



Client

Handbook

Volume 8: 2025

In Case of Emergency:

My therapist is: _____

- If you have an emergency during office hours, call the center at 205-651-0077 for assistance.
- For emergencies after office hours, call 205-651-0077 and ask to speak to the mental health worker.
- If you have a life threatening medical emergency, call 911 or go to the nearest Emergency Room.

Welcome to Central Alabama Wellness

We are so glad that you are here! At the heart of mental healthcare is an understanding that people can make changes in their lives and recover from mental illness and addiction. These problems can affect persons of any age, race, religion or income. They are not the result of personal weakness, lack of character or poor upbringing. Mental illnesses and addictions are treatable. Most people can experience relief from their symptoms by actively participating in an individual treatment plan.

Central Alabama Wellness is a non-profit community mental health center offering treatment for mental illness and addiction. It is important to know that mental health centers are not state agencies, or free clinics. However, costs to clients are kept as low as possible. We are a mental health team dedicated to providing outstanding care for patients of all ages.

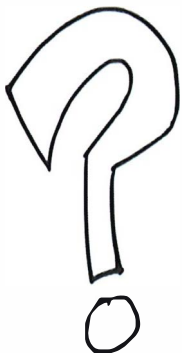
Priority admission to Substance Use programs is given to pregnant women, women with dependent children and individuals with IV substance use disorders.



Your handbook is full of helpful information. Please review it and ask questions about anything you don't understand.

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Frequently Asked Question

Why do I have to see a therapist?

All clients of Central Alabama Wellness have an assigned therapist. Your therapist provides assessment of your needs, and working together with you, creates a Treatment Plan to achieve your goals. You may be offered many different types of services, but you will always see your therapist at least every 3 months to assess your progress towards your treatment goals.

How Private Information is Used and Shared

Understanding Your Mental Health Record Information

Each time you visit a hospital, a physician, or another health care provider, the provider makes a record of your visit. Typically, this record contains your health history, current symptoms, examination and test results, diagnoses, treatment, and plan for future care of treatment. This information, often referred to as your medical record, serves as the following:

- Basis for planning your care and treatment.
- Means of communication among the many health professionals who contribute to your care.
- Legal document describing the care that you received.
- Means by which you or a third-party payer can verify that you actually received the services billed for.
- Tool in medical education.
- Source of information for public health officials charged with improving the health of the regions they serve.
- Tool to assess the appropriateness and quality of care that you received.
- Tool to improve the quality of health care and achieve better patient outcomes.

Understanding what is your health records and how your health information is used helps you to:

- Ensure its accuracy and completeness.
- Understand who, what,

where, why, and how others may access your health information.

- Make informed decisions about authorizing disclosure to others.
- Better understand the health information rights detailed below.

Your Rights Under Federal Privacy Standard

Although your health records are the physical property of the health care provider who completed it, you have the following rights with regard to the information contained therein:

- **Request restriction on uses and disclosures of your health information for treatment, payment, and health care operations.** “Health care operations” consist of activities that are necessary to carry out the operations of the provider, such as quality assurance and peer review. The right to request restriction does not extend to uses or disclosures permitted or required under the following sections of the federal privacy regulations: 164.502(a)(2)(i) (disclosures to you), 164.510(a) (for facility directories, but note that you have the right to object to such uses), or 164.512 (uses and disclosures not requiring a consent or an authorization). The

We reserve the right to change our practices and to make the new provisions effective for all information that we maintain.

If we change our information practices, we will mail a revised notice to the address you have given us.



latter uses and disclosures include, for example, those required by law, such as mandatory communicable disease reporting. In those cases, you do not have a right to request restriction. The consent to use and disclose your individually identifiable health information provides the ability to request restriction. We do not, however, have to agree to the restriction. If we do, we will adhere to it unless you request otherwise or we give you advance notice. You may also ask us to communicate with you by alternate means, and if the method of communication is reasonable, we must grant the alternate communication request. You may request restriction or alternate communications on the consent form for treatment, payment, and healthcare operations.

