



Introduction of Company and Services

OUR PROGRAM: iCan Think Positive Counseling and Coaching Services, LLC (iCan!) Community Based Organization that provide services in the community; in the client's home, school and other environments that are essential to client's growth and development. iCan Think Positive Counseling and Coaching Services, LLC utilizes the cutting-edge and most effective family and community enhancing tools in the field of social and community services. iCan Think Positive Counseling and Coaching Services, LLC Georgia's Community Based Family and Individual services is funded by Georgia's Medicaid and *Fee for Services Programs (sliding fee scale developed by DHR)*.

iCan! aspires to provide community based services that will promote the health and well-being of children, families and every member of the community, so that each individual can aspire to achieve his or her highest level of functioning, goals and aspirations. We aspire to provide services that will elevate non-adaptive behaviors in children and adults. Providing consistently outstanding, compassionate, innovative Client centered services.

OUR TEAM: iCan! Team includes a Chief Executive Officer, Administrative Officer, Clinical Director, Compliance Officer, Licensed Clinical Therapists, Master's Level Clinicians, Paraprofessionals, Community Support Individuals, a Quality Assurance Manager, Utilization Manager, a Community Linkage Liaison, Psychiatrist, and a psychologist.

OUR MISSION: Our mission is to enhance individuals by inspiring them to gain knowledge by utilizing positive thinking and therapeutic approaches for the development and strengthening of individuals, families and communities.

OUR VISION: Our vision is to provide quality coaching, counseling and community support services. We aspire to build a stronger society by enhancing the quality of life for individual's and their families.

COMMUNITY BASED SERVICES: Provide families with tools to decrease individual and family risk factors through individual, family therapy, groups, motivational interventions and skill building strategies that improve and strengthen family relations.

The Agency offers the following services:

- Individual, Family, Group Counseling & Training
- Intensive Family Intervention (IFI)
- Core Services including Community Support Individual (CSI)
- Crisis Intervention
- Nursing, Diagnostic, and Behavioral Health Assessment and/or Care & Services Plan Development
- Psychological Testing, Behavioral Assistance, and Community Transition

The program cultivates positive parenting skills, appropriate parental involvement, mutual support among parents, family communication, problem-solving skills, clear rules and consequences, and nurturing.

TREATMENT: Families will be assessed and assigned to the most appropriate Level of Care. Levels of care include Individual, Family and Group Therapies; Psychiatric and Medication evaluation; Home Based Intensive Services; Substance Abuse treatment for families and individuals; Parenting and a number of Group Therapies. Interventions range from 60 minutes for Individual Therapy to 60-120 minutes for CSI and Intensive Family Interventions sessions. The average length of treatment is approximately three to six months but can vary depending on the treatment goals of the family and treatment plan of the



therapist. For more severe cases, such as substance abusing adolescents, the average number of sessions and length of treatment may be increased. Treatment can take place in home, at our office or any other appropriate community setting.

BENEFITS OF SERVICES:

- Improving client's self-image and self-control
- Reducing client's behavioral problems, substance usage, and association with negatively influential peers
- Increasing parental involvement and development of more positive and effective parenting skills
- Making parental management of children's behavior more effective
- Improving family structure and interactions
- Improving family communication, conflict resolution, and problem solving skills



CONSENT FOR TREATMENT

I, _____ the client/ legal guardian of minor _____, give permission for myself/this minor to receive the following services:

1. Assessment
2. Individual / Family Counseling
3. Group Counseling
4. Transportation
5. Medical and Psychiatric Evaluation
6. Medication Treatment
7. Substance Abuse Assessment/Treatment
8. Other Services (specify) _____

These services are for the purpose(s) of:

Services are to be provided by professionals within ICAN! THINK POSITIVE, LLC as determined appropriate. The policies concerning missed appointments and the need for a confirmed diagnosis have been explained to me. I have been told about the risks and benefits of receiving these services, for both myself/this minor and our family. I understand that his professional may also interview, assess, or treat these other persons:

1. _____
2. _____
3. _____

Because of the laws of this state and the guidelines of the clinician's profession, these rules concerning privacy will be used:

Issues discussed in counseling will be held confidential with the exception of, the Limits of Confidentiality. A summary of reports concerning the counselor's findings will be available, upon written request by probation, court and/or Social Services. Documents will be provided within 48/72 hours of request being received.

Progress in this client's/minor's treatment will be reviewed every 30 days. Client/Minor's parents must sign a release of information before any information can be released.

My signature means that I understand and agree with all of the above.

Signature of Parent or Legal Guardian (if applicable)

Date

Signature of Consumer

Date

I, _____ have discussed the issues above with the client/minor client's guardian. My observations of this person's behavior and responses give me no reason, in my professional judgment, to believe that this person is not fully competent to give informed and willing consent to the client/minor client's treatment.



