



Behavioral Health Services, Inc. Residential Admission Agreement for Client Signature

BHS, Inc. – SAPC-Approved R95 Admission Agreement

The Admission Agreement for Behavioral Health Services, Inc. includes important information about your treatment services and how we deliver care. Our program supports abstinence as a treatment goal and also knows that people are at different stages of readiness when they seek services. We admit people who have decided to stop using alcohol and drugs, people who have not decided to stop all use yet but who are interested in help, and people who relapsed and still want and can continue participating in services. That said, substance use, possession, or sale on the premise is not allowed and will result in reasonable consequences. Further, while Behavioral Health Services, Inc. accepts clients wherever they may be on their recovery journey, we do not encourage use off-site and support abstinence and recovery.

Substance use disorders (SUD), often called addiction, can be a lifelong health condition and it is important for clients to have a voice in their treatment, harm reduction, and recovery goals. We will encourage you to remain in services even during times when you are not sure you want to be abstinent or if you relapse. We will support you in achieving your goals and need you to follow program rules and actively participate in treatment services (e.g., your group and individual sessions). We want to make sure that after our discussion you understood these important things about your treatment:

I know that I will receive the following level of care:

- I know that I will receive the following level of care: One or more of: Residential, Residential-Withdrawal Management

Residential treatment is an opportunity to live in a safe, supportive, and drug free environment, while learning new ways to make decisions. Recovery is a continual process focused on developing a positive lifestyle without the use of alcohol and drugs. Your ability to be accountable, your acceptance of responsibility, your desire to learn new information and your enthusiastic participation will make this a rewarding and successful experience. Please let us know if you have special needs and we will do our best to provide reasonable accommodation. When that is not possible, a referral is offered to a more suitable facility.

- I know that I will receive services at the following location(s):
 - Behavioral Health Services, Inc. – Residential Treatment Program
 - Facility Address –
- I know that the following services are offered: individual sessions, group sessions, therapy, addiction medications, care coordination, peer support, and recovery support.

BHS, Inc. Residential Program Structure & Expectations

ASSESSMENT & PLANNING: Your assessment began with your first contact with the program and will continue as long as you are a participant. Your face-to-face evaluation with treatment staff, including the doctor and other professionals, help us understand your immediate situation and determine the appropriateness of our services for you. Our doctor and/or other licensed health care practitioner will



determine if you need detoxification services and you will be offered treatment options (which may include medications) that best fit your needs.

INCIDENTAL MEDICAL SERVICES: As part of your initial assessment, the doctor will determine if you are appropriate for incidental medical services. Incidental medical services that we provide at this facility include the following: 1) Obtaining your medical history. 2) Monitoring your health status to determine whether you need urgent or emergency care. 3) Toxicology associated with detoxification from alcohol or drugs. 4) Providing alcoholism or drug abuse recovery or treatment services. 5) Overseeing client self-administered medications and 6) treatment of substance abuse disorders, including detoxification. The incidental medical services are provided by or under the supervision of a physician.

Advance Directive: The question “Do you have a written Advance Directive in place?” is required. We will give you general information describing the purpose of this question. However, we advise you to discuss the details with your medical provider and/or refer you to resources that will assist you to develop one if needed.

Once admitted to the program, a counselor will do an in-depth assessment with you to determine what major factors in your life have contributed to your present situation, what you would like to accomplish while in treatment, and what strengths, abilities and preferences you may have to achieve your goals. You and your counselor will develop a problem list and person-centered care plan which essentially is a map showing how you will get from where you are at intake to where you want to go. This plan will be reviewed and revised as you progress through the program. You will also develop a transition/discharge plan when you transfer to another level of care (e.g. to outpatient services), or discharge from the program to the community.

DETOXIFICATION / WITHDRAWAL MANAGEMENT SERVICES: If your assessment indicates you need detoxification (also known as withdrawal management) services, you will be educated by our trained staff members on what to expect during this phase of recovery. You will be assigned a bed that will allow us to monitor your progress and symptoms to ensure you have a safe detoxification.

TOXICOLOGY TESTING AND MONITORING: Our treatment staff may order and/or conduct random toxicology testing to monitor your progress and regularly observe your wellbeing throughout your stay. If any legal entity is monitoring your treatment progress, they may require that toxicology testing be more frequent. See BHS, Inc. – SAPC R95 Toxicology Agreement below.

STRUCTURE: In order to keep the environment safe, supportive and drug free, there has to be some restrictions and rules. Residents are not allowed to come and go as they please and there are some rules about communication. Luggage, packages and clothing will be searched so that no drugs or weapons enter the facility. Any form of violence or threat of violence will result in immediate discharge. To ensure that participants are not distracted from their recovery, romantic and/or sexual relationships are not allowed and could result in one or both participants being discharged. Your safety is a primary concern; your ability to do the difficult work of recovery in a supportive environment is our focus.

