

SCARF

Serving Children and Reaching Families, LLC



Our treatment models are designed to help all families build positive qualities and to strengthen personal resilience

Client Handbook

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WHO WE SERVE

Serving Children And Reaching Families, LLC (SCARF) is a comprehensive behavioral health and substance abuse community-based service provider. SCARF offers outpatient services at our office, patient's home and schools in the Osceola, Orange, Seminole, and Polk Counties within the state of Florida.

OUR SERVICES INCLUDE:

- ◇ Individual and group counseling
- ◇ Mental Health Targeted Case Management
- ◇ Parenting classes
- ◇ Life Skills Training and support
- ◇ Educational support and Tutoring
- ◇ Substance abuse counseling
- ◇ Medication Management
- ◇ Family Visitation

HOURS OF OPERATIONS:

Monday thru Friday	8:00AM to 5:00PM
Saturday	By Appointment only
Sunday	Closed

Welcome to our program! We hope that through this handbook you will be informed and your needs will be met through our services.

SERVICE PHILOSOPHY

SCARF was born out of a well-known adage: “Only a life lived for others is a life worth living.” Its founding members looked around and saw many societal ills that stirred their hearts: children in poverty, families torn apart by drugs, violence, or absent parents, decrease in school retention, and domestic disputes that result in tragedy. Moved to serve and compelled to make a difference, the founders were determined to reach families in the way they know best—through service. And when things became difficult and seemed impossible, they renewed their motivation and commitment by reminding themselves of their original questions-why?

Why work with children

-because the heart hurts when one child hurt

Why work with families?

-because strong families equal stronger children

Why more than one service?

-because life is complex and hard, and we must not be afraid to tackle the hard stuff

Why Us?

-because “to whom much is given, much is required”



MISSION STATEMENT

The mission of Serving Children and Reaching Families is to give at-risk children and families the opportunity to reach their full potential by breaking down barriers, increasing community support and maximizing personal growth.

The SCARF Client Handbook has information on the following subjects:

- ◇ Definitions
- ◇ How to Help Yourself
- ◇ Consumer Rights and Responsibilities
- ◇ SCARF Rights and Responsibilities
- ◇ Confidentiality and Release of or Request for information
- ◇ Notice of Privacy Practices
- ◇ How to Plan and Receive Services
- ◇ Grievance Procedure

NOTE: The original "Acknowledgement of Receipt" form needs to be signed and filed in the consumer's record to document receipt of the this information.

DEFINITIONS:

Consumer - you - the person receiving services.

Appointment - a time that SCARF has set aside to provide services to you.

Confidentiality -- things that need to be kept private, not discussed or shared with others in any way, except when required by law if abuse and/or neglect are suspected.

Informed Consent - to know exactly what you are agreeing to do.

Treatment Plan - the activities and tasks that you, your family and the SCARF worker agree must be done to reach your goals.

HOW TO HELP YOURSELF:

SCARF has committed staff and resources to help you achieve the goals that you set for you and/or your family. You can progress by attending treatment activities as scheduled.

Your desire to reach the goals you have set is the key to success. Be honest about what you want to do and the things that prevent success. This is a time to fully use our services and make the changes in your life.

You must avoid actions that are not good for your health or the health of others. Things like drugs, alcohol and violence are not good for your health or those around you. At SCARF we care about you, as well as our staff.

CLIENT'S RIGHTS & RESPONSIBILITIES

At SCARF, you are protected by certain rights and have responsibilities that support the services you receive.

You have the right:

- ◇ To be treated with courtesy, dignity and respect without regard to race, sex, religion, age or disability.
- ◇ To understand the availability of the services you need, what services you will be using, and SCARF expectations and rules for using those services.
- ◇ To receive quality service, given in a qualified, professional and timely manner.
- ◇ To expect that employees working on behalf of SCARF will comply with all laws that protects you from neglect or being taken advantage of.
- ◇ To be informed in writing, to know and to agree to any fees charged to you or billed to your insurance for services before you receive service.
- ◇ To have your rights to confidentiality and privacy respected and upheld within the limits of the law, and to obtain your agreement before information is given to another agency or person outside of SCARF
- ◇ To know that your record may be reviewed for quality and compliance and that persons from the Council on Accreditation, program staff and funder staff also may review your record.
- ◇ To participate in setting up and reviewing your service plan.
- ◇ To understand rules and conditions related to SCARF discontinuing services.
- ◇ To refuse services, unless law or court order has limited your rights, and to be informed of what will happen if you refuse.
- ◇ To file a grievance and to be given a copy of SCARF consumer grievance procedure.

