



**Community Mental Health Services**

*Helping* **People**

*Healing* **Lives**

*Giving* **Hope**

## **CLIENT HANDBOOK**



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Welcome to Florida Therapy Services, Inc. (FTS). In 1994, FTS was founded in Tallahassee, Florida. The mission of FTS upon its inception was to meet the growing need for mental health services for our senior citizens and disabled populations residing in assisted living facilities. Since then our mission has expanded demographically and geographically to offering mental health services to adults, adolescents, and children across North Florida.

FTS maintains Health Care Clinics in Marianna, Panama City, Pensacola, and Tallahassee serving the following sixteen counties: Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Santa Rosa, Taylor, Wakulla, and Washington counties. Each of these full service clinics is licensed by the Agency for Health Care Administration (AHCA) as a community based mental health provider. All sites have been accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) for our outpatient mental health treatment programs for adults, adolescents, and children.

The FTS team of professionals includes psychiatrists that are board certified to treat adults, adolescents, and children, licensed clinical social workers (LCSW), licensed mental health counselors (LMHC), licensed marriage and family therapists (LMFT), certified substance abuse counselors, masters level therapists, targeted case managers, as well as a comprehensive team of executive and administrative support professionals.

FTS offers an extensive range of community based behavioral health care services to include psychiatric evaluations, medication management, mental health evaluations, therapeutic behavioral on-site services, individual therapy, family therapy, and group therapy. Therapy services may be rendered in a variety of settings, to include the client's residence, school, and/or job site, in addition to the more traditional office location.

**All FTS facilities are smoke, drug and weapon free zones. Please adhere to these policies.**

#### **Weapons Policy**

FTS clients and staff shall be prohibited from carrying or bringing any weapon, as defined herein, to any FTS locations. Weapon means any firearm, whether loaded or unloaded, from which a shot may be discharged including but not limited to pistol, revolver, shotgun, rifle, bb gun or any knife including switchblade knife, gravity knife, or any knife with a blade longer than 3 inches, or billy, blackjack, bludgeon, metal knuckles, bow and arrow, electronic stunning device, etc.

#### **Substance Policy**

FTS is committed to maintaining a healthy and productive workplace and safe working conditions free from the effects of drugs. FTS will not allow the safety of our employees or the safety and service of our clients to be compromised by the actions of persons who insist on using drugs illegally or have consumed illegal drugs, controlled substances, narcotics or alcoholic beverages and present a risk to others.



This policy does not prevent persons from taking medications properly prescribed. It is your responsibility to handle your medications that you bring to any FTS facility.

### **Seclusion and Restraint**

It is the policy of FTS not to engage in the use of seclusion or restraint. All providers are trained in aggression control to help verbally deescalate situations requiring special attention.

### **Smoking Policy**



FTS does not permit the use of tobacco products, smokeless tobacco products, or electronic cigarettes inside any FTS locations.

### **Infection Control**

FTS adheres to industry standards to promote and protect the health of clients. Our providers are trained on infection prevention issues in behavioral health settings.

### **Healthcare Notifications**

FTS adheres to industry standards to promote and protect the health of clients. Our providers are trained on infection prevention issues in behavioral health settings.

### **Our Mission**

To promote individual wellness and family stability through community based mental health services.

### **Our Vision**

Florida Therapy Services, Inc., a leader within the mental health community, is setting the standard through our continued commitment to provide accessible and affordable quality mental health care services to Florida's families.

### **Our Values**

**Competence** – Florida Therapy Services is committed to providing our clients with the best trained and most experienced staff.

**Integrity** – Florida Therapy Services team members remain committed to practicing our profession ethically, honestly, and compassionately.



**Cultural Competence** – Florida Therapy Services maintains an environment that demonstrates respect for all the diverse cultural heritages of our staff, our clients, and our community.

**Services** – Florida Therapy Services practices the process of continuous self-improvement. Our team seeks new ways to improve our service delivery and strives to be innovative in our thinking.

## **Orientation**

### **Helpful Definitions**

**FTS** – Florida Therapy Services, Inc.

**Appointment** – An agreed upon time to meet set between the client and the FTS provider.

**Client** – The person receiving services.

**Confidentiality** – Information that is kept private and not shared.

**Counselor/Therapist** – A licensed or master level practitioner that is qualified to provide therapy. A Counselor possesses a minimum of a master’s degree in counseling, psychology, or social work program obtained from an accredited university. The counselor may also be referred to as a therapist.

**Treatment Plan** – A document created between you and your counselor that will state the goals you would like to accomplish during the course of your counseling.

**Targeted Case Manager** – These providers will see you in the home at least once a month. During this visit they attempt to help you with resource needs. Case Managers have a minimum of a bachelor’s degree from an accredited university with a major in a qualified degree program and the required experience and Medicaid training.

**Initial Home Visit:** Initial home visit is an opportunity for the Targeted Case Manager to introduce themselves and explain how the service can provide assistance with your current needs.

**Assessment:** Assessment is a requirement through Medicaid to help determine the needs and issues you are facing. This helps you and your Targeted Case Manager identify what services and agencies you could be referred to address issues.

**Service Plan:** Service plans are goals and objectives that you and your Targeted Case Manager develop together to help you address issues and needs that you are currently facing. You and your Targeted Case Manager will review your service plan on a monthly basis and will modify goals and objectives as needed.



**HIPAA** – Health Insurance Portability and Accountability Act Federal regulations pertaining to protected health information.

**Informed Consent** – Consent given by a client after learning about and understanding fully the purpose of treatment, as well as potential risks involved.

**Program Director (PD)** – The supervisor of the case management or therapy providers in the location you are being served.

**Provider** – The doctor, counselor, or case manager assigned to your case.

**Psychiatrist** – A medical doctor who specializes in behavioral/mental health. Psychiatrists evaluate, diagnose, prescribe medication, and monitor client treatment.

**ARNP** – An Advanced Registered Nurse Practitioner who specializes in behavioral/mental health. ARNP evaluate, diagnose, prescribe medication, and monitor client treatment.