PATIENT EDUCATION: These sessions include films and lectures on how drug and alcohol use affect you and those around you, anger management, trauma, co-occurring disorders, HIV/AIDS, assertiveness skills, vocational skills and other topics which will aid in the recovery process.

GROUP COUNSELING: Groups led by staff counselors and clinicians. These sessions offer the opportunity to share with others your thoughts and feelings about what is going on in your life and any difficulties you may be experiencing. The groups are supportive with participants helping each other to recognize negative patterns and find positive solutions.



INDIVIDUAL COUNSELING: Sessions held according to your schedule with your primary counselor and occasionally with other members of the staff. In these sessions you will get to know your counselor, discuss issues that brought you to treatment, review your progress and keep your treatment and required documentation updated.

FAMILY THERAPY: Your use of drugs not only affected you, but also those around you, especially family members, significant others and friends that care about you. We offer family education classes and family therapy at some of our locations, where family members and friends can learn about substance use disorder and how they can support your recovery.

COLLATERAL SERVICES: We may need to consult with important people in your life to help us better understand your situation and provide the best treatment for you. We will obtain your permission before contacting any of these persons.

MEDICATION SERVICES: This includes the prescription of and supervised self-administration of medicine(s) for your substance use disorder, or other needed medications. All medications used at the facility will be kept in a locked storage room with limited access by trained, qualified staff only.

CARE COORDINATION: We want to make sure you have access to needed services, such as medical/dental services, housing, employment and other services that support your recovery. We will help link you to needed services on your person-centered care plan and follow up to make sure you received them.

PEER SUPPORT ACTIVITIES: These activities are facilitated by a Certified Peer Specialist, they include both peer level activities designed to provide support advocacy and education to enhance your recovery.

12-STEP MEETINGS: 12-Step programs such as Alcoholics Anonymous, Narcotics Anonymous and Cocaine Anonymous have shown to be successful at supporting long-term recovery. Becoming familiar with these and other drug free self-help groups may be a helpful part of your treatment process.

RECREATION/SOCIALIZATION: Regular exercise is an important part of a healthy lifestyle. There are daily activities such as calisthenics, outdoor games, walks or other activities that you are encouraged to participate in to your level of ability. Having fun without drugs is an essential part of life and recovery.

PARTICIPATION AND LEADERSHIP: This facility is a community and you are a member of that community. You will be expected to maintain personal cleanliness at all times, including personal hygiene, clothing and bedding. You will also be responsible for maintaining cleanliness of the facility and doing chores. Participants are assigned a job and jobs will rotate. Those participants who do their jobs well and demonstrate responsibility will move up to leadership positions.

GIVING BACK: An important part of recovery is being an active member in the community. Your program will include opportunities to volunteer both in the program and in the community, such as trash or graffiti clean-up in the neighborhood, and volunteering at various events.

GIVING YOUR INPUT: We welcome your comments about the facility, program and staff. You can provide anonymous or personal feedback at any time by contacting your counselor, program director or a senior resident. You may also participate in the quarterly BHS Satisfaction Week, in which you will be invited to take a survey about your treatment experience, facility and program staff. Your responses are voluntary, confidential and are used to make changes in our programs and facilities. Whether or not you participate will not affect your treatment or enrollment.

TRANSITION/DISCHARGE (Including BHS, Inc. - SAPC R95 Discharge Policy): During



specific counseling sessions, you will develop a Transition/Discharge plan. Our goal is for you to complete a successful discharge from this facility. Discharge criteria includes but not limited to completing treatment goals such as, freedom from alcohol and drugs, specific plans for addressing unresolved physical and mental health concerns, establishing a support system outside of treatment, how to handle triggers and maintaining a positive lifestyle. For some transition/discharge, planning can include changing to a lower level of care such as outpatient treatment, recovery support services and obtaining residence in a sober living environment, or other community living with recovery support access. You will receive a copy of the Transition/Discharge/Aftercare Plan that will include referrals and resources for continuing recovery.

