

# **Fremont Counseling Service**

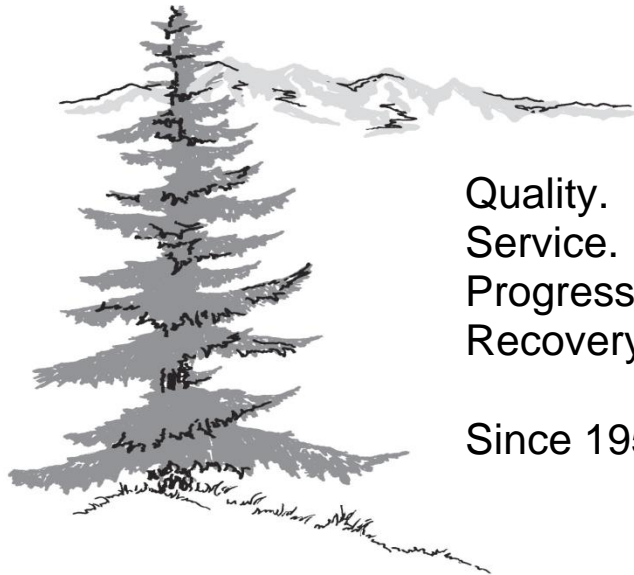
## **Client Handbook**

748 Main St., Lander, WY 82520  
(307) 332-2231

TTY Hearing Impaired: 1-800-877-9975  
24 Hour Emergency: (307) 332-4233

1110 Major Ave., Riverton, WY 82501  
(307) 856-6587

TTY Hearing Impaired: 1-800-877-9975  
24 Hour Emergency: (307) 856-7489



Quality.  
Service.  
Progress.  
Recovery.

Since 1959.

Adopted: August 2004

Reviewed/Revised: 11/04, 12/04, 1/05, 2/05, 8/07, 7/08, 2/09, 7/09, 11/09, 03/10, 06/10, 09/10, 11/10, 10/11, 08/12, 09/13, 11/13, 07/14, 4/15, 10/16, 12/16, 1/20, 12/22, 01/23

## **NOTICE OF PRIVACY PRACTICES**

Privacy regulations in the federal law Health Insurance Portability and Accountability Act of 1996 (HIPAA) require Fremont Counseling Service to share this information with you. If you have any questions or want to know more information about this Notice of Privacy Practices (NPP), please ask your clinician for more details.

### **Your Medical Information**

You are better able to make health decisions about whom, when, and why others should have your **Protected Health Information (PHI)** when you understand what is in your clinical record and how it is used. Each time you visit Fremont Counseling Service information is collected about you and your mental and physical health. This information is kept in your clinical record at Fremont Counseling Service. The information gathered and filed in your clinical record is used for many reasons.

Although your health record is the property of Fremont Counseling Service, the information belongs to you. **You may inspect, read, or review it. You may even request a copy of it.** If you find anything in your records that you think is incorrect or if something important is missing you can ask us to correct or add to your record.

### **Privacy and the Laws**

Fremont Counseling Service keeps your PHI private and will give you notice of FCS legal duties and privacy practices. The Notice of Privacy Practices (NPP) and any changes made to our operations regarding it will be posted in each office. You or anyone else can request a copy of the NPP from the clerical staff or your clinician at any time.

### **How Your Protected Health Information can be Used and Shared**

HIPAA refers to “**use**” of your information when it is read by staff of Fremont Counseling Service. The information is considered “**disclosed**” if it is shared with or sent to others not employed by FCS. Except in special circumstances, **only the minimum necessary information is used.**

### **Use and Disclosure of Protected Health Information with your Consent**

After reading this Notice you will be asked to sign a Consent form that allows Fremont Counseling Service to gather and use your PHI.

### **Treatment, Payment, and Health Care Operations**

Fremont Counseling Service staff collects information about you to **provide treatment or other services.** Fremont Counseling Service may **share or disclose** your PHI to those who provide treatment to you **within the agency.** Referrals for **treatment outside the agency** will require a written **Authorization** signed by you or your parent/guardian. In most cases a signed **Authorization** is required from you to give your PHI to any other agency.

To collect **payment** for services, Fremont Counseling Service staff gathers information about you to bill you, your insurance company, or other payees.

Fremont Counseling Service may use or disclose your PHI to **evaluate and improve our health care operations.** Fremont Counseling Service may be required to provide information to governmental health agencies for research and tracking purposes. If so,

**your name and other identifying characteristics are removed first.** If identifying information is shared, you will be notified first and asked to sign an Authorization.

Your **PHI may be used to improve the quality of services** provided by FCS. Your information may be used to remind you of appointments, notify you of appointment cancellations or reschedules, and/or refer you to other services. **If you prefer a specific method to contact you, tell your Clinician or the clerical staff** and we will do our best to accommodate your request.

FCS hires other agencies to provide some services. These **business associates will have access to your PHI** to perform their duties. They **will protect your information and privacy as it relates to their services** and in the same careful ways that FCS treats your information.

### **Use and Disclosure of Protected Health Information NOT requiring Authorization**

**Federal and state laws allow or require Fremont Counseling Service to use or disclose some Protected Health Information without Authorization. Federal Laws and Regulations provide more restrictions for those individuals that receive substance abuse treatment services.** Information is used or disclosed when there is suspected neglect and/or abuse that involves children, the elderly, disabled, and/or incompetent persons; in medical emergencies; or in cases of life threatening harm to self or others. Fremont Counseling Service may release information to law enforcement officials to investigate a crime, if required to do so by law. Fremont Counseling Service may disclose the PHI of military personnel and veterans to government benefit programs related to eligibility and enrollment and to Worker's Compensation.

### **Disclosure Account**

When Fremont Counseling Service discloses your PHI a **record of to whom we sent it, when it was sent, and what was sent is kept** in your clinical record. **You can request a list of these disclosures from your clinician.**

### **Questions or Problems**

If you need more information, have questions or if you have a problem with how your PHI has been handled or if you believe your privacy rights have been violated, contact the Executive Director. **You have the right to file a complaint with Fremont Counseling Service and/or the Secretary of the U.S. Department of Health and Human Services.**

**Your care will not be limited in any way and no actions will be taken against you for complaints you may file.**

If you have any questions regarding this notice or FCS health information privacy policies please contact:

Scott C Hayes  
Executive Director  
748 Main St., Lander, WY 82520  
(307) 332-2231

**The complete Fremont Counseling Service Notice of Privacy Practices is available upon request and on the FCS website: [www.fremontcounseling.com/about](http://www.fremontcounseling.com/about)**

## **Nondiscrimination Statement: Discrimination is Against the Law**

Fremont Counseling Service (FCS) complies with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, or sex.

