



Client Orientation Handbook





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Welcome

Hello! We would like to welcome and thank you for choosing to start your treatment journey with Unity Behavioral Health (Unity). At Unity we acknowledge that all individuals experience life challenges and we understand and respect the uniqueness of everyone's circumstances. In order to provide the most effective treatment interventions, Unity personnel work with clients to assist in eliminating barriers and maximizing the use of natural supports. Please take some time to review our Mission, Core Commitments and this Orientation Handbook to gain a better understanding of what to expect in treatment.

We are grateful that you have selected Unity as your treatment provider!

Mission

To be a beacon of hope and healing, we empower clients to discover inner strengths, develop interpersonal harmony and create lasting relationships in supportive and united communities.

Core Commitments

Unique – Uniqueness is a source of strength and potential. We do not believe in a “one-size-fits-all” approach.

Noteworthy Progress - We celebrate every step of progress, no matter how small. Every achievement is noteworthy.

Inquiry - We encourage open and curious dialogue, where questions are welcomed and exploration is encouraged. Through inquiry, we uncover insights and discover new perspectives.

Today and Tomorrow - Our focus is not only on addressing immediate concerns but also on creating and accessing tools and strategies needed to thrive today and in the future.

You - We believe in placing your needs, well-being and personal growth at the center of our decisions and approaches.



Location and Contact Information

Main Phone Number: (419) 960-5559

Office Location: 1632 E. Perry St.
(By appointment Only) Port Clinton, OH 43452

1224 West St.
 Genoa, OH 43469

Office Hours of Operation: By appointment

Closed Holidays: Independence Day
 Labor Day
 Thanksgiving Day
 Day after Thanksgiving
 Day before Christmas Day
 Christmas Day
 New Year's Day
 Martin Luther King Day
 Memorial Day

(if the holiday falls on a Saturday, it is observed the Friday prior; if it falls on a Sunday, it is observed on Monday)

Crisis Services If you are experiencing a behavioral health emergency that requires immediate care, call 911 or go to your nearest emergency room. Crisis services are not currently available through Unity Behavioral Health. If there is an emergency, please contact the local crisis coordination line: 988

Service Overview

Unity programs utilize a person-centered approach where we strive to work with clients, parents/guardians, and collateral contacts to create individualized treatment goals and objectives. Services and frequency recommended vary based on each client’s clinical needs and level of care. Below is a list of services available as well as a brief description of each service.

Services are available for **youth, adults, families and couples.**

Diagnostic Assessments <ul style="list-style-type: none"> Behavioral Health Court Ordered 	Counseling <ul style="list-style-type: none"> Behavioral Health Family & Couples 	Groups <ul style="list-style-type: none"> Counseling Skill Building Day Treatment 	Case Management <ul style="list-style-type: none"> Behavioral Health
Specialized Services <ul style="list-style-type: none"> Batterers Intervention Program (Psychoeducation) Observation & Consultation Trauma-Focused Treatment 		Unique Settings <ul style="list-style-type: none"> School-Based Home-Based Community-Based 	

Diagnostic Assessments: Completed with every client coming in for services, typically at the first appointment. Although this assessment involves multiple questions, it is facilitated in an empathetic, person-centered approach where individual strengths are highlighted, needs are identified and barriers begin to be addressed. The assessment process results in a behavioral health or substance use diagnosis used to guide treatment.

Counseling: Counselors use a variety of evidence-based techniques and theories in sessions to assist clients in meeting their goals. It can be provided in a variety of settings including office, community, school and home. Counseling comes in many forms:

- Individual Counseling
- Family Counseling



- Couples Counseling
- Parent Training & Education

Groups: Provided to address a variety of topics based on the needs of clients attending and help normalize behavioral health symptoms. Groups integrate education and skill building in a setting that facilitates social learning and connection.

- **Day Treatment:** Group service offered during set times in a more structured setting for clients needing a higher level of care. Day Treatment services address complex needs through evidence-based interventions working to develop and restore social skills, stress management and daily functioning.