You have the responsibility:

- ◇ To be honest in giving information that is requested by SCARF in order to be accepted for service and set up a treatment plan.
- ◇ To comply with all SCARF rules, policies and requests.
- ◇ To work towards treatment plan goals.
- ◇ To respect the privacy/confidentiality of others receiving services.
- ◇ To not behave in any way that threatens or endangers another person and to understand that such activity could cause SCARF to stop services.
- ◇ To promptly pay agreed upon fees or other charges.

Please read and discuss these Consumer Rights and Responsibilities with a SCARF employee and take this time to ask questions. When you are satisfied that you understand your rights and responsibilities, please sign the receipt form offered by our SCARF employee to indicate that you have received the SCARF Consumer Handbook.

SCARF'S RIGHTS & RESPONSIBILITIES

SCARF has the right to serve you according to staff and program availability, and to set up a waiting list when people needing services are more than program capacity.

SCARF may provide you with information about other agencies that provide similar services if our programs are full. SCARF has the right to deny services, whether short or long term, to anyone who threatens the health or well-being of others or who does not meet his/her obligations to SCARF.

SCARF will offer high quality services and schedule appointments and activities that are helpful to you. Our services will be as easy to get to and convenient as possible.

SCARF is responsible for protecting your privacy/confidentiality except when required by law if abuse and/or neglect are suspected.

SCARF is responsible for obtaining your ideas and help in setting up and carrying out your treatment plan.

SCARF is responsible for hiring qualified staff.

SCARF services are provided in safe and clean buildings.

SCARF staff is required by law to report suspicion of child abuse or elder abuse.

If SCARF staff considers someone receiving services as an immediate danger to himself/herself or others, the staff member must:

1. Consult with Program Supervisor and/or mental health professional.
2. If possible, notify the individual who is believed to be in immediate danger or their family; or notify the consumer's family that the consumer may be a danger to himself/herself.
3. Notify the appropriate law enforcement personnel unless, in the judgment of the staff member and their supervisor, the situation has been resolved without such notification.
4. Disclose information needed to resolve the dangerous situation.
5. Document the situation as an incident.

CONFIDENTIALITY & RELEASE OF OR REQUEST FOR INFORMATION

SCARF follows laws and regulations regarding privacy and protection of information.

“Informed consent” means that you or your legal guardian will know exactly what you are agreeing to do.

"Confidential information" includes drug, alcohol, and/or mental health information about you.

If SCARF needs confidential information from another agency or provider, a SCARF staff member will:

- ◇ Review, what information is needed and why, with you and/or your legal guardian
- ◇ Ask you or your legal guardian to sign the "Consent to Release/Request Information" indicating that you agree to have the necessary information released

SCARF cannot get your confidential information without the "Consent to Release/Request Information" which includes:

- ◇ Name of the source being requested for information;
- ◇ The information that is being requested;
- ◇ SCARF as the agency requesting the information;
- ◇ The date the request form is valid; and
- ◇ The date of signature.

HOW TO PLAN & RECEIVE SERVICES

Access to Services:

You are eligible for services based on your needs. You may receive services from the agency based on availability.

SCARF will seek staff to match your needs. If you stop receiving services and later return, we will try to assign the same staff to your case, unless you request otherwise.

Service / Treatment Plan:

SCARF will go over any changes in your treatment plan with you and/or your parent or guardian.

If you or your parent/guardian are not able to participate in treatment planning, you will be told in advance about the benefits, risks, and alternatives to planned services or treatment to be administered by SCARF.

Access to Information:

You have the right to review the information collected during your treatment time with SCARF and can do so by making a formal request of SCARF staff.

CONSUMER GRIEVANCE PROCEDURES

SCARF is willing to work with you to find solutions to problems when they happen. We seek solutions that both you and the agency find satisfactory.