Fremont Counseling Service (FCS) does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Fremont Counseling Service (FCS):

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as qualified interpreters and telephone translators
- Information written in other languages

If you need these services, contact **Scott C. Hayes, Executive Director**.

If you believe that Fremont Counseling Service (FCS) has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, or sex, you can file a grievance with:

**Scott C. Hayes, Executive Director**  
Fremont Counseling Service  
748 Main St  
Lander, WY 82520  
1-800-332-2231, TTY number—1-800-877-9975  
1-307-332-9338  
shayes@fremontcounseling.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, **Scott C. Hayes, Executive Director** is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

- Electronically through the Office for Civil Rights Complaint Portal available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- By mail or phone at:  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)
- Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-332-2231 (TTY: 1-800-877-9975).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-332-2231 (TTY: 1-800-877-9975)

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## **FREMONT COUNSELING SERVICE HOURS OF OPERATION**

Services for clients are provided at our main offices:

**748 Main St., Lander, WY 82520**

**1110 Major Ave., Riverton, WY 82501**

- 8:00 a.m. to 5:00 p.m. Monday through Friday (2A1a3, 2A1a4)
- Group Therapy is provided after hours

Other services provided at:

SIP Office, 515 N. 2<sup>nd</sup> St., Riverton, WY 82501

- Hours vary

## **EMERGENCY SERVICES are provided 24 hours by calling the main offices**

- (307) 332-2231
- (307) 856-6587

## **OR accessing the ON-CALL ANSWERING SERVICE**

- Lander: 332-4233
- Riverton: 856-7489

2B8d1dvii

## **OTHER EMERGENCY PHONE NUMBERS**

- All Emergencies: 911
- Poison Control Center: 1-800-955-9119
- Indian Health Service:
  - Arapahoe Clinic: (307) 856-9281
  - Fort Washakie Clinic: (307) 332-7300
- Lander Valley Medical Center – (307) 332-4420
- Riverton Memorial Hospital – (307) 856-4161

## **[WWW.FREMONTCOUNSELING.COM](http://WWW.FREMONTCOUNSELING.COM)**

Access our website for 'round the clock information on our services, forms, etc. online.

Email us: [info@fremontcounseling.com](mailto:info@fremontcounseling.com)

## **BILLING and INSURANCE INFORMATION**

For more information on your bill and our billing procedures, please contact:

- Controller – (307) 332-2231
- Billing Clerk – (307) 332-2231

## **WELCOME**

Welcome to Fremont Counseling Service (FCS). You are making the first step in your recovery or in the recovery of someone important to you. In this handbook you will find the answers to questions you may have about FCS and our services.

**FREMONT COUNSELING SERVICE** is a private, non-profit community mental health center. Funding for services come from client fees, insurance, and state and county contracts/grants. Services offered and available to all community members (adults, families, and children) and are provided in an outpatient setting. (2A1a1, 2A1a2, 2A1a6)

Fremont Counseling Service will maintain the resources necessary to provide the core services identified in the process and flow of services, including retaining qualified service providers and support staff, physical space, and materials. (2A2)

## **MISSION**

The mission of Fremont Counseling Service is to provide the highest quality mental health and substance abuse services to enhance people's lives and enrich our communities.

## **VISION STATEMENT**

Healthy minds for all.

## **BOARD OF DIRECTORS**

The Board of Directors governs the operations of Fremont Counseling Service (FCS), is accountable for the FCS mission, goals, and fiscal oversight, and as such, must perform its duties in specific ways.

The Board of Directors meets every month, rotating between the Lander and Riverton offices. Board meetings are open to the public.

## **SERVICES PROVIDED (2A1a9)**

A variety of treatment options are provided by a multidisciplinary team, including:

1. Screening and initial assessment
2. Outreach (services provided to non-clients who need further information regarding whether mental health or substance use disorder treatment is recommended)
3. Case management (including community linkage, enhancing social support networks, and outreach to encourage involvement of clients and their families/significant others in treatment)
4. Clinical assessment (Intake)
5. Community-based services
6. Emergency Services (24/7/365) – provided to all individuals of Fremont County and not just the clients of FCS
7. Individual therapy
8. Marriage, couple, or family therapy
9. Group therapy
10. Intensive treatment services (including intensive outpatient groups)
11. Medication Management / Psychiatric Services
12. Psycho-educational groups, including topics on wellness, recovery and resiliency
13. Referral to other treatment services or providers
14. Psychosocial Rehabilitation Program (SIP – Supported Independence Program)
15. Supported employment, job development and job coaching
16. Consultation and community education
17. Quality of Life Supports (SMI, SED)
18. Peer Support Services
19. Recreational and social skills development (SMI, SED)
20. Individual rehabilitative skills training
21. Referral to peer support, advocacy, self-help or other support groups, or other avenues of support, as appropriate or requested

Staff are available to answer questions and help with accessing our services. Please call our offices for more information.

## **ASSIGNING PRIORITY FOR SERVICES**

Equal access is provided to all that ask for services without regard to age, sex, religion, culture, ethnicity, sexual orientation, disability, or income level. Individuals seeking FCS services are prioritized as follows:

1. Persons who are at risk of harming themselves or others,
2. Pregnant women that are seeking substance abuse treatment,
3. Persons that need urgent care – those adults and children with a serious mental illness,
4. IV drug abusers,
5. Those that do not fall into one of the above categories will be served on a first come, first served basis.

## **COORDINATION OF SERVICES**

Your primary clinician will be responsible for the coordination of services for you while you are receiving treatment from us. Together, you and your clinician will determine how long and how often you will receive services. (2A1a5, 2B8d6)

Clerical staff will note your primary clinician on the Professional Disclosure Clinical Staff List during your service orientation.