Authorization for Release Health Information

Name _____ DOB: _____

iCan! Think Positive Counseling and Coaching Services at 5405 Memorial Drive Building C, Stone Mountain, GA is hereby authorized to release to _____ (Name and/or entity) the following type of information: _____ in the following format:

☐

Documentation

☐

Audio

☐

Video

☐

Electronic

☐

Verbal

☐

Other

to be used in connection with the following purpose or need: _____

Please initial applicable items below:

_____ I hereby waive any **psychiatrist-patient and/or psychologist-patient** privilege with respect to information released by iCan! Think Positive, LLC.

_____ I hereby waive any privileges concerning records of **infectious or contagious disease, including HIV/AIDS confidential information**, with respect to records released by iCan! Think Positive, LLC.

_____ I hereby waive any privilege concerning records of **drug or alcohol abuse and/or treatment of same** with respect to records released by iCan! Think Positive, LLC.

I hereby release iCan! Think Positive, LLC, its officers, agents and employees from any and all liabilities, damages and claims which might arise from the release of information authorized above. I acknowledge that this consent for release of information is valid until _____ (date or time period).

I further understand that I can withdraw this consent at any time prior to this expiration date, but any information released prior to withdrawal of consent remains authorized.

Signature of Consumer or Consumer's Representative*

Date Signed

Signature of Witness

Date Signed

*Special circumstances which necessitate other than the consumer's signature:

*Representative's relationship to the consumer: _____



Consumer Identification

Identifying Information

Consumer Name: _____

Date of Birth: _____ Gender: M / F Race: _____

Social Security Number: _____

Address: _____

Home No.: _____ Cell No. : _____

Parents/Legal Guardian Name: _____

Address: _____ (If different than above)

Allergies: _____

Insurance: _____

Policy number: _____

Client Signature: _____

Parent/ Guardian: _____



STATEMENT OF CLIENT'S RIGHTS

Client Name _____ **Birth date** _____

A full copy of your consumer rights is available to you at iCan! Think Positive's main office. Below is a simplified outline of your consumer rights. The full copy also describes any legal limitations to these rights and other provisions which may apply and should be consulted when there is a dispute or question regarding any of these rights.

1. The right to be treated with consideration and respect for personal dignity, autonomy, and privacy;
2. The right to service in a respectful setting that offers the greatest possible freedom as defined in the treatment plan;
3. The right to be kept up-to-date on current or suggested services, treatment or therapies, and of alternatives;
4. The right to accept or reject any service, treatment or therapy after you have been given a full explanation of the risks and benefits;
5. The right to a choice of provider (when available), in order to ensure access to appropriate high quality care.
6. The right to a current, written, individualized service plan addressing mental and physical health, social and financial needs, and describing who will provide these services and how they will be provided in a way that meets your needs;
7. The right to active and informed participation in all areas of the service plan, including the plan's writing, review, and rewriting to meet your needs;
8. The right to freedom from too much or unnecessary medication;
9. The right to freedom from restraints or seclusion;
10. The right to be informed of and to refuse any unusual or dangerous treatment procedures;
11. The right to be told about and to refuse to be observed through one-way mirrors, photographed or taped (audio or visual);
12. The right to absolute confidentiality unless court ordered or if you sign a Release of Information form permitting disclosure of all or part of your record;
13. The right to see *all* parts of your records, including psychiatric and medical records. Access can be restricted *only* for clear treatment reasons, meaning that reading the records will cause you severe emotional damage resulting in the immediate risk of dangerous behavior toward yourself or someone else. Only specific parts of the chart can be restricted, with the reasons clearly documented in your service plan. However, you may give permission to *any person you choose* (friend, family member, advocate) to look at *all* parts of your record;
14. The right to advance notice if a service is to be discontinued, and to be actively involved in planning to meet your needs when the service is discontinued;
15. The right to have a clear explanation when any services are denied;
16. 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;
17. The right to be fully informed of all rights;
18. The right to exercise any and all rights without being threatened or punished in any way, including being denied services.
19. The right to a fair and efficient process for resolving disputes and differences with provider. Clients have the right to communicate freely with the therapist, paraprofessional, supervisor and clinical director. Client's complaint form is available upon request from the therapist or paraprofessional.

The Consumer/ legal Guardian has had an opportunity to read, or have read to him/her, the above form and ask questions regarding the data contained therein and in this staff member's presence.

Signature of Consumer

Date

Signature of Parent or Legal Guardian (if applicable)

Date



CLIENT BILL OF RESPONSIBILITIES

Upon enrollment into iCan! Think Positive, I am assured of the following Client responsibilities:

1. Clients have the responsibility to be a full participant in the formulation of their Treatment Plan.
2. Clients have the responsibility to follow their Treatment Plan and take any prescribed medications in order to advance in treatment.
3. Clients have the responsibility to provide the service delivery staff with all required information to maintain proper and correct records.
4. Clients have the responsibility to keep their appointments and be on time.
5. Clients have the responsibility to treat their therapist or paraprofessional with dignity and respect.
6. Client's performance during the treatment will be reported to the referral source including probation officers on regular basis.
7. Clients have the responsibility to protect the confidentiality of other clients.
8. Clients have the responsibility to notify staff of any changes in life situations including changes in address and telephone number.
9. Clients have the responsibility to pay for services received (if applicable) at the agreed upon time.
10. Clients have the responsibility to overcome obstacles and strive to succeed in order to live a healthy, functional, and productive life.

