. It is the original copy and is signed by the clerk of the court in which the action is pending.
  2. It states the full name and address of the recipients of the subpoena as well as the action number and names of both the plaintiff and the defendant.
  3. A “document subpoena” lists the documents to be produced as well as the time and place they are to be produced.
  4. An officer authorized by law to execute the subpoena in the place where it is served served it.
  4. If the merit of the subpoena is questionable, the Safety Officer will notify CEO and forward the subpoena. The CEO will determine if Comprehensive Family Care/CFC Inc’s legal counsel will be consulted for assistance. If the merit of the subpoena is questionable, contact will be made with the party who issued the document to determine if the information sought can be narrowed.
  5. If a decision is made to contest the subpoena, Comprehensive Family Care/CFC Inc’s legal counsel will pursue action to quash or modify the subpoena.
  6. If a notice is received indicating that a motion has been filed to quash the subpoena, the records should be sent only to the clerk of the court issuing the subpoena using the following procedure:
    1. Place the records in a securely sealed envelope.
    2. Attach a cover letter to the sealed envelope, which states that confidential health care records are enclosed and are to be held under seal pending the court’s ruling on the motion to quash the subpoena.
    3. Place the sealed envelope and the cover letter in an outer envelope or package for transmittal to the court.
    7. If an individual’s attorney issued the subpoena, the attorney should be asked to complete a Consent for Release of Information and have it signed by the consumer to protect both the consumer and the organization.
  8. Responding to a Subpoena:
    1. All responses to subpoenas will be made with ongoing consultation with the supervisory personnel and the organization’s legal counsel, if appropriate.



2. First, determine what records the subpoena seeks. If it seeks confidential records, confer with your clinical supervisor and determine the statutes and regulations that apply to the records being sought.
  3. If the records being sought are covered by Federal Law 42CFR, Part 2, governing substance abuse records, they may only be released if the subpoena is accompanied by a court order that complies with sections 2.61 through 2.64 of the law.
  4. If the person is an active participant in services, notify them and/or their legal guardian of the request to ensure they have an adequate opportunity to assert his or her rights.
  5. After informing the person served of the subpoena, determine if they have an interest in waiving confidentiality.
  6. If the subject named in the document has consented to releasing the requested records, establish that all legal requirements have been met that permit the release of the records, and that specific details are available that communicate the exact documents or information that is to be released.
  7. If documents are not confidential or you have a release from the person served, seek to excuse yourself from appearing by offering the records in advance of the proceeding. Never disclose any records in advance in which there are any questions concerning confidentiality
  8. Show up at the designated place and time noted on the subpoena.
  9. Produce the designated documents at the designated place and time.
  10. Refrain from disclosure of the records until you confer with the judge at the proceeding to determine whether the information should be released. In conferring with the judge, advise that the information sought is confidential and that the law prohibits you from disclosing it without a court order, and ask the judge to rule on whether records should be disclosed. Only if the judge orders you to disclose the information may you lawfully do so.
  11. If you are appearing at a deposition in which a judge is not present, Comprehensive Family Care/CFC Inc management and/or legal counsel will submit written objections to the release of confidential information in advance of the deposition if the person served has not consented to the material's release.
  12. Since the court may retain the originals while the case is pending, copies are to be made of all records sought by the court. These are to be maintained in the record until the original records are returned. If you are subpoenaed to a deposition, the party who issued the subpoena is responsible for having copies made and does not have the right to obtain the originals.
3. Subpoenas, Testimony, and Privileged Communication:

