

Behavioral Health Treatment Client Notifications

Available Services

Welcome! We are here to help you identify your mental health needs and achieve your treatment goals. We provide a wide range of community based mental health services including:

- Mental Health Assessment
- Limited Crisis Resolution
- Solution-focused individual therapy
- Support in accessing resources and developing skills for independent living
- Referral and care coordination
- Couple and family therapy
- Grief Counseling
- Psychiatric Assessment for medication services

Services not currently offered include the following:

- Walk in crisis services
- Court or Custody Evaluations
- Mandated Treatment
- Psychological Testing
- Emergency Psychiatric Medications
- Evaluations for Surgical Procedures or Hormone Replacement Therapy

Crisis Services

If you experience a psychological emergency and are concerned you may be at risk of harming or killing yourself or someone else, please contact Jackson County Mental Health Crisis Services, 24 hours a day, 7 days a week by calling **541-774-8201** or by going to:

Jackson County Mental Health,
140 S. Holly Street, Medford Oregon
Monday through Friday, from 8:00 a.m. to 6:00 p.m.

In addition, you can present to the Emergency Department at any time with a mental health emergency, or you can call 9-1-1 for a transport. There is no cost or penalty for accessing these crisis services.

Fee Schedule

As a Federally-Qualified Health Center (FQHC) we believe that everyone should have access to the care they need. We accept most insurance plans and also have a sliding fee scale based on income. As a member of a Coordinated Care Organization (AllCare or Jackson Care Connect), you will not be billed any remaining balances after your services have been paid by your health plan. In addition, you will not be responsible for payment of any fees or costs of materials related to your services or treatment. Private insurance fees will be based on your type of insurance, deductible, and copays.

Attendance Policy and Office Hours

We encourage you to attend appointments regularly to get the most out of your mental health care. Missing appointments or arriving late is a significant obstacle to making progress. If you are finding it difficult to make it to your appointments please let us know if there is anything we can do to help. If you find you must cancel your appointment, we would appreciate that you inform us at least 24 hours before the scheduled appointment time. If you do not attend your appointments regularly, your episode of care may be closed. If you do not show to your first appointment, or up to 3 follow-up appointments, your episode of care may be closed. However, future services will be available and you will still be able to see your other providers.

Medford Behavioral Health at 900 E Main St: Monday-Friday 8:00am-6:00pm

Medford Clinic at 19 Myrtle St: Monday-Friday 8:00am-6:00pm

Whether the office is open or not, you can always reach a crisis worker at **(541) 774-8201**.

Confidentiality and Limits

All counseling services are confidential. In general, no information is released to individuals outside the agency without your consent. There are certain exceptions to this rule, as permitted by law. Our experience is that these exceptions arise infrequently. They include:

- A. We may disclose confidential information when we judge that there is a strong possibility of serious harm being inflicted by you on another person or on yourself.
- B. Should you disclose information relating to abuse of yourself or probable child abuse, elder abuse, or abuse of a vulnerable adult (for example, someone who is developmentally disabled or mentally ill, or who has a disabling illness), we may be required to notify state authorities. Also, should you be over the age of 18 and engaging in sexual activities with someone under the age of 18, we may be required to report this matter to state authorities.
- C. Regulatory and compliance agencies may subpoena relevant records from our agency should our staff become the subject of a complaint. If a client files a complaint or lawsuit against the Behavioral Health Department, we may disclose relevant information regarding that client—so that we may provide our side of the circumstances in dispute.
- D. Should you be involved in legal proceedings that are related to your counseling concerns, the court might subpoena your records and/or our testimony could be required. In such cases, we will work to ensure your rights are protected.
- E. Should you die, the personal representative of your estate (whom you have appointed) will have a legal right to access your treatment records. If you have not appointed a personal representative, your relatives or others may not gain access to your records.

You generally have the right to a copy of the records in your file. Requests to access your file should be directed to your therapist.

