PLUMAS COUNTY BEHAVIORAL HEALTH SERVICES

270 County Hospital Road, #109 Quincy, CA 95971 (530) 283-6307 FAX (530) 283-6045

Tony Hobson PhD, Director

INFORMED CONSENT, BENIFICIARY RIGHTS and AUTHORIZATION TO BILL

PURPOSE:

I would like services for myself or my child from Plumas County Behavioral Health (PCBH). I was informed this document contains information about PCBH services that may be helpful for me in deciding if PCBH services are right for me or my child. A PCBH provider talked to me about the information in this document and answered my questions in order to understand this information.

If I am a minor, I was informed of services for minors and how they may be different than service for adults.

MY RIGHTS:

I was informed of my or my child's rights as a PCBH consumer. I was provided with the PCBH Beneficiary Rights document which contains my or my child's rights as a PCBH consumer.

CLIENT RIGHTS

Listed below are your rights as a Medi-Cal beneficiary. If you have questions about these rights you are welcome to ask any employee of Mental Health for assistance or you may contact the Patients' Rights Advocate, Elizabeth McAllister at (530) 616-1638.

A client shall have impartial access to treatment regardless of race, religion, sex, age, disability, ethnicity, sexual preference and ability to pay. Clients who possess a physical or mental disability, which precludes participation in the program structure or activities, will be referred to the appropriate agency for further services.

A client has the right to receive a copy of the "Guide to MediCal Mental Health Services" booklet.

A client has the right to receive free language assistance services.

A client has the right to be treated with respect and courtesy by the staff, volunteers, board members and others; to present complaints or make suggestions without fear of reprisal; to be free from verbal and inappropriate sexual behavior, intellectual, emotional and/or physical abuse.

A client has the right to informed consent regarding all treatment including prescribed medication.

A client has the right to request a different service provider, a second opinion, or a change in the level of care.

A client has the right to services that are culturally competent and language accessible.

A client has the right to confidential treatment and record keeping.

A client shall receive an individualized treatment plan, designed with their assistance, to meet their particular needs.

For Substance Use Treatment, A client has the right to object to the religious character of a program, exercise their right to choose to participate in faith based or non-faith based treatment and or service, by requesting a Charitable Choice referral to an alternative provider/program.

A client or their legal representative has the right to access treatment files in accordance with Executive Order #B-22-76.

A client shall not be photographed or have their voice recorded without their informed consent or the consent of their attorney, guardian or parent.

Services provided by this agency shall be provided with the least restrictive environment possible; to be accorded safe, healthful and comfortable accommodations to meet client needs.

A client has the right to file a complaint or a grievance.

A client has the right to present a complaint verbally or in writing to any PCBH staff member or the Patient's Rights Advocate, Elizabeth McAllister at (530) 616-1638, written complaints should be addressed to the Quality Assurance Manager, 270 County Hospital Rd. #109 Quincy, CA 95971.

A client has the right to have another person act on their behalf. A person acting on your behalf may use the complaint and grievance process on your behalf.

All grievances or appeals will be responded to in writing within 5 calendar days and resolved within 90 calendar days of being filed. If you file a complaint you will not be subject to a penalty.

The Director of Mental Health will provide information regarding the status of a grievance by request.

A client has the right to a fair hearing related to denial, involuntary discharge, or reduction in Medi-Cal Behavioral Health and Substance use Disorder Services as it relates to their Medi-Cal eligibility or benefits. Fair Hearing request should be directed to:

California Department of Social Services
P.O. Box 944243, MS 9-17-37
Sacramento, CA 9244-2430

Telephone: 1-800-952-5253
TDD: 1-800-952-8349
Fax: 1-916-651-5210 or 1-916-651-2789

For Substance Use treatment, Clients are encouraged to discuss issues regarding their substance use treatment services with their provider. Each client has the right to file a

complaint if they feel they have been treated unfairly by any SUD provider or have concerns about the facility. Complaints should be directed to:

Department of Health Care Services Substance Use Disorder Services Attention:
Compliant Coordinator P.O. Box 997413, MS#2601
Sacramento, CA 95899-7413
Telephone: 1-916-322-2911 or
Toll Free: 1-877-685-8333
Fax: 1-916-440-5094

All information and records obtained in the course of evaluation, examination or treatment of the client shall be kept confidential and not as public records, except as the requirements of a hearing pursuant of Code of Federal Regulations (42 C.F.R.), as explained in the Member Handbook.

For Mental Health Service, Clients are encouraged to discuss issues regarding their mental health treatment services with their provider. Each client has the right to file a complaint if they feel they have been treated unfairly by any Mental Health provider. Complaints for professional licensed staff should be directed to:

The Board of Behavioral Sciences
You may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830.