- **Obtain a copy of this notice of information practices.** Although we have posted a copy in prominent locations throughout the facility and on our website, you have a right to a hard copy upon request.
- **Inspect and copy your health information upon request.** Again, this right is not absolute. In certain situations, such as if access would cause harm, we can deny access. You must pay for any and all copying costs as well as a clerical search fee. Since this may be expensive in some cases you may, at your option,

(Continued on page 3)

Private Information (continued from page 2)

request a record summary for a fee to provide you with basic information. You do not have a right of access to the following:

1. Psychotherapy notes. Such notes consist of those notes that are recorded in any medium by a health care provider who is a mental health professional documenting or analyzing a conversation during a private, group, joint, or family counseling session and that are separated from the rest of your medical record.
2. Information compiled in reasonable anticipation of or for use in civil, criminal, or administrative actions or proceedings.
3. Protected health information ("PHI") that is subject to the Clinical Laboratory Improvement Amendments of 1988 ("CLIA"), 42 U.S.C. 263a, to the extent that giving you access would be prohibited by law.
4. Information that was obtained from someone other than a healthcare provider under a promise of confidentiality and the requested access would be reasonably likely to reveal the source of the information.

In other situations, we may deny you access, but if we do, we must provide you a review of our decision denying access. These "reviewable" grounds for denial include the following:

- A licensed healthcare professional, such as your attending physician, has determined, in the exercise of professional judgment, that the access is

reasonably likely to endanger the life or physical safety of yourself or another person.

- PHI makes reference to another person (other than a health care provider) and a licensed health care provider has determined, in the exercise of professional judgment, that the access is reasonably likely to cause substantial harm to such other person.
- The request is made by your personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that giving access to such personal representative is reasonably likely to cause substantial harm to you or another person.

For these reviewable grounds, another licensed professional must review the decision of the provider denying access within 60 days. If we deny you access, we will explain why and what your rights are, including how to seek review.

If we grant access, we will tell you what, if anything, you have to do to get access. We reserve the right to charge a reasonable, cost-based fee for making copies.

Request amendment/correction of your health information. We do not have to grant the request if the following conditions exist:

- We did not create the record. If, as in the case of a consultation report from another provider, we did not

create the record, we cannot know whether it is accurate or not. Thus, in such cases, you must seek amendment/correction from the party creating the record. If the party amends or corrects the record, we will put the corrected record into our records.

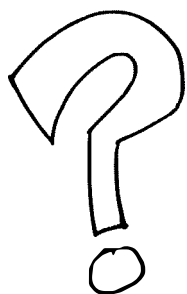
- The records are not available to you as discussed immediately above.
- The record is accurate and complete.

If we deny your request for amendment/correction, we will notify you why, how you can attach a statement of disagreement to your records (which we may rebut), and how you can complain. If we grant the request, we will make the correction and distribute the correction to those who need it and those whom you identify to us that you want the receive the corrected information.

Obtain and accounting of non-routine uses and disclosures, those other than for treatment, payment, and health care operations. We do not need to provide an accounting for the following disclosures:

- To you for disclosures of protected health information to you.
- For the facility directory or to

(Continued on page 4)



Frequently Asked Question

How long will I need to use of the services of the Central Alabama Wellness?

The length of time you stay in treatment will be determined by your individual needs. This time will also be influenced by the level of your participation, cooperation and work towards the goals set by you and your treatment team. Discuss this with your therapist if you have further questions.

Private Information (continued from page 3)

persons involved in your case or for other notification purposes as provided in 164.510 of the federal privacy regulations (uses and disclosures requiring an opportunity for the individual to agree or to object, including notification to family members, personal representatives, or other persons responsible for your care, of your location, general condition, or death).

- For national security or intelligence purposes under 164.512(k)(2) of the federal privacy regulations (disclosures not requiring consent, authorization, or an opportunity to object).
- To correctional institutions or law enforcement officials under 164.512(k)(5) of the federal privacy regulations (disclosures not requiring consent, authorization, or an opportunity to object).
- That occurred before April 14, 2003.

We must provide the accounting within 60 days. The accounting must include the following information:

- Date of each disclosure.
- Name and address of the organization or person who received the protected health information.
- Brief description of the information disclosed.
- Brief statement of the purpose of the disclosure that reasonably informs you of the basis for the disclosure or, in lieu of such statement, a copy of your written authorization or a copy of the written request for disclosure.

The first accounting in any 12-month period is free. Thereafter, we reserve the right to charge a reasonable, cost-based fee.

Revoke your consent or authorization to use or disclose health information except to the extent that we have taken action in reliance on the con-

sent or authorizations.

