CLIENT HANDBOOK

OUR MISSION

The mission of Therapeutic Empowerment & Wellness, LLC is to provide a full range of services to individuals, groups, communities, and companies that will promote growth, stability, change, and hope. The services provided by Therapeutic Empowerment & Wellness, LLC will work to impact our clients on a holistic level; giving clients a chance to view change and growth from a positive and strength-based perspective. The goal of Therapeutic Empowerment & Wellness is to help our clients prosper and grow.

OUR VISION

Therapeutic Empowerment & Wellness, LLC envisions clients who feel empowered, resilient, and hopeful. Our goal is for every individual, family, and community we serve to experience meaningful growth, embrace positive change, and achieve lasting stability. We strive for our clients to live balanced, fulfilled lives where their strengths are recognized, their voices are valued, and their potential is fully realized.

DESCRIPTION OF TREATMENT PROCESS

All clients will be treated with strength-based, trauma-informed, person-centered care. The Medical Director will complete an initial evaluation to assess for medication management. Then, an initial assessment will be completed by a licensed clinician. The clinician will gather information about the client's personal history, individualized strengths, and treatment needs. At this time, the clinician will discuss the therapeutic process, including informed consent and confidentiality, and client's rights and responsibilities. Clients have the right to discuss options of proposed treatment.

Therapeutic Empowerment & Wellness (TEW) strives to provide clients with the best care possible; however, part of therapeutic services can entail tolerating discomfort. TEW encourages our clients to talk to their treatment provider regarding discomfort. Clients have the right to withdraw or decline treatment at any time. Withdrawing from treatment may cause a client's regression and/or need for additional services. Clients have the right to speak to their clinician and/or the Clinical Director regarding any grievances about their clinician or treatment.

DESCRIPTION OF SERVICES AVAILABLE

Therapeutic Empowerment & Wellness (TEW) provides individual psychotherapy; group psychotherapy; family psychotherapy; marriage psychotherapy; psychiatric services. These services are provided to children, adolescents, and adults. Clinicians will utilize modalities and intervention techniques individualized to each client.

Individual Therapy

One-on-one psychotherapy provides the client with an open space to share their feelings with an objective, non-judgmental licensed clinician. The clinician will utilize individualized modalities and techniques, according to their specialties, to meet the client's needs.

Family Therapy

Family psychotherapy to assist the primary client and family to cope with the difficult dynamics and stressors, to improve family interaction, obtain tools and gain insight.

Group Therapy

Group psychotherapy to provide support, universality and normalization for youth and adults who are facing various struggles; group therapy is facilitated by a licensed clinician.

Psychiatric Services

Psychiatric services entail an evaluation to determine the need for psychotropic medication. The evaluation is facilitated by a psychiatric nurse practitioner, who also monitors symptoms and side effects.

HOURS OF OPERATION

Monday-Thursday	8:00AM-5:00PM (later appointments based on clinician availability)
Friday-Saturday	8:00AM-5:00PM (later appointments based on clinician availability)
Sunday	appointment only

CONFIDENTIALITY AND NOTICE OF PRIVACY PRACTICES

With few exceptions, our conversations are confidential. State law, federal regulations and our Code of Ethics specifically guarantee this confidentiality. There are some situations, in which confidentiality cannot be guaranteed. They fall within the following categories:

- We must respond to any situation in which we believe you may harm yourself.

- We must notify appropriate persons if we feel you may harm another individual.
- We must report any occurrence of child abuse (past or present), or the abuse, neglect, or exploitation of vulnerable adults.
- We must respond to a subpoena accompanied by a court order if properly served and documented.

Our Privacy Practices: Therapeutic Empowerment & Wellness (TEW) promises to maintain the confidentiality of your protected health information. Protected health information is health information about our clients that we have in our records. We will not share this information, in whole or in part, with any person or entity without your consent. In addition, we commit to delivering our services in a manner that maintains confidentiality. We will coordinate services with primary care physicians, referring agencies, schools or other stakeholders with your written consent.

Federal & State Laws: We are required by federal regulations called the "HIPAA Privacy Regulations" to protect the confidentiality of your health information. We are also required to comply with state laws that are often more stringent than the federal regulations. This gives you excellent protection.

Authorization to Disclose Protected Health Information: It is our practice to obtain your authorization before we disclose your protected health information to another person or entity. You may revoke your authorization or consent at any time and for any reason.