1. **Definition:** Privileged communication is conversation that takes place within the context of a protected relationship in which the disclosure of the content of that conversation may be deemed to do harm to the provider of the information. The concept of privileged as distinct from confidentiality is that it applies only to testimony in a judicial or quasi-judicial proceeding.
  2. If an employee is subpoenaed to testify in a judicial proceeding, and information is requested that the employee believes is confidential or privileged, the subpoena does not authorize the employee to disclose the information. The information may only be disclosed if a judge is present and rules that you must answer the questions.
  3. If subpoenaed for testimony in a deposition and questioned about what you know or believe to be confidential or privileged information, decline to answer the question. The party seeking the information bears the responsibility of seeking a court order (judge's authorization) requiring the disclosure.
  4. Confessions of past crimes within a confidential relationship will only be reported if the crime is of such a nature that the public welfare is jeopardized.
  5. In civil matters, the parameters of privilege exist as defined by legal precedent and licensure requirements for licensed physicians and licensed clinical psychologist. Legal clarity is less defined for other mental health professionals and legal counsel will assist employees with preparation for testimony.
  6. In all cases of testimony, employees should assert privilege by respectfully stating that he/she believes the information is privileged within the mental health provider/client relationship and allow the court to rule if he/she must respond to questions.
  7. Under no circumstances should an employee testify regarding substance abuse treatment unless the court has conducted a hearing and issued an order pursuant to Federal Law 42CFR, Part 2.61. The employee in this circumstance will be represented by Comprehensive Family Care/CFC Inc legal counsel.
  8. If, during the course of testimony, a judge orders the staff to reveal substance abuse related information, the employee should inform the judge that special federal law applies to such information and request the opportunity to confer with legal counsel.
4. **Search Warrants:**
1. **Definition:** A search warrant is a written court order that authorizes law enforcement officials to search a specific place for specific persons or materials. The search is conducted under the belief that there is probable cause to suspect that criminal activity or evidence of a crime may exist. Persons or items may be "seized" if they fit the description within the written order.
  2. If a law officer presents a search warrant and demands to access records of persons served by the organization, the following guidelines should be followed:

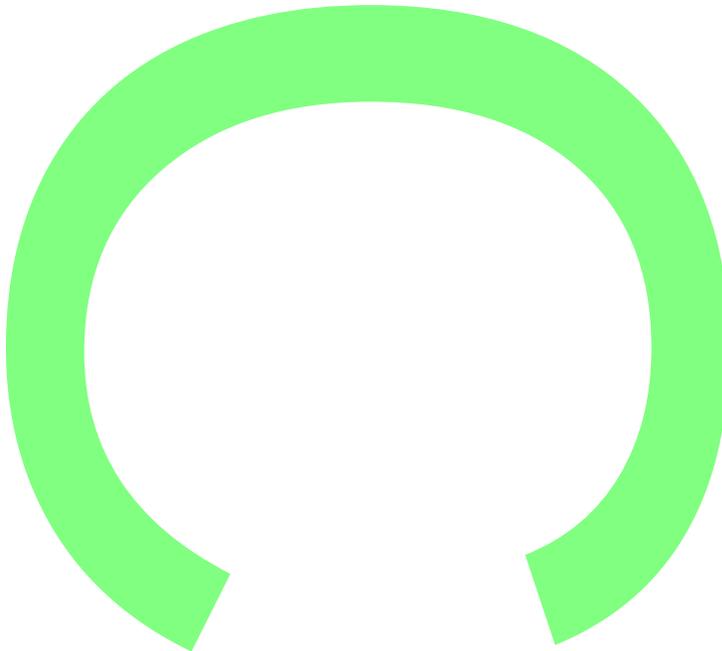
1. Immediately contact your supervisor and inform him/her of the search warrant.
2. Ask to see and read the warrant and determine if it contains the following:
  1. The time and location of the search
  2. The date of issuance of the search warrant
  3. The scope of the search and the object (s) to be seized, if found
  4. The reason for the search.
3. The supervisor will notify management and request assistance with resolving the situation so that neither the individual's rights or the program's integrity is compromised.
4. Ask the officers for time to contact the prosecuting attorney or supervisory law officer so that clarification of the warrant and the situation can be further discussed.
5. If the officers insist on entry or confiscation of records, do not resist. Refusing to obey the orders may constitute a crime.

