

CLIENT and FAMILY HANDBOOK

The Staff of The Stern Center (TSC) welcomes you!

This handbook is designed to give you a little information about our services and staff.

The Stern Center, formerly known as Connellsville Counseling, created and led by Carole G. Stern, began serving Fayette County in 1995 providing outpatient services. To meet the growing behavioral health needs of Southwestern Pennsylvania, The Stern Center expanded into Greene, Westmoreland, Washington and Allegheny counties. The Stern Center is dedicated to helping individuals, children, and families regain their balance. The Stern Center takes pride in providing affordable, accessible, and appropriate therapeutic care and support. As we move forward in our goal of helping individuals and families heal, we strive to maintain the desire and commitment to providing the highest quality, community-based behavioral health services.

THE STERN CENTER OFFICE LOCATIONS

Connellsville 724-626-9941 (Corporate Office)

Waynesburg 724-627-0922

Allegheny 412-816-0761

Insurance Providers

CCBHO 1-800-553-749

Beacon Health Options 1-877-615-8502.

Crisis Numbers

Fayette County Crisis Number 724-437-1003

Allegheny Co Crisis Number 1-888-796-8226

Greene County Crisis Number 1-800-417-9460

Westmoreland Co. Crisis Number 1800-836-6010

Washington County Crisis number 1-877-225-3567

National Crisis Number

1-800-273-8255

- If you are experiencing side effects from medication, please call 911 or go to your nearest emergency room
- Follow the crisis plan provided to you by TSC staff
- Call TSC emergency line 1-877-626-9941 x348

OUR STAFF

Carole G. Stern Owner, CEO, Registered Nurse, Licensed Psychologist

Christopher B. Stern Esq., CSO, Corporate Compliance Officer

Madhavan Thuppal MD, Medical Director

Ahmed Jahangeer, MD, Psychiatrist

Oliver Stedeford LSW, COO/Clinical Director

Danielle Rowan M.Ed, LBS, BCBA, Director of Connellsville office, Clinical Director of ABA

Lindsay Moore LSW, Program Director Family Based Mental Health Services

Ashley Brown LCSW, Outpatient Supervisor

Monica R. Adams, MS, LBS, Assistant Clinical Director of IBHS Greene County

Sarah Barber, MSW, LBS, Human Resource Manager

Joe Burgess, MSW, Administrative Director Greene County

Cindy Beal Corporate Office Manager

Jessica Saxon Billing Specialist

IMPORTANT NAMES AND NUMBERS

Names of the staff assigned to your case and their contact information:

Call the Clinical Director if you need to talk to someone other than the staff in your home or have questions about your services: _____

Call the Corporate Compliance Officer if you have concerns or comments about your services that have not been resolved by the Program Director: [Christopher Stern 1-877-626-9941 x332](tel:1-877-626-9941)

Please note that all information left on this voicemail is confidential and concerns voiced on this voicemail will not have any impact on the services you and your family receive.

OUR MISSION The Stern Center is dedicated to providing developmental and behavioral health services that respect the individual and/or family's strengths, needs, abilities and preferences. We strive to strengthen resilience and promote independence. It is our mission to provide a safe, accepting and empathetic therapeutic environment at every level of the process.

OUR VISION At the Stern Center, we believe in the capacity to recovery from adversity and the ability to aspire to and maintain optimal levels of functioning. Services and programs focus on improving the quality of life of the persons served. The Stern Center serves individuals and families by providing a wide range of therapeutic services. We emphasize a holistic and collaborative approach to treatment which encourages the ongoing development of natural and community supports and promotes individual and family empowerment within the change process. The Stern Center is committed to supporting staff who are dedicated to providing effective and efficient treatment based on the integration of a variety of treatment philosophies and models. We take pride in providing community outreach which ensures that persons served can make informed decisions about treatment.

OUR PHILOSOPHY The Stern Center has been built on helping individuals and families heal. Through our journey, we all need to heal from the trials and tribulations of everyday life. Gaining peace of mind during troubled times can be one of the most fulfilling and useful tools a person can learn. For over a decade, The Stern Center has been dedicated to helping individuals, children and

families regain their balance. At The Stern Center, we take pride in providing affordable, accessible, and appropriate therapeutic care and support. Because all people and families are unique, The Stern Center's staff is trained to individualize our treatment using a "one size does not fit all" approach. Enhancing the lives of our consumers requires a personalized, thoughtful approach. Our quality approach to treatment in all of our services ensures our consumers never feel like "just a number."

OUR VALUES

- Believes in the capacity to recover from adversity
- Acknowledges the resilience of persons served and the community
- Is committed to empowering individuals and families
- Partners, collaborates and coordinates with other agencies, providers and/or community resources
- Appreciates diversity and strives to provide culturally competent services
- Is committed to professional standards that reflect clinical and administrative integrity and ethical practices
- Believes in treating all individuals with respect, dignity and compassion
- Invests in treatment practices which have been shown to promote wellness, recovery and self-determination
- Respects individuals' rights to privacy and confidentiality and acts to protect those rights
- Supports the right of people served to exercise informed choice
- Understands the importance of continued agency growth and development both as a business and as a clinical resource
- Seeks and supports supervision, education and training opportunities to ensure clinical integrity
- Values a safe, accepting and empathetic therapeutic environment at every level of the process
- Strives to adhere to Pennsylvania state regulations specific to the programs provided
- Promotes services informed by CASSP Principles: child centered, family focused, community based, multi-systemic, culturally competent and least restrictive/ least intrusive
- Seeks input from persons served and other stakeholders in program and service development and change.

SERVICES TSC OFFERS

OUTPATIENT This service is provided in the office setting and can be scheduled at any of our three locations. In order for the therapy to be most successful, clients have to actively participate in sessions and work on things talked about both during sessions and at home. Sessions can be scheduled on a weekly to monthly basis as both the client and therapist agree. It is typical to start services weekly and then decrease as client symptoms decrease. Outpatient therapy can be for adults or children (usually age three and up) and can be individual, couples, family, or groups.

Therapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, clients' may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who experience it. Therapy often leads to better relationships, solutions to specific problems and significant reduction in feelings of distress. There are no guarantees of what you will experience.

OUTPATIENT THERAPIST (BACHELOR AND MASTER LEVEL) Outpatient Therapists will conduct a comprehensive intake and assessment of presenting problems and clinical symptoms at the onset of treatment. A clinical opinion will include a provisional diagnosis and recommendations for treatment will be discussed prior to contracting for further services. The therapist will collaborate with the client and other authorized individuals and/or services to develop a treatment plan that respects the preferences and desired outcomes expressed by the client. Additional clinical staff (i.e. Director, Psychiatrist, Clinicians) may also be consulted in the clinical treatment planning process. The outpatient therapist will also initiate discharge and transition planning at the beginning of treatment.

