



TEL (203) 481-4248 | FAX (203) 483-7727
342 Harbor Street, Branford, CT 06405

Hours of Service

Branford Counseling & Community Services is open Monday through Thursday, 8:30 a.m. to 6:30 p.m. and Friday, 8:30 a.m. to 5:00 p.m.

On-Call Service

If you are experiencing a clinical emergency after regular business hours, or on the weekend or a holiday, a clinician is on-call and can be accessed by calling BCCS at (203) 481-4248. You will be connected with our on-call switchboard. Your message will be relayed to the on-call clinician who will call you back as quickly as possible. If you have not heard back within 15 minutes, please call again.

If you are experiencing a life-threatening emergency, we ask that you call 9-1-1 or go to the nearest emergency room immediately. Please let us know as soon as possible so that we can coordinate care.

If your need is not an emergency and you want to speak to someone after hours to deal with loneliness, fears, or a problem you are dealing with, you can also call the Safe Harbor Warm Line at 1 (800) 258-1528. This service is staffed by trained consumer volunteers and available every night, including holidays, from 5:00 p.m. to 10:00 p.m.

Rights of Clients

BCCS provides services to its clients consistent with the laws of the State of Connecticut. The General Statutes of the State of Connecticut, Sections 17a-540-17a-550, specifically provide for the rights of clients of facilities such as the BCCS. Such rights are summarized and guaranteed as follows:

1. Clients will be treated with respect and dignity.
2. The privacy and confidentiality of clients will be respected. No information about a client will be disclosed without written consent with the following exceptions:
 - a. The client is suicidal, homicidal, gravely disabled, or
 - b. If there is suspicion of abuse or neglect of a child, elder, or adult with intellectual disabilities.

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- c. Additional uses and disclosures of protected health information are possible. For a complete list, please refer to our "Notice of Privacy Practices".
3. Treatment is voluntary. Every client has the right to refuse the treatment recommendations of the staff. If this happens, we reserve the right to assess the viability of treatment going forward. In some instances, BCCS may recommend alternative care.
4. Treatment is provided without regard to race, religion, national origin, gender identity (including gender expression), sexual orientation, disability, and age.
5. Clients have the right to request access to their medical records. Full information about access to client medical records is detailed in the "Notice of Privacy Practices".
6. Any client believing that his/her rights have not been fully considered is asked to contact his/her clinician or the Clinical Director to initially explore remedies and may follow the Client Grievance Process by contacting the Client's Right's Officer at BCCS.

Policy Regarding Treatment Time

At the time of admission, you will agree to a specific treatment slot, including day and time. In most instances, this will be the designated day and time of your therapy appointment. Please consider the time you agree to carefully. If, once treatment begins, you are no longer able to make the agreed upon time, your clinician may not be able to accommodate your request for a change. In these instances, you will be returned to top of the waiting list until the day and time you are requesting becomes available. We will do everything possible to get you back in to treatment as soon as possible.

Ongoing Treatment Reviews

Please note that BCCS adheres to a brief treatment model in an effort to both meet client needs and be responsive to those waiting for treatment. Agency-wide treatment reviews of all clinical cases will be conducted every 90 days to determine if continued care is indicated and what level of service is required. Your clinician will work with you to review progress made in treatment and determine next steps. One of three dispositions will be recommended: continued treatment, modified treatment or conclusion of treatment. Your clinician will discuss your treatment recommendation with you in greater detail.

Termination of Service

Cases are routinely terminated by mutual consent.

Services may be terminated by BCCS without the agreement of the client in the following instances:

1. A pattern of missed appointments.
2. A pattern of canceling appointments with primary clinician while being medicated by Agency Prescriber.

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3. Clinician (and Prescriber, if applicable) feels that client requires an alternative level of treatment.
4. Refusal to pay agreed-upon fee for services.
5. Refusal to allow BCCS to contact other treaters if this is deemed clinically necessary.