***Monique Knight***

\_\_\_\_\_  
Designated Authority

***3/2/21***

\_\_\_\_\_  
Date



## Alleged or Suspected Abuse and Neglect

### I. POLICY:

- R. It is the policy of Comprehensive Family Care/CFC Inc to report all instances of suspected abuse and neglect to the appropriate protective services department in accordance with (name of state) statute. The statute provides immunity from civil or criminal liability for persons making reports of abuse in good faith.
- S. Abuse and neglect for the purposes of this policy are defined as follows:
1. Children: Child abuse and neglect shall mean the harm or threatened harm to a child's health or welfare by a person responsible for the child's health or welfare. This includes, but is not limited to non-accidental physical injury and verbal, emotional, or sexual abuse. Persons responsible for a child's welfare can include a parent, legal guardian, custodian, foster parent, persons 18 years of age or older with whom the child's parent is cohabiting or any adult residing in the home; an agent/employee of a public/private residential home, institution or facility; or an owner, operator or employee of a child care facility. Reasonable suspicions shall be reported to the Department of Family and Children's Services in the county in which the suspected abuse occurred.
  2. Elderly or Incapacitated Persons: The abuse of elderly or incapacitated persons includes neglect and financial exploitation as well as physical, verbal, emotional, or sexual abuse. Reasonable suspicions shall be reported to either the Department of Human/Social Services, Office of Aging in the county in which the suspected abuse occurred.

### II. PROCEDURES:

5. All professional staff will have a functional knowledge of the statutes concerning confidentiality and reporting of suspected abuse and neglect.
6. Professional staff will seek immediate consultation with their supervisor to seek validation of the suspected abuse and the reporting of the abuse to the appropriate authority.
7. All reports of suspected abuse or neglect will be made in a descriptive and objective manner, and will not contain statements of conjecture or conclusions related to the reported suspected abuse. The report will contain the following information, if obtainable:
  1. The name, address, age and sex of the person
  2. If a child, the name and address of the child's parents or other person responsible for care.
  3. The nature and extent of the abuse or neglect



4. Any evidence of previously know or suspected abuse or neglect
5. The name, address and relationship, if known, of the person who is alleged to have perpetrated the abuse or neglect
8. Any adult victim who reports or describes abuse or neglect will be advised to contact the Adult Protective Services (APS) for adults 65 or older or with a disability or Department of Family and Children's Services if a child is present in the home.. In the event the victim is unable to take immediate action, staff will seek to immediately consult with their supervisor to seek validation before contacting the protective services entity on behalf of the client, and will cooperate with the protective services entity during any investigation.
9. In the case of persons under eighteen years of age who by report or appearance provide evidence to warrant suspicion that they have been abused or neglected, staff will seek validation with their direct supervisor and immediately contract the Adult Protective Services (APS) for adults 65 or older or with a disability or Department of Family and Children's Services if a child is present in the home..
10. Staff will document verbal, written, and/or observed evidence that results in suspicion of abuse or neglect in the appropriate record and complete an incident report as per policy and procedures. Documentation should describe the incident, include the time and date, the action taken as a result of the incident, and the name of the person to whom the report was made at the protective services entity.
11. Any employee who acts in a manner which results in a person served being abused or exploited, or who fails to report or take action on behalf of a person served when the employee has reason to suspect abuse or neglect is occurring, shall be subject to disciplinary action.

***Monique Knight***

\_\_\_\_\_  
Designated Authority

**3/2/21**

\_\_\_\_\_  
Date

## Records of the Person Served

### I. POLICY:

- A. It is the policy of Comprehensive Family Care/CFC Inc to develop and maintain a complete and accurate record to ensure that all appropriate individuals have access to relevant clinical and other information regarding each person served. Client's will have access to certain portions of their record through the confidential patient portal at <https://cfcknight.clientsecure.me/>

### II. PROCEDURES:

- A. The individual record of each person is maintained in such a manner as to protect the confidentiality and integrity of the record. The guidelines for this process are as follows:
- 1) Individual records will be maintained in our cloud based EHR
  - 2) All records will be maintained in a systematic fashion that follows a standard format for record organization established by Comprehensive Family Care/CFC Inc.
  - 3) Documentation in the individual record will be clear and legible.
  - 4) All information in the record will be current and complete, and documents that require signatures will contain original or electronic signatures.
  - 5) To maintain uniform individual records that protect the integrity of demographic, financial, and clinical information, the individual records will be assembled according to the following guidelines:
    - a. The individual record is defined as all information collected and used regarding an individual seeking services from Comprehensive Family Care/CFC Inc.
    - b. The individual record will contain three distinct types of information: demographic, financial, and clinical.
    - c. The assembly of the record is initiated upon admission to services and/or programs.
    - d. Upon discharge from Comprehensive Family Care/CFC Inc, the individual record is assembled into a final order according to the established standard closed record format and rendered inactive in the EHR.
    - e. A complete listing of closed records that have been rendered inactive according to procedures and removed to standard viewing will be maintained in the inactive client system.
  - 6) Individual records will be retained for 3 years after the most recent discharge date.



