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## Behavioral Health Client Notifications

### Introduction

Behavioral Health treatment at Rogue Community Health (RCH) is intended to improve our patients' overall quality of life through the highest quality mental health care. Services are provided regardless of the patient's presenting problems, race, religion, sexual orientation/identity, or age. We strive to benefit the community by providing needed, timely access to services. We utilize evidence-based, trauma informed treatments, including Psychotherapy, Medication Management, Case Management and Primary Care Integration. We treat our patients with dignity and respect and hold their confidentiality to the highest standard of practice. Our staff is current and comprehensive with treatment, community awareness and clinical education.

### Trauma Informed Care

Providing care in a trauma-informed manner includes using principles and practices that promote a culture of safety, empowerment, and healing through strengths-based approaches to increase overall health and wellbeing. RCH staff have an awareness of the prevalence of trauma; an understanding of the impact of trauma on physical, emotional, and mental health. Staff seeks to actively resist re-traumatization. At RCH we strive to ensure that environments and services are welcoming and engaging for all service recipients, seeking to actively resist re-traumatization and support the individual needs of clients served.

### Available Services

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
- Medication Assisted Treatment
- Referral and care coordination
- Couple and family therapy
- Grief Counseling
- Psychiatric Assessment for medication services
- Substance Use Assessment and Treatment

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
- Hormone Replacement Therapy

### Crisis Services and Support

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 transport. If you would like more local resources, please ask RCH staff for list of community resources.

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## **Treatment Risks and Benefits**

### **Potential Benefits:**

While no one can guarantee or promise a specific outcome, there are several 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 for yourself, 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 other potential benefits not listed here.

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. **Should this occur, you and your therapist will evaluate the effectiveness of continuing treatment, in collaboration with a supervisor if needed. If you request a**

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**transfer to another counselor your therapist will assist you in identifying another therapist with whom you can continue treatment.**

### **Client Responsibilities**

- To treat staff with the same respect and courtesy you expect for yourself
- To participate in understanding your current needs 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

### **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 Jackson County Mental Health Crisis Worker at **(541) 774-8201**.

### **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. If you are uninsured, we offer a sliding fee discount based on family/household size and net income. As a member of a Coordinated Care Organization, Oregon Health Plan, 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. You will be provided with an estimate of any cost of services to be provided prior to the start of your appointment.

### **Restraint/Seclusion 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, veteran status, gender identity, marital status, age, or disability 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](mailto:OHA.PublicCivilRights@state.or.us); or visit [www.oregon.gov/OHA/OEI](http://www.oregon.gov/OHA/OEI)

### **Confidentiality**

At Rogue Community Health, your privacy is a priority. Information about your health care, including any service within our program, is considered Protected Health Information (PHI). We are required by the Healthcare Insurance and Portability Act (HIPAA) and 42 CFR Part 2 Confidentiality of Substance Use Disorder Patient & 45 CFR § 164.104, to protect your information and obtain your written consent to disclose your protected health information.

We are not required to obtain your written consent to disclose your protected health information in the following situations:

- If you are a danger to yourself or others
- In a medical emergency when you are not able to respond
- To fulfill our obligation as mandated reporters of suspected abuse of children, elders, and other vulnerable populations.

### **Technology Policy**

In our ever-changing technological society, there are several ways to 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. RCH Therapists do not email or communicate with clients via any form of social media.

Text messaging, emailing, and social media (i.e., Facebook, Linked-In, etc.) are not secure means of communication and compromises confidentiality. Rogue Community Health uses texting strictly for appointment confirmations, and patient surveys. ***Please do not include any therapeutic content via text to prevent compromising your confidentiality.***

### **Advanced Directive**

At intake, RCH will provide you the opportunity to complete an Advanced Directive. The Advanced Directive lets health care professionals know your preferences regarding life-sustaining help if you are near death and are unable to make these decisions for yourself. It also allows you to name a person with whom you have discussed your wishes to advocate for your choices. If requested, RCH staff will provide additional information to assist in the process and contact information for a person who can answer additional questions.

### **Voter Registration**

At intake, staff will offer you the opportunity to register to vote and provide assistance at your request.

### **Tobacco-Nicotine Free Campus**

For the health and safety of our patients and staff, Rogue Community Health is a tobacco-free and nicotine-free campus. This means that smoking and the use of tobacco/nicotine products are always prohibited, on all properties. If you would like resources to quit using tobacco, please talk with a member of your health care team.

### **Your Rights**

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Oregon Law guarantees you certain rights, including the right to be treated with respect and dignity. A copy of these rights is posted in each of our sites. You will be provided with a printed copy upon request. If you feel your rights have been violated, please ask our staff about our grievance process.

**Patient Rights (Oregon Administrative Rule)**

1. 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 to receive a copy of the written service plan;
  - d. Have all services explained, including expected outcomes and possible risks;
  - e. Confidentiality, and the right to consent to disclosure in accordance with ORS 107.154, 179.505, 179.507, 192.515, 192.507, 42 CFR Part 2 and 45 CFR Part 205.50;
  - 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:
    - i. Under age 18 and lawfully married;
    - ii. Age 16 or older and legally emancipated by the court; or
    - iii. 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;

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- 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. Have the opportunity to 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.
2. The provider shall give to the individual and, if appropriate, the guardian, a document that describes the applicable individual rights as follows:
    - a. Information given to the individual shall be in written form or, upon request, in an alternative format or language appropriate to the individual's needs;
    - b. The rights and how to exercise them shall be explained to the individual, and if applicable the guardian; and
    - c. Individual rights shall be posted in writing in a common area.

### **Mandatory Reporting**

RCH staff are mandated to report incidents of abuse or neglect that they have reasonable cause to believe occurred, as required by law. This may include release of protected health information.

- If, during services, you reveal to your provider past or threatened abuse of a person who is in a protected category, whether that person is yourself or another individual, your provider must disclose and report such information as required by Oregon law. Individuals in the protected categories are children, elderly persons, developmentally disabled persons, and persons receiving mental health services covered by Oregon Health Plan or other public funding.
- If you threaten to harm yourself or others, RCH is required to intervene, which may include a report to the appropriate agency and/or authority.
- In the event of threatened harm to any individual, your provider may warn the intended victim(s) by the most efficient means available.

### **Access to Records**

You have the right to request your records at any time. This is managed by our Medical Records department. You will need to provide authorization for an outside person or organization to receive your personal information regarding your services with Rogue Community Health. You may request a copy of the Rogue Community Health Authorization for Disclosure of Information Policy and Procedure at any time.

### **Grievances**

The team at RCH makes every effort to provide you with the best experience. If you have a complaint about the services you are receiving, a formal grievance policy is available. If you have questions please talk to your counselor or program manager who can assist you. You may request a copy of the RCH Grievance Policy and Procedure at any time. 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.

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

### **Filing 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 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