### **Services**

The following are definitions of services you may receive through FTS.

**Psychiatric Services** – Provides psychiatric evaluations and medication management. Psychiatric services are sought through self-referral or at the recommendation of the counselor.

**Individual and Family Therapy** – Provides treatment in the form of cognitive behavioral, insight-oriented, supportive therapy, and other accepted methods. Individual and family therapy is the least restrictive level of care and follows a more traditional out-patient approach. Services are provided at a FTS office, in the home, or school/after care.

**Targeted Case Management** – Links adults and children to community resources in order to restore self-sufficiency and stability within their families.

**Therapeutic Behavioral On-Site Services for Children and Adolescents (TBOS)** – Assists children and their families who have complex needs in an effort to prevent a more intensive and restrictive behavioral health placement. TBOS therapy services are provided only within the home and/or school/after care. Family involvement is crucial.

**Group Therapy** – Develops interpersonal skills and problem-solving strategies.

**Peer Bridger Support Services** – Recovery Peer Specialists provide supportive and rehabilitative services in the home and in community settings, to benefit client functioning and reduce likelihood of hospitalization.

**Psychosocial Rehabilitation Services** – Develops and/or restores the skills and abilities essential for independent living.



## Orientation

### Client Rights

#### You have the right to:

- know and understand your rights and responsibilities.
- a written copy of your rights and responsibilities.
- be treated with courtesy, respect, and dignity regardless of ethnicity, gender, sexuality, religion, financial status, and/or handicaps.
- confidentiality regarding your treatment and treatment documentation within the scope of state and federal laws.
- ask and receive information about your diagnosis (problem).
- know who makes up your treatment team and their professional qualifications.
- participate in the development of your treatment plan and discharge plan.
- be notified in advance of any changes in the care you are receiving.
- ask questions regarding your treatment and receive prompt and fair answers to those questions.
- know the availability of treatment support services.
- terminate and/or refuse treatment, unless the law says care must be given.
- know what other care may be available regarding your treatment.
- know the potential risks and outcomes of treatment.
- information regarding the cost of treatment and what cost you are responsible for, if applicable.
- know what treatment expenses are covered or not covered by Medicare, Medicaid, and/or third party insurance companies, as applicable.
- inform FTS and/or your funding source, if applicable, of any questions, concerns, or complaints, regarding your treatment.
- if applicable, receive a bill that is easy to understand.
- receive help with any emergency problem that will get worse if help is not given.
- know when treatment is for experimental research and that you have the choice to say “yes” or “no.”
- an interpreter, if applicable.
- know that FTS does not use any type of seclusion and/or restraint.
- know that program staff may review your record for quality and compliance.
- know that your record may be reviewed by the Commission on Accreditation of Rehabilitation Facilities (CARF) as well as your funding source (such as Medicaid, or other third party insurance) for the purpose of quality and compliance.

Please read and discuss your Client Rights with your FTS provider. When you are satisfied that you fully understand these rights, please sign the receipt form offered by your provider acknowledging that you received a copy of these rights and have read and understand them.



## **Orientation**

### **Client Participation Agreement**

As a client of Florida Therapy Services, I agree to the following:

- I will notify my therapist, case manager, other provider or office staff at least 24 hours ahead of my appointment if I can't keep a scheduled appointment.
- I understand that missing three scheduled appointments in a row will result in the review of my status and opportunity to receive services from Florida Therapy Services and may result in a referral to another provider.
- I will notify my therapist, case manager, other provider or office staff of any changes to my address or phone number.
- I agree to make sure that a safe, private and confidential space will be available for scheduled meetings in my home. At no time will video/audio or any other type of recording occur while the FTS provider(s) are in my home.
- I understand that, if I, a family member or friend, acts in a violent or threatening manner toward any FTS staff member, my services with Florida Therapy Services could be ended and I would be transferred to another provider.
- I agree to make sure that family and children who are scheduled for services will be available at scheduled times.
- I agree to turn off TV, radio, cell phone, and other distractions during my sessions and actively participate in each session with my therapist, case manager, or other provider.
- I agree to arrange for child care so that I can be involved in each session with my therapist, case manager or other provider without interruption.
- I agree to follow all recommendations for therapy, case management, medication management and others services. If I choose not to follow these recommendations, my services with FTS could be ended and I would be transferred to another provider.
- I understand that, if FTS makes arrangements to provide auxiliary services: interpreter services, other contracted services, I will be responsible for reimbursing FTS should I miss or break the appointment without proper notice.
- I understand that, if I break this agreement, my services with FTS could be ended and I would be transferred to another provider.





## Orientation

### Client Responsibilities

#### You are responsible for:

- telling your provider, to the best of your ability, all information related to your behavioral health problem.
- answering questions your provider asks you for the purpose of diagnosis and treatment of your behavioral health problem.
- informing your provider about any changes in the way you feel.
- informing your provider of any physical illnesses or challenges that may impact your treatment.
- informing your medical and behavioral providers of current pregnancy and prenatal care.
- adhering to laws and rules about illegal and legal substances.
- participating in your treatment to the best of your ability.
- attending scheduled appointments and calling if you can't make an appointment.
- the possible consequences should you refuse treatment or fail to follow your treatment plan.
- providing a safe environment, should our services be provided in your home.
- your decisions and conduct.
- notifying FTS personnel of any changes regarding your personal information, such as address, phone number, work status, and/or health and medication issues.
- avoiding actions that are harmful to your health and well-being.
- avoiding actions that are harmful to others.
- respecting the privacy/confidentiality of others receiving services.
- promptly paying agreed upon fees or other charges.

Please read and discuss your responsibilities with your FTS provider. When you are satisfied that you fully understand these responsibilities, please sign the receipt form offered by your provider acknowledging that you received a copy of these responsibilities and have read and understand them.