Our Responsibilities under the Federal Privacy Standard

In addition to providing you your rights, as detailed above, the federal privacy standard requires us to take the following measures:

- Maintain the privacy of your health information, including implementing reasonable and appropriate physical, administrative, and technical safeguards to protect the information.
- Provide you this notice as to our legal duties and privacy practices with respect to individually identifiable health information that we collect and maintain about you. Abide by the terms of this notice.
- Train our personnel concerning privacy and confidentiality.
- Implement a sanction policy to discipline those who breach privacy/confidentiality or our policies with regard thereto.
- Mitigate (lessen the harm of) any breach of privacy/confidentiality.

Those other members will then document the actions they took and their observations. In that way, the primary caregiver will know how you are responding to treatment. We will also provide your physician, other healthcare professionals, or subsequent health care provider copies of your records to assist them in treating you one we are no longer treating you.

If you give us consent, we will use your health information for payment. Example: We may send a bill to you or to a third-party payer, such as health insurer. The information on or accompanying the bill may include information that identifies you, your diagnosis, treatment received, and supplies used.

If you give us consent, we will use your health information for health operations.

We will not use or disclose your health information without your consent or authorization, except as described in this notice or otherwise required by law.

Example of Disclosures for Treatment, Payment, and Health Operations

If you give us consent, we will use your health information for treatment.

Example: A physician, a physician's assistant, a therapist or a counselor, a nurse, or another member of your health care team will record information in your record to diagnose your condition and determine the best course of treatment for you. The primary caregiver will give treatment orders and document what he or she expects other members of the health care team to do to treat you.

Example: Members of the medical staff, the risk or quality improvement manager, or members of the quality assurance team may use information in your health record to assess the care and outcomes in your cases and the competence of the caregivers. We will use this information in an effort to continually improve the quality and effectiveness of the health care and services that we provide.

How to Get More Information or to Report a Problem

If you have questions and/or would like additional information, you may contact the Clinical Director and/or Medical Records coordinator.

Client Responsibilities in the Treatment Process

Realizing that with the freedom to exercise rights comes the need to accept rules and the consequences of one's choices. The following is a list of responsibilities that are expected from every client.

1. Provide, to the best of your knowledge, accurate and complete information regarding your medical history, including present and past illnesses, medications (both prescription and nonprescription), hospitalizations, etc.
2. Inform Central Alabama Wellness staff of any changes in your physical health, the medication you are taking, or your contact information.
3. Be responsible for the consequences of your actions should you refuse treatment or do not follow the recommendations of your Central Alabama Wellness therapist or psychiatrist.
4. Protect the confidentiality of other Central Alabama Wellness clients by not disclosing their name or any information that they share.
5. Attend all scheduled appointments and activities. If you can not keep an appointment, call your therapist at 205-651-0077 as far in advance as possible to cancel the appointment and reschedule for another day.
6. Take medication exactly as prescribed by the psychiatrist and immediately report any side effects or other problems associated with your medication. Also, be sure to ask the doctor or nurse any questions you have about your medication.
7. Do not bring controlled substances (including alcohol) on campus expect for prescribed medications.
8. I understand that legitimate verbal questioning is appropriate and is encouraged. I also understand that I am to always treat staff and others with respect. I understand that disrespect or threats to harm others will result in my dismissal from the service that day and may result in dismissal from the program.
9. We are committed to creating an environment where all individuals feel valued, respected and safe. we maintain a zero tolerance policy for any form of discrimination, harassment or inappropriate behavior, including but not limited to sexist, racist, homophobic, ableist or otherwise derogatory comments or actions. disrespectful behavior, including offensive language, stereotypes or harmful remarks, will not be tolerated. any such behavior will result in immediate action to address the issue, which may include suspension or termination of services.
10. Be respectful of Central Alabama Wellness property by not vandalizing or destroying it any way.
11. Be respectful of the property of others by not taking things that do not belong to you.
12. Participate in planning, implementing, and following through with your Treatment Plan, realizing that the more effort you give, the more likely you are to see improvements
13. Ask questions when you don't understand treatment , instructions, etc.
14. Cooperate with drug / alcohol screening as needed. Please note that no client will be dismissed from a program on the basis of a single positive drug screen.
15. Firearms, weapons or any object that may be adapted for use as a weapon are prohibited on property.
16. Smoke only in designated smoking areas.
17. Dress appropriately on all occasions.