How We Use Your Protected Health Information: We use your protected health information solely for treatment, payment, and healthcare operations. For example, we may use your protected health information to plan and provide your care and treatment; communicate with healthcare professionals; obtain payment for our services; educate and train our staff; and assess and improve our services. We are also permitted to use or disclose your health information if required by law.

Your Rights: You have a right to request a restriction on certain uses and disclosures of your personal health information; inspect and copy your personal health information; request amendments to your personal health information; and obtain an accounting or list of disclosures of your personal health information. This access does not include records from outside agencies, such as hospitals, behavioral health administration, etc. Such access to the file must be authorized by the Clinical Director, with a notation of date and time entered in the file. If it is felt that it would not be in the best interest of the client to access the file, a written summary of the file contents will be provided to the individual. A staff member must be present while the record is being reviewed by the client to answer any of the client's questions or concerns and to ensure that nothing is removed or changed within the file contents. A client who disagrees with the contents of their records will have the opportunity to submit corrections/amendments, which would be included in the records.

Research: No sessions will be recorded without the written consent of the client. No information will be reviewed for research without the written consent of the client.

Our Duty: It is our duty to provide you with a copy of this disclosure statement for your personal records at the point of intake. A duplicate can be provided for you at any time upon request.

CLIENTS RIGHTS, RESPONSIBILITIES AND EXPECTATIONS OF STAFF

Clients have the right to:

- Be treated with respect and self-worth.
- A safe, caring, and compassionate environment.
- Never be subjected to any form of abuse, exploitation, retaliation, humiliation, or neglect.

- To receive services suited to their condition and needs for treatment without regard to their race, religion, sex, ethnic origin, sexual orientation, age, decree of disability, handicapping condition, legal status, or ability to pay for services.
- Make an informed choice of services.
- Know the qualifications of the staff who provide them with services.
- Participate in the creation of their treatment and discharge planning.
- Consent to or refuse services before they are provided.
- Know the nature and purpose of services.
- Be informed prior to any transfer or discharge from services.
- An initial assessment, during which client's rights, guidelines and responsibilities will be explained.
- Receive timely response to their needs along with reasonable continuity and coordination of services.
- Have access to information pertinent to the person served in sufficient time to facilitate their decision-making.
- Access to referral to legal entities for appropriate representation; self-help support services; and advocacy support services.
- Participate in updating the service plan when their needs change.
- Receive all services at TEW or be referred to another agency.
- Know about fees for services.
- To present grievances, without fear of retaliation.
- Confidentiality of their record, with several exceptions; see above.

Clients have the responsibility to:

- Provide accurate information about their mental health, substance abuse and domestic violence issues, as well as other circumstances which might impact their care.
- Assist in maintaining a safe environment (including no use of tobacco products or unauthorized drugs or carrying of weapons in the community mental health center).
- Notify the agency if scheduled appointments need to be changed.
- Notify the agency if there is a change in your living arrangements.
- Notify the agency if there is a change in your insurance information.
- Collaborate with staff in planning, reviewing, and changing your treatment plan.

Clients can expect that TEW clinicians and coordinators will:

- Provide a safe, supportive environment for clients to express themselves and express their needs.
- Be culturally competent, professional and follow the codes of conduct outlined by the agency.
- Commit to protecting the privacy and personal rights of each client.
- Assess the need(s) of the client, and if the need(s) cannot be met, the client will be referred to the appropriate agency.
- Collaborate with clients regarding individual treatment plans.
- Create opportunities for clients to choose their recovery journey.

GRIEVANCE POLICY AND PROCEDURE

Occasional misunderstandings may arise, if they do, we strongly encourage you to contact the Chief Executive Officer so that we can address your concerns. If you are not satisfied with our response, you have the right to launch the complaint process. TEW will not retaliate in any way for reported grievances. It is our desire to work through any differences that may arise and move forward in our relationship with our clients. Information regarding the grievance policy and procedure is in this

Handbook given to all clients during their intake. This Handbook is reviewed and updated annually to include any new information regarding the grievance process.