## **CLIENT AND FAMILY INPUT**

A member of our clinical staff will guide each person served through the therapeutic process and will help the client understand their involvement in treatment from intake through discharge. Those served will have input on their treatment services, quality of care, individual outcomes and satisfaction with services provided to them. The person served and as appropriate, and with permission, family members and other supportive people will be involved in the treatment process. (2B8d1c)

## **PROCESS AND FLOW OF SERVICES (2B8d5c)**

### **Consent to Treatment**

In order for FCS to provide services to you, you must give us your consent to your treatment. Consents for treatment can be revoked or refused, but we will be unable to provide services to you without a valid consent. (2B8d1dii)

### **Intake and Orientation**

Clerical and clinical staff will gather information from you regarding your concerns, health information, and billing information. You will also receive an orientation to FCS services and premises as part of this handbook.

### **Assessment**

A licensed clinician or certified staff member will ask you and will ask family members and other supportive people (with your permission) about your concerns, health information and will help you choose the services to best meet your needs. You will be asked about your strengths, needs, abilities, and preferences for treatment. If FCS staff identify any potential risks that may be a threat to you, we will provide additional information or services based on the identified risk. This could include calling local law enforcement or conducting an emergency services assessment. (2B8d1dvi, 2B8d4)

### **Treatment Plan**

A clinician will work with you and will work with family members and other supportive people (with your permission) to develop a treatment plan that includes the services that will best meet your needs. The treatment plan and services provided will be updated on an on-going basis. (2B8d5)

### **Counseling / Treatment Group**

You and your clinician will decide how often to meet, what treatment goals to address, and how to work toward meeting those goals. Motivational incentives may be used through the course of treatment. (2B8d5d)

### **Psychiatric Medications**

If you and your clinician decide medications may be helpful, psychiatric services are available to you.

### **Referrals**

Your clinician or another staff member may help you to receive other services provided within FCS or refer you to other agencies for services that we do not provide to best meet your needs. (2A1a8)

### **Outcome Measures and Satisfaction**

From time to time during the treatment process you will be asked to answer questions or complete surveys to measure your progress and evaluate your treatment plan. You will also be invited to provide feedback on how we can improve services during and after the treatment process is completed.



## **Education**

Fremont Counseling Service provides education about a variety of health issues to clients, family members, and the community.

## **Transition / Discharge**

When you have met your goals or you no longer choose to participate in FCS services, your clinician will help you and will help your family members and other supportive people (with your permission) to develop a plan to maintain or improve the gains you made while in treatment. (2B8d1div, 2B8d1dv)

## **RIGHT TO ACCESS CLINICAL RECORDS**

Clients have the right to access their records. The client must request access to the clinical record from their clinician. In some instances, information contained in the clinical record that is generated by sources other than FCS will not be released. Information considered clinically harmful to the client may be released to persons with a properly executed consent for the release of confidential information, signed by the client or as required by law.

(1K1d2)

## **CLINICAL RECORD DESTRUCTION**

FCS will maintain clinical records according to federal and state regulations. Clinical records will be destroyed in a consistent manner to maintain client confidentiality and protect the client. Clinical records of adult clients will be kept seven (7) years after the date of discharge. Clinical records of minor clients will be kept seven (7) years after the minor reaches the age of majority.

## **CONFIDENTIALITY (1K1a, 2B8d1di)**

The confidentiality of records kept by FCS is protected by Federal Laws and Regulations. Operations and authorizations will be explained to each client and, as appropriate, to family members. Generally, FCS may not tell a person outside the agency that a client visits the agency, attends programs, or is authorized to give any information identifying a person as a client unless:

- 1) the person served or their parent/guardian consents to releasing information in writing (when a person served is under eighteen (18) years of age, their parent/guardian has access to their records without a release of information)
- 2) the information is allowed through a court order
- 3) the information is given in a medical emergency
- 4) the information is given to qualified personnel for research, audit, or program evaluation
- 5) the person served threatens to harm themselves or another person
- 6) the person served commits or threatens to commit a crime either at an FCS location or against someone that works for FCS

Violation of the Federal Laws and Regulations by FCS or an FCS employee is a crime. Suspected violations may be reported to the district United States Attorney.

## **FEDERAL LAW AND REGULATIONS DO NOT PROTECT ANY INFORMATION ABOUT SUSPECTED CHILD ABUSE AND NEGLECT FROM BEING REPORTED UNDER STATE LAW TO THE APPROPRIATE LOCAL AND STATE AUTHORITIES.**

For more information refer to: Federal Law 42 U.S.C. 290ee-3, 290ff-3 and Federal Regulation 42 CFR, part 2; Federal Regulation 45 CFR; Wyoming State Law, Chapter 3.

## **PROFESSIONAL DISCLOSURE AND CONFIDENTIALITY STATEMENT (2G1a)**

### **Confidentiality:**

We adhere to accepted professional standards of confidentiality. Unless you are an un-emancipated minor (under 18 years old and not your own legal guardian), no personal counseling information is released outside Fremont Counseling Service without your explicit authorization. In clinical relationships where un-emancipated minors are receiving treatment, personal counseling information can be accessed by or released to the parent/guardian of the minor without the minor's explicit authorization (unless it is otherwise stated that parent/guardian access is denied via a court order).

On March 1, 1999, Wyoming implemented a privileged communication statute. The law states that clients retain the right of privacy when involved in legal proceedings (civil, criminal, and juvenile) unless these specific circumstances exist:

- a. abuse or harmful neglect of children, elderly, disabled, or incompetent individuals is known or reasonably suspected \*\*
- b. the validity of a former client's will is contested
- c. information related to counseling is necessary to defend against a malpractice action brought by a client
- d. an immediate threat of physical violence against a readily identifiable victim is disclosed to the counselor
- e. where an immediate threat of self-harm is disclosed to the counselor in the context of civil commitment proceedings \*\*
- f. the client alleges mental or emotional damages in civil litigation or his/her mental or emotional state becomes an issue in any court proceeding concerning child custody or visitation
- g. the client is examined pursuant to a court order
- h. in the context of investigations and hearings brought by the client and conducted by the board, where violations of this act are at issue. (W.S.33-38-113).

Information deemed to be of a sensitive nature will be inspected by the Wyoming Mental Health Professions Licensing Board and they will determine whether the information will become part of the record and subject to disclosure.

\*\* The confidentiality of those participating in substance abuse treatment services are further protected by Federal Regulations 42 CFR, part 2. For more information please consult your primary Clinician or the Privacy Official.