### FTS Rights and Responsibilities

FTS has the right to serve you according to personnel and program availability. FTS will provide services as promptly as possible; however there may be times when prospective clients will be placed on a waiting list. If FTS is not able to meet the needs of a client, the names of alternative agencies will be provided. FTS has the right to deny or stop services to anyone who threatens the health or well being of others, misuses or abandons treatment, or who does not meet his/her financial obligations.

FTS will make every effort to provide high quality services offered by professional and qualified personnel.

FTS is responsible to work closely with you regarding your treatment and treatment plan goals.



FTS will make every effort to keep you informed regarding any changes to your scheduled appointments.

FTS is responsible to protect and maintain the confidentiality of your health and personal information within the confines of state and federal regulations.

FTS personnel are mandated by law to report any and all suspicion of child abuse, abandonment, or neglect.

FTS personnel are mandated by law to report any and all suspicion of abuse, neglect, or exploitation of vulnerable adults.

FTS will make every effort to ensure that services are accessible. Our services will be offered in a safe and clean environment.

If an FTS provider believes that a client poses an immediate danger to himself/herself or others, the FTS provider must do everything in his/her power to ensure the immediate safety of the client and/or potential victim, up to and including:

- if possible, providing crisis intervention.
- involuntary hospitalization, if needed. If the provider is a licensed practitioner and able to initiate a Baker Act under Florida Law, then the licensed practitioner will make the determination whether or not to proceed with the involuntarily hospitalization. If the provider is not a licensed practitioner, he/she will notify law enforcement personnel and/or a licensed practitioner.
- warning the intended victim of potential harm.
- notifying family members of the potential danger to self or others.
- disclosing information needed to resolve the dangerous situation.
- documenting the situation on an incident report form.
- ensuring that appropriate action is taken.

## **Orientation**

### **Referral**

Your first contact with FTS will most likely be over the phone via our referral phone number. When you call or someone calls for you, please understand that there is specific information our team must gather to provide you with the best and most timely service possible. Our team members will ask you to provide demographic information, insurance information, chief complaint information, and your availability to get started with FTS. If you are the guardian of the client, you will be asked to provide paperwork that indicates that status. Should you have



any questions about this necessary paperwork, and FTS team member will be able to assist you in determining the necessary steps to achieve completion of the referral and access to services.

### **Intake Assessment**

Your next contact with FTS will most likely involve an assessment with a provider. This can occur in the FTS office, your home, or other locations. They will assess your mental status, coping abilities, strengths, service needs and preferences. This will be done using a bio-psychosocial assessment, case management assessment, or an initial psychiatric examination.

This will take approximately an hour. The questions asked are extremely important as they will help form the level, type and length of treatment you receive. We understand your time is important and as such we are committed to engaging in this assessment in the most timely and thorough manner. We want to attend to your immediate and urgent needs in the most clinically sound manner.

At this appointment you will be asked to complete multiple items to include: consent for treatment, client's rights and responsibilities, a participation agreement, multiple releases of information for agencies you may have or continue to have contact with, and insurance paperwork. If you are the guardian of the person who is receiving services, and you have court paperwork or information that indicates and affirms that status, please insure you bring that paperwork. The documentation must indicate you are able to consent to the client receiving mental health services.

### **Services**

Soon after your intake assessment, you will begin to receive services. The therapist who completed your intake may be your continuing provider. Or you may be assigned a different provider who can best meet your needs and preferences. Your provider will attempt to provide services at the location that works best for you. This may happen in your home, or at our office, or at your child's school. You make this decision. We are here to provide you the best service in the most appropriate setting and at the best times for you. During this period your provider will be working with you to develop a treatment or service plan. They may be completing an assessment to determine your needs if you are involved with case management.

A therapist makes a diagnosis. A therapist also uses proven ways to help clients make changes, in ways that they think and behave, that aren't helping them live their best life. You will typically meet with your therapist weekly, at first, but you may only meet with your therapist twice per month or on a monthly basis, depending on your needs

### **Treatment Plan Development**

Soon after beginning services with FTS you and your counselor will develop your individualized treatment plan. Your treatment plan will consist of goals you would like to accomplish during your counseling. Behavioral health goals are those things that you would like to implement, do away with, change, or improve upon that relate to your mental health diagnosis.

Once your goals have been set, the next step is to decide how best to reach them. You and your counselor will create objectives. Objectives are new ways of thinking and behaving that will



help you feel better about yourself and improve your overall well-being. Objectives are measurable so you can keep track of your progress.

Your treatment plan will serve as the roadmap for your treatment, so it is very important that you are involved in its development. Your treatment plan will be successful only if you commit to work on your goals and objectives. Please ask for a copy of your treatment plan if one is not given to you. You will want to refer to your treatment plan often throughout the course of your counseling.

You and your counselor will regularly review your treatment plan in order to ensure that you are making progress on your goals. This will be the time that you and your counselor may decide to change your goals and/or objectives. Any time your treatment plan is changed, you will receive a revised copy. If you do not receive this document, please ask your counselor to give you a copy.

Once your treatment plan has been completed and/or changed, your counselor will ask you to sign the document. Your signature means that you have read and fully understand everything on your treatment plan. It also means that you and your counselor made the plan together and that you agree to work on your goals and objectives in a timely manner. Please ask your counselor if you have any questions about your treatment plan.

On your treatment plan you will see a section called, "Service Plan and Delivery Schedule." This is where you will find the type of services you will receive and how often you have agreed

It is very important that you are available for your sessions, as this is the time your provider has set aside for you. If you are going to miss a session, please let your provider know as soon as possible so you can reschedule.

### **Transition Planning**

At the beginning of service your provider will help you plan on transition to contribute to your health program after FTS. Our goal is to help you identify continuing needs and guide you to those community partners who can best assist you with those long term needs. Please help your provider by working with them to commit those continuing needs and your preferences to which community partners can help.

### **Discharge Planning**

Discharge planning begins on the first day of services. This means that right from the beginning you and your counselor know that counseling is a time limited service that is designed to help you resolve issues and put into practice new ways of thinking, feeling, and behaving.

