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THE MINDFUL HEALTH  
FOUNDATION

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**Client Handbook  
2019-2020**

*Licensed by the Department of Children &  
Families*

865- 867 91st. Ave. North

Naples, FL 34108

Phone: (239) 434-6596

Fax: (239) 514-2519

Website: [www.themindfulhealth.com](http://www.themindfulhealth.com)

# Welcome to Our Practice!

Thank you for asking us to be involved in your health and your life. We take that responsibility very seriously. We strive for excellence and you should expect exemplary care and attention from The Mindful Health Foundation.

When you come in for your first visit you can expect to be warmly greeted and treated with respect and cordiality. You will be asked to fill out and sign the standard kind of paperwork that has to be done like personal information, payment policies and medical history. For minors (those under legal age to give consent to medical evaluation and treatment) their parents will be asked to fill out information regarding family history and their perspective on the situation. Because this paperwork can be somewhat time consuming expect to spend about fifteen minutes to complete it. As always, for anything you do not understand please ask us for clarification.

After that, the clinical psychotherapist will review your presenting concerns. We will spend time getting a thorough history and the details of what brought you to us, problems you may be experiencing and so on. The individual psychotherapist may ask you to fill out questionnaires, surveys, or written assessments in an attempt to better establish an understanding of your needs. The individual psychotherapist may schedule a follow up appointment if more information is needed. After your assessment is complete a thirty day treatment plan recommendation will be made and your psychotherapist will review this with you. Your primary therapist will be assigned and identified upon execution of treatment plan. Your primary therapist will serve as your main contact.

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## Our Treatment Philosophy

The Mindful Health Foundation bases its treatment philosophy on mindful attention to each recovering individual. Our treatment team is motivated to embrace three common goals:

- To restore health.
- To establish clarity of mind.
- To develop the life skills necessary to fully recovery & prevent relapse.

MHF integrates several treatment modalities in the formulation of our individual treatment plans. This collaborative approach includes the utilization of cognitive-behavioral counseling in an individual and group format, body image & movement therapy, therapeutic yoga & meditation, individual & group nutrition therapy, and experiential therapy to treat complex substance abuse and eating disorder conditions.

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## Contact Information

**Our Address:**

865-867 91st. Ave. North  
Naples, FL 34108 US

**Phone:** (239) 434-6596- **24 hour/ 7 days a week**

**Fax:** (239) 514-2519

**Email:** [contact@themindfulhealth.com](mailto:contact@themindfulhealth.com)

**Program Director:** Valerie A.Stec, LCSW, RD/LD/N

**Medical Director:** Dr. Gerald Abraham, MD, Board-Certified Psychiatrist

**Customer Satisfaction Surveys:** Customer satisfaction surveys are available on our website, in this handbook and in our waiting room. All surveys are anonymous and confidential and can be mailed to 865 91st. Ave. North, Naples, FL 34108 or emailed to [contact@themindfulhealth.com](mailto:contact@themindfulhealth.com)

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## Our Programs

- Adult Integrated Alcohol and Other Drugs/Mental Health Partial Hospitalization Program
- Adult Eating Disorders Partial Hospitalization Program
- Adult Integrated Alcohol and Other Drugs/Mental Health Intensive Outpatient Program
- Adult Eating Disorder Intensive Outpatient Program
- Adult Eating Disorder Outpatient Program
- Adult Integrated Alcohol and Other Drugs/Mental Health Outpatient Program

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## Our Services

- Adult Outpatient Eating Disorder Therapy
- Adult Outpatient Drug and Alcohol Treatment
- Family Therapy
- Couples Therapy
- Case Management
- Marriage Counseling
- Group Cognitive Behavioral Therapy
- Dialectical Behavioral Group Therapy
- Court Related Assessments
- Nutrition Therapy
- Art Therapy
- Body Image Therapy
- Yoga & Movement Therapy
- Psychiatric care
- Nursing care

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## Our Staff

- Licensed Mental Health Counselors
- Licensed Clinical Social Workers
- Licensed Dietitians /Nutritionists/ Diet Technicians
- Body Image Therapists
- Certified Yoga Teachers
- Certified Addiction Professionals
- Registered & Licensed Art Therapist
- Board- Certified Psychiatrist
- Board- Certified Advanced Practice Nurse

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## Outpatient Program Description

MHF offers Outpatient Services for individuals recovering from substance abuse disorders & eating disorders. All of our Outpatient Program patients are seen on a weekly basis. Average length of stay in our Outpatient Program is highly individualized and based on your assessment, medical history, and the particulars surrounding your presenting concerns. Those with continued ongoing issues may require a longer duration. Outpatient constitutes 6 or less hours of services.

Substance Abuse Outpatient Treatment Program includes....

- Individual cognitive-behavioral substance abuse counseling
- Cognitive-behavioral substance abuse group work
- Family therapy
- Couples therapy
- Relapse prevention
- Nutrition counseling

*Our services are licensed through The Department of Children & Families and are approved by The Safety Council, Collier County Probation & most other court-related entities.*

Eating Disorder Outpatient Treatment Program includes.....

- Individual therapy

- Body image therapy
- Nutrition therapy
- Group work

*Outpatient therapy may be covered by insurance however outpatient nutrition counseling, body image counseling, and group therapies are often non-covered services.*

**Transition/Discharge Criteria and Procedures:** Upon admission a master treatment plan will be developed in conjunction with you and your team. Goals and objectives of treatment will be outlined in writing and you and your team will sign this master treatment plan. A review of the treatment plan will be conducted every thirty days. Upon admission, you will also begin to develop a discharge plan with your primary therapist.

**Issues Involving Court-related Referrals:** The Mindful Health Foundation is an approved DUI provider and an approved provider of Collier County Probation. If your appointment is related to a DUI or court referral, The Mindful Health Foundation will complete your assessment over the course of 2 sessions. Subsequent treatment may be recommended, and our treatment recommendations will be reviewed with you after the assessment is complete. As always, the services at The Mindful Health Foundation are voluntary. Although a court may require assessment and treatment, we cannot and do not perform involuntary treatment. It is your choice to complete court-related requirements at our facility. When completing court-related or DMV- related services, be advised that upon a signed release of communication, your court-related referral source will be updated upon admission, every thirty days, and upon discharge. Failure to complete court-related treatment may impact you negatively. It is important, when engaging in assessment and treatment, that you complete the outlined treatment goals successfully. As always, if you have any questions, please ask your therapist.

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## Adult Integrated Alcohol and Other Drugs/Mental Health Intensive Outpatient Program Description

Intensive Outpatient Treatment includes a minimum of nine clinical hours of treatment per week. Patients often attend three days a week, for three to four hours.

Intensive Outpatient Treatment or " IOP" is appropriate for the following individuals:

- Successfully completed a Day Treatment Program & transitioning back into life.
- Successfully completed a Residential or Inpatient Program & transitioning back into life.
- Individuals having difficulty stabilizing their symptoms in an outpatient setting.

IOP allows a patient to engage in treatment while still maintaining their work or school schedule. Determination for level of care is completed at the time of your initial assessment and based on your medical history.

Sessions are usually scheduled in three to four hour blocks of time. Average length of stay is three to six months. MHF accepts a maximum of 20 patients in our IOP which allows us to individually tailor treatment plans and take into consideration each patients unique schedule.

Services include:

- |  |                        |
|--|------------------------|
| • Individual & group cognitive therapy                 | • Creative art therapy |
| • Individual & group nutrition counseling              | • Therapeutic yoga     |
| • Individual and group body image/<br>movement therapy | • Guided meditation    |
| • Individual & group experiential therapy              | • Relapse prevention   |
| • Family therapy                                       | • Meal support         |
| • Couples therapy                                      | • DBT                  |
|  | • Case management      |

**Transition/Discharge Criteria and Procedures:** Upon admission a master treatment plan will be developed in conjunction with you and your team. Goals and objectives of treatment will be outlined in writing and you and your team will sign this master treatment plan. A review of the treatment plan will be conducted every thirty days. Upon admission, you will also begin to develop a discharge plan with your primary therapist.