- I know that I need to give written permission before my confidential health information and health records are shared with anybody else, except under limited circumstances such as a medical emergency or a certain court order. The confidentiality of alcohol and drug abuse client records maintained by this program is protected by Federal Law and regulations. Generally, the program may not say to a person outside the program that a client attends the program, or disclose any information identifying someone as an alcohol or drug abuse client unless:
 - (1) The client consents in writing;
 - (2) The disclosure is allowed by a court order;
 - (3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. Federal law and regulations do not protect any information about a crime committed by a client either at the program or against any person who works for the program or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child or elder abuse or neglect from being reported under State law to appropriate State or local authorities. *(See 42 U.S.C. 290 dd-3 and 42 U.S.C. 290 ee-3 for Federal laws and 42 CFR Part 2 for Federal regulations).*

- I know that I decide my own treatment goals and that even though the program encourages abstinence as a treatment goal, I do not need to agree to stop using all drugs and alcohol before I can receive services. I know that my counselor will work with me to make choices that will help me reach my goals which might mean how to reduce or stop my substance use.
- I know if I take a toxicology test (also known as a “drug test” or “urinalysis”) that I should be open with sharing my recovery experiences, including any return to substance use, with my treatment team. Toxicology/drug testing is a clinical tool in treatment. We will discuss your test results with you.
- I know that a relapse or return to substance use does not necessarily mean that I will automatically be discharged but I may receive other consequences, and learning opportunities, or need to enroll in a higher level of care or site. If I relapse, I know that I can be discharged or transferred if I stop participating in treatment services, use substances on the property, sell drugs to others, and/or do not follow other important program rules such as being violent or intimidating to staff or other clients.
- I know that I can be discharged due to the following actions, circumstances, or conditions reason not related to a relapse:
 - Sexual overtures towards other clients, staff, or visitors that could be interpreted as inappropriate or offensive.
 - Stealing.
 - Gambling or betting.



- Breaking another client's confidentiality, including unauthorized use of or taking pictures of clients in the facility.
 - Horseplay (wrestling, chasing, play fighting, etc.).
 - Damaging or purposely destroying any property belonging to BHS, other clients, staff, or visitors.
 - Giving clients or yourself tattoos or body piercing. This is strictly prohibited on site.
 - Keeping "contracts" or secrets of a peer or with peers in regards to rule deviations.
 - Demonstrating a pattern of continued rule violation behavior while in treatment.
 - Deviating while on a pass without calling staff for permission first.
 - Possession/use of unapproved over the counter medication.
 - Speaking with anyone outside the facility or accepting items without staff permission.
- I know that readmission is decided on a case-by-case basis with the clinical supervisor and other treatment team members. I know there is no minimum amount of time before I can be readmitted to services.
 - I know that I cannot be discriminated against because of my race, color, creed, religion, ancestry, national origin, sex, sexual preference, age, physical or mental disability, marital status, HIV/AIDS status, Hepatitis A/B/C status, legal status, political affiliation, use of addiction medications, or ability to pay. I agree to inform a supervisor and/or file a grievance if I feel I have been discriminated against for any of these reasons. (See Nondiscrimination section below)
 - I know that I have the right to interpreter services at no cost if my preferred language is not English and this includes sign language. I know that this program will provide culturally appropriate and trauma-informed services but if I prefer, I can ask to be referred to a provider that offers services in my preferred language, as needed.
 - I know that if I am eligible or enrolled in Medi-Cal, that I will not be asked to pay for any of my treatment services unless the State Medi-Cal program tells me that I have to pay a share of cost because my income is too high. In these cases, Medi-Cal may require sliding scale payments. (See Payment Provisions Section below for more detail)
 - I know this program encourages me to take my addiction medications such as methadone, buprenorphine, naltrexone, and others as prescribed to stabilize my symptoms and reduce the risk for overdose and death. I know that program staff cannot ask me to stop taking these medications or to reduce my dose, and only a doctor or another qualified clinician working within their scope of practice can change my prescription.
 - I know that I cannot be refused services because I have a medical condition if I am able to take care of my daily needs and my symptoms do not prevent me from participating in services. The treatment team will work with my physical health provider(s) to support addressing my medical conditions as necessary.
 - I know that I cannot be refused services because I have a mental health diagnosis such as anxiety, depression, bipolar, and schizophrenia if my symptoms do not prevent me from participating in services. I know that this program encourages me to take my mental health medications as prescribed. I know that program staff cannot ask me to stop taking these medications or to reduce my dose, and only a doctor or another qualified clinician can change my prescription. The treatment team will work with my mental health provider(s) to support my mental health treatment and talking medications as prescribed.