The Consumer/ legal Guardian has had an opportunity to read, or have read to him/her, the above form and ask questions regarding the data contained therein and in this staff member's presence. My signature below certifies that I have read AND understand completely what my responsibilities are as a participant in iCan! Think Positive's programs.

Signature of Consumer

Date

Signature of Parent or Legal Guardian (if applicable)

Date

Signature of Witness

Date



Emergency Contact Sheet

Emergency Contacts

Name: _____

Relationship to consumer: _____

Contact Number: _____

Name: _____

Relationship to consumer: _____

Contact Number: _____

Important Phone Numbers

Name of School & Phone #: _____

Physician Name & Phone #: _____

Probation Officer & Phone#: _____

DFACS Worker & Phone #: _____



Limits of Confidentiality

The contents of a counseling, intake, or assessment session are considered to be confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. It is the policy of this organization not to release any information about a client without a signed release of information. Noted exceptions are as follows:

Duty to Warn and Protect

When a client discloses intentions or a plan to harm another person, the health care professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client. In addition, it may be necessary for the health care professional to take steps for the client to be placed in a restricted hospital environment to ensure the safety of the client and of others.

Abuse of Children and Vulnerable Adults

If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse or neglect, the health care professional is required to report this information to the appropriate social service and/or legal authorities.

Prenatal Exposure to Controlled Substances

Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

In the Event of a Client's Death

In the event of a client's death, the spouse or parents of a deceased client have a right to access their child's or spouse's records.

Professional Misconduct

Other health care professionals must report professional misconduct by a health care professional. In cases in which a professional or legal disciplinary meeting is being held regarding the health care professional's actions, related records may be released in order to substantiate disciplinary concerns.

Court Orders

Health care professionals are required to release records of clients when a court order has been placed. Client's who are on probation, court ordered to treatment or referred by the Department of Juvenile Justice, Department of Human Resources or the county Juvenile Court may have waived certain rights to confidentiality when entering the treatment program.

Minors/Guardianship

Parents or legal guardians of non-emancipated minor clients have the right to access the client's records.

Audio/Video Taping

In the event it becomes necessary to audio and/or video tape a client for treatment or supervision purposes, a specific consent form for the purpose of audio and/or video will be required. No recordings of any kind will be conducted without the expressed consent of the client.



Other Provisions

ICAN! THINK POSITIVE does not conduct research on any of their clients. Outcome measures, as it pertains to the effectiveness or non-effectiveness of the treatment services are collected and analyzed to ensure that the best quality treatment is provided. No personal information on any client is disclosed, nor can any client be identified by any of outcome information collected.

Insurance companies and other third-party payers are given information that they request regarding services to clients. Information that may be requested includes type of services, dates/times of services, diagnosis, treatment plan, and description of impairment, progress of therapy, case notes, and summaries.

Information about clients may be disclosed in consultations with other professionals in order to provide the best possible treatment. In such cases the name of the client, or any identifying information, is not disclosed. Clinical information about the client is discussed.

In some cases notes and reports are dictated/typed within the clinic or by outside sources specializing (and held accountable) for such procedures.

When couples, groups, or families are receiving services, separate files are kept for individuals for information disclosed that is of a confidential nature. The information includes (a) testing results, (b) information given to the mental health professional not in the presence of other person(s) utilizing services, (c) information received from other sources about the client, (d) diagnosis, (e) treatment plan, (f) individual reports/summaries, and (h) information that has been requested to be separate. The material disclosed in conjoint family or couples sessions, in which each party discloses such information in each other's presence, is kept in each file in the form of case notes.

In the event in which the company or mental health professional must telephone the client for purposes such as appointment cancellations or reminders, or to give/receive other information, efforts are made to preserve confidentiality. Please list where we may reach you by phone and how you would like us to identify ourselves. For example, you might request that when we phone you at home or work, we do not say the name of the clinic or the nature of the call, but rather the mental health professional's first name only.

Please check where you may be reached by phone. Include phone numbers and how you would like us to identify ourselves when phoning you.

_____ HOME Phone number: _____

How should we identify ourselves? _____

May we say the clinic name? ☐ Yes ☐ No

_____ WORK Phone number: _____

How should we identify ourselves? _____

May we say the clinic name? ☐ Yes ☐ No

EMERGENCY Phone number: _____

How should we identify ourselves? _____

May we say the clinic name? ☐ Yes ☐ No



I agree to the above limits of confidentiality and understand their meanings and ramifications.