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### **SAMPLE SCHEDULE FOR IOP PROGRAM**

Patients are seen individually on a weekly basis by their therapist, they also see a case manager weekly and a behavioral therapist weekly

TUESDAY	WEDNESDAY	THURSDAY
3:00- Individual Behavioral Therapy	4:00- Meal Planning Group	4:00- Substance Abuse Group
4:00-DBT Movement Therapy Group	5:00 P.M.- Cognitive-behavioral therapy group	5:00-Communications Skills Group
5:00 P.M.- CBT Group	6:00 P.M.-Case management Session	6:00- Individual Session

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## **Adult Integrated Alcohol and Other Drugs/Mental Health Partial Hospitalization Program Description**

Our PHP includes a minimum of 15 clinical hours of treatment per week. Patients must attend five days a week for a minimum of 3 hours per day.

Partial Hospitalization or "PHP" is appropriate for the following individuals:

- Successfully completed an inpatient or residential program & transitioning back into life.
- Individuals whom, without the structure of a PHP maybe at high risk for emergency services or residential/inpatient hospitalization.
- Individuals having difficulty stabilizing their symptoms in an intensive outpatient setting.

PHP provides the patient much needed structure, assistance with daily living activities, and access to psychiatric care, that may not be available in an intensive program. The goal of PHP is to help prevent an inpatient stay or to help transition an individual from an inpatient stay. Determination for level of care is completed at the time of your initial assessment and based on your psychiatric and medical history.

Sessions are usually scheduled in four hour blocks of time. Average length of stay is one to two months. MHF accepts a maximum of 10 patients in our PHP which allows us to individually tailor treatment plans and take into consideration each patient's unique schedule.

**Transition/Discharge Criteria and Procedures:** Upon admission a master treatment plan will be developed in conjunction with you and your team. Goals and objectives of treatment will be outlined in writing and you and your team will sign this master treatment plan. A review of the treatment plan will be conducted every seven days. Upon admission, you will also begin to develop a discharge plan with your primary therapist.

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Services include:

- Individual & group cognitive therapy
- Individual & group nutrition counseling
- Individual and group body image/movement therapy
- Individual & group experiential therapy
- Family therapy
- Couples therapy
- Creative art therapy
- Therapeutic yoga
- Guided meditation
- Relapse prevention
- Meal support
- Psychiatric care
- Access to nursing care

### **SAMPLE SCHEDULE FOR PHP PROGRAM**

Patients are seen twice a week individually by their therapist, once-a-week individual art or body image therapy, weekly case management, and once-a-week individual behavioral counseling.

<b>Mondays</b> 1:00 PM Treatment Group 2:00 Individual CBT Session 4:00-Individual DBT Session 5:00-CBT Group	<b>Wednesdays</b> 1:00 DBT Group 2:00 Individual CBT Session 3:00 Case management 5:00 P.M.- CBT group	<b>Fridays</b> 10:00 Treatment Planning Group 11:00 Substance Abuse Group 12:00 Case management session 1:00 CBT Group
<b>Tuesdays</b> 1:00 Treatment Planning Group 2:00-4:00 Art Therapy Group 4:00 DBT Movement Therapy Group 5:00 P.M.-CBT Group	<b>Thursdays</b> 4:00- Substance Abuse Group 5:00-Communications Skills Group 6:00 Experiential Nutrition & Social Skills Group	

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## **Adult Eating Disorder Partial Hospitalization Program Description**

Our “ED-PHP” includes a minimum of 30 clinical hours of treatment per week. Patients must attend five days a week for a minimum of 6 hours per day.

Partial Hospitalization or "PHP" is appropriate for the following individuals:

- Successfully completed an inpatient or residential program & transitioning back into life.
- Individuals whom, without the structure of a PHP maybe at high risk for emergency services or residential/inpatient hospitalization.
- Individuals having difficulty stabilizing their symptoms in an intensive outpatient setting.

PHP provides the patient much needed structure, assistance with daily living activities, and access to psychiatric care, that may not be available in an intensive program. The goal of PHP is to help prevent an inpatient stay or to help transition an individual from an inpatient stay. Determination for level of care is completed at the time of your initial assessment and based on your psychiatric and medical history.

Sessions are usually scheduled in four hour blocks of time. Average length of stay is one to two months. MHF accepts a maximum of 5 patients in our PHP which allows us to individually tailor treatment plans and take into consideration each patient's unique schedule.

Transition/Discharge Criteria and Procedures: Upon admission a master treatment plan will be developed in conjunction with you and your team. Goals and objectives of treatment will be outlined in writing and you and your team will sign this master treatment plan. A review of the treatment plan will be conducted every seven days. Upon admission, you will also begin to develop a discharge plan with your primary therapist.

Services include:

- Individual & group cognitive therapy
- Individual & group nutrition counseling
- Individual and group body image/movement therapy
- Individual & group experiential therapy
- Family therapy
- Couples therapy
- Creative art therapy
- Therapeutic yoga
- Guided meditation
- Relapse prevention
- Meal support
- Psychiatric care
- Access to nursing care
- Meal Planning
- Case management
- Exposure therapy

**SAMPLE SCHEDULE FOR ED PHP PROGRAM**

Patients are seen twice a week individually by their therapist, once-a-week individual art or body image therapy, twice a week by their dietitian, and once-a-week individual behavioral counseling. Meal groups are held at 12:00 PM ( lunch), and 6:00 PM ( dinner), Monday through Friday.

<p><b>Mondays</b>          11:00 Individual CBT session          12:00 Lunch          1:00 PM Treatment Group          2:00-4:00 Body Image group          4:00 Individual Nutrition          5:00 CBT Group          6:00 Dinner with RD</p> <p><b>Tuesdays</b>          11:00 Individual Body Image</p>	<p>12:00 Lunch Group          1:00 Treatment Planning Group          2:00-4:00 Art Therapy Group          4:00 DBT Movement Therapy Group          5:00 P.M.-CBT Group          6:00 P.M.- Dinner</p>	<p><b>Wednesdays</b>          12:00 Lunch          1:00 DBT Group          2:00 Individual DBT session          4:00 Meal Planning Group          5:00 Cognitive-behavioral therapy group          6:00 Experiential nutrition group</p>
<p><b>Thursdays</b>          12:00 Lunch          1:00 Intuitive Eating Group          2:00 Individual CBT Session          3:00 Individual Nutrition          4:00 Substance Abuse Group ( if appropriate )          5:00 Communications Group          6:00 Experiential Dinner</p>	<p><b>Fridays</b>          10:00 Treatment Planning Group          11:00 Substance Abuse Group ( if appropriate )          12:00 Lunch          1:00 CBT Group          2:00 Individual Session          3:00 Case Management Session</p>	

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## The Role of the Nutritionist in Eating Disorder Recovery

Your Nutritionist plays a crucial role in the recovery of your eating disorder. Your Nutritionist is responsible for guiding you through the recovery process with the ultimate goal of being able to eat normally..... without anxiety, guilt, and angst.

Your Nutritionist is not there to force you to eat or scrutinize your every behavior. MHF Nutritionists utilize unique & interesting ways of re-presenting food to the recovering individual in fashion that is fun, exciting, and healthy.

Our Nutritionists are there to challenge distorted thinking & beliefs surrounding food and body. We are there to ensure you have the most accurate information about food and that you are able to select healthy, variety filled meals that meet your needs.