This provides opportunity for appropriate natural supports and resources to be identified and utilized, maximizing wellness and recovery efforts. Treatment and Discharge/ Transition planning may also include referrals for other supports and/or services. Treatment plans will be collaboratively reviewed and changes to treatment approach and frequency of service provisions will be completed as client and clinician feel necessary.

MEDICATION MANAGEMENT All eligible individuals for medication management are required to have an intake session through outpatient or a recent psychological evaluation through the Stern Center or are currently receiving services in Family base, IBHS or outpatient.

IBHS (Intensive Behavioral Health Services) This service can be provided in the home, community or school setting and consists of staff that work with clients and their families. To begin this service, a psychological evaluation or a written order must be completed and a recommendation sent to the county that manages parents or guardians' health insurance or the child's Medicaid services.

BCBA (Board Certified Behavior Analyst) A BCBA is a nationally certified in Applied Behavior Analysis through the Behavior Analytic Certification Board. BCBAs oversee the treatment of Applied Behavior Analysis, supervise Behavior Consultants, conduct functional analysis assessments, deliver trainings, and provide case consultations for staff and families.

BC (Behavior Consultant) or BC of ABA (Behavior Consultant of Applied Behavior Analysis) A BC is a master's level staff who will direct the treatment of assigned clients. They can coordinate with other services the client may be receiving including the school. The BC will work with the client (if applicable) and families to develop a treatment plan to address the behavioral concerns identified in the evaluation or written order. The BC will track, record, and analyze compiled data to assess behavioral patterns, response to interventions, whether treatment should be modified in any way, or continued in the same manner. The BC will develop interventions and directly model interventions to family members, other staff, and essential team members.

MT(Mobile Therapist) A MT is a master's level staff who provides therapy outside of TSC offices. This service is typically done in the home setting but, if recommended, can be done in the community as noted in the treatment plan. The MT can only provide services with the identified client present. They are not permitted to bill for sessions held with other family members.

BHT (Behavior Health Technician) or BHT of ABA (Behavior Health Technician of Applied Behavior Analysis) A BHT is a bachelor's level staff with at least 1-year experience in the mental health field and training. A BHT can provide services to assigned clients in the home or community. A BHT can also provide services in the school if recommended and approved by the school. The purpose of the BHT is to carry out the interventions in the treatment plan, collect data, and to track progress made toward achieving goals by the client and their families. BHT should spend the majority of their time performing specific interventions with the identified client or demonstrating the transfer of skills to the natural supports (e.g., parent, caregiver, teacher, aide).

RBT (Registered Behavior Technician) A RBT can fill the role of the BHT if they have completed the registered behavior tech 40 hour certification training and hold at least a high school diploma under the supervision of a BCBA.

FBMHS (Family Based Mental Health Services) This is a team-delivered, community-based service that provides therapy to the entire family. FBMHS' highest priority is to preserve the family unit by creating a safe and healthy family environment. TSC's FBMHS teams are trauma-focused. These services are only available in Fayette and Greene counties. This service is intensive and short-term and is focused on those who are at high risk for hospitalization or out-of-home placement. This service is typically 32 weeks in length. FBMHS includes 24/7 crisis coverage. The strengths and needs of the identified client and family members are assessed to help strengthen the family unit. You will work with your team to develop a treatment plan to address the needs of your family. A crisis plan will also be developed so that your family can maintain control in times of stress and chaos. Natural supports will be identified to help your family once FBMHS is no longer involved. Services are scheduled on an individualized basis that takes into account your family's unique needs. When services begin, your team will typically schedule 3 sessions a week for the first few weeks. If you have a crisis, you can call one of your team members to discuss resolutions over the phone or to have one or both of your team members attend a crisis session.

Please note that it is important to keep your scheduled appointments with the staff assigned to your case. While we understand emergencies come up, it may not always be possible to reschedule sessions. Also please review any information you sign. The dates and times must be accurate in order for assigned staff to get paid. Also, your signature is required in order for the encounter forms to be accepted. This includes missed hours or hours that may have been cancelled.

IMPORTANT INFORMATION ABOUT YOUR SERVICES AT TSC

MANDATED REPORTING All employees of The Stern Center are mandated reporters and have been made aware of their legal obligation to report suspected abuse or neglect. Please be aware that in addition to reporting direct disclosures of child abuse, we must also report third party reports of abuse. We will make every effort to be sure you and your family are aware of the reports prior to them being made. However, there are instances where we must report PRIOR to you being informed due to the time guidelines by the agencies taking the reports.

CONFIDENTIALITY We care about your privacy, and it is our duty to protect it at all times. TSC takes great care in ensuring that your information is kept confidential. For that reason, you will notice signs in our offices that do not allow access to everyone. Please be mindful of those signs and do not enter any areas without staff present. Confidentiality between providers of services

and their clients is necessary to develop the trust and confidence important for therapeutic interventions. While confidentiality is paramount in the therapeutic relationship with a client/family, full confidentiality cannot be guaranteed in all situations.

The following presents the limitations of confidentiality when applicable. We are required to disclose confidential information if any of the following conditions exist:

- You are a danger to yourself or others.
- You seek treatment to avoid detection or apprehension or enable anyone to commit a crime.
- Your therapist was appointed by the courts to evaluate you.
- Your contract with your therapist is for the purpose of determining sanity in a criminal proceeding.
- Your contract is for the purpose of establishing your competence.
- The contract is one in which your psychotherapist must file a report to a public employer or as to information required to be recorded in a public office, if such report or record is open to public inspection.
- You are under the age of 16 years and are the victim of a crime.
- You are a minor and your psychotherapist reasonably suspects you are the victim of child abuse.
- You are a person over the age of 65 and your psychotherapist believes you are the victim of physical abuse. Your therapist may disclose information if you are the victim of emotional abuse.
- You die, and the communication is important to decide an issue concerning a deed or conveyance, will or other writing executed by you affecting an interest in property.
- You file suit against your therapist for breach of duty, or your therapist files suit against you.
- You have filed suit against anyone and have claimed mental/emotional damages as part of the suit.
- You waive your rights to privilege or give consent to limited disclosure by your therapist.
- Your insurance company paying for services has the right to review all records.

BILL OF RIGHTS POLICY

200-005 CLIENT BILL OF RIGHTS

POLICY:

The Stern Center is committed to the proper, professional and responsible care and treatment of clients and to safeguarding the integrity of staff/client relationships at all times. Each staff member is expected to treat clients with dignity and respect and to protect clients' rights to confidentiality.

