



Information for Clients Parents and Guardians

**Regular Office hours are 8:30 a.m. to 5:00 p.m.,
Monday through Friday
Some Clinics Provide Services One Evening a Week**

**Day Services Program hours are
from 8:30 a.m. to 3:30 p.m.
Monday through Friday**

We Can Help You Help Yourself.

**Call (501) 221-1843
if this information is needed
in a different format.**

PROFESSIONAL COUNSELING ASSOCIATES

Professional Counseling Associates (PCA) is a private non-profit Mental Health Center, certified by the State of Arkansas through the Division of Behavioral Health Services. We have seven service sites in Pulaski, Lonoke and Prairie counties. Six of the locations serve children, adolescents, and adults. Our Community Support Program (Springhill) serves adults (age 18 and above) only. The Community Support Program has two main components: Ambulatory Care (Outpatient) and Day Services (Community Integration). Individual Therapy, Case Management, Medication Management, and Group Therapy are provided at all our service sites. PCA is a strong advocate for client rights and provides services in the least restrictive setting possible. It is our intent to provide our clients with the services needed to allow them to remain in the community and function as independently as possible.

YOUR ADMISSION TO PCA SERVICES

When you are admitted to our services your treatment plan is developed with your input, based on an evaluation of your strengths, needs, abilities, and preferences. Your treatment will require that you receive your psychiatric medications from our psychiatrist and be involved in at least one and perhaps all of the following: Individual Therapy, Group Therapy, Day Services, or Case Management.

RIGHT TO TREATMENT

Treatment is provided in private, with respect for the dignity and worth of every individual, whether the treatment is voluntary or involuntary. Clients have a right to refuse treatment unless their treatment is court ordered. If your refusal of treatment prevents the provision of appropriate care, your treatment may be terminated.

NON-DISCRIMINATION

PCA's services are provided without regard to race, color, creed, religion, gender, age, sexual orientation, national origin, disability, economic status or political affiliation.

GRIEVANCES AND APPEALS

PCA is concerned about the quality of your treatment and wants to provide services in a professional manner. In addition to their professional ethical codes, all PCA staff work within a Code of Conduct and an extensive set of clinical policies. If you have a complaint, or disagree with a decision or recommendation, try to resolve it first with the individual or your Primary Therapist. If this does not solve the problem, talk to the individual's supervisor. If your complaint has still not been addressed to your satisfaction, talk to the Division Director.

If you are not satisfied with the resolution, contact PCA's Client Advocate (501-221-1843). Lack of a satisfactory resolution with the Client Advocate may be appealed to PCA's Chief Executive Officer (501-221-1843). If there is still an unresolved problem, you may want to contact Disability Rights Center at 1-800-482-1171, or the Department of Health and Human Services, Division of Behavioral Health Services at (501) 686-9164.

CHARGES FOR SERVICES

Some persons may qualify for services at a cost less than our standard fee. There are several criteria that must be met to be eligible for the sliding scale discounts. These include, but are not limited to: 1) Client must live in our catchment area; 2) Client must provide verification of household income; 3) Client must provide us with any and all Insurance, Medicaid and Medicare information needed for billing and collection from all of these payers.

Charges are explained at the time of intake, and as needed or upon request thereafter. Clients are encouraged to keep us informed of changes in their financial situation and update their financial agreements when changes occur. When a financial agreement is updated, you must bring verification of your current household income. This may be payment information from your employer, a current statement of retirement benefits and/or current statement from Social Security on your retirement or Disability Benefits (SSI or SSDI). A note from a friend or relative will **not** suffice. You must also bring any Insurance, Medicare or Medicaid cards you have received.

Clients are encouraged to apply for benefits for which they may qualify. Failure to apply and follow through with the process will cancel any discount you may otherwise qualify for.

Title XX is available at some service sites. For your convenience, we pay DHS to have a Medicaid Eligibility Worker at our Springhill location. We also have staff that can and will assist you with the application and the application process. Our staff can also help or guide you in applying for Social Security Benefits (SSI or SSD). If you need assistance with applying, let your therapist or paraprofessional know. If your therapist or paraprofessional is not available, let the clerical staff know. Clerical staff will assist you with scheduling an appointment with the appropriate person at the earliest possible time.

