

Heartland Counseling Services, Inc.

Client Orientation to Services

Welcome to Heartland Counseling Services, Inc. The following document is a guideline to our agency's Mission, Philosophy, Services and Procedures. Please read this carefully. If you have questions, or if this material needs to be read to you, please inform our receptionist.

Mission: Our mission is to provide quality outpatient counseling, education, community service programs and prevention services to individuals, groups and families. We provide consultation to community organizations in Dakota, Dixon, Burt, Thurston, Boyd, Brown, Cherry, Holt, Keya Paha and Rock Counties and the Siouxland area.

Philosophy: Heartland Counseling Services, Inc. believes that people suffering from mental, emotional and behavioral disorders can most efficiently and most effectively be treated and receive services that are highly professional and involve professionals from several different disciplines. The persons served will receive the highest standard of care. We believe that all individuals should have access to those services which are necessary to establish, maintain or restore normal functioning. These services are available to all individuals regardless of his/her diagnosis or disability, socioeconomic level, age, race, sex, religious affiliation or any other characteristics. We believe that particularly in rural areas where other professional support is likely to be less readily available, professional staff should be the most highly trained and the most experienced obtainable.

HOURS, ADDRESS, AND PHONE NUMBERS OF OUR LOCATIONS.

South Sioux City
917 W 21st St.
PO Box 355
South Sioux City Ne 68776
Phone: 402-494-3337
Fax: 402-494-3356
Monday – Thursday
8:00am – 8:00pm
Friday – 8:00 – 12:00

O'Neill
221 W Douglas St
PO Box 246
O'Neill Ne 68763
Phone: 402-336-2800
Fax: 402-336-2849
Monday - Thursday
8:00am – 6:00pm

Ainsworth
938 E Zero ST
PO Box 246
Ainsworth NE 69210
Phone: 402-336-2800
Fax: 402-336-2849
Monday - Thursday
8:00am – 6:00 pm

AFTER HOURS PHONE NUMBERS ARE AVAILABLE FOR EMERGENCY ACCESS ONLY.

Programs/Services Available:

Outpatient Mental Health and Substance Abuse Programs: Include individual, group, family, and couples therapy. We provide services to ages 3 years and older.

Assessments and evaluations: Include mental health, substance abuse, and psychiatric evaluations.

Community Support, Recovery Support, and Peer Support Services: These services provide support and wraparound services for individuals struggling with either mental health and/or substance abuse issues. Services included, but are not limited to are, transportation to doctors' appointments, budgeting, skill building, life management and daily living activities learning, job seeking and community referrals.

The Life Center: Day Rehab and Day Support in South Sioux City: The Life Center is a safe place for individuals to attend Monday through Friday to assist them in maintaining recovery, this includes both mental health and/or substance abuse. The goal of the program is to assist individuals in developing skills and provide support that promotes successful community living and minimizes hospitalizations.

Crisis Response Program for Youth and Adult: This program is a short term service which aims to assist those in crisis and to prevent hospitalization and Emergency Protective Custody by wrapping appropriate services around the individual to allow them the opportunity to remain in the community. The crisis responder will access appropriate services to assist the individual which may include, but not be limited to, local law enforcement, therapists, medical facilities, domestic violence or homeless shelters, substance abuse treatment, food banks, etc. They will also coordinate hospitalization if needed. Works closely with law enforcement. Face to face crisis assessments with a licensed mental health practitioner will make recommendations and wrap services with a written crisis plan that is very detailed. Each crisis plan is individualized to the situation, but may include a phone check-in with crisis responder or family member every few hours, meet with individual in person next day, set up doctor appointment, meet with teacher, etc. Crisis responder and LMHP will accompany individuals to hospital if needed or may be able to provide funds for family/friends to take individual to hospital out of town if needed. After discharge from hospital, crisis responder will follow individual up to 90 days before transferring to community support services.

Intensive Outpatient Treatment and Continuing Care Services: This program is based on a total of 10 -12 weeks. The evening program meets from 5:45 P.M. – 8:00 P.M. Monday through Thursdays. Upon the participant completion of the intensive treatment phase, they then transfer to participation into the aftercare group. The aftercare group will meet once per week for approximately one hour. This group will be facilitated by a substance abuse counselor/Licensed Mental Health Therapist with experience in Substance Abuse.

PRIME for Life Classes: This program is a class held once a month for 12 hours. This program meets the requirements for Iowa and Nebraska DOT. This class is typically held on Friday evening from

6:00 P.M. – 9:00 P.M. and on Saturday from 8:00 A.M – 5:00 P.M. This class is not covered by insurance. This class must be paid in advance before sign up.