- 7) All preadmission screening forms of persons not admitted to Comprehensive Family Care/CFC Inc will be retained for 3 years. If the form has no identifiable information regarding the person served, it will be destroyed in one year. External referral forms for referrals to Comprehensive Family Care/CFC Inc will be included in the record for persons admitted and will be retained for at least 3 years.
- B. All individual records will contain, at a minimum, the following information:
- 1) The date of admission.
  - 2) The name, address, and telephone number of the person's representative, conservator, guardian, or representative payee, if appointed.
  - 3) Emergency contact information including a name, address, and telephone number.
  - 4) The name of the person coordinating services.
  - 5) The location of any other records.
  - 6) The name, address, and telephone number of the person's primary care physician.
  - 7) Health care reimbursement information.
  - 8) The person's health history, current medications, admission screening, documentation of orientation, assessments, and individual plan and reviews.
  - 9) A transition plan, when applicable
  - 10) A discharge summary.
  - 11) Any correspondence pertaining to the person served.
  - 12) Authorization for release of information.
  - 13) Documentation of internal or external referrals.
- C. To ensure that records are maintained in a uniform manner, are secure, and are available to support continuity of care, the following guidelines will apply:
- 1) All records will be maintained electronically in Simple Practice.
  - 2) The Medical Director will be responsible for controlling the records and implementing policies and procedures pertaining to the records.
  - 3) Records maintained by the records staff will be kept in a secured area with access limited to only designated records staff. The records area will be secured by lock at any time records staff



are unable to remain within the area. Only records staff and designated supervisory personnel will have access to keys to the area. A designated staff member will be available and known to all staff in order to access the records after hours and in case of an emergency.

- 4) All records maintained at service locations by clinical staff will be secured in a locked file cabinet. If the record is in a staff office, that office will be locked when not occupied.
- 5) If a secondary or “working record” is maintained at a satellite office, in addition to the primary record, it will be maintained according to the safeguards contained in this policy, and the record will be limited to the following information:
  - a. Screening, referral, and assessment information.
  - b. Program admission form.
  - c. Individual plan and subsequent reviews.
  - d. Emergency medical information to include:
    1. The name, address, and telephone number of the person’s physician.
    2. The name, address, and telephone number of the person to be notified in case of an emergency.
    3. Medical insurance identification.
    4. Medication used.
    5. Medication and food allergies.
    6. Significant medical problems.
  - e. The location of primary medical record.
  - f. All other requirements as outlined by regulatory and accreditation bodies.
- 6) All records utilized by community-based providers will be maintained in a locked case, container, or brief case. Community-based providers will be informed during orientation of procedures for maintaining records outside of Comprehensive Family Care/CFC Inc’s facilities.
- 7) All records will be kept in areas that provide reasonable protections from fire, water damage, and other hazards.
- 8) Records will be made available in a timely manner to authorized personnel by the records staff, when applicable, for scheduled appointments, for documentation purposes, and for reviews upon request.
- 9) The record will be tracked to individual staff members who will be responsible for safeguarding the record and returning it to the designated file before the end of the business day.
- 10) The filing of all loose materials in the record is a function of the records or other designated staff. The filing is to be kept current and will be scanned and uploaded into the individual electronic records within three working days. All loose filing will be kept in a container



designated as “to be filed” within a secured records area/room or staff office if at a service location.