Client Bill of Rights

All individuals receiving service shall have any rights provided to them under the law, including but not limited to the following:

1. The right to be treated with consideration and respect for personal dignity, autonomy and privacy.
2. The right to receive services in a humane setting which is the least restrictive setting feasible as defined by the treatment plan.
3. The right to be informed of one's own condition, of proposed or current services, treatment or therapies, and of the alternatives, as well as the risks and benefits of those treatments.

4. The right to have freedom from abuse and neglect
5. The right to freedom from financial or other exploitation
6. The right to freedom from retaliation and humiliation
7. You have the right to complete informed consent or refusal or expression of choice regarding service delivery, release of information, concurrent services the composition of the service delivery team and involvement in any research projects in which you would also have to right to adherence to guidelines and ethics for.
8. The right to access self-help and advocacy support services
9. The right to a current, written, individualized treatment plan that addresses one's own mental health, physical health, social and economical needs and that specifies the provision of appropriate and adequate services, as available, either directly or by referral.
10. The right to active and informed participation in the establishment, periodic review and assessment of the treatment plan.
11. The right to freedom from unnecessary or excessive medication.
12. The right to freedom from unnecessary restraint or time-out.
13. The right to participate in any appropriate and available agency service, regardless of refusal of one or more other services, unless there is a valid and specific necessity which precludes and/or requires the client's participation in other services. This necessity shall be explained to the client and written in the client's current treatment plan.
14. The right to be informed of and refuse any unusual and hazardous treatment procedures.
15. The right to be advised of and refuse any observation by techniques such as one-way vision mirrors, tape recorders, televisions, movies or photographs.
16. The right to have the opportunity to consult with independent treatment specialists or legal counsel, at one's own expense. A listing of advocates is available as a resource to all clients.
17. The right to have an independent person who is not a member of the treatment team resolves a problem raised by the client.
18. The right to confidentiality of communications and of all personally identifying information within the limitations and requirements for disclosure of various funding and/or certifying sources, state or federal statutes, unless release of information is specifically authorized by the client, parents, or legal guardian of a minor client or court-appointed guardian of an adult client in accordance with State and Federal Regulations. This also includes the right to be informed of the nature of information to be released to other parties.
19. The right to have access to one's own psychiatric, medical, or other treatment records, if 14 years of age or older. The agency may withhold information from a child which it has good reason to believe will be harmful to that child. The basis for withholding information from a child shall be recorded in the child's case record. It is required that the placing agency concur with thus withholding prior to the information being withheld from a child who requests information from his/her record.
20. The right to be informed in advance of the reason(s) for discontinuation of service provision and to be involved in planning for consequences of that event.
21. The right to receive an explanation for the denial of services.
22. The right not to be discriminated against in the provision of service on the basis of religion, race, color, creed, sex, national origin, age, lifestyle, physical or mental handicap, developmental disability or inability to pay.
23. The right to know the cost of services.
24. The right to follow and practice your own religion or abstain from practice of religion.
25. The right to be discharged as soon as care and treatment are no longer necessary.

26. The right to be fully informed of all rights and responsibilities as well as the program's rules and regulations.
27. The right to exercise any and all rights without reprisal in any form including continued and uncompromised access to service.
28. The right to file a grievance or offer suggestions to the program director or his/her designee.
29. The right to an investigation and resolution when you feel your rights have been infringed upon.
30. The right to oral and written instructions for filing a grievance.
31. All other rights which are required under law.

Employee/client behavior and conduct which TSC considers inappropriate, unacceptable and strictly prohibits includes, but is not limited to, the following:

- Any form of abuse or maltreatment of clients by staff.
- Failure to properly supervise clients and to provide for the client's health and safety.
- Failure to follow appropriate programmatic passive physical restraint policies and procedures.
- Using abusive, degrading or vindictive language or physical punishment toward clients.
- Delegating client discipline to other clients or to individuals not known to the client.
- Administering group discipline for misbehaviors of individual clients.
- Failure to report any allegations of suspected child abuse or neglect to the employee's immediate supervisor or Program Director and to other parties per applicable law.
- Failure to follow and to follow-through on the prescribed client treatment plan.
- Disclosing confidential client information except to the client's placing agency worker, the client's Child Advocate or lawyer unless the client or the client's legal designee has provided written consent to disclose such information. Sharing or discussing client information with other clients or with other staff members who are not involved with the direct treatment of that particular client or other violations of the TSC Policy on Confidentiality.
- Any conduct prohibited by applicable laws and regulations.
- Failure to submit written TSC Unusual Incident Reports to immediate supervisor for actions including: injuries or accidents involving a client or employee; client, staff and/or agency property loss or damage; maltreatment of clients; unusual, unacceptable conduct or behavior involving clients or staff.
- Any other conduct, behavior or attitudes which TSC deems inimical to the best interests of its clients and program operations.

PROCEDURE:

The Client Bill of Rights is distributed to all clients prior to the beginning of service delivery and / or at initiation of service delivery.

Verification of receipt and acknowledgment of understanding the Bill of Rights is documented by the client or responsible person's signature the Bill of Rights in the client file.

Clients are required to verifying understanding and acknowledging the Client Bill of Rights annually if their treatment extends beyond one year. This is documented by the client or responsible person's signature.

A client who files such a complaint in good faith will not be subject to reprisal, recrimination, retaliation or threat of such action.

Alleged violation to this policy will be thoroughly investigated and, if the allegation(s) is (are) founded; the employee will be subject to disciplinary measures and/or corrective action, up to and including termination

DIVERSITY POLICY

The Stern Center does not discriminate on the basis of age, race, creed, sex, ethnicity, color, national origin, marital status, sexual orientation, handicap or religion. A client receiving treatment retains civil rights solely by reason of treatment. All clients will be treated in such a manner that preserves their rights, dignity, health and safety.

Nondiscrimination in Services

Admissions, the provisions of services, and referrals of clients shall be made without regard to race, color, religious creed, disability, ancestry, national origin (including limited English proficiency), age, or sex.

Program services shall be made accessible to eligible persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, the provision of aides, and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among available methods.