#### **Professional Conduct/Code of Ethics:**

Personal counseling relationships are strictly professional and contacts between clients and counselors are expected to be of a professional nature. Sexual intimacies between a client and counselor are never appropriate, even after the therapeutic relationship has ended. Dual relationships are to be avoided if possible. We adhere to the Code of Ethics and standards of practice of one or more of the following: the American Counseling Association, the National Association of Social Workers, American Association for Marriage and Family Therapy, the National Association of Alcoholism and Drug Abuse Counselors, or the American Psychological Association.

Advanced Practice Nurses adhere to standards of practice of the American Nurses Association and are licensed by the Wyoming State Boards of Nursing.

This disclosure statement is required by the Wyoming Mental Health Professions Licensing Act. The Wyoming Mental Health Professions Licensing Board (2020 Carey Ave., Suite 201, Cheyenne, WY 82002, (307) 777-7788) administers and enforces the requirements of the Act.

#### **FREMONT COUNSELING SERVICE CODE OF CONDUCT for STAFF (2B8d1dviii)**

As an employee of Fremont Counseling Service, and as a professional staff member providing direct clinical services to clients, I agree to:

1. Remain knowledgeable of the ethical code(s) of the professional license(s) / certification(s) I hold and abide by them.
2. Practice clinical services in a manner that is in the best interest of the client and the public and does not endanger public health, safety, or welfare.
3. Assume clinical responsibility for clients receiving services from other agencies or colleagues only after being provided with appropriate notice and/or consultation with all involved parties.
4. Coordinate services with other care providers and family members in cooperation with the client receiving the services, including appropriate discharge planning.
5. Be able to justify all services rendered to clients as necessary for medical, diagnostic, or therapeutic purposes.

6. Terminate services with a client when such services are no longer required or no longer serve the client's needs. However, if services are withdrawn, I will do this in such a manner to avoid or minimize client harm.
7. Keep current with emerging knowledge regarding best practices within my field and base my practice upon this knowledge.

As an employee of Fremont Counseling Service, I agree to:

- Interact with staff, clients, and community members in a polite, honest, fair, respectful, and non-abusive manner.
- Placing your hands on and/or touching clients, except to maintain client safety in appropriate situations, is never appropriate and is grounds for discipline or termination.
- Physical punishment of clients or knowingly engaging in sexual intimacy with clients is never appropriate and is ground for discipline or termination.
- Personal property of persons served, visitors, stakeholders, and employees, as well as property owned, leased, or rented by FCS will be respected and safeguarded to the best of our abilities and within the limits of applicable laws.
- Provide clients with accurate, complete, and understandable information regarding the extent and nature of services available to them, including the risks, rights, opportunities, obligations, and fees charged for those services.
- Practice within the areas for which I am trained and experienced, unless closely supervised for the purpose of expanding knowledge, training, and competency.
- Seek the advice and counsel of colleagues and management whenever such consultation is in the best interest of the client or when in doubt about the ethical propriety of a situation, including the identification of conflicts of interest.
- Take appropriate action to protect the well-being of clients when I have concerns regarding actions or events that may impact Fremont Counseling Service's ability to provide quality care
- Maintain documentation of all services according to Fremont Counseling Service standards.
- Respect client privacy and maintain confidence of all information obtained during treatment and/or business. I will only disclose client information or records to others outside the agency with the written consent of the client to do so. I am aware that exceptions to written consent include cases of imminent life-threatening danger to the client or others, or when I am court ordered to do so.
- Refrain from damaging dual relations with clients that compromise the client's well-being or impair my objectivity and professional judgment, including but not limited to the counseling of close relatives or friends, engaging in sexual intimacies with a client or former client, or engaging in commercial or political enterprises with clients.
- Refrain from practicing or facilitating discrimination based on race, color, national origin, sex, age, disability, religion, health status, language barriers, or sexual orientation.
- Report to management, the Executive Director, or his/her designee any known or suspected violations of the laws of the United States of America, the State of Wyoming, or violations of this or other applicable professional codes of ethics.
- Adhere to all levels of internal controls, agency policies and procedures, and understand that Fremont Counseling Service expects openness and honesty from all employees during their course of employment.
- Limit solicitation of funds on behalf of a personal cause to FCS staff. Persons served will not be included in agency or personal fundraising activities.
- Limit witnessing of documents to those included in the scope of regular duties (i.e.. releases of information). In general, FCS staff will not witness documents for persons served (such as powers of attorney, guardianship, or advance directives) unless they are notarizing them as part of their duties as a Notary Public.
- Insure that all advertisements and printed materials are clearly and accurately portrayed and will not include false or misleading statements or exaggerations.

### **Business Ethics and Conduct (condensed)**

The successful business operation and reputation of FCS is built upon the principles of fair dealing and ethical conduct of our employees. Our reputation for integrity and excellence requires careful observance of

the spirit and letter of all applicable laws and regulations, as well as a scrupulous regard for the highest standards of conduct and personal integrity.

The continued success of FCS is dependent upon the trust of our clients and stakeholders and we are dedicated to preserving that trust. FCS will comply with all applicable laws and regulations and expects its Board of Directors, Executive Director, managers, and employees to conduct business in accordance with the letter, spirit, and intent of all relevant laws and to refrain from any illegal, dishonest, or unethical conduct.

Please immediately report to any Manager, the Executive Director or his/her designee any known or suspected violations of the laws of the United States of America, the State of Wyoming, or violations of this or other applicable professional codes of ethics.

### **CLIENT RIGHTS (1K2, 2B8d1a)**

Fremont Counseling Service (FCS) supports and protects the fundamental human, civil, constitutional, and statutory rights of all served persons. Treatment is provided from initial contact to closure without discrimination of race, religion, sex, sexual orientation, ethnicity, cultural orientation, age, disability, sources of social and financial support, or type of mental health or substance abuse disorder. (1K1i)