Substance Use Services: Currently, Unity does work with individuals with co-occurring mental health and substance use disorders but does not specifically work with individuals diagnosed with isolated substance use disorders. If a clinical need for specific substance use treatment arises, appropriate coordination and referrals will be made.

Case Management: A wide array of services aimed to promote and support an client's ability to succeed in their natural settings. Some examples of case management include (but not limited to):

- Coordination of Care
- Development of Daily Living Skills
- Advocacy & Outreach
- Resource Access/Linkage
- Referral Facilitation
- Assistance with navigating complex systems (JFS, Medicaid, etc.)
- Psychoeducation
- Eliminating barriers

Payer Sources & Fees

Behavioral health services can be covered by private/commercial insurance, Medicaid, Managed care plans and private pay. Coverage is based upon insurance providers and plans and prior authorizations may be required in some cases. Fees are based on established rates. Any co-pays are due at the time of service.

Referral Services

Referrals for services may be made directly by community partners (schools, courts, local/state agencies, etc.), professionals, families, etc. Clients may self-referral as well.

What to expect

Services provided by Unity are delivered by empathetic and knowledgeable professionals who use strength-based approaches to help clients meet treatment goals. The diversity in personnel allows clients the opportunity to engage in services with a counselor that is best suited to facilitate their treatment journey. If there are ever services or needs that cannot be met by Unity personnel, coordination and referrals will be facilitated when requested.

Throughout services with Unity, personnel will be transparent in their communication to ensure that the treatment process is parallel. Unity is dedicated to protecting the privacy of clients served and abide by all state and federal confidentiality laws.

There may be times when a provider may need to cancel an appointment. In this instance, whenever possible, personnel are expected to provide a minimum of a 24-hour notice to any client when canceling. There may be circumstances when this is unable to be provided; however, frequent cancelations without a 24-hour notice should be discussed with the provider and/or his/her supervisor.

Unity Policies & Rules

Unity is required to provide this Notice to you by the Health Insurance Portability and Accountability Act under HIPAA.

This notice describes how Unity protects your personal health information which relates to the services we provide to you and how we may use and disclose this information. Unity is required to maintain the privacy of your records and health information. All clients will be notified of reportable breaches of privacy and security. A copy of HIPAA

rights titled (Notice of Privacy Practice-Your Client Rights Under HIPAA) is available in the waiting room and upon request.

Site and Safety Organization

Emergency evacuation maps are located in each room next to the door, identifying exits, first aid kits and fire extinguishers. Please reference in case of an emergency

Confidentiality

All information obtained by Unity about you, your child or ward is strictly confidential. Information can be released only with a written, specific release signed by you or the parent/guardian (if applicable). Unity personnel members have access to confidential information and are required to demonstrate professionalism. Discussion of any client must be confined to parties who are professionally involved with the client's assessment and diagnosis, enrollment or treatment. Any case discussions will be conducted in a professional manner and in an appropriate place. Clients will never be discussed in public.

Limits on Confidentiality – Unity is responsible for the release of client PHI in the following circumstances:

- Any and all suspected abuse/neglect incidents of children, elderly, clients with developmental disabilities and/or animals must be reported
- Any court orders requesting the release or records
- Duty to Warn/Protect – if a client is an identified risk of harm to themselves/others
- If consent is provided or waived requesting the release of records
- If the insurance company reimbursing for services requests records

Mandated Reporter

In the State of Ohio, all personnel of Unity are considered mandated reporters with regards to suspected abuse and neglect. Mandated reporters are not required to provide their name to make a report and the identity of the reporter shall not be released for use. Any suspected abuse or neglect shall be reported according to state and federal law. See Ohio Revised Code 2151.421.

Discharges/Treatment Transitions

Clients may voluntarily terminate services at any time. Discharge planning, referral to other services and coordination with other providers is offered if desired. Clients may also be discharged from the service for frequent "no show" or missed appointments. See appointment/cancellation section for our "No Show" policy.