### The Role of the Nutritionist in Substance Abuse Recovery

Our Nutritionists have special training in substance abuse disorders. Nutrition plays a crucial role in recovery including:

- Stabilizing blood sugars.
- Replenishing the body with essential nutrients that may have been disturbed by substance intake.
- Protecting your body from continued damage.

Our Nutritionists address such topics as:

- Caffeine use & abuse.
- Appropriate supplementation.
- Restoring balance in your body.

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## Body Image Therapy

### Defining Body Image

Body image can be defined as the way you perceive your body, the way you feel in your body & the way you think about your body. Body image includes your overall satisfaction or dissatisfaction with your physical appearance. Your body image includes your attitude, your thoughts, and your affective response to your body.

### The Spectrum of Body Image Disturbance

Body image disturbance can range from discontent or mild dissatisfaction with some features of your body to a conviction bordering on delusional, that one's physical appearance is grotesque and completely unacceptable. When discontent with weight and shape becomes obsessive and begins to influence your socialization and engagement in normal life events, it is a sign that you may be suffering from moderate to severe body image disturbance. Body image disturbance that interferes with daily functioning is one factor included in the diagnosis of Anorexia Nervosa and is a well-documented symptom in all other eating disorders including Bulimia Nervosa & Binge-Eating Disorder.

### MHF's Approach to Treating Body Image Disturbance

MHF treats body image disturbance in both individual sessions and via group work. Our body image specialist has years of experience in treating all levels of body image disturbances. Patients admitted to MHF's IOP or Day Treatment program will participate in a Comprehensive Body Image Assessment. This assessment is critical for treatment planning, allows our clinicians to determine your baseline experience of your body, and provide feedback about your strengths and vulnerabilities in your body image. We evaluate for body dissatisfaction, drive for thinness, and perceptual inaccuracy or distortions.

Body image treatment includes:

- Collaborative psycho- education on body image.
- Identifying & questioning assumptions about your appearance.
- Identifying distorted thoughts surrounding your body image.
- Identifying self destructive body image behaviors.
- Actively enhancing a positive body image through body image enhancement activities.
- Relapse prevention.



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## MHF Group Therapy

### **Cognitive Behavioral Groups**

When: Mondays Tuesdays & Wednesdays from 5-6 PM, and Thursday from 7-8 PM, Duration: 60 mins.

Description: These groups focus on changing unproductive thinking patterns. These strategies include learning to recognize your distortions in thinking that are creating problems, learning to reevaluate them in light of reality, and gaining a better understanding of the behavior and motivations of others. This group will teach you to problem-solving & to cope with difficult situations. You will learn to develop a greater sense of confidence in your own abilities.

Facilitator: Chris Lombard, LMHC & Lauren Mulkey, M.S.

### **Substance Abuse Group**

When: Thursdays from 4-5 PM, and Fridays from 11AM- 12 PM , Duration: 60 mins.

Description: This form of counseling can be extremely beneficial because it provides a safe place to share experiences and hear contributions and feedback from other group members who have similar experiences. Similar to individual counseling, these meetings are led by a group therapist. One of the main theories behind group counseling is the idea that dealing with specific issues might feel isolating, and that being able to share struggles and successes in a safe, confidential and non-judgmental place with others who have experienced the same struggles accelerates the recovery process. This type of scenario works well for drug and alcohol addiction.

Facilitator: Deanna Soprino, CAC, ADC, CRRA

### **Art Therapy Group**

When: Tuesdays from 2-4 PM, Duration: 120 mins.

Description : This group explores the immensely therapeutic nature of art in different ways. Through your art, you will learn to deal with often confusing and complex emotions that are difficult to process and verbalize. A therapeutic group setting provides a safe, non-judgmental space for the same. With the guidance of the facilitator, experiences shared by members of the group help to build a supportive and encouraging environment where you feel free to express, through art or otherwise. (No prior experience of Art is required!)

Facilitator: Cara Levitt, MA, Registered Art Therapist, CYT

### **Therapeutic Yoga/Movement Therapy Group**

When: Tuesdays from 4-5 PM, Duration: 60 mins.

Description: Yoga therapy is conducted in small groups. What sets this healing modality apart from others is the focus on linking intuitive movement to deep, rhythmic breathing. Another difference is the emphasis on relaxation. Through mindfulness, relaxation and breath work, you will gain skills to slow down and be present. By being present you will learn how to create an open mind, and through this experience, increase your awareness. Awareness is the key to acceptance. Acceptance of struggle, adversity or success is just one benefit to yoga therapy. (Please bring comfy clothes)

Facilitator: Cara Levitt, MA, Registered Art Therapist, CYT

### **Communication Skills Group**

When: Thursdays from 5-6 PM, Duration: 60 mins.

Description: The goal of the this group is to improve your listening skills and to develop a communication style and pattern that improves intimate conversations, trust and love in relationships. You will work to resolve communication errors that lead to relationship conflicts. You will learn to understand how communication works, gain active listening and responding skills, and see things from other's points of view. You will become aware of body language, increase confidence, and practice techniques to communicate with difficult people or situations including dealing with manipulation and listening to fear and anger. The facilitator utilizes role-playing to enhance your skill set.

Facilitator: Val Stec, LCSW, LD/N

### **DBT Skills Group**

When: Wednesdays from 1-2 PM, Duration: 60 mins.

Description: Dialectical Behavior Therapy (DBT) is a cognitive behavioral treatment developed by Marsha Linehan, PhD. It emphasizes individual psychotherapy and group skills training classes to help you learn and use new skills and strategies. DBT skills include skills for mindfulness, emotion regulation, distress tolerance, and interpersonal effectiveness. In DBT group, you and the therapist work together to set goals that are

meaningful to you. Often this means you work on ways to decrease harmful behaviors and replace them with effective, life-enhancing behaviors.

Facilitator: Lauren Mulkay, M.S.

### **Meal Planning Group**

When: Wednesdays from 4-5 PM, Duration: 60 mins.

Description: Meal planning is a critical skill for recovery from all eating disorders. It is also an important skill for any adult working on recovery from alcohol, drugs or other mental health issues. Good health and recovery requires the normalization of regular eating patterns. This is best accomplished through planned and structured eating. Our dietitian addresses food consumption patterns, meal exposures, and provides education and support, as well as helping you to learn healthy meal planning and weight management skills. These skills will help prevent relapse.

Facilitator: Valerie Stec, LCSW, RD/LD/N

### **Social Meal Groups**

When: Tuesdays, Wednesdays & Thursday from 6-7 PM, Duration: 60 mins.

Description: Social meal groups are 3 times per week. Groups are held at Whole Food. The setting is casual and led by our Dietitian. This group provides support for those patients that need nutrition guidance, but also focuses on social skills training. For many patients recovering from substance abuse or mental health issues, isolation has become a way of living. It's not enough to learn about healthy communication skills – you need to have some real life experiences. We offer this group in the evening because most social activity takes place after work or school. You will have a chance to practice the skills you have learned in other groups & individual sessions in a casual, every-day, social environment.

Facilitator: Valerie Stec, LCSW, RD/LD/N

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## MHF Therapy Guidelines

### Attendance

It is very important to keep good attendance, however, we do understand that circumstances do arise that are beyond your control. Please be sure to reschedule all appointments at least 24 hours in advance or you will be charged for the session. If an emergency does arise, please be sure to call as soon as possible.

### Abstinence

While you are in our program, we ask that you refrain from all mind- or mood-altering drugs, such as alcohol. If you are on a prescription medication, please provide us with a copy of the prescription.

### Participation

As a client of Mindful Health, participation is very important. We ask that all clients stay active in their participation. If you feel that there are issues that you need to discuss in private with your therapist, please set up an individual session.