- 11) Any loose filing that cannot be identified will be turned over to the clinical supervisor. The material in question will be identified through exploration with service providers of content contained in the materials.
  - 12) All data files maintained in electronic systems will be backed up on a daily basis and will be securely preserved at a separate location from the regular files.
  - 13) All electronic record files maintained in any manner on Comprehensive Family Care/CFC Inc’s electronic data system are subject to the policy and procedures regarding electronic records.
  - 14) If records need to be transported to a different location, such as court proceedings, records will be placed in a sealed manila envelope or boxes marked “confidential” and placed in the locked trunk of a car for transportation to the destination. The clinical provider is responsible for safeguarding the records while they are in transport. At no time will the records be left unattended.
- D. Records will be audited on a/quarterly basis by the compliance officer to ensure that Comprehensive Family Care/CFC Inc maintains and processes record information in compliance with rules, regulations, and organizational policy and procedures. The following criteria will be used to evaluate the record management process:
- 1) A representative sample of records will be pulled from the active files on a quarterly basis.
  - 2) Records sampled will have intact record covers and labels that reflect allergies, payment method, and medication restrictions, when warranted.
  - 3) Records in the sample will have all information filed according to the current record organization guidelines.
  - 4) All documents and forms within the record will contain the appropriate dates, signatures, and authorizations.
  - 5) The “loose/to be filed” documents will not contain dated material older than three working days.
  - 6) The record tracking system will reflect the status and location of each sampled record.
  - 7) All data in an individual’s database will be reflected in the documentation in the medical record.
  - 8) The records staff or appropriate service provider will correct any problems discovered during the audit.
  - 9) Patterns and trends will be tracked to identify any processes that may need corrective action and



will be reported to the Safety Officer.

- E. Documentation in records will be consistent, directly related to services provided, and in compliance with legal, risk management, and clinical care standards. The following guidelines apply to documentation in the record:
- 1) Written documentation will be completed in black ink only.
  - 2) All written documentation will be clear, concise, accurate, and legible.
  - 3) All entries will be made in a timely fashion to increase accuracy of documentation.
  - 4) Entries will occur immediately after the service is performed.
  - 5) Any late entries will be documented using the actual date the note is written with a reference to the exact date the service occurred.
  - 6) If a mistake is made in the record, a single line will be drawn through the incorrect information, "error" will be written above the entry, and the provider's initials and date will be noted. Liquid paper, or any kind of marking over an error so it cannot be read, is not appropriate in any circumstance as it may invalidate the entire record in a legal proceeding.
- F. All records will be destroyed in accordance with federal and state law and Comprehensive Family Care/CFC Inc's guidelines for retention and destruction as follows:
- 1) All records involved in any investigation, litigation, or audit will not be destroyed until legal counsel has confirmed that no further legal reason exists for retention of the record.
  - 2) In the event a legal proceeding is initiated against Comprehensive Family Care/CFC Inc, the Compliance Officer will be notified immediately by CEO to stop the destruction of files.
  - 3) Prior to the destruction of records, the following information will be gathered from the record and permanently maintained for all persons served:
- T. Person's name.
- U. Social Security number.
- V. Date of birth.
- W. Dates of admission and discharge.
- X. Name and address of legal guardian, if any.
- 4) All records will be destroyed in a manner that eliminates the possibility of reconstruction of the information.

- 5) Paper records will be destroyed by one of the following methods: shredding, burning, pulping, or pulverizing.
- 6) Microfilm and microfiche will be destroyed by recycling or pulverizing.
- 7) Computer files will be permanently destroyed through reformatting the disc or overwriting the data. Deleting files will not be utilized as the information remains within the system. In addition, all back-up tapes of records will be overwritten.
- 8) Any CD-RW disks that contain document imaging that cannot be overwritten will be destroyed through pulverization.
- 9) All activities related to the destruction of records will be documented and maintained by the records staff. The following information will be included in the documentation of the destruction:

Q. The date of the record destruction.

R. The method of destruction.

S. A description of the records that were destroyed.

T. The start and end date of the records.

U. The signatures of the individual conducting the destruction and of the witness of the action.

- 9) Any contracted services for the destruction of Comprehensive Family Care/CFC Inc's records will be provided according to the following contractual guidelines:

X. The method of destruction will be specified.

Y. The time between the acquisition and destruction of the records will be specified.

Z. Established safeguards to protect the confidentiality of the records will be described and noted.

AA. Appropriate insurance coverage will be maintained and documented by the contractor to protect Comprehensive Family Care/CFC Inc from loss in the event of an unauthorized disclosure.

BB. The contractor will provide proof of destruction.