1. Each person served has the right to considerate and respectful care, free of abuse, exploitation, retaliation, humiliation, and neglect. (1K1c)
2. The person served (or when appropriate his/her family members) has the right to information to facilitate decision-making. The client has the right to access their own records and/or have that information given to another appropriate person to act on his/her behalf. (1K1d)
3. The person served has the right to know the name and qualifications of the clinician and other staff members responsible for providing services and care to them.
4. The person served has the following rights about informed consent to treatment (1K1e1):
  - a. The clinician will provide all information needed for the person, and as appropriate family members, to decide whether or not to agree to the treatment, procedures, and services available.
  - b. The information provided will include at least an explanation and understanding of the procedures and/or treatment involved, the risks the client may be taking and how long the person may have to be incapacitated (out of work, restricted from normal activities) due to the procedures or treatments.
  - c. The person served has the right to know other treatment choices, if any, they may have other than the treatment or services indicated.
5. The person served has the right to privacy and dignity concerning their treatment and the clinical management of their treatment, according to federal, state and agency confidentiality policies, procedures and operations. Case discussion, examination, and treatment will be conducted in confidence and only when necessary. No persons other than those necessary for treatment will be permitted to observe any assessment or counseling procedure without consent from the person served, and as appropriate family members. The person served has the right to refuse the presence of persons not directly involved in their plan of care during treatment. (1K1b, 1K1e2)
6. Interns, students, and volunteers will always be introduced as such.
7. The person served has the right to be informed of all components and members of the service area team(s) that offer services. (1K1e4)
8. The following services, when requested, may be provided during the course of treatment (1K1e3):
  - a. Services will be provided to those served to the extent FCS and available resources can provide them.
    - i. Assessment – evaluation and determination of general health condition of the person
    - ii. Services – mental health and substance abuse treatment interventions (may be provided concurrently)
    - iii. Referral – if the FCS is unable to provide needed services the person served will be referred to another service provider or agency to assist with obtaining the necessary services. Referrals may be made for additional mental health and substance abuse treatment, medical care, self-help, and advocacy groups and/or legal entities, as appropriate. (1K1f)

- b. The person served, and as appropriate, family members has/have the right to expect that the referring clinician will obtain up-to-date reports of the care and progress while the person is receiving services from other providers.
- c. When transferring a person served to another provider when the agency cannot provide required services:
  - i. the transfer will be medically and psychologically necessary
  - ii. the person served (or representative) will agree to the transfer
  - iii. the person served has the right to know the alternatives to the transfer before giving permission
  - iv. the facility to which the person is to be transferred must agree to accept the person before the transfer occurs.
9. The person served has the right to know FCS rules and regulations that pertain to services received and their personal conduct.
10. The person served has the right to know that FCS may be required to report on progress and share treatment information for those individuals that are referred to our services for legal purposes. (2B8d1dix)
11. The person served and family members has/have the right to report complaints or file grievances following agency operations. These actions will **not** result in retaliation or barriers to service. (1K3a2)

### **RESTRICTIONS OF RIGHTS (2B8d1qi, 2B8d1qiii)**

While clients have fundamental human, civil, constitutional, and statutory rights, there may be instances in which the rights and safety of the staff of FCS must be protected. Your access to services may be restricted when a staff member believes that doing so results in a natural and logical consequence to a particular event or behavior (for example – those that pose a threat to the health and safety to FCS staff). There must be a demonstrated benefit to the restriction before it will be approved by management. When/if access to services is restricted, clients will be informed of actions that must be taken by the client for their access to be reinstated. If restrictions are put in place, clients will be referred to other organizations that can meet the restricted need, as applicable. Restrictions will be reviewed on a regular basis to determine if they can be lifted.

### **CLIENT RESPONSIBILITIES (2B8d1a, 2B8d1diii)**

Those served by Fremont Counseling Service are expected to:

1. willingly participate in the services as you, your parent/guardian, other family members and clinician outline in the treatment plan
2. provide accurate and complete information to the clinician and other service providers
3. request additional information if any part of the treatment process is unclear
4. participate in services clean and sober and to the best of your ability
5. follow agency policies regarding legal and illegal drug use
6. pay for services provided
7. be considerate of the rights of others served by FCS
8. treat FCS staff and other clients with dignity and respect
9. treat FCS facilities and equipment with respect and understand that if a person served damages, destroys, or causes facilities and/or equipment to malfunction they will pay for repair, replacement, or removal costs at their own expense
10. refrain from physical aggression toward staff, others served and visitors
11. refrain from verbal threats and intimidation of staff, others served and visitors
12. follow group rules as decided by participants and/or facilitators
13. accept responsibility for actions if treatment is refused or recommendations are not followed
14. discuss questions, concerns, or problems about services with their clinician

### **EXPECTATIONS OF GROUP MEMBERS (2B8d1a, 2B8d1diii, 2B8d1g)**

Certain behaviors may result in immediate removal from FCS groups and possible removal from FCS services.

- Physical aggression toward staff or other group members
- Verbal threats and intimidation of staff or other group members
- Coming to group under the influence of alcohol or drugs
- Possessing alcohol or drugs of abuse in FCS facilities or during FCS activities

- Refusal to take a breath or urine test when requested by FCS staff
- Violation of other group members' confidentiality
- Refusal to pay for services provided

Accumulated behaviors may lead to eventual discharge from FCS treatment programs.

- Repeated abstinence violations, particularly if not revealed prior to a urine/breath test
- Repeated absence/tardiness that is not excused before the session begins
- Lack of appropriate participation (such as not taking part in group, failure to complete homework, failure to attend peer support network meetings)

Those removed from group therapy may appeal to the treatment team and/or Executive Director or designee to return. Those persons that are removed from FCS group therapy services will be referred to more appropriate services as available.

### **COMPLAINT/GRIEVANCE PROCEDURE**

Fremont Counseling Service (FCS) provides a procedure to address complaints and grievances. Staff is available to assist those served or family members to begin this procedure. (1K3b2)

Complaints (verbal in nature) are first addressed through the clinician or through their Service Manager. Formal grievances (written complaints) will be filed through the Administrative Manager. The person that submits the complaint will receive a written decision within thirty (30) working days of the receipt of the complaint by the Administrative Manager. (1K1h, 2B8d1b)

A complaint form is included on page 18 of this handbook. Complaint forms and information on submitting a complaint can also be located on the FCS website: <http://fremontcounseling.com/contact-us/> (1K3b1)

### **COMPLAINTS/GRIEVANCES INVOLVING CLIENTS, VISITORS AND STAKEHOLDERS**

Fremont Counseling Service (FCS) will provide prompt and equitable resolution of complaints/grievances made by persons served, visitors, and stakeholders.

Written complaints/grievances made anonymously will be taken into consideration by the Executive Director but may not be investigated. Written and signed complaints/grievances will be investigated.

