

# **MISSION UNITY TREATMENT SERVICES**

## **CLIENT ORIENTATION**

**Welcome to MISSION UNITY RESIDENTIAL TREATMENT PROGRAM. We are licensed by the State of Florida, Department of Children and Families, as a Drug and Alcohol Treatment Program. All of our counselors are trained in addictions counseling and are supervised by the Director, Carol A Shirkey, who is certified as an Addictions Professional.**

**This sheet is meant as an orientation to your counseling and treatment services. Please become familiar with it. It contains your rights as a client and how to report any dissatisfaction you might with our services as well as other useful information about our program.**

**We want you to understand the following guidelines as you begin your counseling with us:**

**Your counseling is kept in the strictest confidence. Your counselor must approve any change in the frequency of your counseling sessions.**

### **The Screening**

**Mission Unity Treatment Services will conduct a Participant/Client Screening as part of the intake procedure. The initial screening shall consist of but not be limited to the following:**

#### **Determination of Appropriateness and Eligibility for Placement.**

**The condition and needs of the client shall dictate the urgency and timing of screening. Persons requesting services shall be screened to determine appropriateness and eligibility for placement or other disposition. The person conducting the screening shall document the rationale for any action taken.**

**Client Signature \_\_\_\_\_**

**Date \_\_\_\_\_**

**Witness Signature \_\_\_\_\_**

**Date \_\_\_\_\_**

**MISSION UNITY TREATMENT SERVICES  
HOUSE RULES POLICY**

**ANY VIOLATION OF THE FOLLOWING MAY RESULT IN A 30 MINUTE  
SUPERVISED EVICTION FROM MISSION UNITY, INC. PROPERTY.**

**1. Zero tolerance for drug and/or alcohol use. We reserve the right to test randomly. If you test positive you will be required to repeat the days and sessions in the program prior to the use of the drugs or alcohol at the regular costs, refusal to test will be treated as a positive result. A second positive test will result in expulsion from our program. You will then have 30 supervised minutes to vacate Mission Unity, Inc. property.**

**a) Refusal to vacate in allotted time will result in local law enforcement supervision.**

**2. No weapons or drug paraphernalia are permitted on premises. Or inside personal vehicles.**

**3. Violations of probation, house arrest, driver license suspension or DOC restrictions that apply to you will not be allowed to occur on Mission Unity, Inc. property and will be reported to the proper authorities.**

**4. Fighting, aggressive behavior, threats of violence, racial slurs, sexual harassment or any other socially inappropriate behavior will not be tolerated.**

**a) Pornographic materials of any kind are not allowed on Mission Unity, Inc. property.**

**5. Any theft or vandalism of the house property or other clients personal property will not be tolerated. a) Dresser drawers and closets are considered personal space and are private to the assigned clients and staff.**

**6. Guests are allowed to visit for a period of 4 hour on Sunday of the third week in treatment (Clients, with approval from the Clinical Director may be issued an offsite pass for that visitation.) Visitors may also come to the Mission Unity 6:30pm Book Study meeting on Tuesday nights only. They may visit 5 minutes before and 5 minutes after meetings. All visitors must stay outside the house and must leave by 10:00PM. Only clients and staff are allowed inside the Mission Unity Residential Treatment Housing facility.**

**No one under the age of 18 is allowed on Mission Unity, Inc. property unless accompanied by their parent at all times.**

**7. No overnight passes.**

**8. Telephone service is provided for client's use. Early morning and late evening outgoing calls only. b) To respect and protect other's privacy, the phone is to be answered "hello" not Mission Unity Treatment Program etc.**

**c) If you answer the phone you are obligated to take a message. The phone is equipped with call waiting. You are required to interrupt your call to answer. All messages must be**

written on the message board. It is each client's responsibility to check for his/her own messages.

d) Outgoing personal calls are allowed with a 10-minute time limit. Between 8 & 9 am and 9 & 10:30, with prior approval, exceptions may be given for long distance calls.

e) No incoming calls after 10:30 pm. No outgoing calls after 10:45 pm.

f) Remember that phone use is a privilege. Any attempt to use the phone illegally will result in immediate dismissal and possible legal consequences.