Any individual/client/patient/student (and /or their guardian) who believes they have been discriminated against, may file a complaint of discrimination with:

Connellsville Counseling Center Inc. t/d/b/a
The Stern Center
for Developmental & Behavioral Health
110 South Arch St.
Connellsville, PA 15425
Email: chrisstern@thesterncenter.org
sbarber@thesterncenter.org

Commonwealth of Pennsylvania
Department of Human Services
BEO/Office of Civil Rights Compliance
Room 225, Health & Welfare Building
P.O. Box 2675, Harrisburg, PA 17120
Inquiries: (717) 787-1127
Email: RA-PWDHSCivilRights@pa.gov

Pennsylvania Human Relations Commission (PHRC)
333 Markey Street, 8th floor
<https://www.phrc.pa.gov/File-a-complaint>
Inquiries: (717) 787-4410
TTY Users only: (717) 787-7279

Office for Civil Rights
U. S. Department of Health and Human Services
Centralized Case Management Operations
200 Independence Avenue. S.W.
Room 509F HHH Bldg
Washington, D.C. 20201
Customer Response Center: (800) 368-1019
TDD: (800) 537-7697
<https://www.hhs.gov/ocr/complaints>
Email: ocrmail@hhs.gov

COMPLAINT AND GRIEVANCE POLICY

The consumer or child (14) and/or their family may voice dissatisfaction with services provided by:

FILE A COMPLAINT A complaint is a statement from the consumer or child (14) and/or families that something is wrong or not satisfactory.

FILE A GRIEVANCE A grievance is an official statement of a complaint over something believed by the consumer or child (14) and/or families to be wrong or unfair.

These are the Commonwealth of Pennsylvania's definitions for both a complaint and a grievance as they pertain to Medicaid behavioral health services:

A complaint is a dispute or objection filed with the Behavioral Health Managed Care Organization (BH-MCO) regarding a participating health care provider or the coverage, operations, or management policies of a BH-MCO.

A grievance is a request to have a BH-MCO or utilization review entity reconsider a decision concerning the medical necessity and appropriateness of a health care service.

- Step 1:** Raise the problem with the direct staff person. Any consumer or child (14) and/or family members may call a meeting for the purpose of discussing the complaint or grievance. If the consumer or child (14) and/or family is not satisfied, proceed to Step 2.
- Step 2:** Consumers or child (14) and/or family members may request an individual meeting with the clinical director (at either Connellsville or Forest Hills). If still not satisfied, proceed to Step 3.
- Step 3:** The final internal level of resolution is with the COO and the clinical director in charge of the services. If still not satisfied, proceed to Step 4.
- Step 4:** If all of these efforts to resolve the grievance fail; the consumer or child (14) and/or family members may then appeal to the Program's Quality Assurance Committee made up of The Stern Center personnel as well as a representative from the county referring agency.

Health Choices Consumers may also file a complaint or grievance by calling their Behavioral Health Managed Care Company: (CCBHO) at 1-800-553-7499 or (Beacon) at 1-877-615-8502.

A client who files such a complaint in good faith will not be subject to reprisal, recrimination, retaliation or threat of such action.

If at any time you have any concerns that you do not feel have been resolved by speaking with your therapist or treatment team, please do not hesitate to contact the Chief Operating Officer, a Clinical Director, or Corporate Compliance Officer.

SERVICE AGREEMENT

Program Responsibilities

- The Stern Center will provide a comprehensive explanation of the program and services that are available to the family.
- The Stern Center staff will schedule appointments with the family in advance. Staff will not show up unannounced. Staff will make every attempt to contact the family in advance when appointments are cancelled.
- The Stern Center will keep confidential and will not divulge any information relating to the family without the family's written consent.
- Safety is our first concern. All of The Stern Center's staff is mandated to report suspected child abuse.

Family Responsibilities

- Parents and other family members are expected to be active in the program.
- The family will make every effort to maintain scheduled appointments. In those cases where appointments must be cancelled, the family will notify staff as soon as possible.
- The family is responsible for ensuring the home is safe. Appointments will be cancelled if a family member is under the influence, weapons are not securely stored, or pets are not controlled.
- The family will notify staff if illness is present in the home.
- Families will limit distractions and visitors during sessions.

NOTICE OF PRIVACY PRACTICES

This notice is to describe how we may use and disclose your protected health information and how you can access your protected health information as described in the Health Insurance Portability and Privacy Act (HIPAA). We reserve the right to change our Notice of Privacy Practices and to make terms of any change effective for all protected health information that we maintain, including information created or obtained prior to the date of the effective date of the change. You may obtain a revised copy by submitting a written request to our privacy offices, Christopher B. Stern, Esquire.

Who will follow this notice?

The information practices in this notice will be followed by:

- Any health care professional who is allowed to enter information into your health record (e.g., therapists or members of The Stern Center Staff)
- All departments of The Stern Center
- All employees, contractors, staff, and volunteers of the organization
- Any business associate with whom we share health information

The above individuals may share medical information with each other for treatment, payment, or health care operations purposes described in this notice.

Our pledge regarding medical information:

We realize that medical information about you and your health is personal. We are committed to protecting that information. We create a record of the care and services you receive to provide quality care and to comply with the law. This notice applies to all the records of your care that we keep, whether created by the organization's personnel or another physician or psychologist. Another provider may have different policies or notices regarding the use and disclosure of your medical information maintained in his/her office. We are required by law to:

- Make sure that medical information about you is kept private
- Give you this notice of our legal duties and privacy practices with respect to medical information about you
- Follow the terms of the notice that is currently in effect

How we may use and disclose medical information about you:

- Treatment – such as sending medical information about you to a specialist as part of a referral
- Payment – such as sending a bill, which may contain information about a surgery you had, to your insurance company
- Health Care Operations- such as comparing patient data to improve quality of care, combining information about many patients to decide which services the organization should offer, or for accreditation purposes
- We may contact you for appointment reminders, to reschedule appointments, or to tell you about treatment options
- Release of information to Family/Friends – such as a parent/guardian/other family member involved in your daily care. For example, you may ask your baby sitter take your child to an appointment with the psychologist for treatment of a behavior problem. In this case, the babysitter may have access to this child's medical information

Special circumstances:

We may use or disclose medical information about you without your prior authorization for limited purposes permitted under the Federal Privacy Rule. Subject to certain requirements, we may release medical information about you for public health purposes (e.g., reporting disease, injury, or demographic services), for abuse or neglect reporting, for health oversight activities (e.g., audits or investigation to determine compliance with relevant laws), for research that has received the necessary approval, to a coroner or medical examiner as required, for funeral arrangements, for organ donation, for worker's compensation purposes, if you are an inmate of a correctional institution, or in an emergency. We may disclose medical information when required by law or certain judicial or administrative proceedings such as in response to a court order or subpoena. We may release medical information to prevent a serious threat to the health or safety of another person or the public, for certain national security or intelligence activities, or to protect the President or other authorized persons or heads of state or to comply with the Patriot Act. Our practice may disclose your medical information if you are a member of the military and if required by the appropriate authorities.