Consumer's name (please print): _____

Date: _____

Consumer's (or guardian's) signature: _____

Date: _____

Witness: _____

Date: _____

- **Quality:** Choosing the best people for our work, employing the best available practices, and always challenging ourselves to improve through innovation, strategic planning, collaboration and teamwork.
- **Service:** Making sure that each person who seeks our services is treated with personal respect, courtesy, compassion and sensitivity.
- **Value:** Developing systems to ensure the best possible return on the health care investment for our members and Yale University.
- **Respect:** Recognizing the value of every employee's contribution to the mission of Yale Health, honoring our diversity and working together as an effective team in which each person understands his or her importance to the team.
- **Communication:** A dedication to keeping all our partners informed and a promise to listen actively.
- **Compassion:** Remembering that caring is as important as care. The highest calling of our profession is to provide comfort to those who are in distress



RELEASE OF INFORMATION

CLIENT NAME:	DATE OF BIRTH:
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Part I: Disclosure of Health Information

By signing this authorization for Release of Information, I authorize the use and/or disclosure of my individually identifiable health information maintained by:

My health information may be disclosed TO or AMONG all of the following:

Name:
Address:

Part II: Scope and Use of Disclosure

Information that may be used or disclosed based on this authorization is as follows (check only those applicable to this use or disclosure).

<input type="checkbox"/> Attendance	<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> Psychiatric Evaluation	<input type="checkbox"/> Progress Notes	<input type="checkbox"/> Lab Reports
<input type="checkbox"/> Drug Screen Results	<input type="checkbox"/> Nursing Assessment	<input type="checkbox"/> Physician Orders	<input type="checkbox"/> Physical Exam	<input type="checkbox"/> Plan of Care
<input type="checkbox"/> Other (Specify):				
<input type="checkbox"/> Exclude the following information:				

If applicable, please initial the appropriate blank in the following statements:

1. *Alcohol or Drug Treatment Records.* I do ___/1 do not ___ authorize the use or disclosure of drug or alcohol abuse treatment records. I understand that these records are protected under federal regulations (42 CFR, Part 2). I understand that I have the right to refuse to release this information.
2. *HIV Status.* I do ___/1 do not ___ authorize the release of HFV test results for the purpose set forth above.

Part III: For the Purpose of

<input type="checkbox"/> To meet requirements of the court	<input type="checkbox"/> DFCS Requirement	<input type="checkbox"/> Continuity of Care
<input type="checkbox"/> Communication with Referral source	<input type="checkbox"/> Family Involvement	<input type="checkbox"/> Probation/Parole
<input type="checkbox"/> Other (specify):		

Part IV: Expiration from Signature Date

<input type="checkbox"/> 30 days	<input type="checkbox"/> 60 days	<input type="checkbox"/> 90 days	<input type="checkbox"/> 1 year	<input type="checkbox"/> Other Specify:
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➤ **NOTE: If an expiration event is used, the event must relate to the consumer or the purpose of the disclosure.**

Part V: Other Important Information

- A. I understand that iCan! Think Positive cannot guarantee that the recipient of this information will not re-disclose this information to a third party. The recipient may not be subject to federal laws governing privacy of health information. However, if the disclosure consists of treatment information about a consumer in an alcohol or drug abuse program, the recipient is prohibited under federal law from making any further disclosure of such information unless further disclosure is expressly permitted by written consent of the consumer or as otherwise permitted by federal law governing confidentiality of alcohol and drug abuse patient records (42CFR, Part 2).
- B. I understand that iCan! Think Positive is required by law to disclose PHI when a lay requires that we report information about suspected abuse, neglect or domestic violence, or relating to suspected criminal activity, or in response to a court order. We must also disclose PHI to authorities that monitor compliance with these privacy requirements.
- C. I understand that except when I am receiving health care solely for the purpose of creating information for disclosure to a third party, I may refuse to sign this Authorization and that my refusal to sign will not affect my ability to obtain treatment from iCan! Think Positive.
- D. I understand that I may revoke this authorization in writing at any time, except that the revocation will not have any effect on any action taken by iCan! Think Positive in reliance on this authorization before written notice of revocation is received.

Signature of Consumer

Date

Signature of Parent or Legal Guardian (if applicable)

Date

Signature of Witness

Date

USE THE SPACE ONLY IF CONSUMER/GUARDIAN WITHDRAWS CONSENT

(Consumer/Guardian Signature)

Date this consent is revoked by Consumer/Guardian)



SCHOOL AUTHORIZATION FOR RELEASE OF INFORMATION

Client Name _____ Birth date _____

I hereby request and authorize the staff of iCan! Think Positive, LLC to enter my child's school _____ and provide services in the school setting. In addition I authorize ICAN! THINK POSITIVE staff to release or obtain confidential information to and from my child's school staff including school counselor, social worker, teacher, administration, etc, when deemed necessary. This information can include the following: (Please initial each line you consent to.)