- I know the program rules and regulations and why they are needed to support quality care. This includes:
 1. All assigned groups and functions (such as house meetings, G.I.-cleaning the facility, Extra Duty, and Roll Call), and group activities are to be attended unless specifically excused by staff.
 2. Each resident will receive a job assignment and will be expected to do the job to the best of his/her ability, and not trade the job or delegate the job to someone else unless you have staff permission (for example, due to a scheduled off-site appointment).
 3. Residents are not allowed in one another's rooms unless given permission by staff. Residents of different genders are never permitted in one another's rooms.
 4. Sexual activity and/or romantic/sexual relationships of any kind are prohibited amongst residents.
 5. Physical contact amongst residents is prohibited, with the exception of physical contact permitted by staff during group sessions and group closings.
 6. There is no running inside the facility. Residents are to comply with all safety signs and rules.
 7. Residents are to maintain personal hygiene daily. Adherence to shower schedule is mandatory.
 8. Residents must abide by the Facility Dress code and be fully dressed when not in their dorm restrooms. Residents must wear socks, underwear, bras if applicable, at all times. Hair rollers, headscarves, etc. are not permitted to be worn outside of resident bedrooms with the exception of head garments worn for religious or spiritual purposes. Hats and sunglasses are permitted only outdoors. Pants are not to sag or to be worn below the belt line. Clothing emblematic or representative of sex, alcohol, gang-affiliation, violence, etc. is not permitted. Clothing that's ripped, torn, or shows the midriff is not permitted. Such clothing will be confiscated or sent home.
 9. Residents are not allowed to attach things to the walls, to move furniture or to have personal furniture in the rooms without permission. Residents must respect furniture and property at all times.
 10. Residents are to be in group on time and are not allowed to leave group without permission of the group facilitator.
 11. There will be no loaning of money at any time. Exchanging of articles, performing of services, etc. between residents and any other person without a signed, approved contract is not permitted.
 12. Smoking or the use of electronic cigarettes (i.e. "e-cigarettes", "green" cigarettes, "vapes") or any tobacco product is not permitted inside the facility. Smoking is allowed only in outdoor designated areas of programs where smoking is allowed.
 13. No eating or storing of food is allowed in rooms. Food is only allowed in the dining room or designated food storage areas.
 14. There is no gambling allowed at any time.
 15. If applicable in the respective facility, Communication with clients in the Detoxification units is not permitted, unless approved by staff.
 16. All mail and packages are delivered through the program staff and shall be opened in their presence. Contraband will be confiscated.
 17. Use of the telephone is a privilege and must be approved by your primary counselor. Cell phone permissions are program-specific and the privilege is subject to program-specific rules and regulations. Cell phones may not be permitted in specific programs.
 18. Pornography is prohibited.
 19. Illegal activities of any kind are prohibited.
 20. Residents are required to provide urine specimens when requested as informed by clinical need. As SUD is a chronic and relapsing condition inability or refusal to test may prompt therapeutic



discussions with the patient and consideration of the patient's plan of care. Substance use on the premise is not allowed and will result in reasonable consequences

21. Counselor offices and all workstations are off-limits. Entrance is with permission only.
22. Residents are allowed to have no more than \$40.00 in their possession unless approved by staff. Any additional money will be placed in your account.
23. Our Residential Programs teach social skills and behaviors that are associated with positive lifestyles without the use or abuse of illegal substances. Residents are expected to obey all directives from staff, as these are given respectfully to transform unwanted or negative behaviors that are not conducive to recovery.
24. Residents are to be respectful to staff and other residents, and use appropriate language at all times (i.e., no cursing, yelling, spreading negativity, etc.). Gratuitous “war” stories, “gang” or “street” concepts, isolating, cliquing, etc. will be redirected.
25. In accordance with Federal confidentiality laws and regulations, residents must not disclose or discuss information about other residents either with other residents or with outside entities.
26. The same rules of behavior and conduct also apply to outside activities while in treatment.

LAPSE AND RELAPSE DURING TREATMENT

Lapse or relapse during treatment is part of the chronic condition of a substance use disorder that can be treated. If you relapse by consuming alcohol and/or non-health sustaining drugs while being a client in the outpatient program, staff will re-assess your condition to determine what changes are needed in your service plan, or if you require a higher level of services, such as detoxification or residential treatment.

- I know the program will prioritize my immediate needs as I start services and that I can take breaks as needed when completing admission paperwork.
- I know that I can submit a grievance or complaint to my treating provider by email, phone, and fax by contacting BHS as instructed in this section:

Client Toxicology (Drug Testing) Agreement

PURPOSE

- Toxicology testing, or what you may know as drug testing or urinalysis, may be used by Behavioral Health Services, Inc. (BHS, Inc.) to support your personalized substance use treatment plan and to help you talk with your counselor about any current substance use and triggers, your progress towards goals, and to connect you with harm reduction resources if needed. Testing is a clinical treatment tool, not a punishment.
- Choosing to test is encouraged and has clinical benefits, such as helping to tailor your treatment plan to your specific needs. If you test positive, this does NOT mean you will be automatically discharged but we will consider your other actions (refusal to participate, selling drugs, aggressive behaviors, etc.) in that decision.