Monique Knight

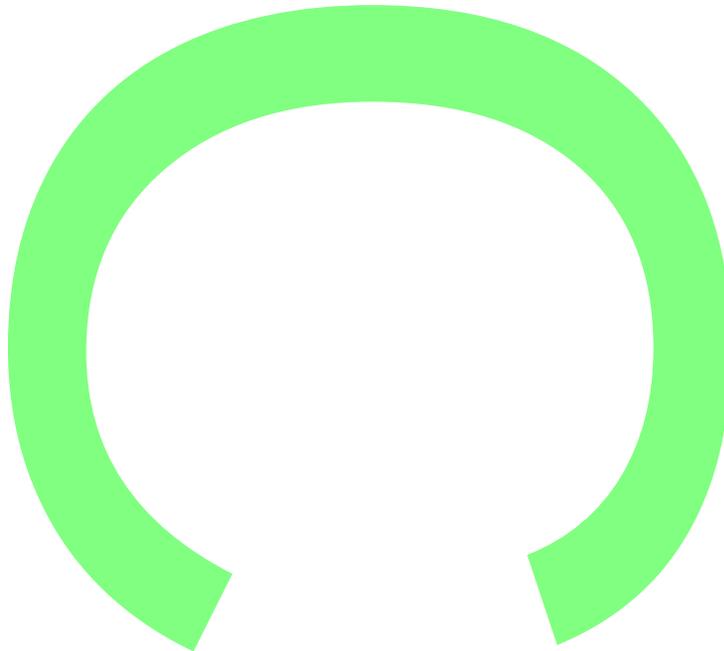
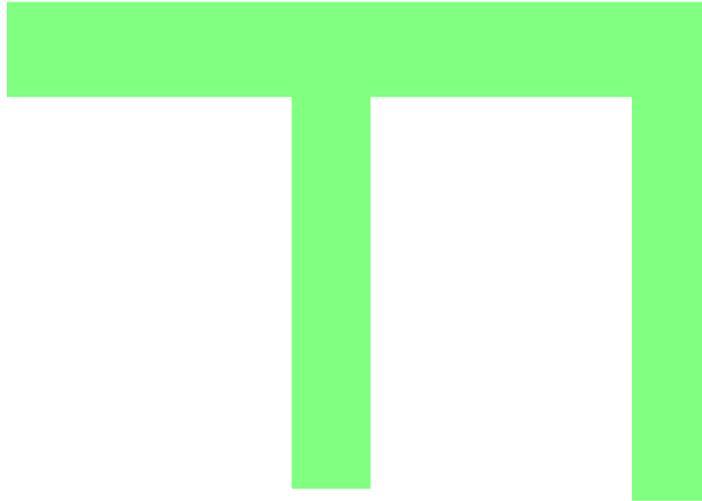
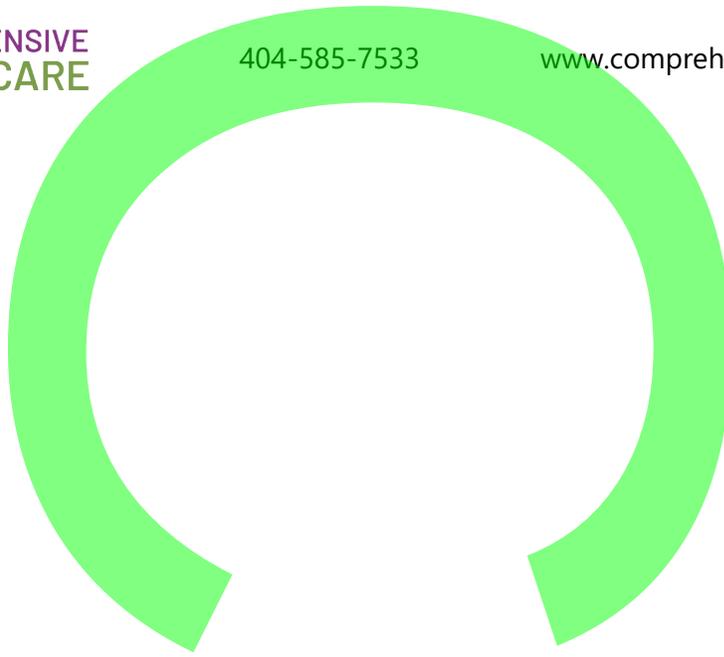
3/2/21

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Designated Authority

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Date



# Financial Responsibility Agreement

## PATIENT RESPONSIBILITY FORM

### 1. INDIVIDUAL'S FINANCIAL RESPONSIBILITY

A. I understand that I am financially responsible for my health insurance deductible, coinsurance or non-covered service.