<input type="checkbox"/> Assessment	<input type="checkbox"/> Psychological Evaluation /School Psychological
<input type="checkbox"/> Psychosocial Evaluation	<input type="checkbox"/> Current Treatment Update
<input type="checkbox"/> Treatment Plan or Summary	<input type="checkbox"/> Educational Information
<input type="checkbox"/> Presence /Participation in Treatment	<input type="checkbox"/> Continuing Care Plan
<input type="checkbox"/> Toxicological Reports/ Drug Screens	<input type="checkbox"/> IEP
<input type="checkbox"/> Discharge/Transfer Summary	<input type="checkbox"/> Report Cards/Progress Reports
<input type="checkbox"/> Demographic Information	<input type="checkbox"/> Other _____
<input type="checkbox"/> Diagnosis	

I understand that the authorization will remain in effect for:

☐ One Hundred Eighty (180) days unless I specify an earlier expiration date here: _____

☐ The period necessary to complete all transactions on accounts related to services provided to me.

All the information I hereby authorize to be obtained will be held strictly confidential and cannot be released by the recipient without written consent. I understand that unless otherwise limited by state or federal regulations, and except to the extent that action has taken based on my consent, I may withdraw the consent at any time.

Signature of Consumer

Date

Signature of Parent or Legal Guardian (if applicable)

Date

Signature of Witness

Date

USE THE SPACE ONLY IF CONSUMER/GUARDIAN WITHDRAWS CONSENT

(Consumer/Guardian Signature)

Date this consent is revoked by Consumer/Guardian)



ACKNOWLEDGEMENT OF CONFIDENTIALITY AGREEMENT

Client Name _____ **Birth date** _____

A client is defined as "Any person who consults with, or who is interviewed, examined, or treated by, a provider or a person about whom consultation is sought by another individual." This includes persons formally enrolled, as well as those making inquiries about, or expressing interest, in mental health, mental retardation, and substance abuse services.

All persons who provide any service to clients are bound by this policy, as well as clerical staff who record, transmit, etc. information about a client. Volunteers and interns are also included.

The following are examples of confidential information, whether that information is verbal, written, or computerized:

- a. Confirmation that an individual has been or is being provided or not provided services.
- b. Information that is given by a client to providers in the course of diagnosis, service provision or coordination.
- c. Information regarding a client given in confidence by family members to a provider.
- d. Any diagnosis, opinions, summaries, or instructions issued by providers in the course of diagnosis, service provision or coordination.
- e. Personal data, which if released could be expected to be detrimental to the best interest of the client.

The only way to share information with agencies or professionals not formally affiliated with NE Georgia Consortium is through the "Authorization for Release of Information Form".

There are a few exceptions to the above rule. They are:

- a. Probate courts may request and receive information about involuntary admitted clients without an authorization, except Addiction and Disease clients where authorization is required.
- b. Information about court-ordered clients in evaluation and/or treatment may be released directly to the court
- c. In a life threatening situation, where there is a medical emergency, information may be released.
- d. An authorization is not necessary in the investigation of a MH or MR criminal investigation.
- e. An authorization is not necessary in the investigation of child abuse.
- f. An authorization is not necessary in those cases where there is a "duty to warn".

By signing below, I have been explained and understand the laws that apply to confidentiality regarding the mental services I receive through iCan! Think Positive.

Signature of Consumer

Date

Signature of Parent or Legal Guardian (if applicable)

Date



AUTHORIZATION TO TRANSPORT

I _____ hereby request and authorize iCan! Think Positive staff members to transport my child,

_____, who is presently participating in services with iCan! Think Positive.

Transportation is permitted as needed to and from any planned activities for any various therapeutic reason (i.e., recreational, vocational, doctor's appointments, etc.). The representing staff of iCan! Think Positive will communicate plans to transport my child with the parent/guardian on a consistent basis.

I acknowledge that transportation is voluntary and during transportation the staff member will not knowingly or intentionally place my minor child or myself in danger and will notify or seek emergency assistance if unforeseen circumstances occur that require any such public emergency official services.

By signing this agreement, I agree to forgo any future legal action, if injury to my minor was unpreventable by the staff driver.

I understand this agreement and that I may withdraw my consent at any time by informing iCan! Think Positive contractors and signing below.

Signature of Consumer

Date

Signature of Parent or Legal Guardian (if applicable)

Date

Signature of Witness

Date

USE THE SPACE ONLY IF CONSUMER/GUARDIAN WITHDRAWS CONSENT

(Consumer/Guardian Signature)

Date this consent is revoked by Consumer/Guardian)

GRIEVANCE POLICY & PROCEDURE

Policy

iCan! Think Positive Counseling and Coaching has a system to provide a fair, efficient and complete mechanism for receiving, investigating and resolving all client complaints/grievances. Clients who believe their rights have been violated can file complaints/grievances.

Purpose

To assure that all clients are provided with the highest level of care

Definitions

Grievance - A written or oral statement, alleging that an:

1. Individual's rights have been unfairly limited or violated.
2. Individual has been abused, neglected, or mistreated; or staff has acted in an illegal or improper manner with respect a student.