Policy on Seclusion and Restraint

At Unity we are committed to a physically and psychologically safe environment. Even with support there are times when clients may demonstrate signs of fear, anger, or pain that could lead to unsafe behaviors. Personnel are trained to recognize and respond to these behaviors through various interventions, such as changes to the physical environment, sensory-based calming strategies, engagement in meaningful activities, redirection, active listening, approaches that have been effective for the client in the past, etc. Unity prohibits the use of restrictive procedures such as physical restraint or seclusion.

Upon entering treatment, if there are concerns of safety with clients, parents may be asked to participate in an Behavior Risk Assessment. If an assessment indicates the potential for dangerous behavior, families are asked to assist in the identification of techniques or methods that may be needed to help the client control his or her potentially dangerous behavior.

Grievance Process

Each client receiving services has the right to file a grievance. A client may file a grievance at any time. If the client requires assistance in completing the grievance, the Client Rights officer may assist them with this process. This procedure is posted in all buildings for reference.

It is inevitable in any organization that conflicts will arise. A professional organization is one in which the members handle these conflicts in a constructive manner. It is the purpose of these procedures to describe a process for 1) addressing concerns and conflicts in a constructive manner, and 2) filing a formal grievance with the Client Rights Officer in addition to, and/or if the steps to addressing concerns does not meet satisfaction of the client

Client Rights Officer: Alicia Boreman

Email: aliciab@unityservices.org

Phone: 419/960-5559

Client Expectations

When accessing services, there are a few things that are expected for clients. Below are some of those expectations.

Engagement/Participation and Treatment Plan Participation

Unity recognizes the hesitation and stigma around seeking counseling services and personnel are here to support clients throughout the process. In order to get the most out of treatment, engagement is very important. At Unity, personnel hold clients accountable for active treatment participation and engagement.

It is incredibly important that the client/guardian is actively involved in the development of the client treatment plan. The development of the individualized treatment plan can include a review of the assessments and treatment recommendations with the client, family/guardian and members of the treatment team. As part of the development of the individualized treatment plan, the client and/or their family/guardian will, through a collaborative effort with the treatment team, create appropriate goals and objectives that address current concerns and are attainable.

Fee Explanations, Financial Agreements, Fees and Obligations

Each client is responsible for providing the appropriate information to bill for services provided. Clients take full responsibility for any outstanding payments not covered by other funding sources/payors.

Appointment Cancellations/No-Shows

Arriving late to an appointment (15 minutes or more), may impact treatment availability. It is at the discretion of the personnel as to whether or not the appointment will need to be rescheduled (depending on availability).

If a scheduled appointment needs to be canceled, as much notice as possible is requested. Please provide at **least a 24-hour notice** when cancelling an appointment. The below policy for no-show/late cancellations (past 24-hours) is enforced:

1. After 1st “no show”, a review of the appointment and scheduling expectations will be provided during rescheduling or the appointment immediately following the no-show.
2. After a 2nd “no show” for a scheduled appointment within 2 months of the first no show appointment, a letter with the no show/cancellation expectations will be mailed/emailed (depending on consent) and any future appointments must be approved by the treatment provider.
 - a. If previously scheduling for multiple appointments in a row, this availability may be limited by the provider.
 - b. If previously scheduled during a “prime” spot (typically high requested times based on that time of year), access may be lost to that availability and a different time may need to be selected.
3. After a 3rd “no show” for a scheduled appointment within the first 6 months of the first no show appointment, future appointments will be scheduled in a “double book” spot. In this instance, notification will occur again of the no show/cancellation expectations and the “double book” process will be reviewed.
 - a. The provider will determine when a client may be removed from the “double book” schedule.
4. After the 4th “no show” for a scheduled appointment within 6 months of the first no show appointment, two separate contact attempts will be made (ex. phone call and letter) regarding discharge from services.
 - a. Clients who are discharged will be required to complete a new DA and may be re-assigned to a different provider based on availability.