*The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of (marriage and family therapists, licensed educational psychologists, clinical social workers, or professional clinical counselors).

Complaints regarding interns and all PCBH staff should be directed to the PCBH grievance process by contacting the PCBH Quality Improvement and Compliance Manager directly at 1-800-757-7898 or by mail at:
270 County Hospital rd suite 109
Quincy, CA 95971

PRIVACY PRACTICES:
I was informed about how PCBH will protect my or my child's privacy and keep my or my child's health information private. I have been offered a copy of the PCBH Notice of Privacy Practices, which has information about how my or my child's private health information may be used and disclosed under the law.

PROVIDER MANDATES/REPORTING REQUIREMENTS

PCBH staff are mandated reporters. California law requires mandated reporters to report suspected, communicated or observed abuse, sexual assault, rape, or murder of a child, elder or dependent adult to appropriate authorities, including child and adult protective services and/or local law enforcement.

PCBH staff have a duty-to-warn and attempt to protect any reasonably identifiable victim(s) and local law enforcement of a serious threat communicated to clinical and/or counseling staff by a client.

Medical staff have a responsibility to report certain communicable diseases, bites and gunshot wounds to the Department of Public Health.

SERVICES:

I was informed PCBH services focus on mental health and substance use issues. I am aware my or my child's information and records may be shared only if a release of information has been signed allowing specific information to be shared between mental health and substance use programs and providers for the purpose of providing treatment. I was provided with the Authorization to Exchange Protected Health Information within Plumas County Department of Behavioral Health.

I was also informed of the various types of services provided by PCBH. I am aware my or my child's needs may not require all of these types of services. An interactive assessment process involving myself, my child (if applicable) and a PCBH provider will determine the amount and types of services offered and provided.

RISKS AND BENEFITS OF SERVICES:

I was informed behavioral health services may have risks and benefits. I am aware that behavioral health services may involve discussing difficult aspects of my or my child's life and making changes to psychiatric medication I or my child may take. I or my child may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. I or my child may also experience an increase in the symptoms as I or my child work through issues or as my or my child's medications are being changed.

I am also aware behavioral health services have been shown to have benefits. For example, psychotherapy may lead to better relationships, solutions to specific problems, and significant reductions in feelings of distress. Psychiatric medication may alleviate symptoms of mental health issues.

I was informed there are no certainties about what I or my child will experience as I or my child receive services and how successful services will be. I understand that there is no "magic formula" for behavioral health services. It requires an investment of time and effort from all involved and openness to what change and success may look like.

SERVICES ARE VOLUNTARY:

I was informed participation in PCBH services is voluntary, except for certain situations where PCBH is legally required to provide services even if it is involuntary, such as 5150 psychiatric holds or conservatorships.

I was also informed that even if I am or my child is Court-ordered as a part of a juvenile justice, criminal, or dependency (CSD) case, I can still choose not to participate in PCBH services. I am aware that consequences may arise due to my decision not to participate in Court-ordered services are my responsibility. It was recommended that I speak with my or

my child's attorney, probation officer, and/ or CPS worker to make the best possible decision regarding participation in Court- ordered services.

ELIGIBILITY FOR SERVICES:

I was informed PCBH providers come from different educational and professional backgrounds and have a variety of experience levels and licensure. PCBH providers only provide services that are allowed by law for their specific education, experience, profession and licensure.

I was informed PCBH utilizes some unlicensed professionals that are in the process of completing their requirements for clinical licensure. These providers/clinicians are authorized by law to provide mental health services under the supervision of a licensed mental health professional.

I or my child may receive services from some of these individuals. They will clearly identify themselves, as well as their supervising provider/clinician. I may call the supervising licensed clinician if I have any questions about this arrangement. I have received a copy of the Plumas County Medi-Cal Provider List and I was explained how to access a digital copy at any time.

AVAILABILITY OF PCBH PROVIDERS AND CRISES/EMERGENCIES

I was informed PCBH providers are generally available during regular County business hours, which are 8am to 5pm, Monday to Friday, except during County holidays. I was also informed of the alternative hours of the program providing my or my child's services has different hours of availability.

If the PCBH provider working with me or my child is not available during business hours, I or my child can contact the provider's supervisor or a designated on-call provider if I or my child needed to speak with someone during business hours. For non-urgent matters after-hours, I or my child can leave messages with PCBH after- hours telephone service. For urgent or crisis situations, I or my child can contact Plumas County Behavioral Health Crisis Services 24 hours per day/7 days a week at (530) 283-6307.