History has shown us over and over that clients who take responsibility for learning about their illness and who take steps to manage their illness are much more likely to see improvement in mood and a decrease in symptoms. Barriers can be overcome. Goals can be achieved! You can do it!

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Client Responsibilities/Rights in the Treatment Process

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The following is a list of responsibilities that are expected from residential clients.

1. Respect the property of others.
2. Respect the personal space of others.
3. Drink and eat in only designated areas.
4. Access kitchen area with supervision only.
5. Accomplish daily housekeeping responsibilities.
6. Visits from family and others should be considerate of program hours.
7. Notify staff when leaving the home for any reason.

Medications in residential programs are provided in accordance with the Alabama Board of Nursing and Department of Mental Health Nurse Delegation Program. This means an unlicensed staff may assist you with medications while enrolled in some programs.

The following is a list of rights for residential program participants.

1. The right to adequate food and shelter in residential programs.
2. The right to access medical services in residential programs.
3. Right to wear your own clothing and keep your own personal possessions.
4. Right to privacy of mail, telephone communications and visitors, unless legally restricted.
5. Right to manage your personal funds to the maximum level of your ability.

Central Alabama Wellness uses security cameras in all facilities. We also take a photo of anyone admitted into a program at Central Alabama Wellness for purposes of identification in the electronic medical record and medication administration record.



Client Rights

Clients of mental health services have the same general rights as other citizens of Alabama. These rights include, but are not limited to the rights listed below:

- (a) The right to exercise rights as a citizen of the United States and the State of Alabama.
- (b) The right to be served through general services available to all citizens.
- (c) The right to choose to live, work, be educated, and recreate with persons who do not have disabilities.
- (d) The right to be presumed competent until a court of competent jurisdiction, abiding by statutory and constitutional provisions, determines otherwise.
- (e) The right to vote and otherwise participate in the political process.
- (f) The right to free exercise of religion.
- (g) The right to own and possess real and personal property. Nothing in this section shall affect existing laws pertaining to conveyance of personal property.
- (h) The right to be protected from harm including any forms of abuse, neglect, exploitation, and mistreatment.
- (i) The right to obtain a drivers license on the same basis as other citizens.
- (j) The right to social interaction with members of either sex.
- (k) The right to marry and divorce.
- (l) The right to be paid the value of work performed.
- (m) The right to exercise rights without reprisal.
- (n) The right to privacy.
- (o) The right to be fully informed of services provided.
- (p) The right to be included in the community with appropriate and adequate supports.

No Discrimination

All clients will receive treatment and care in an environment that is free from discrimination in the provision of services regardless of the consumer's age, race, creed, handicap, national origin, language preference, sex, social status, diagnostic category, or length of residence in the service area, except that specialized services may be developed for different age and/or diagnostic categories.

Emergency Release of Information

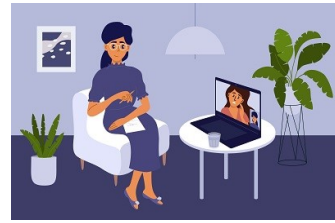
"Under certain circumstances, such as a medical, psychiatric, or behavioral emergency, under a Court Order, or in response to known or suspected abuse or neglect/ mistreatment or exploitation of children, elderly adults, or adults with disabilities, information may be released without your written consent."

For more Information:

Rights Protection and Advocacy Program

Alabama Department of Mental Health
Central Advocacy Office
100 Union Street
P.O. Box 301410
Montgomery, Alabama 36130
1-800-367-0955