You, your family, your guardian, or primary caretaker has the right to appeal if you are not satisfied with the service or decisions made by a SCARF employee. The employee will make every effort to resolve your problem. In the event that a solution is not found, you or your representative may file a written grievance. The written grievance should contain the following information:

- ◇ Name of the staff person
- ◇ Date of the grievance, if applicable
- ◇ Nature of the grievance
- ◇ Desired outcome

The written grievance should be given to the worker's Program Director. The director will try to find a solution that is acceptable to you.

If a solution is not found, the director will send the grievance to the Executive Director for final decision. The decision of the Executive Director is final and shall be in writing.

If the services you receive are being paid by a government contract, the funder will be notified of the filing of a grievance. They will also be notified of the outcome.

Implementation of this procedure does not prevent SCARF from taking any necessary action to protect an individual from physical or mental harm, neglect or abuse.

Acknowledgement of Receipt

You will be asked to sign a form which will be filed in your record and contains the following information stating that, "I have received the SCARF Consumer Handbook. I was given time to ask questions and I understand the answers that were given to me."

**SCARF'S
NOTICE OF PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact our Privacy Officer-contact information is listed at the end of this notice.

Each time you visit Serving Children and Reaching Families (SCARF) a record of your visit is made. Typically, this record contains your symptoms, diagnoses, treatment, and a plan for future care or treatment. Understanding what is in your record and how your health information is used helps you to ensure its accuracy. It also helps you to better understand who, what, when, where, and why others may access your health information, and it helps you make more informed decisions when authorizing disclosure to others.

UNDERSTANDING YOUR HEALTH RECORD AND INFORMATION

Every time you are served within our facility, a record of your care/services are made available that contains health and financial information. Typically, this record contains information about your condition, the treatment

we provide and payment for the treatment. We may use and/or disclose this information to:

- ◇ Plan your care and treatment
- ◇ Communicate with other health professionals involved in your care
- ◇ Document the care you receive
- ◇ Educate health professionals
- ◇ Provide information for medical research
- ◇ Provide information to public health officials
- ◇ Evaluate and improve the care we provide
- ◇ Obtain payment for the care we provide

An understanding of what is in your record and how your health information is used will help you:

- ◇ Ensure it is accurate
- ◇ Better understand who may access your health information
- ◇ Make more informed decisions when authorizing disclosure to others

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION **ABOUT YOU**

The following categories described the ways that SCARF may use and disclose health information. Note that not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall into one of the categories:

- ◇ **For Treatment.** We may use or disclose health information about you to provide you with medical treatment. We may disclose health information about you to doctors, nurses, therapists or other facility personnel who are involved in taking care of you at a facility. For example, a psychiatrist may triage with your therapist and case manager as a way to ensure specific wrap around care and continuity of care we seek to provide. Different departments of a facility also may share health information about you in order to coordinate your care and provide you medication, lab work and x-rays. We may also disclose health information about you to people outside the facility who may be involved in your medical care after you leave a facility. This may include family members, or visiting nurses to provide care in your home.

- ◇ **For Payment.** We may use and disclose health information about you so that the treatment and services you receive at a facility may be billed to you, an insurance company or a third party. For example, in order to be paid, we may need to share information with your health plan about services provided to you. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

- ◇ **For Health Care Operations.** We may use and disclose health information about you for our day-to-day health care operations. This is necessary to ensure that all patients receive quality care. For example, we may use health information for quality assessment and improvement activities and for developing and evaluating clinical protocols. We may also combine health information about many patients to help determine what additional services should be offered, what services should be discontinued, and whether certain new treatments are effective. Health information about you may be used by our administrative team for business development and planning, cost management analyses, insurance claims management, risk management activities, and in developing and testing information systems and programs. We may also use and disclose information for professional review, performance evaluation, and for training programs. Other aspects of health care operations that may require use and

disclosure of your health information include accreditation, certification, licensing and credentialing activities, review and auditing, including compliance reviews, medical reviews, legal services and compliance programs. Your health information may be used and disclosed for the business management and general activities of our agency including resolution of internal grievances, customer service and due diligence in connection with a sale or transfer of the agency. In limited circumstances, we may disclose your health information to another entity subject to HIPAA for its own health care operations. We may remove information that identifies you so that the health information may be used to study health care and health care delivery without learning the identities of patients. We may disclose your age, birth date and general information about you in the agency newsletter, on activities calendars, and to entities in the community that wish to acknowledge your birthday or commemorate your achievements on special occasions. If you are receiving therapy services, we may post your photograph and general information about your progress.