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL/PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. PURPOSE OF THE NOTICE OF PRIVACY PRACTICES

This Notice of Privacy Practices ("Notice") is meant to inform you of the ways we may use or disclose your protected health information ("PHI"). It also describes your rights to access and control your PHI and certain obligations we have regarding use and disclosure of your PHI. Branford Counseling & Community Services ("BCCS") is required by law to maintain the privacy of your PHI and wants you to know about our practices for protecting your health information. BCCS is required by law to provide you with this Notice of our legal duties and privacy practices with respect to your PHI and to abide by the terms of the Notice that is currently in effect. The medical information we maintain may come from any of the providers from whom you have received services. The information about you created and received by us, including demographic information, that may reasonably identify you and that relates to your past, present or future physical or mental health or condition or payment for the provision of your health care is known as Protected Health Information, ("PHI"). We will not use or disclose your PHI without your permission, except as described in this Notice. We may revise our Notice at any time. The new revised Notice will apply to all of your PHI maintained by us. You will not automatically receive a revised Notice. If you would like to receive a copy of any revised Notice, you should contact our Privacy Officer at the number listed above.

II. HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION

The following categories describe some of the different ways that we may use or disclose your PHI. Even if not specifically listed below, BCCS may use and disclose your PHI as permitted or as required by law or as authorized by you. We will make reasonable efforts to limit access to your PHI to those persons or classes of persons, as appropriate, in our workforce who needs access to carry out their duties.

FOR TREATMENT - We may use and disclose your PHI to provide and coordinate the treatment, medication and services that you receive. Your PHI may also be used to refer you to other providers or to send your records to another treating health care professional.

FOR PAYMENT - We may use and disclose your PHI so that we can bill and receive payment for the treatment and related services you receive. For example, we may contact your health

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insurer to certify your eligibility for benefits or to request prior authorization for treatment. We may provide your insurer with details regarding your treatment to determine if your insurer will cover your treatment.

FOR HEALTH CARE OPERATIONS - We may use and disclose your PHI as necessary for the operations of BCCS, such as quality assurance and improvement activities. For example, we may disclose your information to internal staff for evaluation of the quality of services provided.

APPOINTMENT REMINDERS - We may use and disclose PHI to contact you as a reminder that you have an appointment with BCCS.

PUBLIC HEALTH ACTIVITIES - We may disclose your PHI to a public health authority that is authorized by law to collect or receive such information, such as mandated reporting of disease, injury or vital statistics.

VICTIMS OF ABUSE, NEGLECT OR DOMESTIC VIOLENCE - We may disclose your PHI to appropriate government authorities regarding victims of abuse, neglect, or domestic violence.

HEALTH OVERSIGHT ACTIVITIES - We may disclose your PHI to a health oversight agency for activities authorized by law, such as audits, investigations, inspections.

JUDICIAL PROCEEDINGS - If you are involved in a lawsuit or dispute, we may disclose your PHI in response to a court order if permitted by law.

LAW ENFORCEMENT - We may disclose your PHI for certain law enforcement purposes if permitted or required by law.

TO AVERT SERIOUS THREAT - We may use or disclose your PHI when necessary to prevent a serious threat to the health or safety of you or others. Any disclosure would be to someone able to help prevent the threat.

NATIONAL SECURITY MATTERS - We may use and disclose your PHI without your authorization to authorized Federal officials for the purpose of conducting national security and intelligence activities. These activities may include protective services for the President and others.

WORKERS' COMPENSATION - We may disclose your PHI as authorized by, and to comply with, workers' compensation laws and other similar programs providing benefits for work-related injuries or illnesses.

SPECIAL RULES REGARDING MENTAL HEALTH RECORDS, SUBSTANCE ABUSE TREATMENT INFORMATION AND HIV-RELATED INFORMATION - For disclosures concerning protected health information relating to care for psychiatric conditions, substance abuse or HIV-related testing and treatment, special restrictions generally apply. For example, we generally may not disclose this specially protected information in response to a subpoena, warrant or other legal process unless you sign an Authorization or, in certain circumstances, if the court orders disclosure.

MENTAL HEALTH INFORMATION - Certain mental health treatment information may be disclosed for treatment and payment purposes as permitted or as required by law.

Otherwise, we will only disclose such information pursuant to an authorization, court order or as otherwise required by law. For example, all communications between you and a

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psychologist, psychiatrist, social worker and certain therapists and counselors will be privileged and confidential in accordance with State and Federal law.

SUBSTANCE ABUSE TREATMENT INFORMATION - If you are receiving treatment or diagnosis for substance abuse, the confidentiality of alcohol and drug abuse client records is protected by Federal law and regulations.

HIV-RELATED INFORMATION - We may disclose HIV-related information as permitted or required by State law. For example, your HIV-related information, if any, may be disclosed without your authorization for treatment purposes, certain health oversight activities, pursuant to a court order, or in the event of certain exposures to HIV by personnel of BCCS, another person or a known partner (if certain conditions are met).