Treatment Risks and Benefits

Potential Benefits:

While no one can guarantee or promise a specific outcome, there are a number of positive outcomes that can result from both short-term and long-term counseling. The extent of benefits usually depends on such things as the specific issues or difficulties you hope to address, the goals you have set, and the degree of follow through with treatment. Following is a list of some common benefits of counseling. Not all benefits may apply to you at this time. This list is not comprehensive; there are certainly other potential benefits not listed. Some commonly identified benefits of counseling:

- Improvement in your general mood
- Increased self-esteem and self confidence
- Increased ability to set realistic goals and accomplish them
- Increased ability to manage stressful life circumstances
- Increased ability to manage strong emotional reactions such as anger, fear, or sadness
- Increased ability to trust, feel close to, and communicate your feelings, thoughts, and needs more openly to others
- Increased ability to stop behaviors that are not serving you well and start engaging in healthier Behaviors

Potential Risks:

Like any healthcare service, there are also potential risks associated with counseling. The following is not a comprehensive list and not all of these risks apply to every client's situation. Special circumstances may be associated with specific, unique risks. Examples of Potential Risks of Counseling:

- You may not experience improvement or movement toward achieving your goals. If progress is not being made, you or your therapist may decide to change your treatment, discontinue treatment, or refer you to a different type of therapist, specialist, or program.
- In the beginning some feelings or behaviors may get worse. For example, if you talk about a very upsetting life event you may experience strong negative thoughts and emotions or a belief that things will never get better. The intensity of these thoughts and feelings is usually temporary. Discussing these with your therapist is often an important part of therapy and will help you identify ways of handling them.
- Important people in your life may not support your decision to be in therapy. If you are concerned about others' reactions, tell your therapist. You can then discuss how and to whom you wish to disclose that you are in therapy.
- You may develop strong positive feelings for your therapist and feel sad or distressed when therapy ends. A trusting therapeutic relationship is a vital aspect of counseling that enables clients to be able to discuss personal thoughts, feelings and experiences; however, it is never appropriate for the client/counselor relationship to become romantic/physical/sexual. Your therapist will assist you in finding a different counselor should these feelings develop.

You are strongly encouraged to discuss any fears, concerns, or doubts you have, including specific risks and benefits not listed that may be associated with your situation.

Client Responsibilities

- To treat staff with the same respect and courtesy you expect for yourself
- To participate in understanding your health problems and developing mutually agreed upon treatment goals
- To ask questions about things you don't understand
- To assist in the selection or assignment of your mental health provider
- To tell your mental health provider about your mental health problems
- To decide upon the care before it is given
- To follow agreed upon treatment plans
- To keep your scheduled appointments and be on time
- To call us when you are going to be late or can't keep the appointment
- To tell us when you have a change of address, phone number or insurance coverage
- To tell us of any other insurance you have and assist in getting payment from the other insurance
- To call us when you need urgent or emergency care, even if you are out of the area

Client Rights

In addition to all applicable statutory and constitutional rights, every individual receiving services has the right to:

- a) Choose from available services and supports, those that are consistent with the Service Plan, culturally competent, provided in the most integrated setting in the community and under conditions that are least restrictive to the individual's liberty, that are least intrusive to the individual and that provide for the greatest degree of independence;
- b) Be treated with dignity and respect;
- c) Participate in the development of a written Service Plan, receive services consistent with that plan and participate in periodic review and reassessment of service and support needs, assist in the development of the plan, and receive a copy of that plan;
- d) Have all services explained, including expected outcomes and possible risks;
- e) Confidentiality, and the right to consent to disclosure in accordance with all state regulations;
- f) Give informed consent in writing prior to the start of services, except in a medical emergency or as otherwise permitted by law. Minor children may give informed consent to services in the following circumstances:
 - (A) Under age 18 and lawfully married;
 - (B) Age 16 or older and legally emancipated by the court; or
 - (C) Age 14 or older for outpatient services only. For purposes of informed consent, outpatient service does not include service provided in residential programs or in day or partial hospitalization programs;
- g) Inspect their Service Record in accordance with ORS 179.505;
- h) Refuse participation in experimentation;
- i) Receive medication specific to the individual's diagnosed clinical needs, including medications used to treat opioid dependence
- j) Receive prior notice of transfer, unless the circumstances necessitating transfer pose a threat to health and safety;
- k) Be free from abuse or neglect and to report any incident of abuse or neglect without being subject to retaliation;
- l) Have religious freedom;

- m) Be free from seclusion and restraint;
- n) Be informed at the start of services, and periodically thereafter, of the rights guaranteed by this rule;
- o) Be informed of the policies and procedures, service agreements and fees applicable to the services provided, and to have a custodial parent, guardian, or representative, assist with understanding any information presented;
- p) Have family and guardian involvement in service planning and delivery;
- q) Make a declaration for mental health treatment, when legally an adult;
- r) File grievances, including appealing decisions resulting from the grievance;
- s) Exercise all rights set forth in ORS 109.610 through 109.697 if the individual is a child, as defined by these rules;
- t) Exercise all rights set forth in ORS 426.385 if the individual is committed to the Authority; and
- u) Exercise all rights described in this rule without any form of reprisal or punishment.