OTHER ALLOWABLE USES OF YOUR HEALTH INFORMATION

- ◇ **Business Associates.** There are some services provided in our agency through contracts with business associates. Examples include medical directors, outside attorneys and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.
- ◇ **Providers.** Many services provided to you, as part of your care at our agency, are offered by participants in one of our organized healthcare arrangements. These participants include a variety of providers such as physicians (e.g., MD), therapists (e.g. mental health therapist, Speech therapist), caregivers, pharmacies, psychologists, and suppliers (e.g., prosthetic, orthotics).
- ◇ **Treatment Alternatives.** We may use and disclose health information to tell you about possible treatment options or alternatives that may be of interest to you.
- ◇ **Health-Related Benefits and Services and Reminders.** We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- ◇ **Fundraising Activities.** We may use health information about you to contact you in an effort to raise money as part of a fundraising effort. We may disclose health information to a foundation related to the agency so that the foundation may contact you in raising money for the agency. We will only release contact information, such as your name, address and phone

number and the dates you received treatment or services at the Facility.

- ◇ **Agency Directory/Database.** We may include information about you in the agency directory/database while you are a patient. This information may include your name, location in the agency, your general condition (e.g. fair, stable, etc.) and your religion. The directory information, except for your religion, may be disclosed to people who work with in our agency, and other providers who have referred you to our agency. This is so your care and general participation may be known and assessed.

- ◇ **Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may disclose health information about you to a friend or family member who is involved in your care. We may also give information to someone who helps pay for your care. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

- ◇ **As Required By Law.** We will disclose health information about you when required to do so by federal, state or local law.

- ◇ **To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you to prevent a serious threat to your health and safety or the health and safety of the public or another person. We would do this only to help prevent the threat.

- ◇ **Organ and Tissue Donation.** If you are an organ donor, we may disclose health information to organizations that handle organ procurement to facilitate donation and transplantation.

- ◇ **Military and Veterans.** If you are a member of the armed forces, we may disclose health information about you as required by military authorities. We may also disclose health information about foreign military personnel to the appropriate foreign military authority.

- ◇ **Research.** Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of health information, trying to balance the research needs with patients' need for privacy of their health information. Before we use or disclose health information for research, the project will have been approved through this research approval process. We may, however, disclose health information about you to people preparing to conduct a research project so long as the health information they review does not leave an agency.

◇ **Workers' Compensation.** We may disclose health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

◇ **Reporting.** Federal and state laws may require or permit the agency to disclose certain health information related to the following:

- *Public Health Risks.* We may disclose health information about you for public health purposes, including:

- ✓ Prevention or control of disease, injury or disability
- ✓ Reporting births and deaths;
- ✓ Reporting child abuse or neglect;
- ✓ Reporting reactions to medications or problems with products;
- ✓ Notifying people of recalls of products;
- ✓ Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease;
- ✓ Notifying the appropriate government authority if we believe a resident has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Judicial and Administrative Proceedings. If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Reporting Abuse, Neglect or Domestic Violence. Notifying the appropriate government agency if we believe a patient has been the victim of abuse, neglect or domestic violence.

◇ **Law Enforcement.** We may disclose health information when requested by a law enforcement official:

- ✓ In response to a court order, subpoena, warrant, summons or similar process;
- ✓ To identify or locate a suspect, fugitive, material witness, or missing person;
- ✓ About you, the victim of a crime if, under certain limited circumstances, we are unable to obtain your agreement;
- ✓ About a death we believe may be the result of criminal conduct;
- ✓ About criminal conduct at the Facility; and
- ✓ In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

◇ **Coroners, Medical Examiners and Funeral Directors.** We may disclose medical information to a coroner or medical examiner. This may be necessary to identify a deceased person to determine the cause of death. We may also disclose medical information to funeral directors as necessary to carry out their duties.

◇ **National Security and Intelligence Activities.** We may disclose health information about you to authorized federal officials for intelligence, counterintelligence, or other national security activities authorized by law.

◇ **Correctional Institution.** Should you be an inmate of a correctional institution, we may disclose to the institution or its agents health information necessary for your health and the health and safety of others.