Other uses of medical information:

Other uses and disclosures not covered in this notice will be made only with your written permission. If you do permit another use or disclosure, you may later change your mind and cancel your permission in writing. Please understand that we cannot take back any disclosures we had already made while we had your permission.

Changes to this notice:

We reserve the right to change this notice. Changes will apply to medical information we already hold. We will post a copy of the current notice in our facilities. The effective date is listed on the front page. You will be asked to acknowledge in writing your receipt of this notice.

Your rights regarding medical information:

- Except under limited circumstances, you have the right to inspect and copy medical information about you by submitting a written request. If you request a copy, we may charge a fee for the costs of copying, mailing, and related supplies. If we deny your request to inspect and copy, you may submit a written request for review of that decision.
- If you feel that medical information about you is incorrect or incomplete, you may submit in writing a request to amend the record. We may deny your request if the information was not created by us, is not part of the medical record maintained by us, or if we determine that the information is accurate. If your

request is denied, you will receive a written explanation of the denial and information about further rights you would have at the point.

- You have the right to obtain a list of the disclosures of your medical information other than for treatment, payment, healthcare operations, or where you specifically permitted a disclosure. Your request must state a time period not longer than six years and may not be prior to April 14, 2003. The first disclosure list in a 12-month period is free; for additional lists, we may charge for the cost of providing the list. We will notify you of the fee ahead of time.
- You have the right to request (in writing) a restriction or limitation on the medical information we use or disclose for treatment, payment, or health care operations or to someone involved in your care except as required by laws or in an emergency. We will consider your request but we are not legally required to accept it. We will inform you of our decision regarding your request.
- You have the right to request that medical information about you be communicated in a confidential manner, such as a different address. You must submit the request in writing.
- You have the right to receive a paper copy of this notice even if you received a copy electronically.

If you wish to exercise any of these rights, please contact the Medical Records department at The Stern Center.

CANCELLATION POLICY

Family-based

We understand that at times an event may occur that would result in a cancellation of a session, however, to have the best results of treatment it is important to have **multiple sessions per week**. Our cancellation policy for Family Based will be after three cancellations (**3 consecutive sessions, 1 x per week for three weeks or any variation in which treatment intensity is not being met**), or **2 no call, no show**, the treatment team will discuss early discharge from the program with a referral for a different level of care.

DISCHARGE AND TRANSITION PLANNING

POLICY Discharge and transition planning begins at the time of admission and is ongoing throughout treatment in an effort to promote recovery, support resilience, and aid in maintaining an optimal level of functioning. It is a collaborative effort allowing members to increase their level of functioning and independence. It is important that consumer's maintain an active role in treatment and participate in identifying the desired outcomes under which they may transition to a less restrictive/ less intensive levels of care and/ or natural supports.

Procedures:

- During the initial session (or within 30 days of initial session), the discharge and/or transition planning will begin. The therapist and client/parent/guardian will identify what each identifies as success in treatment that will either lead to discharge or transition to a less restrictive level of care.
- Clinical necessity for continued care is ongoing and consideration is given to the following : *(1) the severity of symptoms and presenting concerns as related to progress, regression and stability (2) any new symptoms and/or concerns (3) psychosocial factors (4) evaluation of treatment 'fit' in addressing consumer and family needs (5) inclusion of natural and community resources to support transition/ discharge planning and support consumer in maintaining an optimal level of functioning.*
- Updates to the discharge and transition plan will occur throughout treatment. A formal treatment plan review, which shall include formal review of discharge and transition plan, will be completed every 180 days.
- Referrals and recommendations for supports and services will be collaboratively discussed and appropriate releases will be obtained when indicated.

- Based on the services provided the appropriate Guidelines for Behavioral Health Medical Necessity Criteria will be considered (see Appendix T Part B (1) Psychiatric Outpatient Treatment (see Appendix T Part B); (2) Behavioral Health Rehabilitation Services Under EPSDT (Appendix T Part B); (3) Family Based Mental Health Services
- Transition and Discharge will be considered when: the identified treatment goals have been met, the individual or family members chooses not to participate in treatment, documented non-participation after multiple attempts at engagement and/or modification of the treatment plan or another level of care is determined to be appropriate.
- For unplanned discharges or discharges due to threatening/ assaultive or aggressive behaviors the clinical director will be consulted and a plan to attempt efforts for referral and/or service linking will be established.
- At the time of discharge or transition the primary clinician will review the entire treatment plan, highlighting progress and goal achievement as well as any potential continued areas of need and review resources and contact information for the appropriate supports and services.
- The primary clinician will complete the appropriate level of care discharge summary to formally close a case.
- The discharge planning requirements outlined in each program regulations and/or manual will be followed.

PSYCHIATRIC CARE AND TREATMENT POLICY

POLICY The policy listed below will be signed upon intake by all clients and a copy provided to them.

The Stern Center provides a psychiatrist to establish clients that have been active in one of the following programs offered by The Stern Center: IBHS, Family Based, and Outpatient Therapy. All eligible individuals for medication management are to have an intake session through outpatient or had a recent psychological evaluation through the Stern Center or receive a psychiatric evaluation.

MEDICATION MANAGEMENT SERVICES

For clients in Medication Management, If the client has a total of two cancellations in a row the client will no longer receive medications through The Stern Center. A discharge letter will be sent to the clients given address. The medical director and/or treating psychiatrist/LMHP may choose to give a 30-day supply of medications. This is not a guarantee.

NO medication scripts will be mailed either to a pharmacy or to a client. All prescriptions MUST be sent electronically to a pharmacy by the psychiatrist or staff member of The Stern Center OR client may pick up their prescription from our office.

Any medication prescriptions picked up (outside a doctor's appointment) must be signed at time of pick-up. If anyone other than the client or legal guardian is to pick up a prescription, we require:

- The Stern Center to be verbally contacted by phone prior to pick up.
- A form completed which will include the reason why you (i.e., client or guardian) are unable to pick up the prescription and the name and relationship of the person picking up the script.
- A Photo ID of the individual. If No ID is provided, we will not release prescription.
- The person who is picking up prescription will be asked to sign the medication log.
- The Stern Center will not be held responsible once prescription is released.

Please note that we continue to work hard in getting you medication to you as quickly as possible. **Please allow 7 – 10 business days for refills and/or new medications to begin.** We ask that you please call the office where you receive your medication.

For those clients whom are NOT receiving outpatient therapy, a psychiatric Treatment Plan will be completed and reviewed every 180 days to ensure compliance with their psychiatric treatment.