B. Co-payments are due at time of service.

C. If my plan requires a referral, I must obtain it prior to my visit.

D. In the event that my health plan determines a service to be "not payable", I will be responsible for the complete charge and agree to pay the costs of all services provided.

E. If I am uninsured, I agree to pay for the medical services rendered to me at time of service.

F. I agree to provide at least 24 hours NOTICE OF CANCELLATION by text, email or phone call with contact or voicemail or I accept a fee of \$50 to be charged to my card on file

### 2. INSURANCE AUTHORIZATION FOR ASSIGNMENT OF BENEFITS

I hereby authorize and direct payment of my medical benefits to Comprehensive Family Care/ CFC Inc on my behalf for any services furnished to me by the providers.

### 3. AUTHORIZATION TO RELEASE RECORDS

I hereby authorize Comprehensive Family Care/ CFC Inc to release to my insurer, governmental agencies, or any other entity financially responsible for my medical care, all information, including diagnosis and the records of any treatment or examination rendered to me needed to substantiate payment for such medical services as well as information required for precertification, authorization or referral to other medical provider.

### 4. MEDICARE/ MEDICAID REQUEST FOR PAYMENT

I request payment of authorized Medicare/Medicaid benefits to me or on my behalf for any services furnished me by or in Comprehensive Family Care/CFC Inc. I authorize any holder of medical or other information about me to release to Medicare and its agents any information needed to determine these benefits or benefits for related services..

\*  I have reviewed and consent to the financial responsibilities above

By checking this box you are signing this form

## TELEHEALTH SERVICES POLICY & RIGHTS

1. I have the right to understand that my health care provider wishes me to engage in a telehealth consultation.
2. My health care provider will explained to me how the video conferencing technology that will be used to affect such a consultation will not be the same as a direct client/health care provider visit due to the fact that I will not be in the same room as my provider.
3. I understand that a telehealth consultation has potential benefits including easier access to care and the convenience of meeting from a location of my choosing, fewer cancellations and more flexibility.
4. I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that my health care provider or I can discontinue the telehealth consult/visit if it is felt that the videoconferencing connections are not adequate for the situation.
5. I may request a direct conversation with my provider, during which I will have the opportunity to ask questions in regard to this procedure. My questions will be answered and the risks, benefits and any practical alternatives have been discussed with me in a language in which I understand.

### By agreeing to telehealth, I acknowledge:

1. Telehealth is NOT an Emergency Service and in the event of an emergency, I will use a phone to call 911.
2. Though my provider and I may be in direct, virtual contact through the Telehealth Service, neither provides any medical or healthcare services or advice including, but not limited to, emergency or urgent medical services.
3. The Telehealth Service facilitates videoconferencing and is not responsible for the delivery of any healthcare, medical advice or care.
4. I do not assume that my provider has access to any or all of the technical information in the Telehealth Service – or that such information is current, accurate or up-to-date. I will not rely on my health care provider to have any of this information in the Telehealth Service.
5. To maintain confidentiality, I will not share my telehealth appointment link with anyone unauthorized to attend the appointment.

### I certify:

- That I have read or had this form read and/or had this form explained to me.
- That I fully understand its contents including the risks and benefits of the procedure(s).
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

## Informed Consent for Psychotherapy

### General Information

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with me. Please read and indicate that you have reviewed this information and agree to it by filling in the checkbox at the end of this document.

### The Therapeutic Process

You have taken a very positive step by deciding to seek therapy. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. There are no miracle cures. I cannot promise that your behavior or circumstance will change. I can promise to support you and do my very best to understand you and repeating patterns, as well as to help you clarify what it is that you want for yourself.

### Confidentiality

The session content and all relevant materials to the client's treatment will be held confidential unless the client requests in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client held privilege of confidentiality exist and are itemized below:

- 1.If a client threatens or attempts to commit suicide or otherwise conducts him/her self in a manner in which there is a substantial risk of incurring serious bodily harm.
- 2.If a client threatens grave bodily harm or death to another person.
- 3.If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
- 4.Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
- 5.Suspected neglect of the parties named in items #3 and # 4.

6.If a court of law issues a legitimate subpoena for information stated on the subpoena.

7.If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

If we see each other accidentally outside of the therapy office, I will not acknowledge you first.

Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

Comprehensive Family Care/CFC Inc 404-585-7533 www.comprehensivefamilycare.org

#### PRACTICE POLICIES

#### APPOINTMENTS AND CANCELLATIONS

Please remember to cancel or reschedule 24 hours in advance. You will be responsible for the entire fee if cancellation is less than 24 hours.

The standard meeting time for psychotherapy is 50 minutes. It is up to you, however, to determine the length of time of your sessions. Requests to change the 50-minute session needs to be discussed with the therapist in order for time to be scheduled in advance.

A \$10.00 service charge will be charged for any checks returned for any reason for special handling.

Cancellations and re-scheduled session will be subject to a full charge if NOT RECEIVED AT LEAST 24 HOURS IN ADVANCE. This is necessary because a time commitment is made to you and is held exclusively for you. If you are late for a session, you may lose some of that session time.

#### TELEPHONE ACCESSIBILITY

If you need to contact me between sessions, please leave a message on my voice mail. I am often not immediately available; however, I will attempt to return your call within 24 hours. Please note that Face- to-face sessions are highly preferable to phone sessions. However, in the event that you are out of town, sick or need additional support, phone sessions are available. If a true emergency situation arises, please call 911 or any local emergency room.

#### SOCIAL MEDIA AND TELECOMMUNICATION

Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

#### ELECTRONIC COMMUNICATION

I cannot ensure the confidentiality of any form of communication through electronic media,

including text messages. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, I will do so. While I may try to return messages in a timely manner, I cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies. Services by electronic means, including but not limited to telephone communication, the Internet, facsimile machines, and e-mail is considered telemedicine by the State of California. Under the California Telemedicine Act of 1996, telemedicine is broadly defined as the use of information technology to deliver medical services and information from one location to another. If you and your therapist chose to use information technology for some or all of your treatment, you need to understand that:

- (1) You retain the option to withhold or withdraw consent at any time without affecting the right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled.
- (2) All existing confidentiality protections are equally applicable.
- (3) Your access to all medical information transmitted during a telemedicine consultation is guaranteed, and copies of this information are available for a reasonable fee.
- (4) Dissemination of any of your identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without your consent.
- (5) There are potential risks, consequences, and benefits of telemedicine. Potential benefits include, but are not limited to improved communication capabilities, providing convenient access to up-to-date information, consultations, support, reduced costs, improved quality, change in the conditions of practice, improved access to therapy, better continuity of care, and reduction of lost work time and travel costs. Effective therapy is often facilitated when the therapist gathers within a session or a series of sessions, a multitude of observations, information, and experiences about the client. Therapists may make clinical assessments, diagnosis, and interventions based not only on direct verbal or auditory communications, written reports, and third person consultations, but also from direct visual and olfactory observations, information, and experiences. When using information

technology in therapy services, potential risks include, but are not limited to the therapist's inability to make visual and olfactory observations of clinically or therapeutically potentially relevant issues such as: your physical condition including deformities, apparent height and weight, body type, attractiveness relative to social and cultural norms or standards, gait and motor coordination, posture, work speed, any noteworthy mannerism or gestures, physical or medical conditions including bruises or injuries, basic grooming and hygiene including appropriateness of dress, eye contact (including any changes in the previously listed issues), sex, chronological and apparent age, ethnicity, facial and body language, and congruence of language and facial or bodily expression. Potential consequences thus include the therapist not being aware of what he or she would consider important information, that you may not recognize as significant to present verbally the therapist.

Comprehensive Family Care/CFC Inc expects persons served, personnel, and other visitors to be fit to engage in services without any risk of being impaired or their competence reduced by drugs, alcohol, or medication. **Additionally, if there are any violations of the policies or procedures, that is deemed a critical incident and a critical incident form will be completed. The policy and procedures will be reviewed and updated as appropriate.**

All persons served, personnel, and other visitors will be made aware of the policies and procedures during orientation and/or the onboarding process.

#### MINORS

If you are a minor, your parents may be legally entitled to some information about your therapy. I will discuss with you and your parents what information is appropriate for them to receive and which issues are more appropriately kept confidential.

#### TERMINATION

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you and a termination process if I determine that the psychotherapy is not being effectively used or if you are in default on payment. I will not terminate the therapeutic relationship without first

discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, I will provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source.

Should you fail to schedule an appointment for three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.