You may find a link to our grievance form on the footer of our website on each page. We are accredited by the Joint Commission if you feel you have a grievance that is beyond us please contact them here:
https://www.jointcommission.org/en-us/contact-us/report-a-patient-safety-event

Grievance Policy Overview

1. Therapeutic Empowerment & Wellness (TEW) supports the principle that all client grievances should be viewed.
2. TEW ensures that all grievances will be treated seriously and handled properly with an emphasis on an honest and thorough process, with the goal of resolving the concerns of the grievance.
3. All written grievances that are received will be registered within 2 business days and a response is provided within 7 business days. If additional time for an investigation is warranted, the interim report expressing what findings were made and request for an additional time for investigation should be provided to the complainant. Please note: You will be notified that your grievance was received. If you do not receive notification that your complaint was received, please call the office at 302.495.9773
4. TEW has an established mechanism for responding to and keeping a record of those grievances and findings of investigation.
5. In cases that involve allegations of fraud or time-sensitive issues, TEW will conduct an expedited review of such grievances.
6. An allegation of any employee suspected of child abuse or neglect, or vulnerable adult abuse, neglect or exploitation will be given immediate investigation.
7. TEW guarantees that all records, information, organizational reports, and summaries regarding received grievances will be available for the accrediting entity or other governmental authorities upon their request.
8. TEW pursues a no discouragement/no retaliation policy meaning that TEW employees are prohibited from discouraging clients from filing a complaint and may not retaliate against a client or prospective client who filed such a grievance.
9. Anonymous grievances cannot be given consideration.
10. TEW believes that grievances can be a way to learn where and how the service can be improved. Therefore, TEW develops and implements its own services' quality improvement program based on qualitative and quantitative analysis of TEW actions and performances.
11. Present grievance policy provisions are open to the public and available in electronic and hard copy versions. It is necessary for all TEW clients to be familiar with these provisions before signing the contract with the agency.

CRISIS INFORMATION

Crisis is a sudden change in the client 's behavior in response to stress or other painful feelings. It is often challenging due to the client's lack of experience or inability to cope with personal or interpersonal problems. The goals of crisis management are to provide immediate emotional support and reduce stress, decrease the risk of harm to the client or others and teach better, more constructive ways for dealing with stress or other painful feelings. Part of effective crisis management is knowing what to expect. Generally, a person's response to stressful situations is the same.

If the client should exhibit behaviors that pose harm to themselves or others, staff will:

- Limit client's access to weapons or items that can be used as weapons;

- Remove the person(s) who is/are the current target;
- Offer the client options and set limits;
- Use verbal interventions and proximity control to help the client deescalate; and
- Assist the client with reintegration.

Should unsafe behavior(s) persist, staff will:

1. Contact Chief Clinical Officer at 302.495.9773, during business hours
2. Contact 911, if onsite the therapist waits until emergency medical help arrives
3. Refer client to closest Emergency Room if transportation/safety can be ascertained

If/when I call my primary therapist (during normal business hours) they may:

1. Assess my crisis and attempt to assist me in resolution via phone.
2. Call 911 on my behalf.
3. Discuss my crisis and medication with the Medical Director.

I authorize the staff of Therapeutic Empowerment & Wellness to provide emergency medical treatment if necessary. I also understand that if there is a need for transfer to an emergency room for further medical attention, Therapeutic Empowerment & Wellness will utilize one of the hospitals/medical centers closest to the client's location.

TIPS FOR HOW TO SAFELY MANAGE A CRISIS:

1. Take a deep breath and recognize crisis by putting into perspective.
2. Try to control my behavior to harm self/others by taking a personal "time-out."
3. Avoid drugs or alcohol.
4. Avoid use of all weapons.
5. Avoid threats/altercations with others by walking away from upsetting situations.
6. Call your emergency contact person:
   Name: _____ Phone #: _____
7. Call your PRP coordinator or primary therapist (during business hours).

TIPS FOR MANAGING A YOUTH IN CRISIS:

1. Control the space where the youth is acting out. Make sure that there are no objects around that could be used as weapons. Prevent the child from being able to harm themselves or others.
2. Acknowledge the youth's feelings and give them time and space to vent. Allow them to talk without being interrupted. Avoid discussion or interaction until they are calmer.
3. Don't take it personal. Ignore negative comments directed towards you; your response will often make the child act out more.
4. Look for chances to reinforce good decisions. If the youth has stopped throwing things, say, "I'm glad you stopped throwing things." If they have stopped using profanity, acknowledge that they are communicating more appropriately.
5. Get a feel for when the youth is ready to hear you. Speak calmly and assertively, but don't be bossy or judgmental.
6. Present the youth with your expectation(s) and offer to help. For example, "You know you're going to have to clean that up; do you want me to get the broom?"

7. When the youth is calmer, take time immediately to review what just happened and discuss better ways that the child could deal with the situation "next time".