Procedure for filing a Complaint

The following steps are to be followed by staff in handling a complaint:

1. Client shall make a verbal complaint to their assigned Direct Care Clinician. If the complaint can be handled to the satisfaction of the complainer by the staff to which it is made, the process can end there.
2. If the client is unable to resolve the grievance via a verbal complaint, they may request a grievance form, which is then reviewed by the Direct Care Clinician's immediate supervisor.
3. The Direct Care Clinician's Supervisor will make copies of the complaint/grievance form and give one copy to the Program Director and place one copy in the client's file. At any time, the client can ask for a staff member to assist in this process.
4. The Direct Care Clinician's Supervisor will investigate within 3 business days and report his/her findings to the Program Director.
5. If the grievance is unable to be resolved within five working days, it will be referred to Grievance Review Committee. (The Grievance Review Committee consists of the Clinical Director, Program Director, Direct Care Clinician, and the Direct Care Clinician's Supervisor). The Grievance Review Committee will discuss the grievance and will notify in writing within 3 workdays thereafter the action to be taken in this matter.
6. The Grievance Review Committee may recommend an interagency meeting to explore other courses of action as deemed appropriate.
7. A copy of the grievance and its findings will be forwarded to the client's medical records.



8.If the client is unable to resolve the grievance via the steps above, they can contact the Department of Behavioral Health and Addictive Disease (DBHDD).

I have read or have been read the Consumer Grievance Policy and Procedure. My signature below indicates I understand and agree to all of the above and have received a copy.

Signature of Consumer

Date

Signature of Parent or Legal Guardian (if applicable)

Date

Signature of Witness

Date



HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

NOTICE OF PRIVACY PRACTICES

Effective 4/14/03

I. COMMITMENT TO YOUR PRIVACY: iCan! Think Positive is dedicated to maintaining the privacy of your protected health information (PHI). PHI is information that may identify you and that relates to your past, present or future physical or mental health condition and related health care services. This Notice of Privacy Practices ("Notice") is required by law to provide you with the legal duties and the privacy practices that iCan! Think Positive maintains concerning your PHI. It also describes how medical and mental health information may be used and disclosed, as well as your rights regarding your PHI. Please read carefully and discuss any questions or concerns with your therapist.

II. LEGAL DUTY TO SAFEGUARD YOUR PHI: By federal and state law, iCan! Think Positive is required to ensure that your PHI is kept private. This Notice explains when, why, and how iCan! Think Positive would use and/or disclose your PHI. Use of PHI means when iCan! Think Positive shares, applies, utilizes, examines, or analyzes information within its practice; PHI is disclosed when iCan! Think Positive releases, transfers, gives, or otherwise reveals it to a third party outside of the Institute. With some exceptions, iCan! Think Positive may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, iCan! Think Positive is always legally required to follow the privacy practices described in this Notice.

III. CHANGES TO THIS NOTICE: The terms of this notice apply to all records containing your PHI that are created or retained by iCan! Think Positive. Please note that iCan! Think Positive reserves the right to revise or amend this Notice of Privacy Practices. Any revision or amendment will be effective for all of your records that iCan! Think Positive has created or maintained in the past and for any of your records that iCan! Think Positive may create or maintain in the future. iCan! Think Positive will have a copy of the current Notice in the office in a visible location at all times, and you may request a copy of the most current Notice at any time. The date of the latest revision will always be listed at the end of iCan! Think Positive's Notice of Privacy Practices.

IV. HOW iCan! Think Positive MAY USE AND DISCLOSE YOUR PHI: **iCan! Think Positive will not use or disclose your PHI without your written authorization, except as described in this Notice or as described in the "Information, Authorization and Consent to Treatment" document. Below you will find the different categories of possible uses and disclosures with some examples.**

1. For Treatment: iCan! Think Positive may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are otherwise involved in your care. Example: If you are also seeing a psychiatrist for medication management, iCan! Think Positive may disclose your PHI to her/him in order to coordinate your care. Except for in an emergency, iCan! Think Positive will always ask for your authorization in writing prior to any such consultation.

2. For Health Care Operations: iCan! Think Positive may disclose your PHI to facilitate the efficient and correct operation of its practice. Example: Quality control - iCan! Think Positive may provide your PHI to its office personnel, accountants, practice consultants, attorneys and others to make sure that iCan! Think Positive is in compliance with applicable practices and laws. It is iCan! Think Positive's practice to conceal all client names in such an event and maintain confidentiality. However, there is still a possibility that your PHI may be audited for such purposes.

3. To Obtain Payment for Treatment: iCan! Think Positive may use and disclose your PHI to bill and collect payment for the treatment and services iCan! Think Positive provided you. Example: iCan! Think Positive might send your PHI to your insurance company or managed health care plan, in order to get payment for the health care services that have been provided to you. iCan! Think Positive could also provide your PHI to billing companies, claims processing companies, and others that process health care claims for iCan! Think Positive's office if either you or your insurance carrier is not able to stay current with your account. In this latter instance, iCan! Think Positive will always do its best to reconcile this with you first prior to involving any outside agency.