### Confidentiality

If you are in a group or individual setting, it is very important to understand the confidentiality regulations. If you see anyone you know outside of our center, it is confidential that he or she is a client. You are not allowed to disclose their attendance at the counseling center. While in a group setting, anything discussed is also confidential, and is not to be discussed outside of the group setting.

### Privacy and Security

The Mindful Health Foundation is committed to following the Health Insurance Portability and Accountability Act, 1996 (HIPAA) rules and regulations. This act is designed to protect and secure your personal information. As a result, you have the right to:

- Confidentiality
- Releasing personal information to others by signing an authorization form
- Determine the amount of time your information may be released
- Review or obtain a copy of your chart for a nominal fee
- Know to whom we have disclosed information to

- File a complaint to the Department of Health and Human Services (DHHS) if you feel we have not been compliant with your protected health information. The DHHS has a right to access your file if a complaint is filed.

### *Exceptions to Confidentiality*

There are a few instances when confidential information may be released to others. These instances include:

- If there is a court order that has been properly executed
- A medical emergency arises that requires immediate attention; we will provide that information which is necessary to meet your medical needs.
- We are required by law to report abuse, neglect, or exploitation of yourself or others.
- If we have identified a reportable communicable disease such as Hepatitis, HIV, or a sexually transmitted disease, we may be required by law to report this information to the Health Department.
- On occasion the State of Florida may conduct audits, research, or program evaluations. The State is governed by Federal regulations and Florida Statutes that protect your confidentiality.
- If you are seeking treatment as referred by the Court, you should discuss with us information that may be supplied in a report to the court.
- If you are involved in litigation and inform the Court, you may be waiving your right to confidentiality. You may wish to consult your attorney.
- If you threaten to harm yourself or others and we deem that threat to be serious, we will conduct interventions necessary to protect you or others.

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## Frequently Asked Questions

We try to anticipate questions you might have about our services and provide the answers here.

### 1. What happens during the first appointment?

When you come in for your first appointment you can be expected to be treated cordially and warmly greeted. You will be asked to complete the standard type of paperwork that all health care providers request such as name, address, phone number, and medical history. This process can be somewhat lengthy, so expect to spend at least fifteen minutes completing your paperwork. If questions arise, please don't hesitate to ask our staff.

After that, your clinical therapist will meet with you & review your presenting concerns. We will spend time getting a comprehensive history and a detailed account of what brought you to our office, the problems you may be experiencing, and the concerns you have. Your therapist may request additional questionnaires to be completed & may schedule a follow up appointment if more information is required.

### 2. What kind of problems do you treat?

MHF treats all types of eating disorders and substance abuse disorders including:

- Avoidant/ Restrictive Food Intake Disorder
- Anorexia Nervosa
- Bulimia Nervosa
- Binge-Eating Disorder
- Alcohol, Cannabis, Hallucinogen, Inhalant, Opioid, Sedative-Hypnotic or Anxiolytic , Stimulant & Tobacco Related Use Disorders

### 3. What about other mental disorders?

Along with treating eating & substance abuse disorders, our staff assess & develops treatment plans that address co-occurring mental health diagnoses including:

- Depressive Disorders
- Anxiety Disorders
- Bipolar & Related Disorders
- Trauma & Stressor-Related Disorders
- Obsessive - Compulsive & Related Disorders

- Attention-Deficit/Hyperactivity Disorders
- Somatic Symptom & Related Disorders

4. What about payment, insurance, co-pays.....

MHF does work with several insurance providers however, based on the complexity of these issues, we address payment & insurance individually during your first phone interview with our Program Director prior to your appointment. We encourage you to contact your insurance plan ahead of time to review your deductible/copay, etc.

5. What if my issues are more complex?

MHF practitioners are experienced in working with individuals diagnosed with personality disorders. If you have been diagnosed with a personality disorder, you may have experienced difficulty finding professionals willing and able to work with these complex issues. This often leads to interference receiving the treatment necessary to establish a good quality of life. Our practice is experienced in working with individuals with the following conditions:

- Borderline Personality Disorders
- Narcissistic Personality Disorders
- Antisocial Personality Disorders

6. Do you treat self-harm?

Yes, we treat all forms of non-suicidal self harm including:

- Direct self-harm which is immediate, has purpose & intent and results in tissue damage. For example, cutting.
- Indirect self-harm where the damage is accumulative, intent is ambiguous, the harm can be a side effect, and may even have an initial pleasurable effects. For example, substance abuse.

If you are feeling suicidal, those issues are best treated in an inpatient setting until such a time that you and your treatment team feel you can safely resume life in an outpatient setting.

*If you are having suicidal thoughts please call 911 & seek immediate help.*

8. Does your office prescribe medicine?

Our office does prescribe medicine if you are enrolled in our PHP level of care under the care of Dr. Gerald, Abraham, MD and Pam Collett, ANRP.

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## Mandatory Reporting Laws in Florida

### Mandatory Reporting Laws in Florida

In the state of Florida, a professionally mandated reporter is anyone who is legally obligated to report known abuse and must also identify themselves when reporting. These include: physician, osteopathic physician, medical examiner, chiropractic physician, nurse, or hospital personnel engaged in the admission, examination, care, or treatment of persons, health or mental health professional practitioner who relies solely on spiritual means for healing, school teacher or other school official or personnel, social worker, day care center worker, or other professional child care, foster care, residential or institutional worker, law enforcement officer.

What are we required to report?

**Child Abuse:** A child in need of supervision who has no parent, legal custodian, or responsible adult.

§39.201(1)(a), Florida Statutes. A child abused by a parent, caregiver, guardian, or other person responsible for the child's welfare. §39.201(1)(a), Florida Statutes. Child abuse, abandonment, or neglect by any adult.

§39.201(1)(b), Florida Statutes. Child abuse by a known or suspected juvenile sex offender. §39.201(1)(c), Florida Statutes. If the report contains information of an instance of known or suspected child abuse involving impregnation of a child under 16 years of age by a person 21 years of age or older, the report shall be made immediately to the appropriate county sheriff's office or other appropriate law enforcement agency. §39.201(2)(e), Florida Statutes. Reports involving surrendered newborn infants shall be made and received by the department. §39.201(1)(g), Florida Statutes.

**Sexual Battery:** Section 794.027, Florida Statutes, requires that any person who observes a sexual battery and who has the ability to seek assistance for the victim without being exposed to a threat of physical violence must make a report.

**Vulnerable adult abuse:**

Section 415.1034(1)(a)5, Florida Statutes, states that any person, including, but not limited to any state, county, or municipal criminal justice employee or law enforcement officer, who knows, or has reasonable cause to suspect, that a vulnerable adult has been or is being abused, neglected, or exploited shall immediately report such knowledge or suspicion to the central abuse hotline.

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## Copy of MHF Forms

*Upon admission, you will be asked to complete an “ intake packet”. For your convince, we have included copies of our forms for your reference.*

### **INFORMED CONSENT FOR VOLUNTARY ASSESSMENT AND/OR TREATMENT**

I understand that I have voluntarily entered into treatment, or given my consent for the minor person under my legal guardianship mentioned above, at MHF. I voluntarily consent to have treatment provided by a psychologist, social worker, mental health counselor, dietitian, body image therapist, yoga instructor or intern in collaboration with a supervisor. The type and extent of services that I will receive will be determined following an initial assessment and thoroughly discussed with me. The goal of the assessment process is to determine the best course of treatment for me. Typically, treatment is provided over the course of several weeks.

I understand that all information shared with the clinicians at MHF is confidential and no information will be released without my consent. I further understand that there are specific and limited exceptions to this confidentiality which include the following:

When there is risk of imminent danger to myself or to another person, the clinician is ethically bound to take necessary steps to prevent such danger.

When there is suspicion that a child or elder is being sexually or physically abused or is at risk of such abuse, the clinician is legally required to take steps to protect the child, and to inform the proper authorities.

