# **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

**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

# SCARF CONTACT:

Contact Number: 321-236-1540 Fax: 321-594-6096 Website: SCARFFL.com

# **HOURS OF OPERATIONS:**

Monday, Wednesday, Friday 8:00AM to 5:00PM Tuesday and Thursday 8:00AM to 7:00PM

Saturday By Appointment only

Sunday Closed

**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?

**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.

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.

#### 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 person 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

#### 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.
- 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. 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

#### **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. 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.

#### 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. <u>PLEASE</u> <u>REVIEW CAREFULLY.</u> If you have any questions about this notice, please contact our Privacy Officer-contact information is listed at the end of this notice.

# 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

#### 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.

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.

<u>For Health Care Operations</u>. We may use and disclose health information about you for our day-today health care operations. This is necessary to ensure that all patients receive quality care.

Business Associates. There are some services provided in our agency through contracts with business associates.

**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.

<u>Treatment Alternatives.</u> We may use and disclose health information to tell you about possible treatment options or alternatives that may be of interest to you.

<u>Health-Related Benefits and Services and Reminders</u>. 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.

<u>Fundraising Activities.</u> 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.

Agency Directory/Database. We may include information about you in the agency directory/database while you are a patient.

<u>Individuals Involved in Your Care or Payment for Your Care.</u> 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.

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.

<u>Organ and Tissue Donation</u>. If you are an organ donor, we may disclose health information to organizations that handle organ procurement to facilitate donation and transplantation.

<u>Military and Veterans.</u> If you are a member of the armed forces, we may disclose health information about you as required by military authorities. <u>Research.</u> Under certain circumstances, we may use and disclose health information about you for research purposes.

**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:

- Law Enforcement. We may disclose health information when requested by a law enforcement official:
- <u>Coroners, Medical Examiners and Funeral Directors.</u> We may disclose medical information to a coroner or medical examiner.
- <u>National Security and Intelligence Activities.</u> We may disclose health information about you to authorized federal officials for intelligence, counterintelligence, or other national security activities authorized by law.
- <u>Correctional Institution.</u> 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.

# OTHER USES OF HEALTH INFORMATION

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

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.**
- Right to Amend.
- > Right to an Accounting of Disclosures.
- > Right to Request Restrictions. We are not required to agree to your request.
- Right to Request Alternate Communications.
- **Right to a Paper Copy of This Notice.**

You must submit all your requests in writing to: <u>SCARF Privacy Manager at 1975 S. John Young Parkway, Suite 203A, Kissimmee, FL. 34741.</u> You may obtain a more detail copy of this Notice at our website, <u>www.SCARFFL.com..</u>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**

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. 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:

YOUR COMMUNITY MENTAL HEALTH CENTERS:	
OSCEOLA COUNTY – Park Place	023
ORANGE COUNTY - Lakeside Alternatives	
SEMINOLE COUNTY - Seminole Community Mental Health	357
POLK COUNTY - Peace River Center863-519-0	575
CRISIS/ HELP LINES	
Child Abuse & Neglect	USE
Elder Abuse & Neglect	JSE
Florida Advocacy954-713-30	
Domestic Violence	
DCF Substance Abuse and Mental Health	010
DOMESTIC VIOLENCE SHELTERS	
Help Now (Osceola)	562
Harbor House (Orange)	
Peace River (Polk)	
POISON CONTROL CENTER800-222-	1222