Prior to each appointment, the psychiatrist will review the Pennsylvania Prescription Drug Monitoring Program to monitor where and how much controlled substances prescriptions each client receives.

TSC reserves the right to discharge any client from treatment for non-compliance of these policies and/or misrepresentation of controlled substances.

CRISIS PLANNING AND INTERVENTION Your therapist(s) will develop a crisis plan specific to the needs of you and your family. You will receive a copy to refer to in times of increased stress to help avoid a crisis. If you or your child experiences a crisis, clear directions will be written in your plan.

PAYMENT If you have a copayment, you must pay at the time of your session. If you are unable to pay your copayment, TSC is not legally allowed to bill your insurance company for the session. We will do our best to inform you in advance of your copayment.

PROFESSIONALISM OF STAFF We at TSC strive to be professional and courteous at all times.

Staff expectations during sessions:

- Punctuality for scheduled sessions; advance notice in the event of an emergency for missed appointments
- Report to work as scheduled;
- Completing entire scheduled session
- Staff may meet the family in the community for a session or appointment, however staff are not permitted at any time to transport clients or family members.
- Staff will be respectful of your property and family rules while in your home.
- Staff will treat all clients, family members and other session participants with respect at all times.
- Staff will be courteous and respectful to clients, coworkers and other agency representatives.
- Staff will not be in possession of weapons, alcohol, illegal drugs or other prohibited items at work or any other violation of the agency's Drug-Free Workplace Policy.
- Staff will not use drugs or alcohol or engage in gambling during work hours, on agency premises or during the conduct of agency business.
- Staff will not report to work under the influence of drugs or alcohol or in any physical or mental condition rendering an employee unable to perform essential job functions.
- Staff will not misuse agency time, including but not limited to, conducting non-agency business on agency time and posting or distributing literature of any nature without prior approval.
- Staff will come to work with appropriate attitude and behavior at all times.
- Staff will adhere to the dress code at all times, appropriate grooming and language will be used at all times.
- Staff will be willing to fulfill job requirements.
- Staff will protect your confidentiality at all times and will only release information with your written consent.
- Time sheets and encounter forms will be accurate and completed in your presence with explanation of time accounted for.
- Staff should not use their cell phones during sessions; personal calls or texts are against TSC policies and procedures.
- Staff should not engage in any activity with the client and or their associates that may be deemed as personal, unprofessional and outside the boundaries established in the clients plan of care.
- Staff should not have any contact with any clients or his or her associates once employment with TSC has been terminated.

No staff is permitted to use any type of restraint or seclusion method regardless of program as written in policy number 600-006 of The Stern Center Policy and Procedure Manual.

HEALTH AND SAFETY INFORMATION Each office has postings with the exit routes highlighted in case of fire or emergency. There are also signs indicating the location of the first aid kits in each office. Please note that all Stern Center offices are drug free, including any tobacco products. There is to be no smoking within 20 feet of any door or window of any TSC office. Any tobacco, lighters, medications or other items that could pose a risk to the health or safety of others must be securely maintained on your person at all times.

IBHS ROLES and RESPONSIBILITIES IN SCHOOL SETTINGS

SCHOOL BASED SERVICES Depending on client needs, The Stern Center will conduct Behavior Therapy in the academic setting. Our staff will work with administrators, teachers, and paraprofessionals to incorporate effective behavioral interventions that are suitable for the classroom and will provide professional recommendations to help individuals reach his or her full potential.

Before working with a school, parent(s), and caregiver(s) must contact the school district to request our presence in the classroom setting. For individuals who are using insurance companies to pay for services, The Stern Center must have prior authorization from the insurance carrier that this location is to be part of the therapy for the classroom.

Parent(s) and caregiver(s) must also sign consent to share information. This will permit The Stern Center to be privy to the child's academic records and to share certain information with the school staff that could influence behavior in the classroom.

While in the school setting, The Stern Center staff is to work only on behaviors that could impede a child's learning. The Stern Center is not permitted to act as a tutor, a teacher's aide, or a paraprofessional. The Stern Center does not use any restrictive procedures and is not able to administer any type of medication. The Stern Center staff are not able to take a child to the bathroom or help them to eat during mealtimes. In addition, The Stern Center staff is not able to provide consulting services to other students while working with a client.

During sessions, staff will position themselves in a location that is not disruptive or obtrusive. However, at times, staff may be seated next to the child to model interventions and for transfer of skills. Staff will spend time observing the child and taking data related to the behaviors of concern. This data collection is a crucial part of the therapy for it allows the staff to monitor the progress of the child. The Stern Center staff is happy to review the behavioral data that is taken during each session and is free to discuss any questions or concerns.

Should a behavior problem occur, The Stern Center staff will wait until the teacher/ paraprofessional requests assistance before stepping in. At that time, The Stern Center staff will model and teach appropriate interventions. This will allow the transfer of skills to occur and will enable school staff to handle unwanted behaviors without The Stern Center staff present.

IBHS SERVICE AGREEMENT

SERVICE DESIGN FOR IBHS TREATMENT This document is intended to detail an agreement between children, youth, and families receiving IBHS services and their selected IBHS provider. These services include: Behavioral Consultant (BC), Mobile Therapist (MT), and Behavioral Health Technician (BHT).

The following guidelines are necessary for optimum service delivery. It is the recommendation of all IBHS providers that these guidelines are implemented by the family to secure quality service deliver.

Staff Responsibilities:

- Staff are mandated reporters of all witnessed and reported abuse, neglect, or illegal activity. As mandated reporters, staff must report this information to the appropriate authorities.
- Staff are not permitted to restrain children. Staff may only use verbal de-escalation strategies.
- Staff are not permitted to be left alone with the child in the home, school, or community.
- BC (or lead MT in the absence of BC services) and BHT are the only two staff allowed to provide services with the family at the same time. BC and BHT cannot be present when the MT is providing services.

- Staff are to use only interventions that build towards a transferred skill.
- Staff are responsible for scheduling appointments in a timely manner and providing 24-hour's notice if cancelling a session.
- Staff cannot provide transportation for children and families, which includes appointments, errands, and any other community needs.
- Staff cannot provide funding for rewards and reinforcement programs.
- Staff cannot give medication to children
- Staff may refuse to provide services if they perceive their health and safety to be at risk, such as encountering intoxicated adults, aggressive pets, pest infestations, exposure to dangerous weapons or illegal substance/activity, and contagious illnesses. All safety risks will be reported to the provider and the appropriate agencies. Any perceived safety threats may jeopardize services by replacement of staff or discharge of services with the provider.
- Staff cannot engage in ANY social media outlets with the child and/or family members.
- Staff cannot engage in text messages with child and/or family members beyond a designated time.
- Staff cannot text private/confidential information of the child and/or family members.