### **MANAGEMENT AND INVESTIGATION OF COMPLAINTS / GRIEVANCES**

Fremont Counseling Service (FCS) will adhere to a timeline and implement a standardized process to provide consistent and timely responses to complaints/grievances that are submitted to the Human Resources Director.

Upon receipt of a complaint/grievance the Human Resources Director will acknowledge receipt of complaints/grievances in writing to the complainant within one (1) working day.

Based on the nature of the complaint, the Human Resources Director will assign the investigation to the appropriate Service Manager within one (1) working day of receipt of the complaint. A copy of the complaint/grievance will be forwarded to the Executive Director for review/notification within one (1) working day of receipt.

The individual(s) assigned to the investigation will initiate the investigation within one (1) working day of notification of assignment. Investigations will be conducted to provide feedback to the complainant and provide resolution of the issue. (1K3a3)

Investigations may be informal, but thorough, providing opportunity for all interested persons and their representatives an opportunity to submit evidence relevant to the complaint/grievance.

After all interviews have been conducted, the investigator(s) will prepare a Recommendation Memo and submit it along with the investigation file to the Human Resources Director for initial review within fifteen (15) working days of assignment of the complaint/grievance. The Human Resources Director will submit the

recommendation and a copy of the investigation file to the Executive Director within one (1) working day of receipt.

The Executive Director will provide a final determination of the investigation within three (3) working days of receipt of the recommendation and investigation file to the Human Resources Director for completion of processing.

A copy of the determination will be forwarded to the individual that submitted the complaint/grievance, as applicable. A copy of the determination will be placed in the investigation file.

The entire complaint/grievance process should take no more than thirty (30) days of the receipt of the complaint/grievance to provide written notification to the person submitting the complaint/grievance of the final determination and actions taken to resolve the issue, if any. (1K3a5a, 1K3a5b, 1K3a6)

A written appeal of the decision made by the Executive Director may be filed with the President of the Board of Directors within ten (10) days of the receipt of the notification/determination letter. (1K3a4)

The right of the person to prompt and equitable resolution of the complaint filed hereunder shall not be impaired by the person's pursuit of other remedies. Utilization of the complaint/grievance procedure is not a prerequisite of other remedies. No recrimination or service barrier toward the person filing the complaint/grievance will take place due to its filing. (1K3a2)

**Contact Information for Client Complaint Advocacy Services:**

A client or parent/guardian has the right to contact the following agencies for assistance at any time.

**DEPARTMENT OF HEALTH, MENTAL HEALTH, and SUBSTANCE ABUSE DIVISION**

6101 N Yellowstone Road, Qwest Building, Suite 220

Cheyenne, WY 82002

(800) 535-4006

(307) 777-6494

Fax: (307) 777-5849

<https://health.wyo.gov/behavioralhealth/mhsa/>

**PROTECTION AND ADVOCACY SYSTEM INC**

7344 Stockman Street

Cheyenne, Wyoming 82009

(307) 632-3496

Fax: (307) 638-0815

<http://www.wypanda.com/>

195 S 5<sup>th</sup> Street

Lander, WY 82520

(307) 332-8268

**Protection & Advocacy for Individuals with Mental Illness Program (PAIMI)**

Phone: 307-635-7817 (Assistance Requests Only: 800-654-7972)

**WYOMING GUARDIANSHIP CORPORATION**

Substance Abuse and Mental Health Ombudsman Program

P.O. Box 2778

Cheyenne, WY 82003

1-888-857-1942 or (307) 632-5519

<http://www.wyoguardianship.org/lifeManagement/samhop.html>

**MENTAL HEALTH PROFESSIONS LICENSING BOARD**

1800 Carey Avenue, 4th Floor

Cheyenne, WY 82002

(307) 777-3628

<https://mentalhealth.wyo.gov/>

The Mental Health Professions Licensing Board regulates the practice of Licensed Professional Counselors (LPC), Licensed Clinical Social Workers (LCSW), Licensed Marriage and Family Therapists (LMFT), Licensed Addictions Therapists (LAT), Certified Social Workers (CSW), Certified Addictions Practitioners (CAP), Certified Addictions Practitioners Assistants (CAPA), and Certified Mental Health Workers (CMHW). Complaints may be registered against individuals only. This Board does not have jurisdiction or authority over mental health agencies. All complaints must name the individual the complaint is filed against and must be signed by the person registering the complaint.

### **U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES**

Office of Civil Rights  
200 Independence Avenue SW  
Washington, DC 20201  
1-877-696-6775

<https://www.hhs.gov/ocr/filing-with-ocr/index.html>

### **PRIVACY OFFICIAL**

Fremont Counseling Service  
748 Main St  
Lander, WY 82520  
(307) 332-2231

[shayes@fremontcounseling.com](mailto:shayes@fremontcounseling.com)

### **BILLING and INSURANCE INFORMATION**

For more information on your bill and our billing procedures, please contact:

- [Controller – \(307\) 332-2231](tel:(307)332-2231)
- Billing Clerk – (307) 332-2231

### **PAYMENT POLICIES AND PROCEDURES (2B8d1e)**

Payment is expected at the time of service. We accept credit and debit cards for your convenience. Fees for service will be set based on financial information that you provide to us. Please see the last page of this handbook for our most current fee schedule. We will bill you for any co-pays or deductibles and will bill insurance companies and other third party payers for all services provided. If you have problems with paying your bill, please contact our offices to set up a payment plan. If you have a balance with us when you leave services and you have not paid on your account, we will send your account to collections.

**Clients that cancel appointments less than twenty-four (24) hours in advance or do not keep appointments will be charged a \$25.00 No Show fee.**

**You are welcome to come back for services at any time – we'll be happy to see you.**

### **NOTICE TO OUR CLIENTS THAT ARE ELIGIBLE FOR MEDICAID BENEFITS:**

As a service to our clients that are eligible for Medicaid benefits, we will bill Equality Care for services rendered. However, please be aware of the following:

- If you have insurance, Medicare, or any other third party coverage, Equality Care requires that we bill these other payment sources first.
- If services provided to you are denied and/or not covered by Medicaid, you will be financially responsible for payment of those services.

### **INFORMATION ON PSYCHIATRIC ADVANCE DIRECTIVES (2B8d3)**

A PAD is a legal document created by a competent person that allows the person to give instructions for future mental health treatment or appoint an agent to make future decisions about their mental health treatment. The document is used when the person experiences acute episodes of psychiatric illness and becomes unable to make or communicate decisions about their treatment.