TESTING PROCESS:

- BHS, Inc. follows a testing process that prioritizes safety, privacy, accuracy, respect, and trauma informed, culturally responsive client-centered care.
- You are encouraged to openly discuss any substance use that might lead to a positive test result with your counselor before you start the testing process. This helps build a trusting and collaborative relationship.
- BHS may test for:



Barbiturates	Methamphetamine
Benzodiazepines	Opiates
Buprenorphine	Oxycodone
Cocaine	Phencyclidine
Marijuana	Propoxyphene
Methadone	Tricyclic Antidepressants

- Testing may occur as determined by the clinical need of the individual patient and may be either random or for-cause.
- You can expect the testing process to follow these steps:
 - Fill out any *Chain of Custody* paperwork necessary for immediate result of lab test
 - Provide urine specimen, possibly under observation
 - Fill out further Chain of Custody Paperwork if needed
 - Discuss results with staff when results are available

CONDUCT EXPECTATIONS:

- When you agree (consent) to testing, you agree to follow all testing requirements and will not try to falsify or tamper with test samples. These include:
 - Discuss with staff any concerns you have about the testing procedure

RESULTS

- You will be told your test result when it is available.
- If you have a positive test, staff will talk to you about the results, your treatment goals, if you need new supports or services, and if you want to change your treatment plan.
- If you refuse to submit a sample for testing, your refusal will be documented, and your treatment team will proceed as if your toxicology results were positive. This may include discussions about your need for new supports or services.
- If your results must by law be shared with another agency (e.g. DCFS, Probation), your treatment team will submit a report that summarizes your comprehensive treatment and recovery efforts. In addition to your toxicology result, this may include your engagement and progress towards your treatment goals. The toxicology result is only a piece of your recovery story.

YOUR RIGHTS

- You will only be tested after you voluntarily sign this - *Client Toxicology Agreement*.
- You have the right to change your mind at any time before sample collection starts.
- You can talk to your counselor or other staff about how refusing to test might affect you (your treatment goals, probation, court or social service requirements).
- You have the right to request and receive a copy of your provider agency’s *Toxicology Policy* that describes requirements for program staff. (recommended language)

CONFIDENTIALITY



- Your test results are private and will only be shared with you and your treatment team. If you want to share your test results with others such as your Social Worker, Probation Officer, or the court, you will need to sign a Release of Information Form first.
- Your privacy will be protected. We are required to follow certain confidentiality rules such as 42 CFR Part 2 and HIPAA if we talk about your care with others.

GRIEVANCE PROCEDURE

This grievance procedure is established to resolve complaints about your participation in the program. Should you feel your rights have been violated, or if you have a complaint about a decision made by program staff, please follow the steps below to have your complaint resolved. There will be no retaliation or barriers to services for following these procedures. Examples of complaints would be: difficulty with a counselor; appeal your dismissal from the program; change in your financial status; discriminatory actions.

To begin the procedure, you must schedule an appointment with the Program Director. The Program Director will meet with you within three (3) business days of your request. At the meeting, be prepared to present your situation clearly. Bring any documentation you have to the meeting. After discussing your problem with you and your counselor, a decision will be made. You will be given a decision within three (3) business days of the meeting.

If you are not satisfied with the decision, you may address your complaint in writing to the Divisional Director listed below within 10 business days. The Divisional Director will investigate your complaint and respond to you in writing within five (5) business days of receiving your written request.

CDRH	Residential	Outpatient
Celia Aragon Division Director 15519 Crenshaw Blvd Gardena, CA 90249	Amanda Carnegie Division Director 15519 Crenshaw Blvd Gardena, CA 90249	<i>To Be Hired</i> Division Director 15519 Crenshaw Blvd Gardena, CA 90249

If you are still not satisfied, you may request a meeting to review your complaint by writing within 10 business days to:

Lluvia Rios, Compliance & Privacy Officer
Behavioral Health Services, Inc.
15519 Crenshaw Boulevard
Gardena, CA 90249

The Chief Compliance Officer will review the investigation report and telephone or meet with you within five (5) business days of receiving your request. You will be sent a written response within five (5) business days after the phone conversation or meeting. If you are still not satisfied, you may request a meeting to review your complaint by writing within 10 business days to:

Denise Shook, Chief Executive Officer
(same address as Compliance & Privacy Officer)



A meeting will be scheduled within 30 days of receiving your request. The CEO will issue a decision within 10 business days of the meeting. If you are not satisfied with this response you may appeal to the agency providing payment for your services. Your Counselor can tell you where to mail your complaint:

- € Dept. of Public Health, Substance Abuse Prevention & Control, 1000 S. Fremont Ave., Bldg A-9 East, 3rd Floor, Alhambra, CA 91803
- € Dept. of Public Health, Division of HIV and STD Programs, 600 S. Commonwealth Ave., 10th Floor, Los Angeles, CA 90005
- € Dept of Children & Family Services, 425 Shatto Place, Los Angeles, CA 90020
- € Department of Mental Health, 550 S. Vermont Avenue, 10th Floor, Los Angeles, CA 90020
- € For Drug Medi-Cal Clients: Department of Social Services, State Hearings Division, P.O. Box 944243, MS 9- 17-37, Sacramento, CA 94244-2430
- € Other:

If you are not happy with their response, you may appeal to: Department of Health Care Services, Licensing & Certification Branch, MS 2600, P.O. Box 997413, Sacramento, CA 95899-7413 Attention: Complaint Coordinator 877- 685-3333; FAX 916-322-2658; TDD 916-445-1942.