TELEMENTAL HEALTH INFORMED CONSENT

- 1) I understand that telemental health is the practice of delivering clinical health care services via technology assisted media or other electronic means between a practitioner and a client who are located in two different locations.
- 2) I understand that a telemental health session is a service provided via video and must be conducted in one of the Central Alabama Wellness telehealth rooms at the office of my choice—not from home.
- 3) I understand that I have the right to withdraw consent at any time without affecting my right to future care, services, or program benefits to which I would otherwise be entitled.
- 4) I understand that there are risks, benefits, and consequences associated with telemental health, including but not limited to, disruption of transmission by technology failures, interruption and/or breaches of confidentiality by unauthorized persons, and/or limited ability to respond to emergencies.
- 5) I understand that there will be no recording of any of the online sessions by either party. All information disclosed within sessions and written records pertaining to those sessions are confidential and may not be disclosed to anyone without written authorization, except where the disclosure is permitted and/or required by law.
- 6) I understand that the privacy laws that protect the confidentiality of my protected health information (PHI) also apply to telemental health unless an exception to confidentiality applies (i.e. mandatory reporting of child, elder, or vulnerable adult abuse; danger to self or others; I raise mental/emotional health as an issue in a legal proceeding).
- 7) I understand that if I am having suicidal or homicidal thoughts, actively experiencing psychotic symptoms or experiencing a mental health crisis that cannot be resolved remotely, it may be determined that telemental health services are not appropriate and a higher level of care is required.
- 8) I understand that during a telemental health session, we could encounter technical difficulties resulting in service interruptions. If this occurs, I should end and restart the session. If we are unable to reconnect within ten minutes, I understand that I should call the office number to get assistance and/or reschedule.
- 9) I understand that my therapist may need to contact my emergency contact and/or appropriate authorities in the event of an emergency or crisis.



Be sure to take medication exactly as prescribed and tell your doctor about any side effects or problems with your medication.

Prescription Guidelines

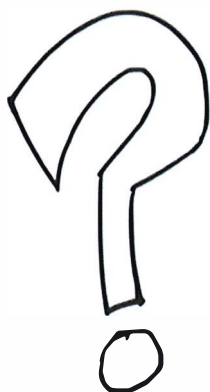
1. Prescriptions will not be written for narcotics (pain killers).
2. Medications for your medical conditions will be written by your medical doctor.
3. If you have prescriptions for any medications from another doctor, you will need to inform your therapist and/or medical staff to prevent drug interactions or drug duplication.
4. No prescriptions for controlled medications will be "called in" to the pharmacy.
5. Refills will not be written before they are due for medications like Xanax, Ativan, Valium, Librium, Klonopin, or other anti-anxiety drugs
6. Clients who misuse controlled medications will be tapered and the medication discontinued. Central Alabama Wellness reserves the right to limit these medications as recommended by the psychiatrist.
7. Seven days advance notice is required for all refill request

Program Rules

1. Do not bring or use alcoholic beverages, illegal drugs, or unprescribed medications on Central Alabama Wellness property. Individuals who arrive at the CAW under the influence will be assisted in securing safe transportation home. Law enforcement officials will be notified of individuals who leave under the influence without safe transportation.
2. Use food, beverage and tobacco products only in the designated areas.
3. Refrain from fighting or any behavior that is dangerous to self or others while on the property or during program activities.
4. Firearms and other weapons are prohibited on the premises.
5. Wear seatbelts at all times when transportation is provided by CAW staff.



Frequently Asked Question



Will I see a doctor? What will the doctor do?

If you and your therapist determine that you could benefit from medication, an appointment will be scheduled with the doctor. The doctor reviews the information collected by your therapist and will interview you about your history and symptoms in order to prescribe the right medication for you. Appointments with the doctor are not therapy. Doctor appointments are shorter than therapy appointments because they are focused on medication management. Be sure to tell your doctor about any side effects or problems with your medications.

Client Grievance and Appeal Procedures

Satisfied with your services?

It is very important to us that you are satisfied with your services and care at Central Alabama Wellness. We also want you and/or your loved ones to be treated with respect and dignity by every member of our staff.

Let us know...

Please let us know if you have some dissatisfaction. We are hopeful that we can work together to come to a satisfactory way to solve the problem.

- If comfortable with your provider (Therapist, Case Manager, Psychiatrist, Nurse) please share your concern, as they may know how to solve the problem you are experiencing;
- If not your provider, please ask to speak with a Program Director. If you would prefer to contact the Program Director yourself, you will find the phone number in the list below. Just call 205-651-0077 dial 5 and ask the operator to forward your call to one of the following departments:

Adult Outpatient Services

Child and Adolescent Outpatient Services

Rehabilitative Day Program

Substance Use Treatment Program

- If not satisfied by speaking with a Program Director, you may speak with the Clinical Director.

Each of these individuals will try to solve your problem so that you feel confident and comfortable with the services you receive.

What Happens Next?

First, you can complete the complaint by speaking to someone (205-651-0077) or by writing it down.