For more information about PAD's, please contact your clinician or you can find more information on the National Resource Center for Psychiatric Advance Directive's website: [www.nrc-pad.org](http://www.nrc-pad.org)



## **RESEARCH**

Fremont Counseling Service does not participate in research projects. If this policy changes, permission will be obtained before anyone participates in a research project. At all times FCS maintains the highest ethics including research guidelines, ethics, and any investigation of alleged infringement on client rights. (1K1e5, 1K1g)

## **PERSONAL SAFETY AND HEALTH (2B8d2)**

- First aid kits are located in identified locations in each building owned/leased by FCS and in each vehicle.
- Seat belts will be used at all times when transported by FCS staff and/or in FCS vehicles. Appropriate child restraints will be used when children ride in the car.
- Personal hygiene including universal precautions and appropriate hand washing is expected of staff and those served.

## **EMERGENCY EXITS (2B8d2)**

Emergency exit routes are posted in each office and room in each FCS office.

## **WEAPONS (2A27a2d,2B8d1fv)**

If weapons are found on FCS clients, visitors, or staff when on FCS property, or while participating in an FCS activity, the person will be requested to remove it from the property/activity. If the person does not comply, law enforcement will be notified.

## **ILLEGAL DRUG POLICY (2A27a2a, 2B8d1fiii)**

Fremont Counseling Service (FCS) will not allow illegal drugs on property owned, rented, or leased by the agency or at other locations during FCS activities.

## **LEGAL DRUG POLICY (2A27a2b, 2B8d1fiii)**

Fremont Counseling Service (FCS) will take appropriate action with legal drugs (including alcohol for those 21 years of age and tobacco for those 18 years of age) brought on property owned, rented, or leased by the agency or to a FCS activity.

If medication is brought to the office by a client or client representative for safekeeping, the container will be marked with the client's name and date and locked in the medication cabinet. The medication will be kept in the cabinet until the person requests the return of the medication or the medication expires. (2A27a2b, 2B8d1fiv)

If FCS activity participants bring medications to take during sessions FCS Form 142.0 (Request for Minor to Receive Medications.FCS Activities) must be completed prior to the activity session. The FCS facilitator will hold the medication until the recommended time to ingest/administer. (2B8d1fiv)

If alcohol is brought onto FCS property or on an FCS activity, the person will be asked to surrender it and FCS staff will immediately dispose of it. If they do not, he/she will be asked to leave the property. If the individual appears to be impaired they will be notified that if he/she drives a vehicle away from the premises law enforcement will be called.

Use of tobacco products is prohibited in Fremont Counseling Service office buildings and vehicles and on FCS property. Those who choose to use tobacco products must do so off FCS property. (2A27b, 2B8d1fii)

## **SECLUSION AND RESTRAINT (2B8d1fi)**

Fremont Counseling Service (FCS) employees will not use seclusion or physical restraints at any time. In an emergency, agency staff may use physical interventions to assist a client, visitor, or employee to regain control/composure in the emergent situation and law enforcement will be called to provide additional assistance. Physical interventions are administered in a safe manner, with consideration given to the physical, developmental, and abuse history of the individual. Bystanders will be escorted from the area.

# **Fremont Counseling Service**

*Mental Health and Recovery Services Serving Fremont County*

*An Equal Opportunity Provider*

748 Main St., Lander, WY 82520 ~ (307) 332-2231, Fax (307) 332-9338  
1110 Major Ave., Riverton, WY 82501~ (307) 856-6587, Fax (307) 856-2668  
TTY Hearing Impaired - 1-800-877-9975

## **COMPLAINT / GRIEVANCE FORM**

*This form may be completed anonymously. If you give us your name and contact information, you will receive a response in regard to this issue within thirty (30) working days of receipt of this form by the Executive Director.*

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone Number: \_\_\_\_\_

FCS Employee(s) against whom complaint is being filed: \_\_\_\_\_

*If additional space is required for any of the following sections, please attach blank pages to this form.*

Complaint/grievance (please explain specific action(s) and date(s) the incident took place):

.....

How would you like to see the complaint/grievance resolved?

.....

Signature \_\_\_\_\_ Date \_\_\_\_\_

Complaint received by: \_\_\_\_\_ Date: \_\_\_\_\_

Action(s) taken and date. If additional space is needed, please attach blank pages to this form.

.....

.....

.....

Executive Director or Designee Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE ATTACH ANY SUPPORTING DOCUMENTATION FOR THIS CLAIM**

Specific credentials, specialty areas, and clinical supervisors are included on the “Professional Disclosure and Confidentiality Statement” staff list, which is available from the clerical staff.