- I know I can also file a complaint or appeal with the Los Angeles County Department of Public Health, Substance Abuse Prevention and Control (SAPC):
 - Call (626) 299-4532 to speak to a SAPC employee OR
 - Download the Complaint/Grievance Form in your preferred language on SAPC's Member Information Webpage (Available Here: <http://publichealth.lacounty.gov/sapc/PatientPublic.html>) – OR
 - Call for an alternate format at 1-888-742-7900, press 7 – OR
 - Email it to SAPCMonitoring@ph.lacounty.gov – OR
 - Mail it to Substance Abuse Prevention and Control, Contracts and Compliance, 1000 S. Fremont Ave., Bldg. A-9 East, 3rd Floor, Mailbox 34, Alhambra, CA
- I have read and received a copy of the Outpatient Admission Agreement.
- I know that I may request and receive a copy of my provider's Admission Policy that describes requirements for program staff.
- I know that I can request a printed copy of the County's Substance Use Treatment Services Patient Handbook in my preferred language. Available here: <http://publichealth.lacounty.gov/sapc/PatientPublic.htm?hl>
- I have been shown where information is publicly posted that describes the program's non-discrimination policies, how to access no-cost interpreter services, and how to receive no-cost services for Medi-Cal eligible or enrolled beneficiaries.
- I have watched the patient orientation video in my preferred language so I understand more about what services are available to me.

PAYMENT PROVISIONS

During the admission process, we will verify your health insurance, and determine your ability to pay for services.



1. There are no payments required if you have Medi-Cal coverage without a share of cost. If there is a share cost, payments are due monthly according to your eligibility verification. Staff can assist you in applying for Medi-Cal to determine if you are eligible.
2. If you are paying for services out of pocket, we will provide you with a written agreement and payment schedule. The contract outlines how much you will pay based on the number of services, method of payments and agreed payment dates.
3. If you are, paying for your services using private insurance with deductibles, and copays applied, you must pay deductibles prior to starting treatment and copay fees upon each scheduled sessions.

Refund Policy

This agreement outlines circumstances when a client’s services and this agreement may be terminated. In the event that you have paid for services that you have not received, you will receive a full refund for such undelivered services within 30 days of the date a refund is identified. The Program Director will approve all refunds.

NOTICE OF NON-DISCRIMINATION

This program conducts its activities and provides drug and/or alcohol addiction services to individuals without discrimination on the basis of:

Race, Creed, Color	National Origin, Ancestry
Ethnic Group Identification	Legal Status
Sex, Gender	Sexual Preference or Stereotype
Gender Identity	Sexual Orientation
Age	Marital Status
Condition of Mental Handicap	Physical Disability
Political Affiliation	Culture
Language	Religion or Spiritual Beliefs
Income	Socioeconomic Status

Complaints of discrimination may be filed with the following:

CDRH	Residential	Outpatient
Celia Aragon Division Director 15519 Crenshaw Blvd Gardena, CA 90249	Amanda Carnegie Division Director 15519 Crenshaw Blvd Gardena, CA 90249	<i>To Be Hired</i> Division Director 15519 Crenshaw Blvd Gardena, CA 90249

If you are still not satisfied, you may request a meeting to review your complaint by writing within 10 business days to:

**Lluvia Rios, Compliance & Privacy Officer
Behavioral Health Services, Inc.
15519 Crenshaw Boulevard
Gardena, CA 90249**

If you are not satisfied with their response, you may appeal to the agency, which helps fund this program. Your Counselor can tell you where to mail your complaint:



- € Dept. of Public Health, Substance Abuse Prevention & Control, 1000 S. Fremont Ave., Bldg A-9 East, 3rd Floor, Alhambra, CA 91803
 - € Dept. of Public Health, Division of HIV and STD Programs, 600 S. Commonwealth Ave., 10th Floor, Los Angeles, CA 90005
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Certain complaints may also be filed directly with: U.S. Department of Health and Human Services, Office of Civil Rights, 50 United Nations Plaza, Room 322, San Francisco, CA 94102 415-556-8730; TDD 415-556-8586