Compliance Guideline with IBHS Treatment:

- Families and staff will be considered in compliance with services if they are available to meet on a weekly basis for prescribed, authorized hours, except for illness, holidays, and vacations, and actively participate with staff to use programs and interventions.
- Families may request a temporary or permanent reduction of weekly prescribed hours for any reason. Families may also temporarily place services on hold due to a variety of reasons, such as the child entering a temporary higher level of services (e.g., hospitalization, residential placement), or planned breaks.

Note: Once services resume, or the hours per week increase/decrease, families are not guaranteed to be able to work with the same therapist (based on therapist availability at the time of the service increase or decrease). Any requested temporary or permanent changes to the authorized services will be noted on a "Change in Service Notification Form" and signed by the therapist and family.
- Families and staff must have set schedules, or schedule services in advance of the service week. Same day scheduling is not acceptable, as this does not guarantee consistent service provision for staff or families.
- If a parent/guardian is not in compliance with services or does not meet with staff for 30-days, the agency/provider reserves the right to put forward "risk for" or discharge procedures.
- Failure to schedule psychological evaluations and/or written orders within the time frames provided by The Stern Center may result in a temporary lapse in service. Also, please adhere to insurance renewal deadlines imposed by the Department of Public Welfare, otherwise insurance may become inactive and there may be a lapse in services until resolved.
- If staff are not in compliance with completing all authorized hours, or if the agency is unable to provide prescribed hours, the parent may contact the IBHS Clinical Director at The Stern Center to discuss resolution strategies, changing staff, or changing IBHS providers.

IBHS ROLES and GUIDELINES

BCBA (Board Certified Behavior Analyst) A BCBA is a nationally certified in Applied Behavior Analysis through the Behavior Analytic Certification Board. BCBAs oversee the treatment of Applied Behavior Analysis, supervise Behavior Consultants, conduct functional analysis assessments, deliver trainings, and provide case consultations for staff and families.

BC (Behavior Consultant) or BC of ABA (Behavior Consultant of Applied Behavior Analysis) A BC is a master's level staff who will direct the treatment of assigned clients. They can coordinate with other services the client may be receiving including the school. The BC will work with the client (if applicable) and families to develop a treatment plan to address the behavioral concerns identified in the evaluation or written order. The BC will track, record, and analyze compiled data to assess behavioral patterns, response to interventions, whether treatment should be modified in any way, or continued in the same manner. The BC will develop interventions and directly model interventions to family members, other staff, and essential team members.

BC or BC of ABA Service Guidelines The BC's role during session is to OBSERVE the child in his/her natural environment and actively CONSULT/DISCUSS with parents/guardians in regard to the behaviors, interventions, and progress of the child. This will lead to an AGREEMENT between the BC and the parents/guardians to attempt a variety of strategy methods for decreasing the unwanted behaviors. This will result in the goals and objectives set in the child's Individualized Service Plan/Treatment Plan.

Parents/Guardians Responsibilities:

- A parent/guardian must be an active participant for the entire session (excluding sessions held at the school). This is necessary as the BC role is to observe the natural environment and actively consult with the caregiver regarding the behaviors of the child.
- Cell phones, computer/laptops, and television must be limited during home sessions during direct consultation with the BC. However, these are acceptable during periods of observation of the natural environment.
- Preferred activities for the child, such as playing video games, must be shut-down/off 15 minutes before the BC arrives to the home.
- During direct consultation with the BC, parents/guardians should be prepared to discuss and develop with the BC behavior charts to address unwanted behaviors of the child.
- Caregivers must be willing to track behavioral data in between BC sessions.
- Missing weekly sessions more than 2x per month can result in the need for a meeting to discuss a reduction in service provision.
- Caregivers must be prepared to give specific examples of behaviors of child that are in need of management (e.g. checklist of behaviors that are causing issue/concern).

BHT (Behavior Health Technician) or BHT of ABA (Behavior Health Technician of Applied Behavior Analysis) A BHT is a bachelor's level staff with at least 1-year experience in the mental health field and training. A BHT can provide services to assigned clients in the home or community. A BHT can also provide services in the school if recommended and approved by the school. The purpose of the BHT is to carry out the interventions in the treatment plan, collect data, and to track progress made toward achieving goals by the client and their families. BHT should spend the majority of their time performing specific interventions with the identified client or demonstrating the transfer of skills to the natural supports (e.g., parent, caregiver, teacher, aide).

RBT (Registered Behavior Technician) A RBT can fill the role of the BHT if they have completed the registered behavior tech 40 hour certification training and hold at least a high school diploma under the supervision of a BCBA.

BHT Service Guidelines The BHT/TSS role during session is to model/demonstrate the appropriate use of interventions and then teach these skills to client/parent/caregiver/school staff. This will produce an effective transfer of skills, allowing the client/parent/caregiver/school staff to manage and address wanted behaviors WITHOUT the support of BHT staff. This will happen only in accordance to the goals and objectives set in the child's Individualized Treatment Plan (TP).

Parents/Guardians Responsibilities:

- A parent/guardian must be active participants for the entire session (excluding sessions held at the school). This is necessary as the BHT role is to model/demonstrate appropriate interventions and teach these skills to the client/parent/caregiver/school staff.
- Preferred activities for the child (e.g., video games) must be ended 15 minutes before the BHT arrives to the home.
- During BHT sessions, client/parent/caregiver/school staff should be prepared to discuss with the BHT behavior charts to address unwanted behaviors of the child/youth.
- Caregivers must be willing to track behavioral data in between BHT sessions.
- Missing weekly sessions more than 2x per month can result in the need for a meeting to discuss a reduction in service provision.
- Caregivers must be prepared to give specific examples of behaviors of child that are in need of management (e.g. checklist of behaviors that are causing issue/concern).

MT (Mobile Therapist) A MT is a master's level staff who provides therapy outside of TSC offices. This service is typically done in the home setting but, if recommended, can be done in the community as noted in the treatment plan. The MT can only provide services with the identified client present. They are not permitted to bill for sessions held with other family members.

MT Service Guidelines The MT role during session is face-to-face, child-centered psychotherapy provided in a setting other than a therapist's office. Sessions are both individual and with family members to hold therapeutic discussions to help the child become aware of behaviors of concern. These discussions will then assist in helping the child discover positive coping skills that can prevent them from behaviors of concern when beginning to feel them coming about. This will happen only in accordance to the goals and objectives set in the child's Individualized Service Plan/Treatment Plan.