DISCHARGE CRITERIA & PROCEDURES

Some people receive services for only a few sessions, others may need treatment for months or years. Our service sites other than Springhill provide short term as well as some longer term treatment. The programs at our Springhill location provide rehabilitative services for as long as a person needs these services to function in the community.

Periodically, your Primary Therapist and you will re-evaluate your current strengths, needs and preferences and agree on the goals you will work toward. During times when you are doing well, you may need fewer services, but it may still be important to continue treatment to help prevent a relapse into more serious illness. As part of your treatment planning, you should talk with your therapist about your expectations, and about how you would know that you are ready to leave treatment or change to a different type of treatment. It is important to be frank with your therapist whenever you are thinking about ending treatment (e.g. if you feel you no longer need help, or you worry that services are not helping or life circumstances are making it difficult to continue with services.)

When discharge from PCA or one of its services does occur, your therapist will work with you to identify any problems that remain unsolved, and to find other programs or services that are available to you for ongoing help. If you ever feel that your discharge is being planned for an inappropriate reason, it is your responsibility to talk with your Primary Therapist and to follow the appeals steps. Discharge from a program, or transition to another program or provider, or other limitations to services may occur due to one of the following:

- 1) Treatment goals have been met, and you are able to get along without services or with a less intensive level of services. **This is a decision made with your input.**
- 2) Your symptoms have increased or there is evidence that an increase in symptoms is likely and a more intensive level of service is needed. **This decision may be made with your input, or through a court order.**
- 3) You notify us that you have decided to obtain treatment elsewhere. **(If a court ordered you into treatment, you are responsible for obtaining permission from the court before changing providers, and the court does not always allow this.)**
- 4) You have decided not to follow a component of your treatment plan that is critically important for your care.
- 5) You have disregarded your responsibilities in a way that threatens other clients, staff, or the program, or that violates the law.
- 6) You have not contacted program staff nor returned calls for an extended period of time.

CONFIDENTIALITY

Client records are confidential. Your copy of our Notice of Privacy Practices (NPP) explains what this means. The NPP describes who has access to your information. To understand your privacy rights and limitations, read your NPP. For example, there are times when we may use or share some information without your specific authorization.

Examples of when we may share information without your specific authorization are:

- If a doctor or other health care provider is treating you, or is going to treat you.
- If you are admitted to a hospital or other health care facility (such as a nursing home) and information is needed for continuity of care.
- If a judge/court orders us to release your record.
- If an insurance company that is paying for your care needs information.
- If you have a legally authorized representative such as a guardian, and that representative authorizes PCA to release information about you.
- If your life or health is in immediate serious danger, and emergency information is needed to help care for you (such as information about your medication, or to get help if you are in danger of harming yourself).
- If you commit a crime at PCA or against PCA staff, we will report the crime.
- If we learn of or suspect child abuse or elder abuse, Arkansas law requires us to make a report and to release some information from your records.
- If you present a serious danger to another person, we may be required to take steps to protect the other person.

RIGHTS AND RESPONSIBILITIES

These apply to clients,
and to Parents and Guardians of clients less than 18 years of age.