Seclusion/Restraint and Non-discrimination Policy

As an Oregon Health Plan member, you shall be free from any form of seclusion or restraint while receiving outpatient mental health services. Additionally, you shall be free from discrimination based on race, color, national origin, religion, sex, sexual orientation, gender identity, marital status, age or disability. This is in compliance with Title VI of the Civil Rights Act of 1990 (as amended), Section 504 of the Rehabilitation Act of 1973, and Oregon Revised Statute Chapter 659A. If you believe you have been discriminated against, please contact the Oregon Health Authority: Call 1-844-882-7889, 711 TTY; Email OHA.PublicCivilRights@state.or.us; or Visit www.oregon.gov/OHA/OEI

Technology Policy

In our ever-changing technological society, there are several ways to potentially communicate electronically. This requires additional safeguards to ensure confidentiality, the respect of therapeutic boundaries, and to ascertain that the client-provider relationship remains therapeutic and professional.

Text messaging, emailing, and social media (i.e. Facebook, Linked-In, etc.) are not secure means of communication and may compromise your confidentiality. Therapists do not email or communicate with clients by any form of social media. However, many people prefer to text because it is a quick way to convey information. If you choose to utilize texting, please discuss this with your provider. However, please know that it is general policy to use texting strictly for appointment confirmations. ***Please do not bring up any therapeutic content via text to prevent compromising your confidentiality.*** You also need to know that a copy of all texts as part of your clinical record.

Coordinated Care with Primary Care Physician

As a member of a Coordinated Care Organization, it may be necessary to share information with your primary care physician. This information shall be shared in accordance with all federal and state privacy laws.

WHAT IS A GRIEVANCE?

A grievance is verbal or written expression of dissatisfaction about matters, such as:

- Problems getting an appointment, or having to wait a long time for an appointment
- Disrespectful or rude behavior by therapists, doctors, nurses or other clinical staff
- Dissatisfaction with any aspect of the operations or activities of providers

All complaints/grievances are handled in confidence consistent with OARs, HIPAA Privacy Rules, and other applicable federal and state confidentiality laws and regulations. Under no circumstance, will a member or a member's representative be discouraged from using the complaint/grievance process and no retaliatory action will be taken by Rogue Community Health or participating providers against the member for filing a complaint/grievance.

WHAT IS NOT A GRIEVANCE?

Inquiries and/or eligibility questions are not considered a grievance. Examples include questions regarding copays, switching providers and/or clarifying covered services. Additionally, a grievance is not a complaint about the reduction, suspension or termination of requested mental health services (see "What is an Appeal").

HOW DO YOU FILE A GRIEVANCE?

You, your authorized representative or your provider can file a grievance at any time. You can file a grievance either verbally or in writing with your Mental Health Provider, Rogue Community Health, the Coordinated Care Organization indicated on your ID card, or with the State:

Rogue Community Health
900 E Main St
541-773-3863

State's Addictions and Mental Health Division
503-947-5528
1-800-442-5238

Jackson Care Connect
503-488-2822
Toll free: 1-855-722-8208

AllCare Health Plan
541-471-4106
Toll free: 1-888-460-0185

Disability Rights Oregon
503-243-2081

Governor's Advocacy Office
503-945-6904
Toll free: 1-800-442-5238

WHERE CAN I GET A GRIEVANCE OR COMPLAINT FORM?

Grievance or Complaint Forms are available from any Rogue Community Health front desk, calling Rogue Community Health at 541-773-3863 or by calling the phone number of the Coordinated Care Organization identified on your ID card.

WHAT IF I NEED AN URGENT REVIEW?

If you have an urgent problem, you may ask for your grievance to be reviewed quickly if there is serious jeopardy to your life, health, or ability to attain, maintain, or regain maximum functioning. You will need to write on the Complaint form that you want a review done more quickly or check the box that requests whether you would like an *Expedited Review*. If your request meets the requirements indicated, your complaint will be resolved and communicated to you within **3 working days** from the date of the expedited request.

HOW LONG WILL IT TAKE TO GET A DECISION ABOUT A GRIEVANCE?

Your plan (Jackson Care Connect or AllCare, or other insurance plan) will work to resolve your grievance within **5 working days** from the date your grievance was received. If more time is needed, you will be sent a letter letting you know that more time is needed to resolve the problem. Once a decision is made, you will be sent a written answer. If you are not satisfied with the answer, you may present your grievance to the

Governor's Advocacy Office (503) 945-6904 or with the State's Addictions and Mental Health Division (800) 442-5238.