For emergencies I was informed my family, or I should call 9-1-1.

CHANGE OF CLINICIAN/PROVIDER

I was informed I can request a change of PCBH provider at any time by calling the clinic and requesting to speak to the provider's supervisor or manager. I was also informed requesting a change of provider does not guarantee a change. There may be significant administrative or clinical issues that may not make the change possible. A PCBH supervisor or manager will provide me the reason(s) the change is not possible. A change of clinician/provider will be provided when feasible at no cost to the client.

CONTINUITY OF CARE FOR MEDI-CAL CONSUMERS

If I or my child has Medi-Cal, I was informed that it is my right to continue behavioral health care with a pre-existing provider, providing I make a continuity of care request in writing. I have the

option to continue treatment for up to 12 months with an out-of- network Medi-Cal provider or a terminated network provider—an employee of PCBH or a contracted organizational provider, provider group, or individual practitioner.

TERMINATION OF SERVICES

I was informed that my or my child's treatment is subject to termination in the case of non-compliance. This includes non-adherence to instructions regarding prescribed medications, treatment plans; repeatedly missing appointments. It is the policy of PCBH to close cases after 45 days of no contact by consumers for mental health services and 30 days for substance use services with at least two attempts at contact by the clinician of record. A NOABS will be sent out giving the client an additional 10 days to appeal termination decision. In the case of intake assessments, records will be closed 10 business days after "no showing" for Intake Assessment or after completion of initial paperwork with case management staff but not completing or returning to complete the clinical Intake Assessment. I understand that I or my child may re-engage services through Plumas County Behavioral Health by re-initiating the intake and assessment process should I feel the need.

FEES AND BILLING MEDI-CAL, MEDICARE, AND/OR INSURANCE

I was informed PCBH will ask me to provide my financial information on an annual basis. This information will be used to calculate service fees that I may be responsible for paying.

I was also informed any private insurance will be billed by PCBH before billing Medi-Cal. I will consult with my private insurance, Medicare social worker, and/or Medi-Cal eligibility worker if I have any questions about my or my child's coverage, deductibles, and co-pays.

ADDITIONAL DOCUMENTS FOR MEDI-CAL CONSUMERS

If I or my child has Medi-Cal, I was offered a free paper copy of the Guide to Medi-Cal Behavioral Health Services Handbook and I was explained how to access a digital copy on the countyofplumas.com website, which contains details about my or my child's behavioral health benefits as a Medi-Cal beneficiary.

COMPLAINTS AND GRIEVANCES

I was informed I may file a complaint or grievance if I am dissatisfied with the services I or my child receives from PCBH. I or my child will not be subjected to any penalty for filing a complaint, grievance, or an appeal. I was offered a copy of the PCBH Problem Resolution document, which explains how I can file a complaint, grievance, or appeal.

ADVANCED DIRECTIVE

If I am over 18 years old, I have been asked if I have an advanced directive and if I would like it placed on file. If I do not have one, I have been provided information about advanced directives. For more information referred to PCBH Guide to Medi-Cal Services Beneficiary Handbook.

EHR Chart Number:_____

INFORMED CONSENT And AUTHORIZATION TO BILL

I have been offered a copy of this consent. By signing below, I acknowledge that I understand the information contained in this document.

_____I certify that I am requesting the services of Plumas County Behavioral Health for myself or my minor child, for the purposes of mental health and/or substance use disorders evaluation, recommendations and treatment.

_____I certify that I have been advised and have received a copy of my rights to confidentiality. I understand that these rights will be respected and upheld. I understand that disclosure of information suggesting harm or the threat of harm to myself or any other person, by myself or my child, requires notification of the appropriate authorities and/or agencies as mandated by law.

_____I understand that Plumas County Behavioral Health will submit my insurance claims and that I will be responsible for any deductibles, co- payments, co-insurance or client fees at the time services are rendered. I understand that I Plumas County Behavioral Health cannot accept responsibility for collection of my insurance claim or for negotiating a settlement on a disputed claim and that I am responsible for payment of my account.

_____I understand that my services and/or treatment with Plumas County Behavioral Health may be terminated in the case of non-compliance. This includes non-adherence to instructions regarding prescribed medications, treatment plans; repeatedly missing appointments, not making contact within 45 days, not completing the intake process within 10 business days of request for services or failure to pay the fees for services rendered and determined as obligatory by my insurance and the guidelines of this practices.

Consumers/ Legal Guardian Signature: Date:
Consumer Name Printed:
Relationship to the client (if client list self):
Staff Signature: