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Office Locations:
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Parkersburg, Iowa
Hampton, Iowa
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Therapy and BHIS Skill Services Rights, Responsibilities, Policies and Expectations

I. Clients Rights

Thank you for choosing to enter treatment. This is an opportunity to acquaint you with information relevant to treatment, confidentiality and office policies. We will answer any questions you have regarding any of these policies. As our client, you have the right to be treated with dignity and respect. You have the right to be treated fairly, regardless of their race, religion, gender, sexual orientation, ethnicity, age, disability, or source of payment. You have the right to have your treatment and other client information kept confidential. Monarch will only release information without your permission when permitted by law (as described in the Confidentiality Section). You have the right to easily access care in a timely fashion. You have the right to know about your treatment choices, regardless of the cost or coverage of your insurance plan. You have the right to share in the developing of the plan of your care. You have the right to receive information in a language that you can understand, receive a clear explanation of your diagnosis and treatment options. You have the right to receive information about Monarch Therapy Services, Inc., its providers, their work history and training, its programs, services and role in the treatment process. You have the right to request certain preferences in a provider. You have the right to give input on the Members' Rights and Responsibilities policy. You have the right to file a grievance (as described in the Grievance Policy Section). You have the right to decline participation or withdraw from programs or services.

II. Clients Responsibilities

As a client of Monarch Therapy Services, it is your responsibility to treat those who are providing services to you with dignity and respect. It is your responsibility to give Monarch Therapy Services, Inc. information that is needed so that Monarch can deliver quality care and appropriate services. It is your responsibility to ask questions about your care, follow up, review and participate in your treatment plan. It is your responsibility to tell Monarch Therapy Services about medication changes. It is your responsibility to keep appointments and follow policies outlined (in this handout) on cancelling and changing appointments. It is your responsibility to inform Monarch Therapy Services, Inc., if you are having problems paying fees. It is your responsibility to report abuse and fraud and concerns regarding the quality of care you receive. It is your responsibility to let Monarch Therapy Services, Inc. know if you decide to terminate services.

III. Purpose, Aim and Goals:

Participating in the services provided Monarch Therapy Services are voluntary with the exception of those that are court ordered. These services that are provided to you and your family are done so with support and a safe place to explore your current situation and develop insight, problem solving skills, coping skills, parenting skills, communication skills, and any other skills needed to develop a new, healthier situation for yourself and your family.

These services/treatments may involve your or your children receiving diagnostic and treatment services that could include diagnostic evaluations, LPHA/BHIS assessment, recommendation of BHIS or other services and recommendation for additional or alternative services. Please understand that therapy services require dedication and patience, along with honesty and cooperation in order to best address

your current situation. Your therapist/Skills Service Provider will only utilize service modalities and interventions that are widely accepted in the mental health field and will not knowingly use any interventions or treatment modalities that are experimental or carry imminent risk.

IV. Informed Consent for Treatment

You and/or your minor child are/is willing and without coercion to participate in •therapy •BHIS/Remedial Services •evaluation •other related mental health services and/or •programming activities as mutually determined by the professional staff at Monarch Therapy Services, my parent and/or guardian, and myself.

V. Behavioral Management

The Behavioral Management approach we at Monarch Therapy Services, Inc. are trained in and use in our practice with you and your family is a strictly hands-off approach. We do not utilize a behavior management approach that involves physical contact or restraints. If a situation where to escalate to that level, we are directed to contact law enforcement or emergency responders. In order to maintain immediate safety, a Monarch Therapy staff member can use physical contact to stop a client from hurting themselves or someone else.

There are many different behavioral strategies that can be used to encourage individuals to change their behavior. Throughout the provider's relationship with you and your family, they will be consistently assessing behaviors. The strong part of behavior assessment is that it allows interventions to directly address the function (purpose) of a problem behavior.

Some of the most commonly used approaches are:

- Modifying the environment, antecedents (such as curriculum) to behavior, or routine
- Providing an alternative to the undesired behavior (not the same as a reward; it should be an alternative that is readily available to the person. The thought behind this is that the person may, over time, learn to more independently seek out appropriate options rather than the undesired behavior(s).)
- Tactical ignoring of the behavior
- Distracting the child
- Positive reinforcement for an appropriate behavior
- Changing expectations and demands placed upon the child
- Teaching the child new skills and behaviors
- Modification techniques such as desensitization and graded extinction
- Changing how people around the child react
- Time-out (child)

By signing the bottom of this form, you are accepting Monarch Therapy Services, Inc.'s use of this policy with you and your family.