The FTS team believes that you can heal and live your life in a healthy and productive way. We understand that sometimes we all have challenges and obstacles that get in our way. That is the time that counseling can be helpful. Our goal is to help you through the tough times and then let you take it from there. Thus, once you have successfully mastered your goals and



objectives, you and your counselor will part company knowing that you have accomplished what you set out to do.

Your provider will complete a discharge summary with you and provide you a copy at the last session. This will include all of the things that you went over in therapy or case management. This will include your goals and what you have accomplished or still need to accomplish. The discharge will include referrals to other agencies that you can work with after your time with FTS is done.

Sadly, sometimes people drop out of service before they have realized their goals. This happens for a variety of reasons. We ask that if for some reason you are considering leaving counseling before you have finished your personal work that you talk to your counselor before making this decision. Sometimes change can be scary and challenging and we at FTS want to be able to help you through this difficult time.

## **Client Notice**

This client notice describes how medical and behavioral health related information about you may be used and disclosed and how you can get access to this information. Please review this notice carefully.

### General Information

Information regarding your behavioral health care, including payment for health care, is protected by two federal laws and one state law; the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. 1320d et seq./ 45 C.F.R., Part 2 and the applicable Florida Statutes. Under these laws, Florida Therapy Services, Inc. (FTS) may not say to a person outside FTS that you receive services or have received services from FTS. FTS may not disclose any other protected information except as permitted by federal and state law.

FTS must obtain your written consent before it can disclose information about you for payment purposes. For example, FTS must obtain your written consent before it can disclose information to your health insurer in order to be paid for services; otherwise payment must be received in advance. Generally, you must sign a written consent before FTS can share information for treatment purposes. However, federal and state law permits FTS to disclose information without your written permission:

- To medical personnel in a medical emergency;
- Pursuant to an agreement with a qualified services organization/business associate;
- For research or audit purposes; without disclosure of client's name or other identifying information.
- To report a crime committed on FTS premises or against FTS personnel;
- To appropriate authorities to report suspected elderly, disabled, and child abuse or neglect;
- As allowed by a court order under specific circumstances.



For example, FTS can disclose information without your consent to obtain legal or financial services or to another medical facility to provide health care to you, as long as there is a qualified service organization/business associate agreement in place.

Before FTS can use or disclose any information about your behavioral health care in a manner that is not described above, it must first obtain your specific written consent which may be revoked by you in writing.

### Your rights under HIPAA

Under HIPAA you have the right to request restrictions on certain uses and disclosure of your health information. FTS is not required to agree to any restrictions you request, but if FTS does agree, then it is bound by that agreement. Additionally, FTS may not use or disclose any information that you have restricted except as necessary in a medical emergency or as noted previously.

You have the right to request that we communicate with you by alternative means or at an alternative location, such as a cell phone versus a home phone or at work versus at home. FTS will accommodate such requests that are reasonable and will not request an explanation from you. You also have the right to inspect and receive a copy of your own behavioral health information maintained by FTS, at a reasonable cost. Exceptions that apply are information containing psychotherapy notes, information compiled for use in a civil, criminal, or administrative proceeding or in other limited circumstances.

Under HIPAA you also have the right, with some exceptions, to amend your behavioral health care information maintained in FTS records, if the information is incorrect or incomplete. You must make your request in writing. FTS may deny your written request, in certain circumstances. You will receive a written notice from FTS should your request be denied. You may respond in writing to FTS' decision not to amend your information. Your statement will be kept in your record and will be shared whenever FTS shares your information in the future.

You have the right to have a list of who FTS has shared your information with for the last six (6) years. It will not include disclosures made prior to April 14, 2003 (the date the Privacy Rule became effective.)

### FTS Duties

FTS is required by law to maintain the privacy of your behavioral health information and to provide you with notice of its legal duties and privacy practices with respect to it. FTS is required by law to abide by this notice. FTS reserves the right to change the terms of this notice and to make new notice provisions effective for all protected behavioral health information it maintains and will notify you of any changes in writing, in person, or by mail.

### Complaints and Reporting Violations

You may register a complaint with FTS and the Secretary of the United States Department of Health and Human Services (HHS) if you believe that your privacy rights have been violated.



The complaint must be in writing, either on paper or electronically and must be filed with the Privacy Officer of FTS or the Secretary of HHS within 180 days of knowledge of the infraction. The complaint must name the entity who is the subject of the complaint and describe the acts or omissions related to the violation. Once received, the Privacy Officer of FTS or the Secretary of HHS will conduct an investigation and notify the entity and the complainant of findings in writing. Complainants are protected against retaliation. Violation of the Confidentiality Law by a program is a crime. Suspected violations of the Confidentiality Law may be reported to the United States Attorney General's Office in the district where the violation occurs.

To file a written complaint with Florida Therapy Services, Inc., please hand deliver or mail your complaint to the following address:

Florida Therapy Services, Inc.  
Attn: Privacy Officer  
459 Grace Avenue  
Panama City, FL 32401

To file a complaint with the federal government, you may send your complaint to the following address:

Office for Civil Rights  
Department of Health and Human Services  
Atlanta Federal Center, Suite 3B70  
61 Forsyth Street SW  
Atlanta, GA 30303-8909  
Telephone: (404) 562-7886 (recorded message)  
Fax: (404) 562-7881  
TDD: (404) 331-2867  
[www.hhs.gov/ocr/hipaa](http://www.hhs.gov/ocr/hipaa)

### **Client Grievance Procedures**

FTS recognizes that conflicts sometimes take place between a client and provider. As such, FTS will adhere to the following procedures upon receipt of a client generated written grievance.

A client, a client's primary caregiver, a client's legal guardian, or family member has the right to complain if dissatisfied with any part of service or decisions made by a FTS team member without fear of retribution or retaliation.

Clients and their guardians are encouraged to present their concerns to their provider, in order to allow the provider to find a solution. Providers are expected to handle all concerns in a professional manner and to make every effort to find a solution. In the event that a solution is not achieved, the client and/or the client's representative may choose to submit a written grievance.