When a valid court order is issued for medical records

I understand that while psychotherapy may provide significant benefits, it may also pose risks.

Psychotherapy may elicit uncomfortable thoughts and feelings, or may lead to the recall of troubling memories. I am aware that the practice of mental health counseling and the treatment involved are not exact sciences and that no guarantees have been made to me as a result of my treatment by or through MHF.

I understand that MHF does not warrant or agree to offer a care of rehabilitation, but merely to afford such treatment that the MHF normally gives other patients in similar circumstances. I agree to pay for services in full as outlined in my initial intake assessment. I authorize the MHF to act on my behalf with case management services that may include scheduling and billing. I understand that the individual practitioners are not employees of The Mindful Health Foundation. If a legal complaint is made against an independent contractor, I agree to indemnify The Mindful Health Foundation and hold them harmless in all ways from any complaints or any type of legal claim made against the individual practitioners.

If I have any questions regarding this consent form or about the services offered at The Mindful Health Foundation, I may discuss them with my therapist. I have read and understand the above. I consent to participate in the evaluation and treatment offered to me by The Mindful Health Foundation. I understand that I may stop treatment at any time.

### **MHF PROGRAM RULES**

The “Program Rules” are a set of standards created to ensure a safe and open treatment environment. MHF requires all of our clients to abide by a certain set of standards to facilitate the most effective treatment whether you are here for one visit, two visits, or more.

I am voluntarily applying to MHF’s program and I am responsible for making that choice. You may have a court requirement that you are required to fulfill, but engaging in treatment at MHF is your choice.

**I AGREE TO BE ALCOHOL AND DRUG FREE WHILE ENROLLED IN SERVICES AT MHF. I**

understand that this is a drug/alcohol-free program. I am willing to notify staff if another client is under the influence of alcohol or drugs or is dealing drugs.

I agree to attend all scheduled appointments on time.

I understand that disagreements among clients and/or staff do occur and that physical fighting/ threats are never permitted.

If I desire to leave this program prematurely, I agree to talk to my therapist about the issues or problems that are encouraging that decision.

I accept responsibility for the cost of the program.

I have received a copy of the patient handbook, including the Patient Bill of Rights and accepted them as presented to me. I understand that all efforts will be made to respect my rights as a person and client.

I agree to protect the anonymity of other group members. And I must not disclose to outside sources the identity of other group members or give any information that may identify a person as being in treatment with me.

I understand that I retain all legal and civil rights during the period of my treatment.

I understand that if one or more of these program rules are not adhered to; this may result in make up sessions, dismissal, suspension from treatment, and /or referral to another treatment modality.

I am willing to keep these agreements. I understand that violating these agreements may indicate my lack of interest in this program and may result in suspension or discharge from the program. Referral sources will be notified of this discharge. I agree to seek staff assistance if I have difficulty keeping this agreement.

## **CONFIDENTIALITY POLICY**

Mindful Health takes confidentiality very seriously. The information shared in your sessions is private and often deeply personal. In the wrong hands this information could be extremely dangerous and damaging.

There are special rules & regulations that apply to mental health records.

### **Anonymity Policy**

Patient's of The Mindful health foundation agree to not identify or name, share information, or gossip about any other patient in the program. All information in sessions is strictly confidential. This includes groups.

### **Release of Records**

The Mindful Health Foundation will not release mental health records be released with out a WRITTEN MHF consent signed in the presence of a staff member. We do not accept photocopies, faxes, or verbal consents.

When a mental health record is released, the record must be picked up from the office in person and a release form must be signed at that time. We do not mail or fax records as they may end up in the hands of the wrong person. records will only be released to the patient or the parent if the patient is a minor. There is a fee of \$1.00 per page charged for photocopies.

### **Exception**

The Mindful Health Foundation will coordinate the release of records to court/administrative agencies once a valid release is signed by the patient. The Mindful Health Foundation will update your referring provider monthly of your progress if a valid release is signed to facilitate continuity of care. We will correspond with your insurance company. In cases of child or adult abuse, or neglect, under state mandatory reporting laws, The Department of Children and Families may be contacted.

### **Types of Records Released**

The Mindful Health Foundation will release treatment updates, admission summaries, Psychological reports, and discharge summaries. Any patient also has a right to have a copy of any form they signed.

### **Phone Policy:**

Unless we have a release from the patient, we will not confirm or deny that any patient attends The Mindful Health Foundation over the phone. this can be frustrating if you ask a friend or family member to contact us for scheduling or billing purposes. Please understand that without a release, we will not speak with anyone. This is done to protect your mental health records.

## **PAYMENT POLICY**

Thank you for choosing us as your mental health provider. We are committed to providing you with quality and affordable health care. Because some of our patients have had questions regarding patient and insurance responsibility for services rendered, we have been advised to develop this payment policy. Please read it, ask us any questions you may have, and sign in the space provided. A copy will be provided to you upon request & is available on our website: [www.themindfulhealth.com](http://www.themindfulhealth.com)

Insurance. We participate in BC/BS, Meritain and Aetna plans. If you are not insured by a plan we do business with, payment in full is expected at each visit, or an active payment plan needs to be on file. If you are insured by a plan we do business with but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage. Preauthorization requirements will be assessed upon admission for PHP and IOP. Staff will notify you of approval and denials as we are notified by insurance.

Co-payments and deductibles. All co-payments and deductibles must be paid at the time of service for outpatient services. This arrangement is part of your contract with your insurance company. Failure on our

part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit.

For Intensive Outpatient & Day Treatment/ PHP Programs, Mindful Health requires a signed payment contract and a completed Recurring Payment Authorization Form. We accept visa or master card, for any remaining deductible and co-pays.

How we handle credit card information: Mindful Health is PCI compliant and insured in the case of a security breach. Once your credit card information is entered into our secured, insured, and PCI compliant software, Mindful Health will redact your credit card number except the last four digits, scan the form into our software and shred the paper copy. This is done to ensure that there is no paper copy of your credit card information in our office.

Non-covered services. Please be aware that some – and perhaps all – of the services you receive may be non-covered or not considered reasonable or necessary by insurers. You must pay for these services in full at the time of visit. These services include nutrition services, art therapy, and movement therapy groups. These services, unless included as part of your Intensive Outpatient or Day treatment, will not be covered in an outpatient level of care, and you will be responsible for the fees.

Proof of insurance. All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your driver's license and current valid insurance to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.

Claims submission. We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.

Coverage changes. If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 45 days, the balance will automatically be billed to you.

Nonpayment. If your account is over 60 days past due, you will receive a letter stating that you have 20 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated a payment contract. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and you and your immediate family members may be discharged from this practice. If this is to occur, you will be notified by regular and certified mail that you have 30 days to find alternative medical care. During that 30-day period, our team will only be able to treat you on an emergency basis.

Missed appointments. Insurance companies do not cover for missed appointments. Our policy is to charge a standard fee for missed appointments not canceled twenty-four hours prior to your service.

The Missed appointment fee is \$35.00 for Outpatient Services and this does include group therapy. The Missed appointment fee IOP or Day Day treatment is \$100.00 per day.

IOP and PHP treatment requires a minimum number of hours of attendance per week and if you are unable to attend those hours, you will be discharged from the program. MHF will accept a written medical note to excuse a missed appointment. These charges will be your responsibility and billed directly to you. Please help us to serve you better by keeping your regularly scheduled appointment. You may notify MHF of any schedule changes by email us at [MHFvoicemail@gmail.com](mailto:MHFvoicemail@gmail.com).

Returned Check Policy-Also be aware that returned checks are costly to you and us. Not only will your bank charge you, we will charge you a fee of \$25 and insist on cash or credit card in the future.