VI. Appointments

In-office appointments are usually scheduled for 50 minutes. In-home/Skill Service appointments are scheduled for whatever length of time is agreed upon between the BHIS Service Provider and the identified client's family. All offices are open for appointments 8:30 A.M. – 12:00 P.M. and 1:00 P.M. – 5:00 P.M., Monday – Friday. In-office appointments outside of these hours must be scheduled directly with your individual provider. We will try to accommodate appointments with your schedule. Patients are generally seen weekly or more/less frequently as acuity dictates and you and your provider agree. We are committed to being available to schedule non-urgent care appointments within 14 days of request 95% of the time, urgent care appointments within 48 hours 95% of the time and emergency care

appointments immediately 100% of the time. You may discontinue treatment at any time, but please discuss any decisions with us. In the event of an emergency please call 911 or your primary care physician. If your emergency is not life threatening, you may call your BHIS Provider/Therapist or their supervisor: Rusty Eddy, LBSW (319-269-0811) or Kate Haberman, LISW (319-231-9399).

VII. Confidentiality

Monarch Therapy Services complies with the National HIPPA policy on privacy practices. You are offered a copy of this Privacy Practice policy form during your intake today. Issues discussed in therapy are important and are generally legally protected as both confidential and “privileged”. However, there are limits to the privilege of confidentiality. These situations include: 1) suspected abuse or neglect of a child, elderly person, or disabled person, 2) when we believe you are in danger of harming yourself or another person or you are unable to care for yourself, 3) if you report that you intend to physically injure someone the law requires us to inform that person as well as the legal authorities, 4) if we are ordered by a court to release information as part of a legal involvement in company litigation, etc. 5) when your insurance company is involved, e.g. in filing a claim, insurance audits, case review or appeals, etc. 6) in natural disasters whereby protected records may become exposed or 7) when otherwise required by law. You may be asked to sign a Release of Information so that I may speak with other mental health professionals or to family members.

VIII. Record Keeping

A clinical chart is maintained describing your condition and your treatment and progress in treatment, dates of and fees for sessions, and notes describing each therapy session. Your records will not be released without your written consent, unless in those situations as outlined in the Confidentiality section above. Medical records are locked and kept on site.

IX. Payment of Services

Payment of deductible, co-insurance and co-payment are due *at the time* of the session unless other arrangements have been made. We will file your insurance claim, but you are responsible for deductibles, co-insurance, and co-payments. It is your responsibility to familiarize yourself with your insurance benefits. If you have agreed to self pay for services, you will be asked to sign a self pay agreement.

X. Cancellations and Missed Appointments:

You will be billed for a session that you cancel with less than 24 hours notice. You may leave messages 24 hours per day. You will be billed \$50.00 (not just a co-payment). Insurance companies generally do not reimburse for failed appointments.

XI. Grievance Policy

You have a right to have your complaints heard and resolved in a timely manner. If you have a complaint about your treatment, provider, or any office policy, please inform your provider immediately and discuss the situation. If at that time you do not feel the grievance has been resolved, you may contact the agency supervisors, Rusty Eddy, LBSW (319-269-0811) or Kate Haberman, LISW (319-231-9399).

If you are unable to or choose not to discuss the situation immediately, or if following the discussion, you do not feel as if your grievance is resolved you may follow these steps to ensure that your concerns/grievances are being addressed:

1. File a written grievance by completing the Grievance form (can be emailed, sent, faxed or received in person from any Monarch Therapy Services, Inc. employees).
2. Following your written grievance, an informal meeting between the staff person, you (if you choose to be present), their supervisor and other management personnel will be facilitated.
3. If the grievance is not resolved to the client's satisfaction during this meeting, the client may appeal, in writing, to the Board of Directors. A meeting will then be scheduled with the Board of Directors and all pertinent parties.
4. The decision reached by the Board of Directors is the final decision in response to the initial complaint.

Lastly, you also may inform your insurance carrier. Your provider will provide you with the assistance on how to file an agency complaint/grievance and the needed forms upon your request, or you may contact our Main Office at 319-346-1216.

By signing this form you are acknowledging this grievance procedure.

Your signature below shows that you have been informed of your rights, responsibilities, policies and expectations, that you understand this information, and that you were offered a duplicate copy of this form and the HIPPA Notice of Privacy Practices form for you to take home.

Client

Date

Parent/Legal Guardian Signature

Date

This signature below shows that this provider has explained this statement to the client. The provider offered a duplicate copy of this form to the client to take home.

Witness

Date