All FTS locations prominently display and maintain locked grievance boxes with attached grievance forms whereby allowing clients' unfettered access. Unfettered access means that clients who wish to file a grievance must have access to the grievance forms without having to ask for them. The grievance boxes are prominently labeled and displayed in a common area, such as a lobby or waiting area. The President (or appointed designee) checks the boxes at regular intervals, but not less than every two weeks.

Clients have the option to submit their written grievance via the postal service or in person at any FTS office. All grievances submitted will be given directly to the Program Director (PD) (or the Clinical Quality Director if addressed or delivered to the corporate office) for review.

Upon receipt of a written grievance, the President or PD will contact the client and/or their guardian for a personal interview to discuss a grievance solution.

The PD has two business days from receipt of the grievance to make contact with the complainant. If the grievance is resolved at this level, the PD will forward the grievance to the President with a summary of how the grievance was resolved.

Should the grieving party not be satisfied with the outcome offered by the PD, the PD will forward the grievance to the President of Clinical Operations within five business days. The President will attempt to resolve the grievance within five business days of receipt. Failing to find a satisfactory resolution, the President will forward the grievance to the Executive Management Team, where the COO shall make the final decision, which is to be rendered in writing and provided to the client. The Quality Improvement Committee will log and track all written grievances until resolved.

Although clients are encouraged to discuss concerns with their assigned provider, they are not required to inform the provider of their intent to file a grievance. As such, the FTS personnel handling the complaint will treat all grievance information as confidential unless the client or the client's guardian waives such confidentiality in writing, or unless state and/or federal law precludes such confidentiality.

### **Mental Health Advance Directive**

If you believe you may be hospitalized for mental health care in the future and that your doctor may think you aren't able to make good decisions about your treatment, completion of a mental health advance directive will help make your treatment preferences known. It is important that you decide **NOW** what types of treatment you do or do not want and to appoint a friend or family member to make the mental health care decisions that you want carried out.

Important things to remember:

- Read each section of the form carefully and talk about your choices with your case manager, doctor, or other trusted persons.
- The person you choose to be your health care surrogate and alternate must be a competent person who is at least 18 years old, whose civil rights have not been taken away. The





person you choose should **not** be a mental health professional, an employee of a facility which might provide services to you, an employee of the Department of Children & Family Services, or a member of the Local Advocacy Council.

- Make sure your surrogate understands your wishes and is willing to take the responsibility.
- You and your surrogate (and a back-up alternate surrogate if you wish) should sign the form in front of two witnesses.
- Have copies made and give them to your surrogate, your case manager, your doctor, the hospital or crisis unit at which you are most likely be taken, your family, and anyone else who might be involved in your care. Discuss your choices with each of them..
- You can change your advance directive at anytime you are competent to do so. If you travel, be sure to take a copy of the advance directive with you. Your advance directive will not take effect unless a physician decides that you are incompetent to make your own treatment decisions. If you are in a psychiatric facility, you will have an attorney appointed to represent your interests, and will have a hearing in front of a judge or hearing master. A health care surrogate is not authorized to consent to treatment for a person on voluntary status.

Each office has a sample advance directive form that you can use to direct your future care.



## My FTS Team Contact Information

### Florida Therapy Services, Inc.

My Therapist is \_\_\_\_\_

A contact number is \_\_\_\_\_

My Case Manager is \_\_\_\_\_

A contact number is \_\_\_\_\_

My Behavioral Health Tech is \_\_\_\_\_

A contact number is \_\_\_\_\_

My Psychiatrist/ARNP is \_\_\_\_\_

The office contact number is \_\_\_\_\_

The Program Director for this area is \_\_\_\_\_

A contact number is \_\_\_\_\_

The Office Manager for this area is \_\_\_\_\_

A contact number is \_\_\_\_\_

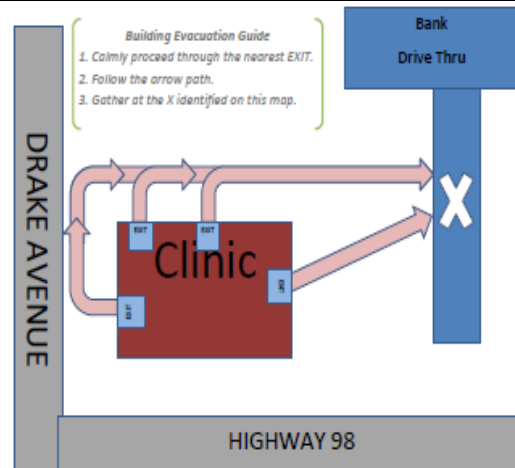
We hope that you find your interactions with our team of caring professionals at FTS purposeful and restoring. We are always interested in hearing from you. We have survey forms that are available upon your request. Please ask your therapist or contact our nearest office to obtain a survey form. At various times throughout our relationship, we may ask that you complete a survey. This is optional on your part and you may decline, if you wish. Please note that surveys are filled out anonymously. Your feedback is very important to us and is used to evaluate and strengthen our services.

**Evacuation Paths / Contact Numbers / Addresses**

**Panama City Clinic  
Corporate Office**

2711 West 15th Street  
Panama City, Florida  
32401

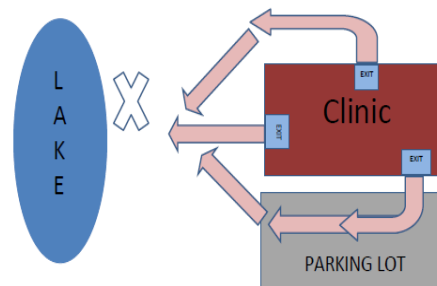
Ph: (850) 769-6001  
Fax: (850) 769-6003  
Toll Free: 1-877-234-5351