Tele-psychiatry: Heartland Counseling Services, Inc. is a host site for tele-psychiatry with Richard Young Outpatient Clinic in Kearney, Nebraska. Our clients receive their medication management with providers from Kearney. Our care coordinator checks in clients, does their vitals, faxes over to Kearney and then the provider meets with the client via web. Tele-psychiatry is done in the O'Neill and South Sioux offices.

The CODE OF ETHICS and YOUR RIGHTS AND RESPONSIBILITIES as well as HEARTLAND COUNSELING SERVICES, INC. POLICIES are posted in the reception area.

What to Expect: You will be asked to complete the "Personal Data Form" before you see a therapist. THIS PAPERWORK IS MANDATORY FOR ALL CLIENTS. IF YOU REFUSE, WE CANNOT PROVIDE YOU WITH SERVICES. The purpose of the initial intake session is to have the therapist obtain as much background information as possible. This will clarify problem areas and determine what services you need. If therapy is needed, you and your therapist will decide what the goals of therapy will be and to develop a treatment plan which is a map for you and the therapist to follow to fulfill your purpose/goal in coming to this agency. It will be reviewed every 3 months to determine if you are achieving your goals. This agency uses a TEAM approach. You and your therapist will have certain responsibilities to assist you in achieving your goals. Sometime family members and others may be involved in your treatment.

A discharge plan/goal will also be developed when the treatment plan is developed. This is the "BIG PICTURE" of what you want to achieve from our services. To be sure we are properly serving you, you will be asked to complete a semi-annual SATISFACTION SURVEY. This will assist us in better serving you.

Restrictions: Please do not attend sessions or this agency under the influence of alcohol or illegal drugs. If you cannot make it to your appointment, we ask that you notify us as soon as possible so that we can offer that time to another client in need. We will be glad to reschedule your appointment for another time. If you miss 3 appointments WITHOUT reasonable excuses, you will not be allowed to reschedule without talking to your therapist and you may also be discharged from this agency.

IF at any time you have questions regarding fees and financial arrangements, please ask. This agency works with Region 4 Behavioral Health Systems, Medicaid, Medicare, most Insurance companies, and self-pay. For those who qualify, we offer sliding fee reduction based off your income.

Auditing/Surveys: Because this agency receives STATE and FEDERAL dollars, we must comply with specific auditing and surveying procedures. This includes reviews of client files. Any client information disclosed through these audits and/or surveys, may only be disclosed back to this agency to carry out the audit or evaluation process.

Confidentiality: What you tell your therapist is confidential – any information you give will not be released without your written consent, or in the case of minors, parental consent.

Notice of Privacy Practices: This notice describes how medical information about you may be used or disclosed and how you can get access to this information. If you have any questions about this Privacy Notice or want more information, please contact our Corporate Compliance Officer at 402-494-3337 or in writing at PO Box 355, South Sioux City NE 68776.

Protected Health Information (PHI): While receiving care from Heartland Counseling Services, Inc., information regarding your medical history, treatment, and payment for your behavioral health care may be originated and/or received by us. Information which can be used to identify you and which relates to your past, present, or future health condition, receipt of behavioral health care or payment for behavioral health care. All of this information is your PHI.

Your PHI will not be sold, used, or disclosed for marketing or fundraising. Except in certain situations outlined below, we shall obtain your specific written authorization to release your PHI. Your authorization will be obtained to release psychotherapy notes for most uses and disclosures. You may revoke any authorization at any time but you must do this in writing.

Our Responsibilities: Federal and State laws impose certain obligations and duties upon us as a covered health care provider with respect to your Protected Information. Specifically, we are required to:

1. Provide you with a notice of our legal duties and Heartland's policies regarding the use and disclosure of your Protected Information;
2. Maintain the confidentiality of your Protected Information in accordance with state and federal law;
3. Abide by the terms of this notice;
4. Respect your rights regarding requests for restrictions of uses and disclosures, requests for access to your information, requests for amendment, requests for accountings of disclosures, requests for revoking authorizations, and requests for alternative communications.

How will your PHI be used and disclosed? Generally your PHI will not be disclosed without prior written authorization. However we may disclose your PHI without your consent in the following situations:

1. You waive your right to confidentiality of mental health records when you assert your mental or emotional condition as a claim or defense.
2. Mental Health and Substance Abuse Information may be disclosed for the purpose of providing additional treatment if you have made a written request. Additionally we may disclose mental health and/or substance abuse information to other providers of professional services who may be involved in your care.