4. Employees and Business Associates: There may be instances where services are provided to iCan! Think Positive by an employee or through contracts with third-party "business associates." Whenever an employee or business associate arrangement involves the use or disclosure of your PHI, iCan! Think Positive will have a written contract that requires the employee or business associate to maintain the same high standards of safeguarding your privacy that is required of iCan! Think Positive.



Note: Georgia and Federal law provides additional protection for certain types of health information, including **alcohol or drug abuse, mental health and AIDS/HIV**, and may limit whether and how iCan! Think Positive may disclose information about you to others.

V. USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES – iCan! Think Positive may use and/or disclose your PHI without your consent or authorization for the following reasons:

- 1. Law Enforcement:** Subject to certain conditions, iCan! Think Positive may disclose your PHI when required by federal, state, or local law; judicial, board, or administrative proceedings; or, law enforcement. Example: iCan! Think Positive may make a disclosure to the appropriate officials when a law requires iCan! Think Positive to report information to government agencies, law enforcement personnel and/or in an administrative proceeding.
- 2. Lawsuits and Disputes:** iCan! Think Positive may disclose information about you to respond to a court or administrative order or a search warrant. iCan! Think Positive may also disclose information if an arbitrator or arbitration panel compels disclosure, when arbitration is lawfully requested by either party, pursuant to subpoena duces tectum (e.g., a subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel. iCan! Think Positive will only do this if efforts have been made to tell you about the request and you have been provided an opportunity to object or to obtain an appropriate court order protecting the information requested.
- 3. Public Health Risks:** iCan! Think Positive may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, disability, to report births and deaths, and to notify persons who may have been exposed to a disease or at risk for getting or spreading a disease or condition.
- 4. Food and Drug Administration (FDA):** iCan! Think Positive may disclose to the FDA, or persons under the jurisdiction of the FDA, PHI relative to adverse events with respect to drugs, foods, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.
- 5. Serious Threat to Health or Safety:** iCan! Think Positive may disclose your PHI if you are in such mental or emotional condition as to be dangerous to yourself or the person or property of others, and if iCan! Think Positive determines in good faith that disclosure is necessary to prevent the threatened danger. Under these circumstances, iCan! Think Positive may provide PHI to law enforcement personnel or other persons able to prevent or mitigate such a serious threat to the health or safety of a person or the public.
- 6. Minors:** If you are a minor (under 18 years of age), iCan! Think Positive may be compelled to release certain types of information to your parents or guardian in accordance with applicable law.
- 7. Abuse and Neglect:** iCan! Think Positive may disclose PHI if mandated by Georgia child, elder, or dependent adult abuse and neglect reporting laws. Example: If iCan! Think Positive has a reasonable suspicion of child abuse or neglect, iCan! Think Positive will report this to the Georgia Department of Child and Family Services.
- 8. Coroners, Medical Examiners, and Funeral Directors:** iCan! Think Positive may release PHI about you to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person, determine the cause of death or other duties as authorized by law. iCan! Think Positive may also disclose PHI to funeral directors, consistent with applicable law, to carry out their duties.
- 9. Communications with Family, Friends, or Others:** iCan! Think Positive may release your PHI to the person you named in your Durable Power of Attorney for Health Care (if you have one), to a friend or family member who is your personal representative (i.e., empowered under state or other law to make health-related decisions for you), or any other person you identify, relevant to that person's involvement in your care or payment related to your care. In addition, iCan! Think Positive may disclose your PHI to an entity assisting in disaster relief efforts so that your family can be notified about your condition.
- 10. Military and Veterans:** If you are a member of the armed forces, iCan! Think Positive may release PHI about you as required by military command authorities. iCan! Think Positive may also release PHI about foreign military personnel to the appropriate military authority.
- 11. National Security, Protective Services for the President, and Intelligence Activities:** iCan! Think Positive may release PHI about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, to conduct special investigations for intelligence, counterintelligence, and other national activities authorized by law.
- 12. Correctional Institutions:** If you are or become an inmate of a correctional institution, iCan! Think Positive may disclose PHI to the institution or its agents when necessary for your health or the health and safety of others.
- 13. For Research Purposes:** In certain limited circumstances, iCan! Think Positive may use information you have provided for medical/psychological research, but only with your written authorization. The only circumstance where written authorization would not be required would be if the information you have provided could be completely disguised in such a manner that you could not be identified, directly or through any identifiers linked to you. The research would also need to be approved by an institutional review board that has examined the research proposal and ascertained that the established protocols have been met to ensure the privacy of your information.
- 14. For Workers' Compensation Purposes:** iCan! Think Positive may provide PHI in order to comply with Workers' Compensation or similar programs established by law.
- 15. Appointment Reminders:** iCan! Think Positive is permitted to contact you, without your prior authorization, to provide appointment reminders or information about alternative or other health-related benefits and services that you may need or that may be of interest to you.