Electronic Devices

At Unity, it is important that respect for privacy and confidentiality be extended to all clients served as well as providers. To maintain this level of confidentiality and trust, the use of cameras, including phone cameras, audio recorders, and any other picture/video/audio recording device is not permitted while in any services and/or in the location of services (waiting rooms, groups, community-based treatment, etc.). Additionally, engagement on social media platforms (snapchat, Instagram, facebook live, tiktok, etc.) while in session, posts/pictures/etc., directly related to services that identify clients served and/or providers, is prohibited.

Unity does not permit client/parent/guardian recording of sessions either via video or audio under any circumstances.

There may be instances where Unity personnel would like to record a session for supervision and/or learning purpose, this is only done when consent has been provided by the client and/or parent/guardian. Any client and/or parent/guardian has the right to refuse recordings of sessions.

Tobacco, Vapes, Illicit/Licit Substances Use/Influence and Weapons

Unity is a substance, smoke, vape, tobacco and weapon free agency. Please do not bring any of these items on Unity property and/or in any setting where services are being provided.

Substance use and/or possession by parents/guardians while participating in treatment sessions with minor child will not be tolerated. Substance use and/or possession by an adult client during treatment sessions or while in a setting where services are being delivered, will not be tolerated. Adults and/or parents/guardians of minor children seeking services (who are under the influence) will be immediately asked to leave the premises and appropriate action will be taken regarding concerns for the children (please see the Mandated Reporting section of this handbook for more information).

Prescription Medications

Unity understands that clients accessing services may be receiving and taking prescription medication(s) throughout the course of treatment. Prescription medications should not be brought into the facility unless needed during treatment services. Any prescriptions brought into the building must be kept with personal belongings. Unity will not be held liable for any lost/stolen prescription medications.

Behavior Management and Crisis Intervention

Unity does not tolerate acts of physical aggression or verbally threatening behavior towards any personnel, visitors, other clients or volunteers at the agency. If acts of aggression or any other threatening behavior is to occur on the premises, the agency shall assess if services shall be suspended or terminated as well as determining if a higher level of care is required. If aggressive or threatening behaviors cannot be reduced, it may be necessary for law enforcement to be contacted to maintain a safe environment.

Client Rights

- Right to Participation – We believe in the importance of client participation in their treatment process.

Clients have the following rights:

- o The right to participate in any appropriate and available service that is consistent with their treatment plan (Individual treatment plan [ITP] or person-centered plan [PCP]), regardless of the refusal of any other service, unless that service is a necessity for clear treatment reasons and requires the person's participation.

- o The right to participate in the development, review and revision of one's own treatment plan (ITP or PCP) and receive a copy of it.

- Right to receive services in the least restrictive, feasible environment.

- Right to Dignity and Respect – We promote an environment that values diversity and honors the inherent worth and dignity of each individual.

