

STEP  
NEXT  
THE

Counseling Services, LLC  
Supporting your every step of the way...

**CLIENT HANDBOOK**

MISSION STATEMENT

Our mission at The Next Step Counseling Services, LLC is to provide a friendly environment where your involvement will be welcomed, appreciated and valued. Our hope is that the improvement in individual and family functioning will ultimately lead to what all of us are vitally concerned with – making life more effective, more satisfying and more meaningful. Our goal is to make the counseling process a positive experience and support you every step of the way...

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## Agency Mission Statement

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## Consumer's Rights & Responsibilities

### **As a consumer, you have the right:**

1. To receive services, if eligible, within the resources of this agency or to be provided with appropriate referral to other resources, regardless of race, religion, sex, ethnicity, age or handicap.
2. To receive quality treatment by competent staff, and to be treated with dignity and respect.
3. To confidential provision of treatment, in accordance with legal guidelines and agency policies.
4. To receive services in a clean and safe environment.
5. To receive services within the least restrictive environment possible.
6. To receive an itemized statement upon request if you are a paying consumer with an explanation of charges and fees for services.

### **It is your responsibility as a consumer or parent/guardian of a minor:**

1. To be open and honest with treatment provider(s) and to participate in the development of and to comply with all aspects of your plan of care and treatment recommendations. Active participation of the family in planning for treatment, as needed.
2. To provide accurate financial information and arrange for payment of services.
3. To provide staff of The Next Step Counseling Services, LLC, information regarding any changes in income, insurance, address, phone number, and medication.
4. To keep appointments as scheduled or, to contact staff at least 24 hours prior to the appointment if needing to reschedule or cancel.
5. To show respect and concern for other consumers and staff and to respect their privacy.
6. To ask questions at any time you do not understand anything related to our services.

## **Limits of Confidentiality**

The confidentiality of mental health, substance abuse, and mental retardation/developmental disabilities records maintained by the agency are protected by one or more Federal and/or State laws and regulations. Information cannot generally be disclosed about a consumer unless:

1. The individual is a danger to him/herself or others;
2. The individual consents in writing;
3. The disclosure is allowed or required by a court order;
4. The individual is being evaluated for the purpose of establishing his/her competence;
5. The individual is a victim or perpetrator of child abuse, neglect or dependency;
6. The individual is a victim or perpetrator of adult abuse, neglect or dependency;
7. Funding and accreditation bodies require us to give information to verify that we provide the services we said we did, and that the services provided met quality standards;
8. Release of information is necessary to collect just debts (e.g., name, address, telephone number, amount owed);
9. The disclosure is made to qualified personnel for research, audit, or program evaluation;
10. Occasionally a court may, by power of subpoena, attempt to obtain privileged information against the consumer's wishes. In such cases, attempts are made to protect the client's rights and confidentiality. Success at doing so cannot be guaranteed and we may be court ordered to release information or take deposition;
11. Mental health professionals have a duty to warn intended victims of a consumer's threat of violence.

Federal law and regulations do not protect any information about a crime committed by you either at the time of service or against any person who works for the program or about any threat to commit such a crime.

As a participant in a therapeutic or education service provided by The Next Step Counseling Services, LLC, individuals are required to maintain confidentiality where it pertains to other participants of our services (e.g., participants of group therapy or education classes). In addition, you are required to maintain confidentiality where it pertains to issues discussed by any such other participants.

If you have any questions about confidentiality, please discuss them with your therapist or service provider.

## **NOTICE OF PRIVACY PRACTICES**

Effective date: April 14, 2003

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### **Introduction**

At The Next Step Counseling Services, LLC we are committed to treating and using protected health information about you responsibly. This Notice of Privacy Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information.

### **Understanding Your Health Record/Information**

Each time you visit The Next Step Counseling Services, LLC a record of your visit is made. Typically, this record contains your demographic information, your presenting problems, diagnosis treatment, and a plan for future treatment. This information, often referred to as your health or medical record, serves as a:

1. Basis for planning your care and treatment,
2. Means of communication among health professionals who contribute to your care,
3. Legal document describing the care you received,
4. Means by which you or a third-party payer can verify that services billed were actually provided,
5. A tool in educating health professionals,
6. A source of data for medical research,
7. A source of information for public health officials charged with improving the health of this state and the nation,
8. A source of data for our planning and marketing,
9. A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosures to others.

## **Your Health Information Rights**

Although your health record is the physical property of The Next Step Counseling Services, LLC the information belongs to you. You have the right to:

1. Obtain a paper copy of this notice of information practices upon request,
2. Inspect and obtain a copy of your health record as provided for in 45 CFR 164.524,
3. Request a correction or amendment to your health record as provided in 45 CFR 164.528,
4. Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528,
5. Request that we send you confidential communications of your health information by alternative means or at alternative locations as provided in 45 CFR 164.522,
6. Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522, and
7. Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

## **Our Responsibilities**

The Next Step Counseling Services, LLC is required to:

1. Maintain the privacy of your health information,
2. Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you,
3. Abide by the terms of this notice,
4. Notify you if we are unable to agree to a requested restriction, and
5. Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make new provisions effective for all protected health information we maintain at any time. We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

## **Examples of Disclosures for Treatment, Payment and Health Operations**

*We will use your health information for treatment.*

For example: Information obtained by a nurse, physician, therapist, case manager, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you.

*We will use your health information for payment.*

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, and services rendered.

## **Uses and Disclosures Requiring You to Have an Opportunity to Agree or Object**

*Others Involved in Your Care:* Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, your protected health information that directly relates to that person's involvement in your care or payment related to your care. In case of emergency, we may notify or assist in notifying a family member, personal representative or other person responsible for your care of your location, general condition, or death.

## **Uses and Disclosures Not Requiring Consent or Authorization**

*When Required by Law:* We may disclose your PHI when law requires that we report information regarding suspected abuse, neglect, or domestic violence to the governmental agency authorized to receive such information. We may also disclose your PHI in response to a valid subpoena or court order.

*Public Health:* As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

*Food and Drug Administration (FDA):* We may disclose to the FDA health information relative to adverse events with respect to drugs, food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

*Health Oversight:* Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

*Workers Compensation:* We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

*Research:* We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

*Coroners, Medical Examiners, and Funeral Directors:* We may disclose health information to a coroner, medical examiner, or funeral director consistent with applicable law to permit them to carry out their duties.

**For More Information or to Report a Problem**

If you have questions and would like additional information, you may contact the agency's Privacy Officer, at 270-765-2335. If you believe your privacy rights have been violated, you can file a complaint with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the OCR is listed below:

Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201