WHAT IS AN APPEAL?

An appeal means a request for review of a "Notice of Action". A "Notice of Action" is a letter telling you that an "Action", has been taken regarding your mental health services such as:

- The denial or limited authorization of a requested service, including the type or level of service;
- The reduction, suspension, or termination of a previously authorized service;
- The denial, in whole or in part, of payment for a service; or
- The denial of Client's right to request services outside the network if they live within a rural area.

HOW DO YOU FILE AN APPEAL?

You, your authorized representative, or your provider may request an appeal using the *Notice of Action Appeal Form* sent to you with the letter notifying you of any of the above actions taken regarding your mental health services. **Your request for an appeal must be filed within 45 calendar days from the date of the "Notice of Action"**. You may also file an appeal with the Coordinated Care Organization indicated on your ID card, or with the State:

Jackson Care Connect
503-488-2822
Toll free: 1-855-722-8208

AllCare Health Plan
541-471-4106
Toll free: 1-888-460-0185

State's Addictions and Mental Health Division
503-947-5528
1-800-442-5238

HOW LONG WILL IT TAKE TO GET AN ANSWER ABOUT AN APPEAL?

A decision will be made on an appeal within **14 calendar days** from the date that the appeal was received. If more time is needed, you will be sent a letter letting you know that more time is needed to make a decision. Once a decision is made, you will be sent a written answer. If you are not happy with the answer, then you may file a request for a Hearing from the State's Addictions and Mental Health Division.

WHAT IF I NEED AN URGENT REVIEW?

If you have an urgent problem, you may ask for your case to be reviewed quickly. You need to write on the *Notice of Action Appeal Form* that you want a review done more quickly or check the box that requests whether you would like an *Expedited Review*. Your case will be reviewed and a decision will be made within three **(3) working days** from the date of the request.

AM I ELIGIBLE FOR CONTINUING SERVICES DURING THE APPEAL PROCESS?

You have the right to continue your services during an Appeal by contacting the Coordinated Care Organization indicated on your ID card. To continue receiving services, you must request to continue your services **no later than 10 days** after the Date of Notice or by the Effective Date, whichever is later. If the appeal upholds the

action made by your provider, you may be financially liable for the cost of continued benefits you received while in the Appeals process.

WHAT IS A STATE ADMINISTRATIVE HEARING?

You may ask for a State Administrative Hearing if you disagree with a Notice of Action or the outcome of your appeal request. The hearing allows you to explain to a judge why you disagree.

HOW DO YOU REQUEST AN ADMINISTRATIVE HEARING?

You, your authorized representative, or your provider may request a hearing using the *DHS Administrative Hearing Request Form* sent to you with the letter notifying you of any actions taken regarding your mental health services. **Your request for a hearing must be filed within 45 calendar days from the date of the “Notice of Action”.** You may also request a hearing through the Coordinated Care Organization indicated on your ID card, or with the State:

Jackson Care Connect
503-488-2822
Toll free: 1-855-722-8208

AllCare Health Plan
541-471-4106
Toll free: 1-888-460-0185

State’s Addictions and Mental Health Division
503-947-5528
1-800-442-5238

HOW LONG WILL IT TAKE TO GET A DECISION ABOUT A STATE ADMINISTRATIVE HEARING?

The Hearing Officer will make a decision within **90 calendar days** of your request for a hearing.

WHAT IF I NEED AN URGENT REVIEW?

If you have an urgent problem, you may ask for your case to be reviewed quickly. You need to check the box on the *DHS Administrative Hearing Request Form* to indicate you would like an Expedited Review. You will receive a decision within three (3) working days from the date of the request.

AM I ELIGIBLE FOR CONTINUING SERVICES DURING THE ADMINISTRATIVE HEARING PROCESS?

You have the right to continue your services during the hearing process by contacting the Coordinated Care Organization indicated on your ID card. To continue receiving services, you must request to continue your services **no later than 10 days** after the Date of Notice or by the Effective Date, whichever is later. If a judge upholds the action made by your provider, you may be financially liable for the cost of continued benefits you received while in the Hearing process.

WHO CAN HELP DURING A STATE ADMINISTRATIVE HEARING?

You can have a lawyer or someone else help you at the hearing. The State will not pay for a lawyer. Your local legal aid office or the Oregon Advocacy Center (**1-800-452-1694**) may be able to give you advice or help you.