YOUR RIGHTS

1. You have the right to confidentiality as provided for in Title 42 Chapter I, Subchapter A, Part 2 Sections 2.1 through 2.67, Code of Federal Regulations.
2. You have the right to be accorded with dignity in personal relationships with staff and other persons.
3. You have the right to safe, healthy, and comfortable accommodations to meet your needs.
4. You have the right to be free from intellectual, emotional, verbal, and/or physical abuse, exploitation, prejudice, or inappropriate sexual behavior.
5. You have the right to be informed by the program of the provisions of law regarding complaints including but not limited to the address and phone number of the Department.
6. You have the right to make a complaint to the facility where you receive care, the County, and in some cases, the Health and Human Services Secretary, and receive a response.
7. You have the right to receive timely access to care.
8. You have the right to access emergency medical or dental care.
9. You have the right to receive access to medically necessary services out-of-network if the County does not have a provider who can deliver the services.
10. You have the right to be free from discrimination based on race, color, ancestry, national origin, religion, creed, age, disability, sex, sexual orientation, gender identity or expression, marital status, medical condition, or military or veteran status.
11. You have the right to receive oral interpretation services in your preferred language.
12. You have the right to receive services in a manner that respects and acknowledges the impact of language, culture, and abilities on you.
13. You have the right to be treated for the life-threatening, chronic disease of substance use disorder with honesty, respect, and dignity, including privacy in treatment and in care of personal needs.



14. You have the right to request and receive a copy of your medical records, and request that they be amended or corrected as specified in 45 CFR §164.524 and 164.526.
15. You have the right to be informed by the treatment provider of all aspects of treatment recommended to you, including the option of no treatment, risks of treatment, and expected results.
16. You have the right to be treated by treatment providers with qualified staff.
17. You have the right to receive evidence-based treatment.
18. You have the right to be treated simultaneously for co-occurring behavioral health conditions, when medically appropriate and when the treatment provider is authorized to treat co-occurring conditions.
19. You have the right to receive an individualized, outcome-driven treatment plan or progress notes.
20. You have the right to remain in treatment for as long as the treatment provider is authorized to treat you.
21. You have the right to receive support, education, and treatment for your families and loved ones, if the treatment provider is authorized to provide these services.
22. You have the right to receive care in a treatment setting that is safe and ethical.
23. You have the right to be free from mental and physical abuse, exploitation, coercion, and physical restraint.
24. You have the right to be informed of these rights once enrolled to receive treatment, as evidenced by written acknowledgment or by documentation by staff in the clinical record that a written copy of these rights was given.
25. You have the right to receive written materials critical to your care in other formats (such as other languages, large print size, braille, and audio), upon request.
26. You have the right to have your health information kept protected and private, and to opt out of receiving fundraising communications.
27. You have the right to request an appeal if you receive a Notice of Adverse Benefit Determination.
28. You have the right to exercise these rights without it negatively affecting the services you receive.
29. You have the right to receive ethical care that covers and ensures full compliance with Chapter 5 of Division 4 of Title 9 of the California Code of Regulations and certification standards adopted in accordance with Section 11832, as applicable.

Please refer to the grievance procedure if you believe any of your rights have been violated.

Behavioral Health Services, Inc. Code of Ethics

BHS requires that all Board Members, staff, volunteers, interns, consultants and subcontractors perform their duties with the highest level of ethical conduct. In addition to laws and regulations, this code of ethics provides the foundation upon which specific BHS policies and procedures are based. BHS Code of Ethics requires that, in all business, marketing/fundraising, contractual relationships and service delivery, BHS Board Members, staff, volunteers, interns, consultants and subcontractors shall demonstrate:

PROFESSIONALISM: Conduct all business in a professional manner with an emphasis on health, wellness and recovery.



UPHOLDING OF BHS MISSION AND CORE VALUES: Compassion, dedication, diversity and integrity – and conduct business in a manner that promotes the best interests of society, the client, staff and BHS.

NON-DISCRIMINATION: BHS does not discriminate based on race, creed, color, religion, national origin, ethnic group identification, ancestry, sex, age, gender, marital status, political affiliation, or condition of physical or mental handicap/disability, sexual/gender orientation or identity, culture, language, spiritual beliefs, income or socioeconomic status.

LEGAL COMPLIANCE: Comply with all applicable federal, state and local laws and regulations, and third party pay or requirements. BHS prohibits activities that are or may be considered waste, fraud, abuse or other forms of misconduct. Personnel shall consult with BHS policies and procedures and/or their supervisors for any questions about the proper performance of their job duties.

PROTECTION OF PATIENTS/CLIENTS: Respect individual dignity, integrity and protect the welfare of clients in all our work.

QUALIFICATIONS: Have the skills, ability, eligibility and knowledge to perform the duties of their positions and not claim to have qualifications or services that we are not able to provide.