- o Clients have the right to be treated with consideration and respect for personal dignity, autonomy and privacy.
- Right to Safety – We prioritize the safety and well-being of our clients. Regarding safety, clients have the following:
 - o The right to reasonable protection from physical, sexual or emotional abuse, neglect, and inhumane treatment.
 - o The right to freedom from unnecessary or excessive medication, and to be free from restraint or seclusion unless there is immediate risk of physical harm to self or others.
 - Right to Informed Consent – We believe in the importance of informed decision-making. Clients have the right to be fully informed about the nature of their treatment, including potential risks, benefits, and alternatives as well as the following:
 - o The right to give informed consent to or to refuse any service, treatment, or therapy, including medication absent an emergency.
 - o The right to be advised and the right to refuse observation by others and by techniques such as one-way vision mirrors, tape recorders, video recorders, television, movies, photographs or other audio and visual technology. This right does not prohibit an agency from using closed-circuit monitoring to observe seclusion rooms or common areas, which does not include bathrooms or sleeping areas
 - Right to Confidentiality – We respect the privacy of our clients and ensure the confidentiality of their personal information and treatment records in accordance with applicable laws and ethical standards.
 - o Clients have the right to confidentiality of communications and personal identifying information within the limitations and requirements for disclosure of client information under state and federal laws and regulations.
 - Right to Access – We strive to ensure that our services are accessible to all individuals and that they have access to information appropriate for treatment and care. Clients have the following:
 - o The right not to be discriminated against for receiving services on the basis of race, ethnicity, age, color, religion, gender, national origin, sexual orientation, gender identity, physical or mental handicap, developmental disability, genetic information, human immunodeficiency virus (HIV/AIDS) status, or in any manner prohibited by local, state or federal laws.
 - o The right to have access to one’s own client record unless access to certain information is restricted for clear treatment reasons. If access is restricted, the treatment plan shall include the reason for the restriction, a goal to remove the restriction, and the treatment being offered to remove the restriction.
 - Right to Information and Communication – We believe that treatment is a collaborative process where information is shared, and communication is open and active. Clients have the following:
 - o The right to be informed and the right to refuse any unusual or hazardous treatment procedures.
 - o The right to be advised and the right to refuse observation by others and by techniques such as one-way vision mirrors, tape recorders, video recorders, television, movies, photographs or other audio and visual technology. This right does not prohibit an agency from using closed-circuit monitoring to observe seclusion rooms or common areas, which does not include bathrooms or sleeping areas
 - o The right to be informed in a reasonable amount of time in advance of the reason for terminating participation in a service, and to be provided a referral, unless the service is unavailable or not necessary
 - o The right to be informed of the reason for denial of a service
 - o The right to know the cost of services
 - o The right to be verbally informed of all client rights, and to receive a written copy upon request
 - o The right to be informed of one’s own condition
 - Right to Inquiry & Voice: We encourage feedback from our clients regardless of content and seek to find resolutions to any issues related to their care. Clients can expect this feedback to be openly accepted without fear of retaliation. Clients have the following:



- o The right to exercise one's own rights without reprisal, except that no right extends so far as to supersede health and safety concerns
- o The right to file a grievance
- o The right to have oral and written instructions concerning the procedure for filing a grievance, and to assistance in filing a grievance if requested
- o The right to consult with an independent treatment specialist or legal counsel at one's own expense

Notice of Privacy Practices

Our Commitment to your Privacy:

Unity is committed to protecting the privacy and confidentiality of your protected health information (PHI). This Notice of Privacy Practices explains how we may use and disclose your PHI and your rights regarding your PHI. Please review it carefully.

Right to Receive a Paper or Electronic Copy of this Notice:

We are required by law to maintain the privacy of your PHI and to provide a notice of our legal duties and privacy practices with respect to PHI. We are required to follow the practices described in this notice. We reserve the right to change our privacy practices and the terms of this notice at any time. If we make any changes to this notice, we will provide notification in the following ways:

- Attempt to contact you and offer an updated notice for review either electronically or by mail
- Post the revised notice in our physical locations
- Post the revised notice on our website
- Have copies at all physical locations, available upon request

Understanding Your Health Information:

Protected Health Information (PHI) includes any information that we create or receive that relates to your past, present or future physical or mental health condition, the provision of healthcare to you, or payment for healthcare provided to you.

Uses and Disclosures of Your Health Information:

We are committed to maintain the confidentiality of your health information. Your PHI may be used and disclosed for purposes of treatment, payment, and healthcare operations. Outside of these permitted uses, we will obtain your written authorization before using or disclosing your PHI for any purpose not covered by this Notice or permitted by law. You have the right to revoke that authorization in writing except to the extent that any action has been taken in reliance on the authorization.