9. Lights, TV's and radios must be off by 11:00 pm.

10. Personal toiletries such as towels, soap, shampoo, etc. must be stored in client's personal space after each use.

e) Personal sleeping space is your responsibility and must be maintained in an orderly fashion. Beds are to be made every morning when you wake up.

11. Each client is required to attend all scheduled counseling sessions, groups and meetings.

12. Smoking is not allowed inside the house.

a) Each house has a smoking area designated. b) Ashtrays are to be used.

13. Residential Treatment Program Clients are Not Permitted to Drink Caffeinated Beverages after 1 pm. Coffee and soda are fine but, no energy drinks.

14. ALL medications, including any (OTC) over the counter medications, must be approved and supplied by the program director/primary counselor.

By living together in mutual respect, you will be part of a healing community that will assist you as you strive to improve your life.

I have read and understand the above Residential Treatment House Rules and intend to comply. I understand that if I choose to or if I am required to leave the Mission Unity Residential Treatment Program, as a result of the breach of any of these rules, any prepaid fees will be forfeited.

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

Date \_\_\_\_\_

# **MISSION UNITY TREATMENT SERVICES**

## **Client Grievance Procedure**

1. **Purpose.** This operating procedure establishes a uniform policy for processing grievances filed by Clients of Mission Unity Treatment Services.

2. **Scope.** This procedure applies to all clients of Mission Unity Treatment Services.

3. **Terms Defined.**

a. **Grievance.** A grievance is defined as the dissatisfaction that occurs when a client believes that any condition affecting the client is unjust, inequitable, or a hindrance to effective service.

b. **Business Days.** Any calendar day except Saturday, Sunday or a state holiday.

4. **General.**

a. A Client of Mission Unity Treatment Services may submit a signed written grievance as prescribed herein.

b. A grievance must involve a matter over which the agency has control.

c. The client and Staff are expected to work together to resolve any grievances.

d. The Clinical Director and Mission Unity Executive Director are responsible for the Grievance process.

(1) Maintaining a log of all grievances that includes dates and decisions at each step of the grievance process.

The following procedures shall apply to the processing of a grievance filed by a

Client. a. **Step1: Filing with a staff member of Mission Unity Treatment Services.**

(1) A Client having a grievance may submit a signed, written grievance form to a staff member as soon as possible or within 14 calendar days following the occurrence of the event giving rise to the grievance.

(2) The staff member shall be responsible for:

(a) Providing the Client with a signed dated copy of the grievance form acknowledging receipt, and date.

(b) Providing a copy of the grievance to the Clinical Director by the close of business on the following business day after receipt of the grievance;

(c) Discussing and resolving any issues with the grievance including timeliness and agency control of the grievance subject matter.

**(d) Meeting with the Client to discuss the grievance and providing a written response to the Client within seven (7) business days following receipt of the grievance.**

**The time limits for responding at Step 1 may be extended in writing by mutual agreement up to seven (7) business days.**

**b. Step 2: Review by the Step 2 Representative (Executive Director)**

**(1) A Client who is dissatisfied with the response from Step 1 may submit the written grievance to the Step 2 Representative within seven (7) business days following receipt of the Step 1 response.**

**(2) The Step 2 Representative must meet with the Client to discuss the grievance within five (5) business days following receipt of the grievance.**

**(3) The Step 2 Representative must respond in writing to the Client within five (5) business days following the meeting. The time limits for responding at Step 2 may be extended in writing by mutual agreement up to seven (7) business days.**

**(4) The written decision of the Step 2 Representative shall be the final authority for all grievances filed under this operating procedure. Such grievances may be appealed beyond Step 2 to the Department of Children and Families.**

**I have read, understood and been given a copy of this policy.**

**Client Signature \_\_\_\_\_**

**Date \_\_\_\_\_**

**Staff Signature \_\_\_\_\_**

**Date \_\_\_\_\_**

# MISSION UNITY TREATMENT SERVICES

## Limits of Confidentiality

Limits of Confidentiality Everything that happens in therapy is strictly confidential and protected under the law. Your therapist cannot discuss anything about your therapy, or even identify that you are a client, unless you give your written permission. There are some instances when a therapist will talk with someone about your case *without* obtaining your consent that is allowed under the law. These include reviewing your case during Clinical Supervision or Peer Consultation, sharing required information with your health insurance, discussing your case with other mental health or healthcare providers to collaborate services provided to you.