SAFE, ALCOHOL/DRUG-FREE AND HARASSMENT-FREE WORK ENVIRONMENT: Maintain a safe work environment free from alcohol or illicit drug use, illegal activity, discrimination, intimidation, harassment including sexual harassment, retaliation and inappropriate or improper staff/client relations, in accordance with BHS policies

ACCURATE, EFFECTIVE COMMUNICATIONS: Ensure written communications and documentation are accurate and complete, reflective of current knowledge and written in a professional style appropriate for the communication. This includes adherence to BHS social media policy.

FAIRNESS: Endeavor to deal fairly with donors, clients, family members, subcontractors, suppliers and the public and shall not take unfair advantage of anyone through manipulation, exploitation, abuse or unauthorized disclosure of privileged or confidential information, misrepresentation of material facts or any other unfair practice.

PRIVACY & CONFIDENTIALITY: Maintain the confidentiality of patients' protected health information as required by BHS privacy, security and confidentiality policies that include but are not limited to the Health Insurance Portability and Accountability Act (HIPAA) and 42 CFR Part 2. BHS personnel shall not access patient information unless they have a need to access the information because of their job duties.

PROPER BILLING & DOCUMENTATION ACTIVITIES: BHS personnel shall not engage in false, fraudulent, improper or questionable billing practices or documentation that leads to improper billing. Such improper activities include, but are not limited to:

- Billing for items or services that were not actually rendered, or that were not medically necessary in accordance with contract requirements and BHS policies;
- Submitting a claim for payment without adequate documentation to support the claim;
- Submitting more than one claim for the same service (duplicate billing);
- Documenting services that were not actually delivered to eligible clients/patients;
- Signing a form without proper authorization (such as a certified counselor signing for a licensed practitioner);
- Improperly altering medical records.



CONFLICT OF INTEREST DISCLOSURE: Acknowledge any potential conflict of interest and excuse individuals from decision making when a potential conflict of interest arises.

COOPERATION IN INVESTIGATIONS: Cooperate with any internal or governmental investigation and supply information requested, in accordance with applicable confidentiality requirements or regulations.

REPORTING OF SUSPECTED VIOLATIONS: Immediately report any suspected activities which may be considered waste, fraud, abuse or other questionable conduct to the Compliance Officer, management, or anonymous hotline. There shall be no reprisal for making any report.

NON-RETALIATION: BHS personnel shall not retaliate in any way against any person for reporting a suspected violation of any law, regulation, program requirement, code of ethics, standards of conduct or policy, or for cooperating with an investigation.

All employees and volunteers are obligated to report any knowledge of any violation of the Code of Ethics. There shall be no reprisal for any staff, volunteer or client who reports knowledge of any waste, fraud, abuse, or other questionable activities. Reports are to be made to the Corporate Compliance Officer by telephone, email, or letter, or to other management. Confidential anonymous reports may be made by calling the **Corporate Compliance Hotline (310) 679-9126, ext. 1568** and leaving a voice message. All allegations of waste, fraud, abuse or wrongdoing shall be investigated using the Problem-Solving Procedure outlined in Policy and Procedures Section 5.6.1.2.



**BHS, Inc. –Admission Agreement
Client Acknowledgement Page**

I have read, understand, and received a copy of the BHS Admission Agreement. I further understand that I am responsible for all the information contained in it, as follows:

- BHS, Inc. – SAPC-Approved R95 Admission Agreement
- BHS, Inc. Residential Program Structure & Expectations
- Lapse and Relapse During Treatment Protocol
- BHS, Inc. – SAPC-Approved R95 Discharge Policy
- BHS, Inc. – SAPC-Approved R95 Toxicology Agreement
- Grievance Procedure
- Payment Provisions & Refund Policy
- Notice of Non-Discrimination
- Client Rights
- BHS, Inc. Code of Ethics

Records Storage and Retention Attestation

I acknowledge that my treatment and program records will be securely maintained in compliance with all applicable federal, state, and local laws, including HIPAA and 42 CFR Part 2, as applicable. I understand that my records will be stored in BHS, Inc.’s primary electronic medical record system for the legally required retention period. I further acknowledge that, as required by Los Angeles County SAPC, certain information may also be maintained within the County’s electronic medical record system for oversight, reporting, billing, and compliance purposes, and will be securely retained for the timeframe required by law and County regulations.

After reading the Admission Agreement, I agree to follow the policies stated in it and to participate actively in the treatment program. I have been informed that I may request a copy of the Los Angeles County Department of Public Health - Substance Use Treatment Services Patient Handbook or obtain it at the link below:

<http://publichealth.lacounty.gov/sapc/NetworkProviders/Privacy/PatientHandbook.pdf>

By signing below, I am agreeing that I understand the information above and that I know I can ask questions anytime.

Client Name (Printed)

Date

Client Signature

Provider Agency / Staff Name (Printed)

Date

Staff Signature