- 16. Health Oversight Activities:** iCan! Think Positive may disclose health information to a health oversight agency for activities such as audits, investigations, inspections, or licensure of facilities. These activities are necessary for the government to monitor the health care system, government programs and compliance with laws. Example: When compelled by U.S. Secretary of Health and Human Services to investigate or assess iCan! Think Positive's compliance with HIPAA regulations.
- 17. If Disclosure is Otherwise Specifically Required by Law.**

VI. Other Uses and Disclosures Require Your Prior Written Authorization: In any other situation not covered by this notice, iCan! Think Positive will ask for your written authorization before using or disclosing medical information about you. If you chose to authorize use or disclosure, you can later revoke that authorization by notifying iCan! Think Positive in writing of your decision. You understand that iCan! Think Positive is unable to take back any disclosures it has already made with your permission, iCan! Think Positive will continue to comply with laws that require certain disclosures, and iCan! Think Positive is required to retain records of the care that its therapists have provided to you.

VII. RIGHTS YOU HAVE REGARDING YOUR PHI:

1. The Right to See and Get Copies of Your PHI: In general, you have the right to see your PHI that is in iCan! Think Positive's possession, or to get copies of it; however, you must request it in writing. If iCan! Think Positive does not have your PHI, but knows who does, you will be advised how you can get it. You will receive a response from iCan! Think Positive within 30 days of receiving your written request. Under certain circumstances, iCan! Think Positive may feel it must deny your request, but if it does, iCan! Think Positive will give you, in writing, the reasons for the denial. iCan! Think Positive will also explain your right to have its denial reviewed. If you ask for copies of your PHI, you will be charged not more than \$.25 per page and the fees associated with supplies and postage. iCan! Think Positive may see fit to provide you with a summary or explanation of the PHI, but only if you agree to it, as well as to the cost, in advance.

2. The Right to Request Limits on Uses and Disclosures of Your PHI: You have the right to ask that iCan! Think Positive limit how it uses and discloses your PHI. While iCan! Think Positive will consider your request; it is not legally bound to agree. If iCan! Think Positive does agree to your request, it will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the uses and disclosures that iCan! Think Positive is legally required or permitted to make.

3. The Right to Choose How iCan! Think Positive Sends Your PHI to You: It is your right to ask that your PHI be sent to you at an alternate address (for example, sending information to your work address rather than your home address) or by an alternate method (for example, via email instead of by regular mail). iCan! Think Positive is obliged to agree to your request providing that it can give you the PHI, in the format you requested, without undue inconvenience.

4. The Right to Get a List of the Disclosures. You are entitled to a list of disclosures of your PHI that iCan! Think Positive has made. The list will not include uses or disclosures to which you have specifically authorized (i.e., those for treatment, payment, or health care operations, sent directly to you, or to your family; neither will the list include disclosures made for national security purposes, or to corrections or law enforcement personnel. The request must be in writing and state the time period desired for the accounting, which must be less than a 6-year period and starting after April 14, 2003.

iCan! Think Positive will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list will include the date of the disclosure, the recipient of the disclosure (including address, if known), a description of the information disclosed, and the reason for the disclosure. iCan! Think Positive will provide the list to you at no cost, unless you make more than one request in the same year, in which case it will charge you a reasonable sum based on a set fee for each additional request.

5. The Right to Amend Your PHI: If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request that iCan! Think Positive correct the existing information or add the missing information. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of iCan! Think Positive's receipt of your request. iCan! Think Positive may deny your request, in writing, if it finds that the PHI is: (a) correct and complete, (b) forbidden to be disclosed, (c) not part of its records, or (d) written by someone other than iCan! Think Positive. Denial must be in writing and must state the reasons for the denial. It must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and iCan! Think Positive's denial will be attached to any future disclosures of your PHI. If iCan! Think Positive approves your request; it will make the change(s) to your PHI. Additionally, iCan! Think Positive will tell you that the changes have been made and will advise all others who need to know about the change(s) to your PHI.



iCan! Think Positive Counseling and Coaching Services, LLC

5405 Memorial Drive, Building C, Stone Mountain, GA 30083

Office (678) 999-2611 Fax (678) 999-2611

6. The Right to Get This Notice by Email: You have the right to get this notice by email. You have the right to request a paper copy of it as well.

7. Submit all Written Requests: Submit to iCan! Think Positive's Director, Tinita Simmonds, at the address listed on top of page one of this document.

VIII. COMPLAINTS: If you are concerned your privacy rights may have been violated, or if you object to a decision iCan! Think Positive made about access to your PHI, you are entitled to file a complaint. You may also send a written complaint to the Secretary of the Department of Health and Human Services Office of Civil Rights. iCan! Think Positive will provide you with the address. Under no circumstances will you be penalized or retaliated against for filing a complaint.

Please discuss any questions or concerns with your therapist. Your signature below indicates that you Acknowledge receipt of this Notice:

Signature of Consumer

Date

Signature of Parent or Legal Guardian (if applicable)

Date

Signature of Witness

Date