**Tallahassee Clinic**

1834- A Jaclif Court  
Tallahassee, Florida  
32308

Ph: (850) 681-6001  
Fax: (850) 681-6003  
Toll Free: 1-866-783-1463

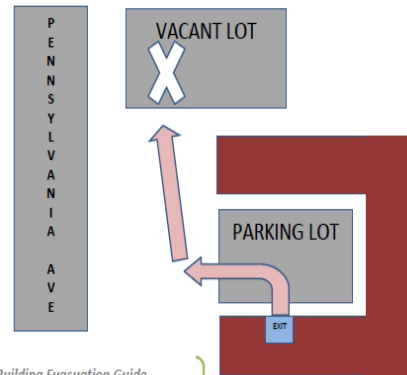


*Building Evacuation Guide*

1. Calmly proceed through the nearest EXIT.
2. Follow the arrow path.
3. Gather at the X identified on this map.

**Marianna Clinic**  
2944 Pennsylvania Avenue,  
Suite L Marianna, Florida 32448

Ph: (850) 526-5500  
Fax: (850) 526-5536  
Toll Free: 1-866-919-2142

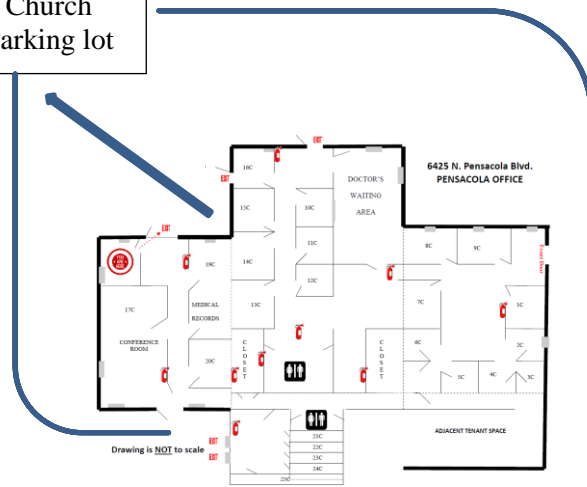


- Building Evacuation Guide*
1. Calmly proceed through the nearest EXIT.
  2. Follow the arrow path.
  3. Gather at the X identified on this map.

**Pensacola Clinic**  
6425 North Pensacola BLVD  
Suites 1-3  
Pensacola, FL  
32505

Ph: (850) 471-0017  
Fax: (850) 471-0009

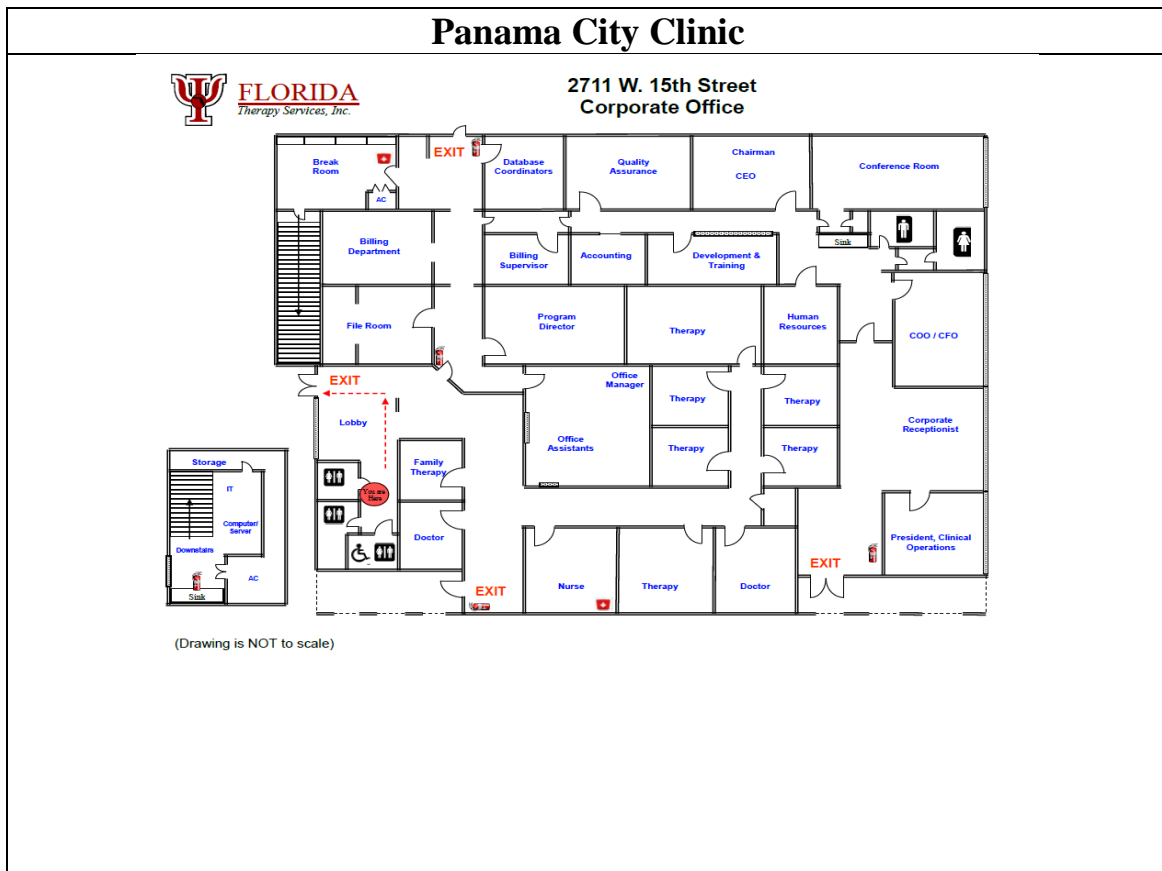
Church  
Parking lot



## Emergency Procedures

Please note that at each FTS location we have staff trained on fire suppression. Additionally, we maintain First Aid Kits at all locations. Our office staff has been trained on emergency procedures to include evacuation due to physical, environmental, social or behavioral threats. Please when visiting our locations notify the staff members to assist you with familiarization of the premises to include evacuation paths, emergency exits, fire suppression equipment and first aid kit locations. Each FTS location will have multiple evacuation maps posted at each doorway, internal and external. Please note that while in our FTS facilities you may experience a drill in which an emergency situation is simulated. Please respond accordingly and follow all staff directions. We will attempt to limit the number of drills you may experience, however due to licensing and credentialing requirement we must conduct drills regularly that include staff and clients.