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OTHER USES OF HEALTH INFORMATION

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Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You should understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

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Although your health record is the property of the agency, the information belongs to you. You have the following rights regarding your health information:

◇ **Right to Inspect and Copy.** With some exceptions, you have the right to review and copy your health information. You must submit your request in writing to:

SCARF Privacy Manager at 1975 S. John Young Parkway, Suite 203A,
Kissimmee, FL. 34741.

We may charge a fee for the costs of copying, mailing or other supplies associated with your request.

◇ **Right to Amend.** If you feel that health information in your record is incorrect or incomplete, you may ask us to amend the information. You have this right for as long as the information is kept by or for the agency.

You must submit your request in writing to:

SCARF Privacy Manager at 1975 S. John Young Parkway, Suite 203A, Kissimmee, FL. 34741.

In addition, you must provide a reason for your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- ✓ Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- ✓ Is not part of the health information kept by or for the agency; or
- ✓ Is accurate and complete.

◇ **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures”. This is a list of certain disclosures we made of your health information, other than those made for purposes such as treatment, payment, or health care operations.

You must submit your request in writing to:

SCARF Privacy Manager at 1975 S. John Young Parkway, Suite 203A, Kissimmee, FL. 34741.

Your request must state a time period which may not be longer than six years from the date the request is submitted and may not include dates before December 1, 2013. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a twelve month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

◇ **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you. For example, you may request that we limit the health information we disclose to someone who is involved in your care or the payment for your care. You could ask that we not use or disclose information about a surgery you had to a family member or friend.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

You must submit your request in writing to:

SCARF Privacy Manager at 1975 S. John Young Parkway, Suite 203A, Kissimmee, FL, 34741.

In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

◇ **Right to Request Alternate Communications.** You have the right to request that we communicate with you about medical matters in a confidential manner or at a specific location. For example, you may ask that we only contact you via mail to a post office box.

You must submit your request in writing to:

SCARF Privacy Manager at 1975 S. John Young Parkway, Suite 203A, Kissimmee, FL, 34741.

We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

◇ **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice of Privacy Practices even if you have agreed to receive the notice electronically. You may ask us to give you a copy of this notice at any time.

You may obtain a copy of this Notice at our website, www.SCARFFL.com. To obtain a paper copy of this Notice, contact our Compliance Officer at: 321-236-1540.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the Facility and on the website. In addition, each time you register at or are admitted to SCARF, LLC for treatment or outpatient health care services, we will offer you a copy of the current notice in effect.

COMPLAINTS

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If you believe your privacy rights have been violated, you may file a complaint with SCARF, LLC, or with the Secretary of the Department of Health and Human Services. To file a complaint with SCARF, LLC, contact the SCARF, LLC Privacy Officer at 1975 S. John Young Parkway, Suite 2013A, Kissimmee, Florida 34741, or via Phone: 321-321-236-1540. FAX: 321-594-6096. You may send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights. Our Privacy Officer can provide you the address. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

SCARF RECOMMENDATIONS FOR EMERGENCIES AFTER HOURS:

If your child is threatening to hurt you or himself/herself and you sense immediate danger, please call 911 immediately. If your child is threatening to hurt you or himself/herself and you do not sense immediate danger, please transport the child immediately to your local emergency room or Community Mental Health Center for immediate assessment.

SCARF CONTACT:

Contact Number: 321-236-1540

Fax: 321-594-6096

Website: SCARFFL.com

YOUR COMMUNITY MENTAL HEALTH CENTERS:

OSCEOLA COUNTY – Park Place.....407-846-0023

ORANGE COUNTY - Lakeside Alternatives.....407-875-3700

SEMINOLE COUNTY - Seminole Community Mental Health 407-321-4357

PEACE RIVER – Peace River Center.....863-519-0575

CRISIS/ HELP LINES

Child Abuse & Neglect800-96-ABUSE

Florida Advocacy.....954-713-3071

Domestic Violence800-500-1119

DCF Substance Abuse and Mental Health..... 407-317-7010

DOMESTIC VIOLENCE SHELTERS

Help Now (Osceola).....407-847-8562

Harbor House Orange).....407-886-2856

Peace River (Polk).....863-413-2700