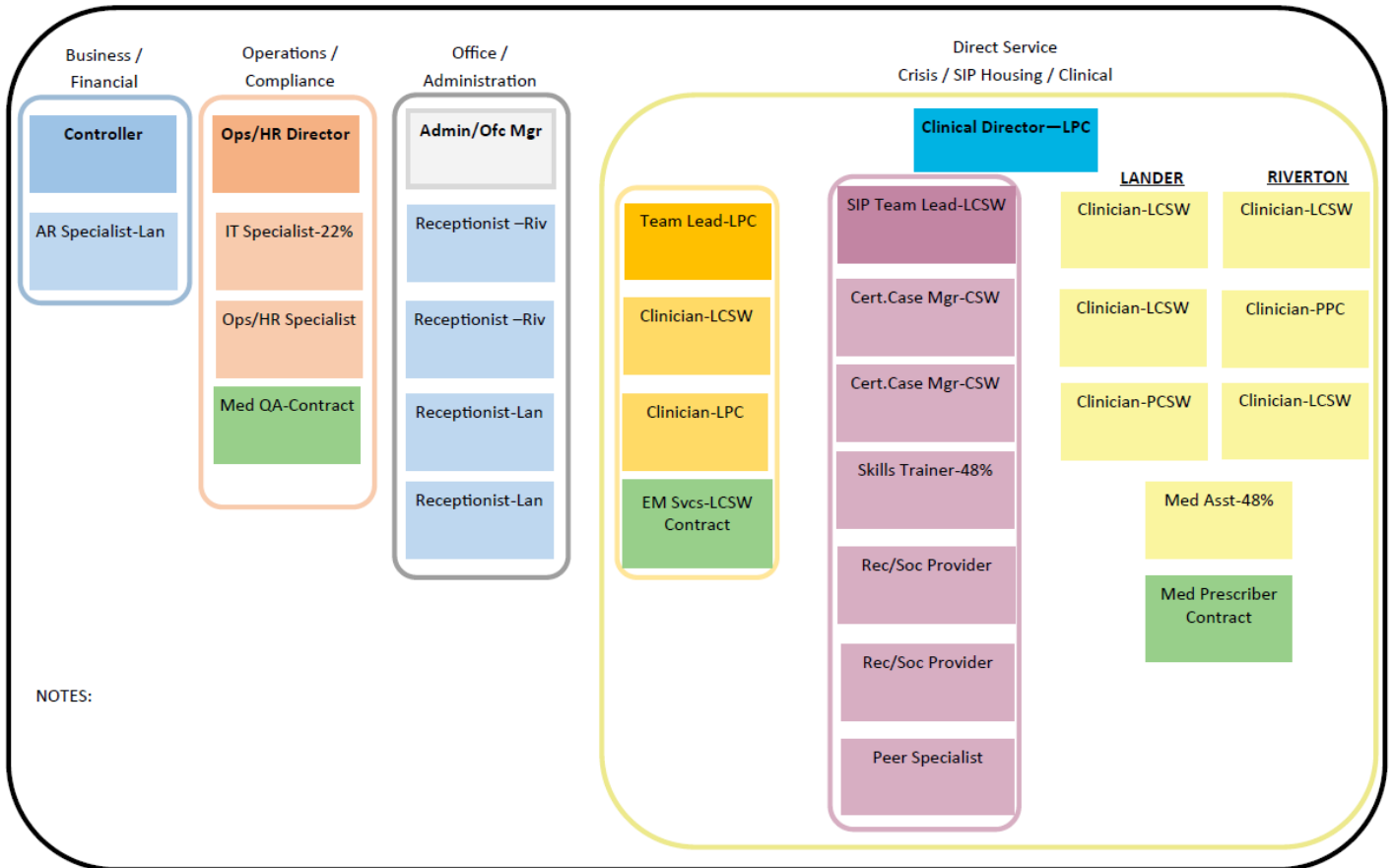
Board of Directors

Executive Director

## Fremont Counseling Service FY23 Organizational Chart

Effective July 1, 2022 | Approved 06.22.22

Changes Proposed: 07.01.22 | Changes Effective: 08.22.22



**Current Fee Schedule**

**Fremont Counseling Service  
Fee Schedule  
Effective FEBRURY 1, 2023**

Services will not be denied for inability to pay. However services may be denied for refusal of payment of the agreed upon fee.

**We accept most insurance, Medicaid, Medicare and Kid Care (CHIP).**

		MAXIMUM ANNUAL HOUSEHOLD INCOME											
Poverty Level		100%	110%	120%	130%	140%	150%	160%	170%	180%	190%	200%	>200%
Household Size	1	14,580	16,038	17,496	18,954	20,412	21,870	23,328	24,786	26,244	27,702	29,160	29,161
Household Size	2	19,720	21,692	23,664	25,636	27,608	29,580	31,552	33,524	35,496	37,468	39,440	39,441
Household Size	3	24,860	27,346	29,832	32,318	34,804	37,290	39,776	42,262	44,748	47,234	49,720	49,721
Household Size	4	30,000	33,000	36,000	39,000	42,000	45,000	48,000	51,000	54,000	57,000	60,000	60,001
Household Size	5	35,140	38,654	42,168	45,682	49,196	52,710	56,224	59,738	63,252	66,766	70,280	70,281
Household Size	6	40,280	44,308	48,336	52,364	56,392	60,420	64,448	68,476	72,504	76,532	80,560	80,561
Household Size	7	45,420	49,962	54,504	59,046	63,588	68,130	72,672	77,214	81,756	86,298	90,840	90,841
Household Size	8	50,560	55,616	60,672	65,728	70,784	75,840	80,896	85,952	91,008	96,064	101,120	101,121
Household Size	9	55,700	61,270	66,840	72,410	77,980	83,550	89,120	94,690	100,260	105,830	111,400	111,401
Household Size	10+	60,840	66,924	73,008	79,092	85,176	91,260	97,344	103,428	109,512	115,596	121,680	121,681
<b>Discount</b>		<b>95%</b>	<b>90%</b>	<b>80%</b>	<b>70%</b>	<b>60%</b>	<b>50%</b>	<b>40%</b>	<b>30%</b>	<b>20%</b>	<b>10%</b>	<b>5%</b>	<b>0%</b>
<b>Assessment and Individual/Family Therapy (per hour of service) Standard Fee = \$120.00</b>		\$6.00	\$12.00	\$24.00	\$36.00	\$48.00	\$60.00	\$72.00	\$84.00	\$96.00	\$108.00	\$114.00	\$120.00
<b>Group Therapy (per hour of service) Standard Fee = \$60.00</b>		\$3.00	\$6.00	\$12.00	\$18.00	\$24.00	\$30.00	\$36.00	\$42.00	\$48.00	\$54.00	\$57.00	\$60.00
<b>Case Management (per hour of service) Standard Fee = \$120.00</b>		\$6.00	\$12.00	\$24.00	\$36.00	\$48.00	\$60.00	\$72.00	\$84.00	\$96.00	\$108.00	\$114.00	\$120.00
<b>Substance Abuse Assessment (per hour of service) Standard Fee = \$240.00</b>		\$12.00	\$24.00	\$48.00	\$72.00	\$96.00	\$120.00	\$144.00	\$168.00	\$192.00	\$216.00	\$228.00	\$240.00
<b>Psychiatric Services (per hour of service) Standard Fee = \$240.00</b>		\$12.00	\$24.00	\$48.00	\$72.00	\$96.00	\$120.00	\$144.00	\$168.00	\$192.00	\$216.00	\$228.00	\$240.00

Cost to respond to subpoenas: Clinical Staff = \$225 per hour (includes travel time and time waiting to be engaged).

Poverty guidelines will be revised as new information is released (board review/approval not required for guideline revisions).  
Fees are reviewed/revised by the Fremont Counseling Service Board of Directors each year. February 2023

Poverty Guidelines Updated: January 20, 2023  
Effective: February 1, 2023

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