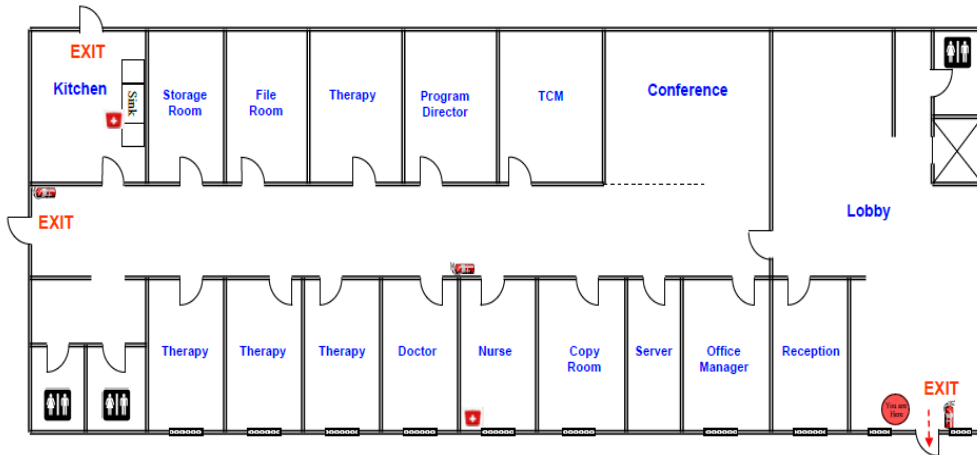
**Office Hours: Monday – Friday, 8:00 – 5:00**  
**Evenings and Weekends by Appointment Only**  
 For a complete list of FTS site addresses,  
 please visit our website at: [www.flatherapy.com](http://www.flatherapy.com)  
**Emergency Exits / First Aid Kits/ Fire Extinguishers**



### Marianna: Clinic



2944 Pennsylvania Avenue, Suite L  
Marianna Evacuation Plan



### Tallahassee Clinic



1834-A Jaclif Court  
Tallahassee Evacuation Plan







## State of Florida Resources

Abuse Hotline	1-800-96ABUSE or 1-800-962-2873
Agency for Healthcare Administration Hotline	1-888-419-3456
Department of Elder Affairs – Long Term Care	1-888-831-0404
Disability Rights Florida	1-800-342-0823
DJJ Prevention Hotline	1-866-757-0634
Domestic Violence Hotline	1-800-500-1119
Medicaid Fraud Control Unit	1-866-966-7226
Runaway Hotline	1-800-621-4000

## Department of Children & Families Offices

(Food Stamps, Medicaid and Cash Assistance)

<b>ACCESS FL</b>	<b>1-866-762-2237</b>
Bay County 2505 W. 15 <sup>th</sup> Street Panama City, FL 32401	Phone: 850-872-4185 Fax: 850-747-5346
Calhoun County Closest center - Gadsden Co. 6 South Key Street Quincy, FL 32351	Phone: 850-627-7666 Fax: 850-627-6548
Escambia County 33 Brent Lane, Suite 103 Pensacola, FL 32502	Phone: 850-595-2300 Fax: 850-595-8911
Franklin County Closest center - Gulf Co. 407 C Reid Avenue Port St. Joe, FL 32456	Phone: 850-229-6854 Fax: 850-227-7508





**Department of Children & Families Offices (Cont)**

(Food Stamps, Medicaid and Cash Assistance)

<p>Gadsden County 6 South Key Street Quincy, FL 32351</p>	<p>Phone: 850-627-7666 Fax: 850-627-6548</p>
<p>Gulf County 407 C Reid Avenue Port St. Joe, FL 32456</p>	<p>Phone: 850-229-6854 Fax: 850-227-7508</p>
<p>Jackson County Closest center - Gadsden Co. 6 South Key Street Quincy, FL 32351</p>	<p>Phone: 850-547-8544 Fax: 850-547-8537</p>
<p>Holmes County 117 South Waukesha Street Bonifay, FL 32425</p>	<p>Phone: 850-627-7666 Fax: 850-627-6548</p>
<p>Jefferson County 185 East Walnut Street Monticello, FL 32344</p>	<p>Phone: 850-342-0039 Fax: 850-342-0493</p>
<p>Leon County 2810 Sharer Road, Unit 24 Tallahassee, FL 32399</p>	<p>Phone: 1-866-762-2237 Fax: 850-414-5093</p>
<p>Liberty County Closest center - Gadsden Co. 6 South Key Street Quincy, FL 32351</p>	<p>Phone: 850-627-7666 Fax: 850-627-6548</p>
<p>Madison County 757 SW Range Avenue Madison, FL 32340</p>	<p>Phone: 850-973-5089 Fax: 850-973-5014</p>
<p>Santa Rosa County Closest center - Escambia Co. 33 Brent Lane, Suite 103 Pensacola, FL 32502</p>	<p>Phone: 850-595-2300 Fax: 850-595-8911</p>



<b>Department of Children &amp; Families Offices (CONT)</b> (Food Stamps, Medicaid and Cash Assistance)	
Taylor County Closest center - Madison Co. 757 SW Range Avenue Madison, FL 32340	Phone: 850-973-5089 Fax: 850-973-5014
Wakulla County Closest center - Leon Co. 2810 Sharer Road, Unit 24 Tallahassee, FL 32399	Phone: 1-866-762-2237 Fax: 850-414-5093
Washington County Closest center - Holmes Co. 117 S. Waukesha Street Bonifay, FL 32425	Phone: 850-547-8544 Fax: 850-547-8537

### **Marianna Area Resources**

(Calhoun, Holmes, Jackson, Washington Counties)