Out of network/ Cash Pay: Mindful Health is not a provider with United Health, Cigna, Medicare, Tricare or Medicaid. Fees for services will be collected at the time of service for initial intakes and outpatient



services. Fees for Intensive Outpatient and Day Treatment will be collected at the beginning of each treatment month and require a written payment agreement and credit card on file. As a courtesy, Mindful Health will submit your claims and your insurance will reimburse you per your plan.

Fees for Service:

Diagnostic Evaluation- \$175.00  
Individual therapy, 60 mins.- \$125.00  
Family Therapy- \$125.00  
Group Therapy- \$50.00  
Group Alcohol & Drug Counseling- \$30.00  
Individual Alcohol & Drug Counseling- \$80.00  
Alcohol & Drug Assessment- \$60.00  
Urine Drug Screen- \$35.00  
IOP Day \$350.00  
PHP/Day Treatment Unit \$600.00

Non-Covered Outpatient Services:

Initial Nutrition Assessment-\$125.00  
Nutrition follow up- \$45.00  
Individual Art Therapy- \$125.00  
Art Therapy Group, 120 minutes- \$60.00  
Movement therapy Group- \$25.00

Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area.

Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.

**NOTICE OF PRIVACY PRACTICES**

The Office for Civil Rights enforces the HIPAA Privacy Rule, which protects the privacy of individually identifiable health information, and the confidentiality provisions of the Patient Safety Rule, which protect identifiable information being used to analyze patient safety events and improve patient safety. Below is a description of the privacy practices required by federal law to protect your personal information. A copy is provided in your client handbook.

**Our Pledge Regarding Your Medical Information** The Mindful Health Foundation (MHF) is committed to protecting medical information about you. We create a record of the care and services you receive at MHF for use in your care and treatment. This Notice tells you about the ways in which we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of your medical information. We are required by law to give you this Notice describing our legal duties and privacy practices with respect to medical information about you; and follow the terms of the Notice that is currently in effect.

**How We May Use and Disclose Medical Information about You.** The following sections describe different ways that we may use and disclose your medical information. For each category of uses or disclosures we will describe them and give some examples. Some information such as certain drug and alcohol information, HIV information and mental health information is entitled to special restrictions related to its use and disclosure. The Mindful Health Foundation abides by all applicable state and federal laws related to the protection of this information. Not every use or disclosure will be listed. All of the ways we are permitted to use and disclose information, however, will fall within one of the following categories. For **Treatment.** We may use medical information about you to provide you with mental health treatment or services. We may disclose medical information about you to staff within our health system and personnel who are involved in taking care of you at MHF. For **Payment.** We may use and disclose medical information about you so that the treatment and services you receive at MHF may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give information to your health plan about a service you received at MHF so your health plan will reimburse you for the service. We may also tell your health plan about a proposed treatment to determine whether your plan will pay for the treatment. For **Health Care Operations.** We may use and disclose medical

information about you for MHF's operations. These uses and disclosures are made for quality of care and medical staff activities. Your medical information may also be used or disclosed to comply with law and regulation, for contractual obligations, patients' claims, grievances or lawsuits, health care contracting, legal services, business planning and development, business management and administration, the sale of all or part of MHF to another entity, underwriting and other insurance activities and to operate the health system. For example, we may review medical information to find ways to improve treatment and services to our patients. Appointment Reminders. We may contact you to remind you that you have an appointment at MHF. Treatment Alternatives. We may tell you about or recommend possible treatment options or alternatives that may be of interest to you. Health-Related Benefits and Services. We may contact you to tell you about benefits or services that we provide. Disaster Relief Efforts. We may disclose medical 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 medical information about you when required to do so by federal or state law. To Avert a Serious Threat to Health or Safety. We may use and disclose medical information about you when necessary to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person. Any disclosure would be to someone able to help stop or reduce the threat. Workers' Compensation. We may use or disclose medical information about you for Workers' Compensation or similar programs as authorized or required by law. These programs provide benefits for work-related injuries or illnesses. Public Health Disclosures. We may disclose medical information about you for public health purposes. Health Oversight Activities. We may disclose medical information to governmental, licensing, auditing, and accrediting agencies as authorized or required by law. Legal Proceedings. We may disclose medical information to courts, attorneys and court employees in the course of conservatorship and certain other judicial or administrative proceedings. Lawsuits and Other Legal Actions. In connection with lawsuits or other legal proceedings, we may disclose medical information about you in response to a court or administrative order, or in response to a subpoena, discovery request, warrant, summons or other lawful process. Law Enforcement. If asked to do so by law enforcement, and as authorized or required by law, we may release medical information:

- to identify or locate a suspect, fugitive, material witness, or missing person;
- about a suspected victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- about a death suspected to be the result of criminal conduct;
- about criminal conduct at MHF; and
- in case of a medical emergency, 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. In most circumstances, we may disclose medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine cause of death. We may also disclose medical information about patients of MHF to funeral directors as necessary to carry out their duties. National Security and Intelligence Activities. As authorized or required by law, we may disclose medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities. Protective Services for the President and Others. As authorized or required by law, we may disclose medical information about you to authorized federal officials so they may conduct special investigations or provide protection to the President, other authorized persons or foreign heads of state. Inmates. If you are an inmate of a correctional institution or under the custody of law enforcement officials, we may release medical information about you to the correctional institution as authorized or required by law.

If you request a copy of the information, there is a fee for these services.

We may deny your request to inspect and/or to receive a copy in certain limited circumstances. Right to Request an Amendment or Addendum. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information or add an addendum (addition to the record).

Amendment. To request an amendment, your request must be made in writing and submitted to: Patient Relations Department, The Mindful Health Foundation 865 91st Ave. North, Naples, FL 34108. Phone : (239)434-6596 and Fax: (239)514-2519. In addition, you must provide a reason that supports 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 MHF;
- is not part of the medical information kept by or for MHF;
- is not part of the information which you would be permitted to inspect and copy; or

- is accurate and complete in the record.

Addendum. To submit an addendum, the addendum must be made in writing and submitted to Patient Relations. An addendum must not be longer than 250 words per alleged incomplete or incorrect item in your record. Right to an Accounting of Disclosures. You have the right to receive a list of the disclosures we have made of your medical information.

To request this accounting of disclosures, you must submit your request in writing to The Mindful Health Foundation, 865 91st Ave. North, Naples, FL 34108. Your request must state a time period that may not be longer than the six previous years. You are entitled to one accounting within any 12-month period at no cost. If you request a second accounting within that 12-month period, there will be a charge for the cost of compiling the accounting. 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 medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. To request a restriction, you must make your request in writing to the Patient Relations Department, The Mindful Health Foundation 865 91st Ave. North, Naples, FL 34108. 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, only to you and your spouse.

We are not required to agree to your request. If we do agree, our agreement must be in writing, and we will comply with your request unless the information is needed to provide you emergency treatment. Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.

For example, you may ask that we contact you only at work or only by mail.

To request confidential communications, you must make your request in writing to the Patient Relations Department, The Mindful Health Foundation 865 91st Ave. North, Naples, FL 34108. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. Changes to Privacy Practices and This Notice. We reserve the right to change MHF's privacy practices and this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. Questions or Complaints. If you have any questions about this Notice, please contact the Patient Relations Department, The Mindful Health Foundation 865 91st Ave. North, Naples, FL 34108.

If you believe your privacy rights have been violated, you may file a complaint with MHF or with the Secretary of the Department of Health and Human Services.

To file a written complaint with MHF, contact the Patient Relations Department, The Mindful Health Foundation 865 91st Ave. North, Naples, FL 34108. You will not be penalized for filing a complaint.

#### Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this Notice will be made only with your written permission. If you provide us permission to use or disclose medical 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 medical information about you for the reasons covered by your written permission. You understand that we are unable to take back any disclosures we have already made with your permission, and that we will retain our records of the care provided to you as required by law.