III. YOUR PRIVACY RIGHTS. YOU HAVE THE RIGHT TO:

- Request, in writing, restrictions on certain uses and disclosures of your PHI,
- Receive reasonable confidential communication of PHI, e.g. contact you at a place of your choosing,
- Inspect and copy your medical record by written request, with some exceptions. You have the right to obtain an electronic copy of any of your protected health information that we maintain in electronic format. You have the right to request that BCCS transmit a copy of your protected health information directly to another person or entity designated by you. BCCS reserves the right to deny the request, to which you may make a further appeal,
- Request an amendment of your medical record for as long as the information is maintained by or for the BCCS. BCCS reserves the right to deny the request, to which you may make a further appeal,
- Receive an accounting of BCCS disclosures of your PHI during the six years prior to your request,
- Receive a paper copy of this Notice,
- Request transmission of your PHI in electronic format,
- Receive notification following a breach of your unsecured PHI,
- Restrict the disclosure of PHI to health plans for the purposes of payment if you paid out-of-pocket in full for the health services or item to which the information relates,
- File a complaint with us or with the Secretary of Health and Human Services.

You may revoke an authorization at any time, except to the extent that we have already acted on it.

IV. HOW YOU CAN REPORT A PROBLEM

If you feel your privacy rights have been violated, you may file a complaint with the BCCS Privacy Officer at (203) 481-4248, or the Secretary of the United States Department of Health and Human Services (DHHS), Office for Civil Rights (OCR) at: U.S. DHHS, OCR, J.F. Kennedy

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Federal Building - Room 1875, Boston, Massachusetts 02203. Voice phone: (617) 565-1340.
TDD: (617) 565-1343. FAX: (617) 565-3809.

There will be no retaliation for filing a complaint.

WOULD YOU LIKE MORE INFORMATION?

If you have questions and would like more information, you may contact the BCCS Privacy Officer at (203) 481-4248.

Informed Consent to Telehealth

Telehealth allows BCCS clinicians/practitioners to diagnose/evaluate, consult, treat, educate, and manage my care using interactive audio, video, or data communication. I hereby consent to participating in psychotherapy, psychiatric evaluation and medication management via telephone or the internet (hereinafter referred to as "Telehealth") with my BCCS providers:

I understand I have the following rights under this agreement:

1. I have a right to confidentiality with Telehealth under the same laws that protect the confidentiality of my medical information for in-person psychotherapy and evaluation/medication management appointments. Any information disclosed by me during the course of my treatment, therefore, is generally confidential.
2. There are, by law, exceptions to confidentiality, including mandatory reporting of child, elder, and dependent adult abuse and any threats of violence I may make towards a reasonably identifiable person. I also understand that if I am in such mental or emotional condition to be a danger to myself or others, my therapist has the right to break confidentiality to prevent the threatened danger. Further, I understand that sharing of any personally identifiable images or information from the Telehealth interaction to any other entities shall not occur without my written consent. I agree not to record and/or distribute my telehealth therapy sessions.
3. I further understand that there are risks unique and specific to Telehealth, including but not limited to, the possibility that our telehealth appointments could be disrupted or distorted by technical failures or could be interrupted.
4. You or your BCCS provider(s) may determine that a higher level of care than Telehealth is required to meet your unique treatment needs, at which time a referral will be made to the appropriate provider.
5. Refusal to participate in Telehealth if no other type of service is available due to office closure may result in discharge or referral to another provider.

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I have read and understand the information provided above. I have the right to discuss any of this information with my clinician and to have any questions I may have regarding my treatment answered to my satisfaction.

I understand that I can withdraw my consent to Telehealth communications at any time verbally and in writing.

Prescribed Medication Policy and Agreement

If it is deemed appropriate, BCCS offers our clients medication evaluation and on-going medication maintenance appointments with a licensed prescribing practitioner ("Prescriber"). We do not split treatment with outside providers. You may not receive psychiatric medication management from an outside prescriber while you are participating in therapy at BCCS or receive medication from us while seeing an outside therapist. Certain cases may be granted exceptions at the discretion of the Director. You may transfer psychiatric medications to us, but we will not prescribe the same medications at the same time as another prescriber.

If a client chooses to receive medication from a Prescriber at BCCS, they must comply with the stipulations outlined in this agreement. Failure to do so may result in discharge. A client can refuse the recommendation of medication and it will not affect the client's treatment at BCCS.