- **Treatment** – Treatment disclosures involve the use or disclosure of PHI by healthcare providers for the purpose of providing, coordinating, or managing healthcare and related services for an individual, without their authorization. This includes (but is not limited to) activities such as diagnosis, treatment, and referral for treatment.
 - o For example, a counselor may consult another healthcare provider about your diagnosis and treatment in order to coordinate additional treatment options such as medication or testing.
- **Payment** – Payment disclosures involve the use or disclosure of PHI by covered entities (such as healthcare providers or health plans) to obtain payment for healthcare services provided to an individual. This includes activities related to billing, claims processing, and reimbursement.
 - o For example, Unity will submit claims to your health insurance company for reimbursement. These claims include information about the services provided such as diagnosis, treatment dates and duration.
- **Healthcare Operations** – Healthcare operations disclosures involve the use or disclosure of PHI by covered entities for activities that are necessary for their own operations and to support the delivery of healthcare services. This includes activities such as quality assessment, performance improvement, healthcare provider credentialing, and administrative functions.
 - o For example, Unity uses PHI to evaluate the quality of care provided to clients, identifying areas for improvement in outcomes and to develop strategies to enhance the delivery of services.



- Memorandums of Understanding (MOU) – Unity may execute MOUs with organizations allowing for the exchange of PHI to best access resources, coordinate care, etc. All individuals encompassed in any MOUs are required to properly safeguard the privacy of your health information.

Your Rights Regarding Your Health Information:

You have the following rights regarding your PHI:

- Right to Access – You have the right to request access to your PHI and receive a copy of it. There may be some instances where you may not be able to review your PHI such as psychotherapy notes, records related to legal proceedings, or as otherwise restricted by law. Under some circumstances, a charge may be associated with copying, mailing, etc., of your records. Any denials of requests will be limited; however, reviews of denials may be requested in writing.
- Right to Request Amendments – You have the right to request that your PHI be amended or corrected if you believe it is inaccurate or incomplete. Requests for amendments will receive an initial response within 5 business days and a resolution within 30 days (unless the request requires a more in-depth investigation at which point you will be notified of the extension). In cases where amendment requests are denied, a written notice will be provided explaining the basis of denial and your right to appeal.
- Right to Request Restrictions – You have the right to request restrictions on how we use and disclose your PHI. This may include requesting that certain healthcare providers, family members, etc., be restricted from your PHI (or certain parts of your PHI). We are unable to limit uses/disclosures that are required by law.
- Right to Request Confidential Communications – You have the right to request that we communicate with you about your PHI through alternative means if you believe that ordinary means may jeopardize your privacy. Some examples include written communication, telephone calls, electronic communication, etc.
- Right to an Accounting of Disclosures – You have the right to request an accounting of certain disclosures of your PHI.
- Right to Receive Notice of Breach – You have the right to be notified in the event of a breach of your PHI.
- Right to Opt-Out of Fundraising Communications – You have the right to opt-out of receiving fundraising communications from us.
 - o Unity does not solicit clients and/or families in fundraising activities
- Right to file a complaint – You have the right to file a complaint with Unity regarding the use or disclose of your PHI. Complaints should be filed with the Privacy Officer. You may also choose to file a complaint with the Secretary of the U.S. Department of Health and Human Services (HHS) if you believe that your privacy rights under HIPAA have been violated (200 Independence Avenue, S.W., Washington, D.C. 20201 or call 1-877-696-6775).
 - o HIPAA prohibits retaliation against individuals who file complaints or exercise their rights under the law. Unity will not engage in any adverse actions, such as denying services or treatment, in response to a complaint. All requests noted above should be sent to the Privacy Officer (Alicia Boreman, aliciab@unityservices.org) in writing, including your signature or that of an authorized representative. Request forms can be accessed at any location and/or by email to intake@unityservices.org

Client Orientation Checklist

The following documents are provided and discussed with each client at their initial assessment and ongoing when appropriate

Document	Client Initials
Informed Consent	
Notice of Privacy Practices	
Client Rights and Responsibilities	
Client Grievances	
Financial Agreement	



Electronic and Telehealth Communications
Release of Information
Building and Emergency Procedures
Technology
Health and Safety
Client Feedback
Discharge Criteria
Client Handbook

Provider Name/Signature/Date:

Client Name/Signature/Date:



Financial Agreement and Payment Authorization

This document will serve as the basis for the payment agreement between _____ and/or the indicated responsible party and Unity Behavioral Health for services rendered on behalf of the above client served.