I HEREBY CERTIFY that I have read and agree to the conditions.

#### **RELEASE FOR REPORTING COMMUNICABLE DISEASES**

Why are we asking you this? There are certain diseases that are life threatening and can be easily spread to others. Sections 381.0031 and 384.25, F.S., (Florida law) requires that each licensed practitioner who diagnoses, treats, or suspects a case or an occurrence of a disease or condition listed in the "Table of Notifiable Diseases or Conditions, Chapter 64D-3.029, F.A.C.", (can be found in its entirety at <http://www.doh.state.fl.us/disease>) is required to report the notifiable disease or condition to the health department. The public health system depends upon reports of disease to monitor the health of the community and to provide the basis for preventive action.

Your signature will authorize a release for reporting communicable diseases to the Collier County Health Department. These conditions are generally rare and include but are not limited to:

Acquired Immune Deficiency Syndrome (AIDS), Amebic Encephalitis, Amebiasis, Animal bite, Anthrax, Botulism, Brucellosis, Campylobacteriosis, Chancroid, Dengue, Encephalitis, Gonorrhea, Granuloma, Inguinale, Hansens Disease- Leprosy, Hemorrhagic Fevers, Yellow Fever

Hepatitis, Histoplasmosis, Legionnaires Disease, Leptospirosis, Lymphogranuloma, Berereurn, Malaria, Measles, Meningitis, Meningococcal Disease, Mumps, Paralytic Shellfish, Poisoning, Perstussis, Pesticide Poisoning, Plague, Pliomuelitits, Psittacosis,

Rabies, Relapsing Fever, Rubella, Salmonellosis, Shigellosis, Smallpox, Syphilis, Tetanus, Toxoplasmosis, Trichomonas, Tularemia, Typhoid fever, Typhus, Vibrio Cholera, Vibrio Infections,

### **YOUR RIGHTS AND RESPONSIBILITIES**

You have the RIGHT to:

Be treated with dignity and respect.  
 No person shall, on the basis of race, color, religion, national origin, sex, age, or disability by excluded from participation in, be denied the benefits of, or be subjected to unlawful discrimination under any program or activity.  
 Have cultural, psychosocial, spiritual and personal values, beliefs and preferences respected.  
 Have the least restrictive means of treatment with maximum potential benefit  
 Have an experienced professional staff person assigned especially to help work with you in addressing problems.  
 A personalized (individualized) assessment of your needs.  
 Have family participate in treatment planning throughout the duration of treatment.  
 Have care within a reasonable time based on clinician assessment and within the scope of services provided.  
 Have another opinion regarding services provided.  
 Designate or have designated a surrogate decision-maker if incapable of understanding treatment or if unable to communicate wishes regarding care.  
 Discharge when treatment objectives have been reached and/or maximum benefit from MHF services has been reached.  
 Provide input into program policies and services through customer satisfaction surveys and/or, suggestion boxes, grievance process, and/or through participation in the Consumer Advisory Board  
 Be informed both verbally and in writing of your rights.

Be informed both verbally and/or in writing, if your rights are being withheld.  
 Quality treatment.  
 Informed consent to treatment.  
 Be informed of any actions, procedures, or decisions that may affect you and your treatment at the Center.  
 Participate in the development and review of treatment/service and discharge planning.  
 Be informed of payment obligations for services rendered  
 Comfortable  
 Safe  
 Physically accessible  
 Promote dignity  
 Ensure privacy  
 Contribute to a positive outcome of treatment  
 Be free from neglect, abuse, exploitation, or any form of corporal punishment.  
 Report complaints or file a formal grievance.  
 Receive patient safety  
 Refuse any form of service unless the service has been ordered by a court, or in an emergency situation when needed to prevent harm to yourself or others.  
 Be informed that without services, your situation may get worse.  
 Refuse to be filmed, photographed or taped without your written permission.  
 Refuse to take part in experimental studies or research without your written permission.  
 Request release and/or discharge from any program or MHF service

**VERBAL DE-ESCALATION POLICY:**

In the event that a patient escalates and becomes assaultive/combatative, all safety measures shall be provided to the patient, other patients and staff, with the least restrictive interventions possible based on the level of acuity and patient needs. The official policy of The Mindful Health Foundation is to utilize Verbal De-escalation Strategies. We do not use seclusion or restraints.

**SMOKING POLICY:** Smoking, including the use of E-cigarettes (or electronic cigarettes) and vape pens, shall be prohibited in all facility buildings. Smoking shall not be permitted in any structure, i.e., main building, trailers, offices, dining areas, waiting areas, staff lounges, etc. The no-smoking policy also applies to private offices. Personnel and medical staff who are noncompliant with this policy shall be subject to progressive discipline. To attempt to ensure a safe environment for all patients, visitors and employees, smoking materials may be removed from patients who are noncompliant, or the patient may be discharged. Visitors who are noncompliant may be asked to leave the facility grounds. Smoking shall be prohibited for all facility-based ambulatory care patients and for all child or adolescent patients. No medical exceptions shall be allowed. Enforcement of this policy shall be the shared responsibility of all staff. To ensure appropriate reduction and eliminate the incidence of noncompliance with the organization's smoking policy: Any violations of the smoking policy shall be reported to the Performance Improvement Department via incident notification report. Monitoring and trending of smoking violations shall be conducted with an aggregated report forwarded on a quarterly basis to the Safety/Environment of Care Committee and the Patient Safety Committee. After review the Failure Mode and Effects Analysis (FMEA) process shall be performed to develop strategies to improve compliance with the smoking policy.

**ILLEGAL SUBSTANCE POLICY:** No illegal substances are allowed on MHF premises. Personnel and medical staff who are noncompliant with this policy shall be subject to progressive discipline. To attempt to ensure a safe environment for all patients, visitors and employees, smoking materials may be removed from patients who are noncompliant, or the patient may be discharged. Visitors who are noncompliant may be asked to leave the facility grounds

**WEAPONS POLICY:** No weapons are allowed on MHF premises. Personnel and medical staff who are noncompliant with this policy shall be subject to progressive discipline. To attempt to ensure a safe environment for all patients, visitors and employees, smoking materials may be removed from patients who are noncompliant, or the patient may be discharged. Visitors who are noncompliant may be asked to leave the facility grounds

**PHP MEDICATION POLICY:** Patients shall be allowed to self-administer any physician-prescribed medications due during program hours. The Partial Hospitalization Program shall ensure that the patient's medication management is effective by promoting compliance and independence. **PROCEDURE:** The attending psychiatrist may prescribe and oversee the patient's psychotropic medication therapy. When possible, the physician shall prescribe dosage times at hours before and/or after the program hours. All patients shall be responsible for obtaining medication per their physician's prescription. All patients shall be responsible for bringing any doses of medication that are due during program hours. All patients shall be responsible for self-administering their own prescribed drugs. A complete record of prescribed medication(s) shall be included in the treatment plan, including medication names, dosage, frequency and purpose of medication.

Education shall be provided to the patient to include: How the medication(s) is (are) expected to perform Side effects of the medication(s). How the patient can monitor the effects of the medication(s). A monthly note shall be made by the staff which shall address the patient's compliance with his/her medications and updates any changes to medication.

**NOTIFICATION OF FIRE EQUIPMENT / FIRST AID EQUIPMENT:** fire extinguishers are located in the kitchenette on the first floor and the second floor hallway. First aid kits are located in the bathroom next to the yoga room and under the kitchen sink.

**HIV/AIDS FACT SHEET**

What are HIV and AIDS? HIV is the human immunodeficiency virus. It is the virus that can lead to acquired immune deficiency syndrome, or AIDS. CDC estimates that about 56,000 people in the United States contracted HIV in 2006. HIV damages a person's body by destroying specific blood cells, called CD4+ T cells, which are crucial to helping the body fight diseases.