- 1) You have the **right** to have your information kept confidential. You have the **responsibility** to keep your own information, and any information about others obtained in a confidential setting (such as group therapy) confidential.
- 2) You have the **right** to be involved in developing your treatment plan. You have the **responsibility** to provide accurate, complete information about present problems, past and present illnesses and treatment, hospitalizations, medications, life experiences and circumstances. It is also your **responsibility** to actively participate in setting your goals.
- 3) You have the **right** to personal safety. You have the **responsibility** to not present a threat to the safety of anyone else. This includes never bringing a weapon onto PCA property. PCA property includes: PCA vehicles; anywhere on our grounds (including in your vehicle when on our property); and at other places where we are providing services to clients. You have the **responsibility** to; not abuse any other client or staff person (physically, verbally, or sexually); and to report to staff any time you feel threatened or sexually harassed, or any time that you observe threatening behavior toward anyone on the premises. (PCA staff may use Emergency Intervention Techniques as a last resort if there is an immediate risk of harm to a person.) You have the **responsibility** to report the presence of any suspicious, unauthorized person on the premises and the presence of any items which are prohibited in the possession of another person. You have the **responsibility** to never come to PCA intoxicated and to never bring alcohol or inappropriate drugs into PCA vehicles or buildings or programs. You have the **responsibility** to give the staff any prescribed or non-prescribed medications or substances you have in your possession upon entering a day program. You have the **responsibility** to use tobacco products in designated areas only.
- 4) You have the **right** to be treated with dignity and respect. You have the **responsibility** to treat other clients and staff with dignity and respect. You have the **responsibility** to avoid asking others for money, cigarettes or any other items. You have the **responsibility** not to try to convince others of your religious or political beliefs. You have the **responsibility** to reduce stigma by behaving in ways that do not create or contribute to stigma (e.g. always be clean, neat, and well-groomed.)
- 5) You have the **right** to know what is in your medical record. (Some information can be withheld if giving you the information could reasonably be expected to be harmful to you or others.) You have the **responsibility** to use this information in a constructive manner and to ask questions about anything you don't understand.

6) You have the **right** to refuse treatment or obtain treatment from someone other than PCA. You are **responsible** for your own behavior at all times. You are **responsible** for understanding the consequences of not staying in treatment. (The right to refuse treatment has limits if a court has ordered you for treatment. A person under court order is responsible for getting permission from the court before stopping treatment or changing providers.)

7) You have the **right** to have your diagnosis and treatment explained to you. You have **the responsibility** to ask more questions when you do not understand your diagnosis, treatment, or other information.

8) You have the **right** to involve others in your treatment. You have the **responsibility** to help your significant others understand your illness and to encourage them to be involved in your treatment.

9) You have the **right** to refuse to have others involved in your treatment, or to limit their involvement. You have the **responsibility** to let your therapist know if you fear negative consequences if you allow your significant others to be involved in your treatment.

10) You have the **right** to expect to be seen on time. You have the **responsibility** to be on time for your appointments. You have the responsibility to cancel your appointment at least 24 hours in advance and reschedule your appointment if you are not going to be able to keep it.

11) You have the **right** to expect good outcomes from treatment. It is your **responsibility** to work toward the treatment goals that you and your therapist have established. You have the **responsibility** to take medication as prescribed and to abstain from the use of other mind or mood-altering substances.

12) You have the **right** to have any risks of treatment explained to you. You have the **responsibility** to report any problems with any of the treatment you are receiving here, including your medication, to your therapist. When you see the psychiatrist you have the **responsibility** to tell them of any problems you are experiencing with your medication and keep them informed of all medications or substances you are using. (This includes medicines that do not require a prescription, prescription medication not currently prescribed for you, alcoholic beverages and other substances).

13) You have the **right** to have personal possessions with you when you come to PCA. You have the **responsibility** for their safekeeping. You are encouraged to leave all possessions you will not need while at PCA at home. (PCA assumes no responsibility for these possessions. You may request that your items be secured during the day. If it is suspected that you are in the possession of an item not to be brought to PCA you will be given the choice of PCA locking up your possessions or leaving the program. Bringing alcohol or illicit or inappropriate drugs to PCA will result in them being confiscated, and you may be reported to authorities.)

**Talk to your Therapist if you have any questions
about anything in this booklet**

My Therapist is _____

My Paraprofessional is _____

My Psychiatrist is _____

OTHER PROVIDERS AND THINGS TO REMEMBER

If you have an emergency,

you can reach the crisis backup staff after hours
by calling the daytime phone number of the clinic nearest you.

PCA CLINICS

SOUTHWEST L.R. 568-4294

SHERWOOD 835-4174

SPRINGHILL (CSP) 955-7600

JACKSONVILLE 982-7515

CABOT 843-3503

LONOKE 676-3151

HAZEN(870) 255-3527

**If you have any special privacy concerns,
or if you are involved with any legal problems,**

**it is very important to keep us informed
and to sign forms to document your desired limitations.**

**You may obtain more detailed information
by reviewing your copy of PCA's "Notice of Privacy Practices".**