Procedures for Specific Emergencies

Weapons

1. Notify the Therapeutic Empowerment & Wellness administrative office.
2. The office will call 911.
3. Do not confront the person. Keep eye contact with the person suspected of having or discharging the weapon. Have the police confront and search the suspected person and take the custody of the weapon.
4. Treat all firearms as if they are loaded. If a firearm is found, do not pick it up, but call the police.

POLICY REGARDING WEAPONS AND SUBSTANCES

There are no weapons allowed in the TEW office. If a weapon is found, TEW staff will contact the police immediately. If someone has a registered weapon, they will be asked to leave it outside of the office. If that person does not comply with this request, TEW staff will contact the police.

There are no controlled substances allowed inside the TEW office. If a controlled substance is found, TEW staff will contact the police immediately. A client is allowed to carry prescription medications if the medication is stored safely on the person. If TEW staff finds prescription medication that does not belong to TEW clients, TEW staff will store medication in a locked cabinet until the owner is located. Proper identification will have to be furnished before returning medication to owner. If TEW staff receives information that a client is abusing medication, TEW staff will make the appropriate recommendations and/or referrals.

Tobacco products are not allowed inside the TEW office. It is required that persons follow all building rules and signage pertaining to when and where smoking is prohibited.

TRANSISTION, DISCHARGE AND REFERRALS

Circumstances may occur where the client may be transferred to other clinicians within the agency, this includes: a client moving outside of a geographic area, or when a TEW employee no longer is employed with the company. In such cases, clients will be giving feasible notice that a transition needs to occur. (TEW requires that its employees provide at least 30 days' notice when leaving the company). It is the responsibility of the client's therapist to discuss the transition with the client; provide notice to the client; and ease the transition with the client in every way possible. This may include a collaborative session with the client, the former clinician, and the new clinician.

Occasionally clients need to be transferred to another level of care for more intense services.
For example, a client may be in a crisis and need a referral to an inpatient hospital unit. In this case, the clinician will collaborate with the other agency to ensure that the client receives the appropriate continuation of care. Upon discharge from the higher level of care, TEW clinicians will increase the frequency of sessions until the clinician and client feel that the client is stable and can resume the lower level of care.

Therapeutic Empowerment & Wellness (TEW) discharges clients for the reasons stated below.

Collaborative discharge- if the client, their guardian, and the team at TEW deem that the client has achieved their goals and services are no longer needed.

Individual discontinuation of services-if the client decides that services are no longer needed or wanted by our company.

Program recommendation to discontinue services- if TEW staff feels that our program is not a good fit for our client or if the client has not been compliant with treatment, services can be recommended to be discontinued. Also, if the client is not attending individual counseling services on a regular basis, this can be grounds for discontinuing of services. If a client has not had any physical contact within 30 days, the client will be discharged from the program. All attempted efforts will be documented. When a client is ready to resume services, clients will need to contact the agency and complete the process to begin services.

The insurance carrier has the right to discontinue authorization of services.
All clients have a right to appeal the discontinuation of services. A written letter by the client's guardian will be required for the request to be reviewed. The Program Director will determine if services should be reinstated based on the explanation by the client and/ or client's guardian as to why services should be reinstituted.

Discharge Plan

The clinician and the client, if deemed appropriate, will develop a discharge plan that is based on the following:

- The assessment of the client's status, service needs, and mutually agreed upon goal attainment. The discharge plan will also include recommendations for continued treatment, referral for continuing services if needed, and information on how the client can re-access services if needed.
- Proper consent must be given by the family, or others designated by the individual, and other treatment, rehabilitation, and service providers regarding the discharge plan of the client. A copy of the discharge plan will be given to the client by the Medical Director or Director of Behavioral Health no later than the date of discharge.

Discharge Summary

A discharge summary will be completed within 10 business days (i.e. Monday through Friday and not counting holidays) after an individual is discharged from the program. The clinician will complete and sign a discharge summary that includes at minimum the following: reason for admission, reason for discharge, services provided along with the frequency and duration of services, progress that was made, diagnosis at the time of discharge, current medications, continuing services recommendations and summary of the transition process, and the extent of the individual's involvement in the discharge plan.

Program's Recommendation to Discontinue Services

The Chief Clinical Officer can request the discontinuation of therapy after consulting with the Medical Director for the following reasons listed below:

- the client's actions.
- the program's services are not effective; and/or
- the individual's clinical needs exceed the program's ability to secure the safety and welfare of the individual or others.