1. It is understood that fees are charged for all services rendered by Unity. Fees are subject to change and any increase or decrease will be passed on to the client and third-party payers. Unity will furnish you at any time, upon request, a listing of the current fees for services.
2. Based on the financial information obtained from you, Unity will first bill any insurance/third-party payers you have indicated for the total fee for services. If your insurance/third-party payer does not pay the full amount of the charges, you may be responsible for the remaining amount (contingent on any signed agreements or contracts). If desired, Unity will provide you with an estimated summary of out-of-pocket costs for your insurance coverage. This summary will be based upon an estimate from your insurance company of the benefits available and should not be regarded as a guarantee of payment.
3. Balances remaining after all appropriate third-party payers have been utilized will be your personal obligation. Services rejected by your insurer due to your failure to provide and/or secure needed documentation and information such as Coordination of Benefit information and physician referrals.
4. You must report to Unity immediately, and prior to subsequent visits, report any changes in insurance coverage, including termination, that affects dates on which you received or will receive services. Unity will, upon request, supply you with an updated estimate of out-of-pocket costs upon notification of a coverage change. Any charges denied due to termination and/or failure to provide notification of such change are your personal obligation.
5. By signing below, you verify that the insurance/third-party payer information supplied is true and accurate to the best of your understanding. You also authorize Unity to release appropriate third-party payers' information regarding treatment and services provided that may be necessary for the evaluation and payment of claims made. Finally, you authorize that payment of these benefits be made directly to Unity. You understand that if your insurance company is not timely in paying Unity directly, it is your responsibility to keep your account current while awaiting payment.
6. For returned checks, Unity will pass on any returned check fees assessed. A \$35 NSF (Non-Sufficient Funds) charge is applied to balance owed.
7. Payment for copays, deductibles, and non-covered services, is expected at each visit. Failure to pay for services may call for your services being terminated and any other appropriate actions. For your convenience we accept debit cards, credit cards, cash and personal checks.

Name of Client Responsible: _____ Date: _____

Signature of Client Responsible for Fee: _____

Social Security Number: _____

Relationship: _____



Consent for Electronic Communication

Unity Behavioral Health (Unity) offers electronic communication options in an effort to remove access to care barriers and expedite service delivery. In order to engage in electronic communication with Unity, I understand and consent to the following:

1. I understand that federal and Ohio laws protecting the privacy and confidentiality of client information apply to electronic communication of that information. Unity has made reasonable and appropriate efforts to eliminate any confidentiality risks associated with the use of electronic communications and will comply with all applicable laws, rules, and regulations related to privacy and confidentiality of protected health information, including HIPAA, HITECH, and 42 C.F.R., Part 2.
2. I understand that despite reasonable and compliant efforts to protect the privacy and security of electronic communication transmitted or received by Unity, it is not possible to completely guarantee confidentiality and that there are potential privacy risks that I might encounter, including but not limited to: a) People in my home or other environments may access my phone, computer or other devices that I use to communicate with Unity. b) Loss of my cellular phone, computer, or other devices. c) Email accounts being hacked or mis-delivery of an email to an incorrectly typed address. d) Third parties on the Internet such as server administrators who monitor Internet traffic might intercept my communication. e) Electronic communication can be forwarded, intercepted, circulated, stored, or even changed without the knowledge or permission of myself or Unity. f) Any additional risks that may be a result of unsecured Internet and/or email use.
3. I understand that electronic communication can introduce malware into a computer system, and potentially damage or disrupt the computer, networks, and security settings.
4. I understand that electronic communication may be disclosed in accordance with applicable mandated reporting requirements under the law.
5. I understand that electronic communication can be easier to falsify than handwritten or signed hard copies. It is not feasible to verify the true identity of the sender, or to ensure that only the recipient can read the message once it has been sent.
6. I understand that electronic communication is not an appropriate substitute for in-person or over-the-telephone communication with providers.
7. I understand that Unity is not responsible for information loss due to technical failures associated with my software or internet service provider.
8. I understand that I have the right to revoke my consent for electronic communication and that it is my responsibility to notify Unity if I no longer want to engage in electronic communication.