There are some instances in which a therapist is required to break confidentiality under the law. These include:

MANDATED REPORTING LAWS Child Abuse includes physical or sexual abuse, neglect, excessive corporal punishment, child abduction and exposure to domestic violence that is traumatizing to the child. Child abuse reporting only applies to children who are currently under the age of 18. Abuse that happened in your childhood prior to becoming an adult is not reportable unless there is a child who is currently in danger of being abused. The therapist is required to report *suspected* child abuse in addition to known incidents of abuse. Child abuse is reported to the Department of Children and Family Services who will investigate the abuse allegations.

Dependent Adult/Elder Abuse includes physical abuse, sexual abuse, neglect, abduction, financial abuse, self-neglect, isolating the adult and not providing proper care, including medical and mental health needs. Again, the therapist is required to report suspected abuse in addition to know abuse.

INTENT TO HARM YOURSELF OR OTHERS If you disclose the intention or a plan to harm another person, I am legally required to warn the intended victim and report this information to legal authorities. If you disclose or imply that you have a plan for to harm or kill yourself, I, as a therapist, I am required by law to take precautions to keep you safe, which includes contacting a family member or friend to watch over you for a specified amount of time, a referral to a psychiatric hospital or police intervention if necessary.

PRIVILEGE Privilege is a legal concept. In a court of law, your right to confidentiality is legally protected. The only way this can be broken is under the following conditions:

*You elect to waive your right to privilege* If you are in a court proceeding and want the therapist to testify on your behalf or release your records to your attorney or the court, you are waiving your right to privilege. You must give your therapist written permission to waive your right to privilege. It is important to know that any time you waive your right to privilege all of your therapy records can be released to the court and attorneys. You cannot control what content is released. You cannot control the content of the therapist's testimony.

*Introducing your mental status in court* if you use your mental health status in court or introduce it during a legal proceeding, you automatically waive your right to privilege.

*Lawsuits* If you decide to pursue legal action against your therapist or the therapist seeks

legal remedies to obtain payment for services provided for which you refused to pay, you do not have the right to privilege.

*Judges Order* Therapists are required to release client records or testify in court if a judge orders this. This does NOT include subpoenas from attorneys.

MINORS/GUARDIANSHIP Parents or legal guardians of non-emancipated minors have the right to access the client's records. I ask all parents not to do this for the success of treatment of your child, but it is a parent's legal right, unless the minor meets the exceptions to mental health treatment under the law.

DEATH OF A CLIENT In the case of your death, all of your records are still protected under the law unless you have specified otherwise in writing to me. For minors, parents and legal guardians have a legal right to access your records if you die.

I have read and understood this information about the Limits of Confidentiality.

Client's Signature \_\_\_\_\_

Date \_\_\_\_\_

Staff Signature \_\_\_\_\_

Date \_\_\_\_\_

Communicable Disease” – An illness due to a specific infectious agent or its toxic products which arises through transmission of that agent or its products from a reservoir to a susceptible host either directly as from an infected person or animal or indirectly, through an intermediate plant or animal host, vector or the inanimate environment. (1) Diseases or conditions listed in subsection (3) below are of public health significance identified by the Department as of the date of these rules which must be reported by the practitioner, hospital, laboratory, or other individuals via telephone (with subsequent written report within 72 hours, see Rule 64D-3.030 – 3.033, F.A.C.), facsimile, electronic data transfer, or other confidential means of communication to the County Health Department having jurisdiction for the area in which the office of the reporting practitioner, hospital, laboratory or patient's residence is located consistent with the specific section and time frames in subsection (3) below relevant to the practitioners, hospitals and laboratories, respectively.