Benzodiazepine and Stimulant Medications:

- BCCS makes the safety of its clients a top priority. Thus, we are very careful about the ways in which we prescribe potentially addictive medications. Please take note that effective May 1st, 2019, we do not prescribe the benzodiazepine *Xanax* (alprazolam). There are other potentially less addictive, and equally effective benzodiazepines, as well as benzodiazepine alternatives, that we will consider, if indicated. Additionally, we only prescribe stimulant medications when there is an active diagnosis of ADHD. The off-label use of stimulant medications will only be considered under special circumstances as deemed appropriate by your Prescriber and the Clinical Director.

I agree to the following:

- I will not increase or decrease my medication until I speak with my Prescriber.
- My medicine may not be replaced if it is lost, stolen, or used up sooner than prescribed.
- I will keep all appointments set up by my Prescriber.
- I am responsible for my medicines. I will not share, sell, or trade my medicine. I will not take anyone else's medicine.

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- My prescriber may access my medication history in order to fulfill prescriptions through the electronic prescription system.
- I understand that I am eligible to receive medication management as long as I am actively engaged in psychotherapy at BCCS. When discharged, I understand I become ineligible to continue medication management and will locate another prescriber.

Refills:

- Refills will only be made during regular office hours.
- We are unable to provide refills on nights, weekends, or holidays.
- I must call seven (7) working days ahead (M-F) to ask for a refill of my medicine.
- Some medications may require a written prescription, which might make it necessary for me to come into the office.

Pharmacy:

- My Prescriber may speak with my Pharmacist about my medications.

Prescriptions from other Doctors:

- I will not see another Prescriber to obtain the same medication prescribed by the Prescriber I see at BCCS.

Prescriber Responsibilities:

- Prescribers will perform regular checks to see how the medication is working.
- Prescribers have the right, by law, to review your prescription history in the Connecticut Prescription Monitoring and Reporting System ("CPMRS"). The CPMRS is a registry of controlled medication history.

Termination of Agreement:

- If I break any rules in this agreement, or if my Prescriber decides this medicine is contraindicated, this medicine may be stopped in a safe way.
- I understand that not following the terms of this agreement may result in being discharged by my Prescriber.

Financial Agreement

1. As an insured client, I understand that Branford Counseling & Community Services ("BCCS") will charge me the deductible or co-pay established by my insurance policy.
2. I understand that my co-pay must be paid at the time of service.
3. I understand that I must keep BCCS informed of any changes to my insurance status or coverage. Therefore, I agree to be financially responsible for any charges not

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reimbursed by my insurance carrier due to the fact that I did not notify BCCS of a change in my insurance status or coverage.

4. If I do not have insurance, assistance can be provided to help me obtain insurance.
5. I understand that I must keep my insurance current or I may be charged a full fee.
6. I understand that if I receive an insurance check for services I receive at BCCS, I am required to endorse the check over to BCCS. I understand that failure to comply with the above may constitute insurance fraud.
7. I understand that I must give BCCS at least 24 hours' notice for cancelled appointments. Failure to give proper notice may result in a charge to me.
8. I agree that I am financially responsible for my balance.

FEE SCHEDULE (Effective 02/01/2018)

<i>SERVICE</i>	<i>CLINICIAN</i>	<i>APRN</i>	<i>PHD/PSYD</i>	<i>MD</i>
<i>Evaluation</i>	\$200.00	\$210.00	\$220.00	\$230.00
<i>Evaluation with Medical Services</i>	--	\$220.00	--	\$230.00
<i>Individual Therapy (30 minutes)</i>	\$110.00	\$120.00	\$130.00	\$140.00
<i>Individual Therapy (45 minutes)</i>	\$140.00	\$150.00	\$160.00	\$170.00
<i>Individual Therapy (60 minutes)</i>	\$180.00	\$190.00	\$200.00	\$210.00
<i>Crisis Psychotherapy</i>	\$255.00	\$275.00	\$285.00	\$295.00
<i>Family Therapy with Client</i>	\$140.00	\$150.00	\$160.00	\$170.00
<i>Family Therapy without Client</i>	\$140.00	\$150.00	\$160.00	\$170.00
<i>Group Therapy</i>	\$95.00	\$105.00	\$115.00	\$125.00
<i>Medical Appointment (10 minutes)</i>	--	\$95.00	--	\$105.00
<i>Medical Appointment (15 minutes)</i>	--	\$120.00	--	\$130.00
<i>Medical Appointment (20 minutes)</i>	--	\$170.00	--	\$180.00