By signing this document, I acknowledge that I have read the above, understand the potential risks and am consenting to engage in electronic communication with Unity. I also acknowledge that I consent to the use of my electronic signature on applicable documents for the purpose of service delivered by Unity.

I consent to receive the following:

- Text:
- Email:
- Other:

I do not consent to electronic communication

Client Name

Signature of Client Parent/Legal Guardian Custodian or
Authorized Individual

Date

Relationship of signature if other than client served: _____



Telehealth Informed Consent Form

Client Served Name: _____

Client Served Date of Birth: _____

If, during the course of service delivery with Unity Behavioral Health (Unity), telehealth services are recommended as a mode of receiving healthcare services by my provider, I consent to engage in such telehealth services. I understand that telehealth may include evaluation, assessment, consultation, treatment planning, and the delivery of healthcare treatment services. Telehealth will occur primarily through interactive audio, video, telephone and/or other audio/video communications in compliance with all applicable laws, standards, or regulations as are applicable at the time of delivery.

I understand I have the following rights with respect to telehealth:

1. I have the right to withhold or end consent at any time without affecting my right to receive other or future care or treatment.
2. The laws that protect the confidentiality of my personal information also apply to telehealth. As such, I understand that the information released by me during the course of my sessions will be held in confidence and not released unless otherwise mandated or allowed by law.
3. I understand that despite the benefits that may be present from the receipt of telehealth services, there may also be risks related to receiving services via telehealth including but not limited to, the possibility, despite reasonable efforts on the part of Unity, that:
 - a. Telehealth-based services and care may not be as complete as in-person services. Note: I understand that if my provider believes I would be better served by other interventions I will be referred to a provider who may provide those services.
 - b. There may be risks to my privacy or confidentiality based on the location where I choose to receive telehealth services and technology/ internet/ phone security which are outside the control of Unity. I agree that I am aware of these potential issues and will not hold Unity or its personnel liable for the actions of persons or companies outside of Unity's control.
 - c. There may be risks to my health if I am in a crisis or emergency and Unity's intervention in such a situation will be limited to coordination of crisis stabilization, including with local emergency or crisis responders. I understand that certain situations including emergencies and crises are inappropriate for audio/video/computer-based psychotherapy services. If I am in crisis or in an emergency, I should immediately call 911 or go to the nearest hospital or crisis facility. By signing this document, I understand that emergency situation may include thoughts about hurting or harming myself or others, having uncontrolled psychotic symptoms, if I am in a life threatening or emergency situation, and/or if I am abusing drugs or alcohol and are not safe. By signing this document, I acknowledge I have been told that if I feel suicidal, I am to call 911, local county crisis agencies or the National Suicide Hotline at 1-800-784-2433.
4. I understand I have the right to access copies of my protected health information in accordance with applicable laws, standards, regulations, and Unity's policies and procedures.
5. I understand that I will be required to verify my identity and physical location at each telehealth session. The provider will also verify their identity and any other providers or client's in either location will be required to verify their identities as well.

I have read and understand the information provided above. I have had the opportunity to discuss these points and any questions or concerns have been addressed.

Client Name	Signature of Client Parent/Legal Guardian Custodian or Authorized Individual	Date
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Relationship of signature if other than client served: _____