Parents/Guardians Responsibilities:

- A space inside the home where a one-on-one therapy session between the MT and child can occur must be identified, unless the time is slated for a family session.
- Cell phones, computers/laptops, and television must be limited during home therapy sessions
- Preferred activities (e.g., video games) must be ended within 15 minutes of the MT session starting.
- Caregivers should be prepared to discuss with the MT the child's behaviors during the week prior to the session.
- Caregivers should be available for a brief review of the therapy session after the MT is finished.
- Missing weekly sessions more than 2x per month can result in the need for an Interagency Team meeting to discuss a reduction in service provision.

GENERAL PARENT/GUARDIAN RESPONSIBILITIES

- The parent/guardian or responsible adult (at least 18 years of age) must be present for in-home sessions.
- The parent/guardian are required to be active participants in treatment by meeting with staff weekly for the authorized. BC/MT/BHT hours, assisting with tracking behaviors, reinforcing skills, and intervening with the child. The goal is transfer of skills to parent/guardian. A primary focus of IBHS is to transfer skills to parent/guardian and client.
- The parent/guardian will use programs emphasizing positive approaches, such as rewards/consequences, praise, encouragement, and redirecting children to engage in positive skill and behavior.
- The parent/guardian are responsible for canceling appointments 24-hours before a session, and informing staff/agency of holidays, vacations and any other needed breaks from IBHS services in a timely manner.
- The parent/guardian must be present for psychological evaluations and planning meetings. Team meetings are held during business hours, so all team members might attend.
- The parent/guardian are responsible for updating The Stern Center about any additions or changes in team member information (e.g., service coordinators, doctors, teachers, etc.)
- The parent/guardian(s) should never sign blank forms. Thoroughly review any documentation (e.g., confidentiality agreement, family choice form, encounter forms) before signing.
- Family members must be dressed appropriately when in-home services occur.
- Family members must refrain from drug and alcohol consumption in the presence of staff. Any safety concerns or illegal activity will be reported.
- Be aware that certain household pets may pose a safety concern to staff. Please discuss this with staff, as they may not feel comfortable providing services.
- Family members must be courteous to staff. Any perceived personal threats to staff or aggressive gestures will jeopardize services.
- All weapons must be safely secured and out of children's reach.
- All tobacco use will be limited during sessions.
- All household pets will be secured in rooms away from session and staff.
- The parent/guardian will notify staff of any changes in the child's insurance.

TELEHEALTH POLICY IN RESPONSE TO COVID-19

In March due to the Covid-19 pandemic, OMHSAS temporarily suspended certain requirements for providing behavioral health services via telehealth. Changes to existing telehealth regulations include:

- Staff may deliver telehealth services via telephonic and video communication applications such as FaceTime or Skype, Smart phones, and/or through telephonic only devices when video technology is not available.
- Telehealth services may be provided in the home and without provider staff being physically present with the individual receiving services.
- Practitioner types who can provide telehealth services is expanded beyond what is typically permitted.
- Both Behavioral Health Choices and fee-for-service providers may bill for telehealth.
- Typical face-to-face contact percentages may be met with use of telehealth.
- Programmatic limits for the amount of service that may be provided through telehealth are temporarily suspended.

TSC has obtained OMHSAS approval for the use of telehealth. All families and consumers can be offered teletherapy. Clients without the ability to use telehealth technology will be offered to come to office to utilize TSC technology. Clients will continue to be assessed on a case by case whether telehealth is appropriate or is in-person service needed. TSC is currently able to provide telehealth Family Based Mental Health Services, IBHS services, psychological evaluations and psychiatry.

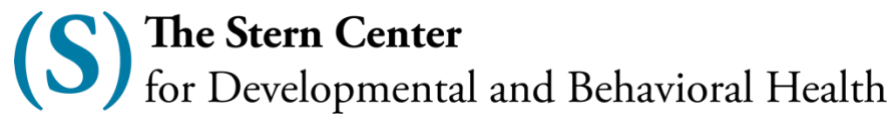
TSC has created a teletherapy consent and has outlined to each consumer about providing their verbal consent to staff when giving their consent including encounter forms, super-bills, treatment planning, and releases. On these documents, when verbal consent is given by the family after review, the clinician will document on the encounter form "verbal consent given-covid-19." When possible, TSC will still make attempts to get client signatures if face to face services are provided; or if the family does not agree to give their verbal consent. All documentation will continually be reviewed with families prior to obtaining their verbal consent, and families will be reminded of this at the start of each teletherapy session.

TELEHEALTH CONSENT

The health and wellbeing of TSC's clients and staff is our highest priority. Due to the Covid 19 pandemic, our staff is able to offer Telehealth as an alternative to person-to-person sessions.

- I hereby authorize The Stern Center to use the telehealth platform for telecommunication for evaluating, diagnosing, and therapy for my medical condition.
- I understand that technical difficulties may occur before or during the telehealth sessions and my appointment cannot be started or ended as intended. The Stern Center will do it's best to reschedule if this occurs.
- I accept that the professionals can conduct interactive sessions with video call. However, I am informed that the sessions can be conducted via regular voice communication, if the technical requirements such as internet speed cannot be met.
- I agree that my medical records on telehealth can be kept for further evaluation, analysis and documentation, and in all of these, my information will be kept private.
- I understand that at any time I can revoke my consent to telehealth by contacting the office. This consent will be kept for one year and may be updated when appropriate due to Covid-19.

Thank you for allowing us the opportunity to provide services to you and/or your family! We are working hard to make your time at The Stern Center a meaningful experience!



CLIENT HANDBOOK PROOF OF RECEIPT

PLEASE NOTE THIS PAGE IS TO BE REMOVED AND PLACED IN THE CLIENT FILE.

By signing below, I am confirming that I have been given a copy of the CLIENT HANDBOOK issued by THE STERN CENTER. The information in this handbook has been reviewed with me and my family STERN CENTER staff member.

If I have any questions or concerns regarding the client handbook, I can contact anyone listed in the IMPORTANT NUMBERS section of this handbook.

Please initial beside each policy after it has been reviewed

- Confidentiality Policy
- Bill of Rights
- Diversity Policy
- Complaints and Grievance Policy
- Service Agreement
- Notice of Privacy Practices
- Cancellation Policy
- Discharge/Transition Planning
- Psychiatric Care and Treatment
- IBHS Service Agreement
- Telehealth Policy in Response to COVID 19
- Telehealth Consent

Client Signature

Date

Parent Signature (if applicable)

Date

TSC Representative Signature

Date