3. We may also contact you to provide appointment reminders which may be by telephone including leaving a message on an answering machine or by mailing you a reminder.
4. We may also contact you to provide information about treatment alternatives or related services that may be of benefit to you.
5. Custody of Children: Unless otherwise ordered by the court in the custody decree, or other court order, both parents shall have legal access to information concerning the child including but not limited to medical, educational, and law enforcement records.
6. Emergencies: Mental health information may be disclosed at any time to another facility, physician, or mental health professional in cases of a medical emergency.
7. Payment and Operations: Heartland Counseling Services, Inc. may disclose information to other Business Associates for Healthcare Operation purposes including our Auditor, Legal Counsel, or any Business Associate that performs services on our behalf. Where possible the information will be de-identified or minimum necessary information will be disclosed. Confidentiality and use and disclosure laws as set out in this Notice and any other applicable law as specified by the Business Associate Agreement.
8. Collections: Information necessary to collect payment on an unsettled account. You will receive special notice prior to us disclosing information to collection agencies.

Specific authorization by law:

1. When otherwise specifically required by other states or the federal government by laws that specifically relate to the protection of human health and safety.
2. Child or Dependent Adult Abuse: Heartland Counseling Services, Inc. employees are mandatory reporters of child abuse and must disclose information necessary to report any known incident of child or dependent adult abuse under requirements by law.
3. Court Order: Court orders may authorize disclosures.
4. Mental Health Board Commitment: Disclosure may be required by the state in order to determine civil commitment proceedings.
5. Victims of abuse and neglect: If we feel disclosure is necessary to prevent serious harm to you or others we may disclose information if you are incapacitated and unable to agree to the disclosure. Disclosure will be made only if failure to release the information would adversely affect a law enforcement activity and only if the information will not be used, in any way, against you.
6. Law enforcement: We may release your PHI to law enforcement for the following purposes: Pursuant to a court order, subpoena, or warrant. Identifying or locating a suspect, fugitive, or material witness or missing person. If you are a crime victim, but only if you consent, or if you are unable to consent and the information is necessary to determine if a crime has occurred, non-disclosure would significantly hinder the investigation, and disclosure is in your best interest. To alert law enforcement if a person's death was caused by suspected criminal conduct. By emergency care personnel if the information is necessary to alert law enforcement of a crime, the location of a crime, or characteristics of the perpetrator.

Your Rights: Federal and state laws grant you certain rights with respect to your PHI. Specifically you have the right to:

1. Receive notice of our policies and procedures used to protect your PHI.
2. Request that certain uses and disclosures of your PHI be restricted.
3. Have access to your PHI; however, we have the right to deny this request in certain instances. Requests for review or copies of your information need to be done in writing.
4. Revoke any prior authorizations for use or disclosure except to the extent the action has already been taken. Revocations can be done in writing and given to Heartland Counseling Services, Inc.
5. Request copies of Medical Records; however, we have the right to charge a fee for copies.
6. Receive notice from Heartland of any unauthorized release of your unsecured PHI.
7. Receive information on the Voter Registration Bill (LB76) passed in 1994 and given the opportunity to sign up to vote.

Other Rights: It is your right to receive services without regard to race, color, sex, national origin, religion, age, disability or ability to pay; to provide written consent to release information contained in your file; to receive information contained in your own file by requesting same from your therapist; to refuse service for any reason; to file a grievance; and to request an explanation if services are denied to you. It is the staff's responsibility to treat you with respect, to provide you with quality service and to act in a professional and ethical manner. If at any time, you have concerns about our services, talk to your therapist or to a receptionist. If you desire to file a grievance, you may do so in any of the following ways: by phone, in person, by letter or by completing a grievance form (available in the waiting) which is addressed to the Executive Director.

Client Responsibility: Your responsibility is to keep the appointment which has been reserved for you, protect the privacy of other clients, especially if you are involved in group therapy. You will treat clinical and support staff with respect as no physical or verbal abuse will be tolerated. You will uphold the financial agreement between you and this agency (a copy of the payment plan will be provided to you upon request). Please, for the safety of other consumers and staff, we ask your cooperation in canceling your appointment when you have a communicable disease (i.e. flu, measles, chicken pox, COVID19, etc.).

Termination of Services: We may deny you services if you come to the agency intoxicated, use nicotine products in the agency, bring a lethal weapon to the agency, stalk a staff or board member, or refuse to work with the treatment plan established for you.

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