AIDS is the late stage of HIV infection, when a person's immune system is severely damaged and has difficulty fighting diseases and certain cancers. Before the development of certain medications, people with HIV could progress to AIDS in just a few years. Currently, people can live much longer - even decades - with HIV before they develop AIDS.

How is HIV spread? HIV is spread primarily by:

Not using a condom when having sex with a person who has HIV. All unprotected sex with someone who has HIV contains some risk

Having multiple sex partners or the presence of other sexually transmitted diseases (STDs) can increase the risk of infection during sex. Unprotected oral sex can also be a risk for HIV transmission, but it is a much lower risk than anal or vaginal sex.

Sharing needles, syringes, rinse water, or other equipment used to prepare illicit drugs.

HIV can be passed from mother to child during pregnancy, birth, or breast-feeding.

Less common modes of transmission include:

Being “stuck” with an HIV-contaminated needle or other sharp object. Receiving blood transfusions, blood products, or organ/tissue transplants that are contaminated with HIV.

HIV may also be transmitted through unsafe or unsanitary injections or other medical or dental practices.

However, the risk is also remote with current safety standards in the U.S.

Eating food that has been pre-chewed by an HIV-infected person.

This screening is for your information and will not be shared with anyone. If you check any of the following, it is a good idea to get tested. Your counselor will provide you with a testing site.

In the past 90 days,

1. Have you shared unclean needles or syringes with someone?

YES NO DON'T KNOW

2. Have you had unprotected sex with anyone (male, female, transgender)?

YES NO DON'T KNOW

3. Have you had sex with someone whose HIV status you did not know?

YES NO DON'T KNOW

4. Have you had sex with someone whose HIV status you knew was different from yours?

YES NO DON'T KNOW

5. Have you been diagnosed with Syphilis, Chlamydia, or Gonorrhea?

YES NO DON'T KNOW

6. Have you had sex while high on drugs or alcohol?

YES NO DON'T KNOW

7. Have you exchanged sex for money, drugs, shelter, etc.?

YES NO DON'T KNOW

8. If you are HIV-positive and have been prescribed HIV medication, have you had trouble taking your HIV medication as prescribed by your doctor?

YES NO DON'T KNOW

#### **CLIENT GRIEVANCE POLICY:**

It is the policy of The Mindful Health Foundation that all clients have the means to file complaints and reach resolution. The conditions for expressing a grievance are defined as dissatisfaction with decisions concerning the client and/or services provided the client.

Clients have the right to file a complaint or grievance without interference or fear of retaliation. All staff members are to be attentive and respectful to any grievance registered by a client and are prohibited from discouraging, intimidating, or seeking retribution against clients who seek to exercise their rights or file a complaint or grievance.

Clients have the right to timely notification of the resolution and receive an explanation of any further appeal, rights, or recourse.

All clients have the right to at least one level of review that does not involve the person about whom the complaint has been made or the person who made the decision under review.

#### **GLOSSARY OF TERMS**

**Clients:** Individuals and families that use, receive, or benefit from the programs and services at The Mindful Health Foundation. Clients can include consumers and legal guardians.

**Complaint:** For clients, a complaint is a verbal expression of dissatisfaction with, including, but not limited to aspects of service delivery, manner of treatment, outcomes, or experiences.

**Grievance:** For clients, grievances are formal expressions of dissatisfaction or discomfort that can include, but is not limited to service delivery, manner of treatment, outcomes, or experiences. All complaints received in writing, including email, are considered formal grievances. If a client does not wish to or is unable to submit a written expression of dissatisfaction, he or she may request the formal grievance

be documented by the staff person receiving the verbal report.

#### GENERAL PROCEDURES:

Notices informing all clients of their right to make a complaint are posted in an obvious location at all MHF sites. At the initial assessment, all clients will be informed of their right to make a complaint, the process by which to do so, and the way in which the organization will respond.

In general, the first step to resolving any client concern or complaint should be to seek informal resolution within the program when a dispute arises. This process may begin with the client's direct service worker or program Director/Coordinator. If a satisfactory resolution is not achieved at this level, staff should inform the client of his/her right to submit a formal grievance.

Informal efforts to resolve complaints and grievances should be documented in the client's case record, progress notes, and/or tracking logs as applicable.

If the client believes for any reason that they cannot approach program staff with their concerns, they may address their concerns directly with the CEO.

At the time of a complaint, the client will be provided by staff an additional copy of the client grievance policy. The staff member will review the procedure and clarify any issues for the client. MHF will acknowledge and document the receipt of all formal grievances.

Formal grievances should be submitted to the program Director/Coordinator (receiving supervisor) for review, or as appropriate. The receiving supervisor should interview the client to discuss his/her concerns directly. The receiving supervisor will document in writing any communication regarding the grievance. This information will be submitted to the CEO for review and/or consultation with the receiving supervisor within seventy-two hours of the receipt of the complaint. The President/CEO and/or may complete an Internal Program Review to determine the validity of the grievance.

At this point in time if the client remains dissatisfied with the outcome, they may make one final appeal to the President/CEO. Appeals to the President/CEO will be determined within seven business days and the results conveyed to the client within twenty-four hours of a decision.

All clients/families have the right to initiate a complaint.

As required, legal counsel will be sought to intervene in situations that are not successfully resolved through the prior avenues. MHF will not in any way restrict, discourage or interfere with client communication with an attorney for the purpose of filing a complaint.

Should any complaint warrant further investigation beyond the scope of this policy, the client may contact the following:

**Department of Children & Families:** Jacob Still or Susan Nunnally with DCF: Department of Children and Families -SunCoast Region Substance Abuse Mental Health Program Office  
1864 17th Street, Sarasota, FL 34234  
o:941-554-1719  
c: 813-731-4957  
fax:941-554-1702

**Commission on Accreditation of Rehabilitation Facilities :** As part of our continuing effort to improve the quality of services of CARF-accredited providers, feedback from consumers, employees, and others is used to strengthen the value of CARF accreditation. Anyone can register feedback about a provider that is accredited by CARF. Remember that it is as important to acknowledge the strengths of a provider as it is to cite its weaknesses. You may summarize your comments or concerns by completing the online contact form. Please include the name of the service provider, its city and state or province, and your own name and complete address so that we may acknowledge your feedback.

You may email your comments or concerns to [feedback@carf.org](mailto:feedback@carf.org). You must include the information requested above. Or you may fax your feedback to: (520) 318-1129

Or you may mail your feedback on 1 to 3 pages of paper to: CARF, 6951 East Southpoint Road Tucson, AZ 85756-9407 . Or you may call toll free (866) 510-2273 or (866) 510-CARF, which is a dedicated telephone line for receiving public feedback during business hours. (Other business calls should continue to be directed to CARF's main number.) CARF's office hours are 8:00 a.m. to 4:30 p.m. (Mountain Standard Time), Monday through Friday, except holidays.

**Client Grievance Form**

*(Mail to 865 91st. Ave. North, Naples, FL 34108. Attention : Grievance Officer)*

Grievance Filed By \_\_\_\_\_ Date: \_\_\_\_\_

#/Street City State Zip Phone: \_\_\_\_\_

Describe what happened:

When and where did this happen?

Who was involved and how were they involved?

Name(s) of witness(es), if any and how they can be reached.

What remedies are you looking for?

I request that The Mindful Health Foundation investigate the above reported incident. I understand that MHF may need to interview other staff and/or review my medical record as part of the investigation; I therefore give MHF authority to take steps necessary to conduct a thorough investigation. I also understand that I have the right to have someone assist me with the grievance.

Client Signature : \_\_\_\_\_

MHF Grievance Board Representative : \_\_\_\_\_

Date : \_\_\_\_\_

Printed Name : \_\_\_\_\_