If you want to mail it to us, the address is the following.

Central Alabama Wellness
P.O. Box 689
Calera, AL 35040

If you are unhappy with what we found in the review you may say so to us by speaking directly to us or writing your concern down.

Others who will listen to your concerns

Sometimes staff cannot come to a solution that is satisfactory to you. Central Alabama Wellness follows rules and laws from the Code of Alabama which directs what we can and cannot do. There are other people and groups you can speak to for help with your dissatisfaction.

These groups and phone numbers are posted in the center lobbies. You can also ask for the numbers if you would like. Below is a list of the groups for your use:

Regional Advocacy and Rights Protection	256-560-2200
Alabama Rights Protection and Advocacy	800-367-0955
Service FORMLL Substance Use Advocacy	256-796-4490
Alabama Disabilities Advocacy Program	205-348-4928
Federal Protection and Advocacy System	samhsa.gov/cmhs

At all times we want you to know that we care what you think about the care and services you receive.

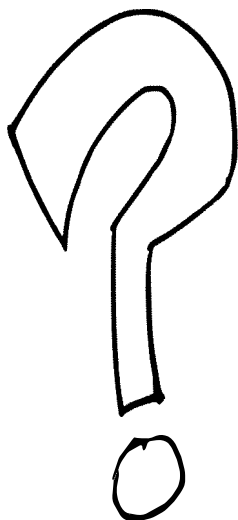


Self-Pay Fees

Service	Time	Sliding Scale			
		100%	75%	50%	25%
Intake/Assessment	Episode	\$200.00	\$150.00	\$100.00	\$50.00
Individual Therapy	1 hour	\$200.00	\$150.00	\$100.00	\$50.00
Family Therapy	1 hour	\$150.00	\$112.50	\$75.00	\$37.50
Group Therapy	1 hour	\$50.00	\$37.50	\$25.00	\$12.50
Physician / Medical Assessment	1 hour	\$220.00	\$165.00	\$110.00	\$55.00
Medication Administration	Episode	\$25.00	\$18.75	\$12.50	\$6.25
Medication Monitoring	1 hour	\$100.00	\$75.00	\$50.00	\$25.00
Family Support Individual	1 hour	\$60.00	\$45.00	\$30.00	\$15.00
Family Support Group	1 hour	\$18.00	\$13.50	\$9.00	\$4.50
Drug Screen	Episode	\$15.00			
Substance Use Services	Per/ service	\$15.00			
Level 1 Court Referral Class	Per course/ book	\$180.00			
Level 2 Court Referral Class	Per course/ book	\$330.00			
Domestic Violence Class	Per course/ book	\$625.00			
Anger Management	Per course/ book	\$170.00			

Please Note:

- Fees are subject to change.
- We require payment for service at the time the service is rendered.
- We have a limited number of insurance companies for which to file claims.
- We provide service to eligible individuals regardless of ability to pay, based on Federal Poverty Guidelines.
- Clients are responsible for making staff aware of telephone, address or insurance changes.



Frequently Asked Questions

How much does it cost to use Central Alabama Wellness?

Central Alabama Wellness accepts Medicaid, Medicare, some private insurances and self-pay. If you are unable to pay, we will work with you on paying for your services, as long as you are attempting to do so.

Why do I sometimes have to wait to be seen when I arrive on-time for my scheduled appointment?

Our staff strive to see clients at their scheduled times. As with most doctor offices, at times unforeseen circumstances arise that require the time and attention of staff. If you are unable to wait, let the office staff know and other arrangements can be made.

Based on my income level, my sliding scale percentage of fees is: _____

Stop the spread of germs that can make you and others sick!



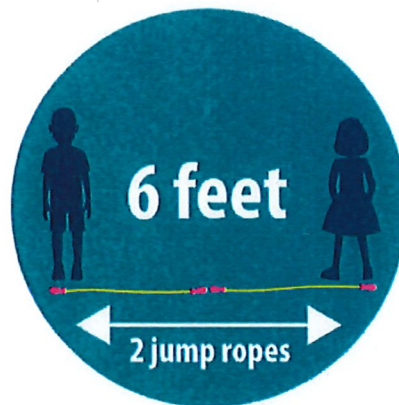
Wash your
hands often



Wear a mask



Cover your coughs
and sneezes



Keep **6 feet** of space
between you and
your friends