If one or more of the reasons above is cause for discontinuation of services, the Medical Director will write a notice of intention to discontinue services and recommend referral for an appropriate alternative service. The Program Director will provide the notice at least 30 calendar days before discontinuing services unless there is a case of imminent danger. The Program Director will send the notice to the client, the family or other person designated by the individual, if deemed necessary, along with a referral for alternative services. The notice will include the effective date of the action, the reason for the action and a discharge plan. If the individual is a severe case and poses imminent danger to self or to others, the Medical Director will make the necessary arrangements to try to protect the individual, others, or both, and provide the individual with the appropriate care.

The insurance carrier has the right to discontinue authorized services if it is deemed to no longer be medically necessary. In this case, the Medical Director will follow the provision for discharge according to COMAR 10.21.17.10.

Follow up

Following an unplanned discharge, clients will be contacted via phone to discuss follow-up care. Follow-up must be completed within 10 days of the unplanned discharge. One attempt will be made to follow-up with the client. The client will receive one phone call with a voicemail message if there is no response. If the number is out of service, the client will receive a letter in the mail to follow-up. The client will be asked to state their reason for the discharge in their own words and will be given referrals/resources if necessary. Following the discharge, clients will also receive a survey about the services they received.

FEES AND FINANCIAL OBLIGATIONS

Payment for services provided by Therapeutic Empowerment & Wellness is due at the time services are rendered unless special arrangements have been made in advance. If the patient is covered under insurance, payment of any applicable co-payment, co-insurance, or deductible is due at the time of service. If Therapeutic Empowerment & Wellness is not contracted with the insurance, payment for services is due in full at the time services are rendered.

Insurance will be billed on your behalf, and you will be reimbursed any applicable credits. Therapeutic Empowerment & Wellness makes every effort to verify your coverage with your insurance. However, you are strongly encouraged to verify your benefits and coverage to ensure you fully understand what is covered. Some services may not be covered by health insurance. You agree to be fully responsible for payment for all services that are not covered by your health plan. This may include charges for telephone consultations, written correspondence, or reports in connection with a client's evaluation or treatment, including consultation or correspondence with the client, family members, past or current treatment providers, educational professionals, attorneys, courts, agencies, or others. If these charges are excluded from your coverage by your health plan, they will be your responsibility. There will be a charge of $25.00, including applicable fees from the financial institution(s) for returned checks or disputed credit card payments. Payment is due on or before the next appointment.

Prior to consenting to treatment, Therapeutic Empowerment & Wellness (TEW) will discuss the estimated cost of payment and payment options with the client. TEW billing policy states that if a client does not have insurance coverage, the client may be billed by TEW. For clients with insurance, services will be billed by TEW through the client's insurance company. It is the client's responsibility to know their insurance benefits and whether the services they are to receive are a covered benefit. The client will be responsible for any co-pay or balance due that TEW is unable to collect from the insurance carrier for

whatever reason. If there is a copay, copays are collected at the time of service. Special circumstances can be discussed with the Chief Executive Officer.

Fees Not Billed to Insurance/Professional Fees
Therapeutic Empowerment & Wellness, may provide, on a case-by-case basis, consultations with family members, past or current medical providers, educational professionals, attorneys, courts, agencies, or others. Limited telephone consultation is part of routine patient care and is undertaken without charge. However, when extensive or other than routine telephone consultations, written correspondence or reports are requested or required, a charge for these services will be applied. If these charges are excluded from your coverage by the health plan, they will be your responsibility.

To comply with federal laws including HIPAA, this office must have a signed authorization from the patient, or responsible party stating who we are authorized to release information to. You can contact our office or visit our website for a copy of the form.

Cancellations and Missed Appointments:

When an appointment is scheduled, that time is reserved specifically for you. If the appointment is missed or cancelled without enough notice, the therapist is unable to make use of that time. Therefore, sessions must be cancelled 48 hours in advance. If a client does not give 48 hours' notice it is considered a "no show". If a client "no shows" there is a missed appointment fee of $50. If a client with medical assistance "no shows," clinician will have a conversation with client about the importance of attending appointments regularly.

Client Acknowledgement

By signing this form, you acknowledge receipt and understanding of the Client Handbook from Therapeutic Empowerment & Wellness. We encourage you to review it carefully with your provider. The Client Handbook is subject to change. If the Client Handbook is changed, you can obtain an updated electronic copy via the website, **www.therapeuticempowerwellness.com**.