Calhoun County Health Dept 19611 State Road 20 West Blountstown, FL 32424	850-674-5645
Calhoun Liberty Hospital 20370 NE Burns Avenue Blountstown, FL 32424	850-674-5411
Holmes County Health Dept 603 Scenic Circle Bonifay, FL 32425	850-547-8500
Doctors Memorial Hospital 2600 Hospital Drive Bonifay, FL 32425	850-547-8000
Jackson County Health Dept 3045 4 <sup>th</sup> Street Marianna, FL 32446	850-526-2412



<b>Marianna Area Resources (CONT)</b> (Calhoun, Holmes, Jackson, Washington Counties)	
Jackson Hospital 4250 Hospital Drive Marianna, FL 32446	850-526-2200
Washington County Health Dept 1338 South Boulevard Chipley, FL 32428	850-638-6240
Northwest Florida Community Hospital 1360 Brickyard Road Chipley, FL 32428	850-638-1610

**Pensacola / Milton Area Resources**  
(Escambia, Santa Rosa Counties)

Escambia County Health Department 1295 West Fairfield Drive Pensacola, FL 32501	850-595-6500
Baptist Hospital 1000 W. Moreno Street Pensacola, FL 32501	850-434-4567
Sacred Heart Hospital 5151 N. 9 <sup>th</sup> Avenue Pensacola, FL 32504	850-416-7000
West Florida Hospital 8383 N. Davis Highway Pensacola, FL 32514	
Bridgeway Center, Inc. 137 Hospital Drive NE Fort Walton Beach, FL 32548	850-833-7500
The Pavilion 2191 E. Johnson Avenue Pensacola, FL 32514	850-494-5000



<b>Pensacola / Milton Area Resources (CONT)</b> (Escambia, Santa Rosa Counties)	
Santa Rosa County Health Department 5527 Stewart Street Milton, FL 32570	850-983-5200
Santa Rosa Medical Center 6002 Berryhill Road Milton, FL 32570	850-626-5074

**Panama City Area Resource**  
(Bay, Franklin, Gulf Counties)

Emerald Coast Behavioral Hospital 1940 Harrison Avenue Panama City, FL 32405	Bay County – 850-763-0017 Outside of Bay County – 1-800-543-2919
Salvation Army Domestic Violence Program 1824 West 15 <sup>th</sup> Street Panama City, FL 32401 <a href="http://www.salvationarmypanamacity.org">www.salvationarmypanamacity.org</a>	Office: 850-769-7989 Hotline: 850-763-0706 or 1-800-252-2597
Mental Health America of Bay County (MHA) 1137 Harrison Avenue, Ste 1 Panama City, FL 32401-2468 Email: <a href="mailto:mha1137@knology.net">mha1137@knology.net</a> <a href="http://www.mentalhealthamerica.net">www.mentalhealthamerica.net</a>	850-769-5441
National Alliance on Mental Illness (NAMI) Email: <a href="mailto:namibay@comcast.net">namibay@comcast.net</a> <a href="http://www.nami.org">www.nami.org</a>	Bay County: 850-871-6936
Bay County Health Department 597 West 11 <sup>th</sup> Street Panama City, FL 32401	850-872-4455
Bay Medical Center – Sacred Heart Health System 615 North Bonita Avenue Panama City, FL 32401	850-769-1511



## Panama City Area Resource (CONT)

(Bay, Franklin, Gulf Counties)

CARE – Chemical Addictions Recovery Effort, Inc. 4000 East 3 <sup>rd</sup> Street Panama City, FL 32404 <a href="http://www.care4000.com">www.care4000.com</a>	850-872-7676
Gulf Coast Medical Center 449 West 23 <sup>rd</sup> Street Panama City, FL 32405	850-769-8341
Franklin County Health Dept 139 12 <sup>th</sup> Street Apalachicola, FL 32320	850-653-2111
Weems Memorial Hospital 135 Avenue G Apalachicola, FL 32320	850-653-8853
Weems Memorial Hospital 110 NE 5 <sup>th</sup> Street Carrabelle, FL 32322	850-697-2345
Gulf County Health Department 2475 Garrison Avenue Port St. Joe, FL	850-227-1276
Sacred Heart Hospital - Gulf 3801 E. Hwy 98 Port St. Joe, FL 32456	850-229-5600



## Tallahassee Area Resources

(Gadsden, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla Counties)

National Alliance on Mental Illness (NAMI) Email: <a href="mailto:collinteeoff@embarqmail.com">collinteeoff@embarqmail.com</a> <a href="http://www.nami.org">www.nami.org</a>	850-841-3386
Big Bend 211 <a href="http://www.211bigbend.org">www.211bigbend.org</a>	2-1-1 Big Bend Call 2-1-1 or 850-617-6333 to access our free, confidential hotline programs.
Tallahassee Memorial Behavioral Health Center 1616 Physicians Drive Tallahassee, FL 32308	850-431-5100
Gadsden County Health Dept 278 LaSalle Lefall Drive Quincy, FL 32351	850-875-7200
Capital Regional Medical Center – Gadsden Campus 23186 Blue Star Highway Quincy, FL 32351	850-875-6000
Jefferson County Health Dept 1255 W. Washington Street Monticello, FL 32344	850-342-0170
Leon County Health Department 2965 Municipal Way Tallahassee, FL 32304	850-606-8150
Tallahassee Memorial Healthcare 1300 Miccosukee Road Tallahassee, FL 32308	850-431-1155
Madison County Health Dept 218 SW Third Avenue Madison, FL 32340	850-973-5000
Madison County Memorial Hospital 309 NE Marion Street Madison, FL 32340	850-973-2271



<b>Tallahassee Area Resources(CONT)</b> (Gadsden, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla Counties)	
Taylor County Health Department 1215 N. Peacock Avenue Perry, FL 32347	
Doctors' Memorial Hospital 333 North Byron Butler Parkway Perry, FL 32347-2300	850-584-0800
Wakulla County Health Dept 48 Oak Street Crawfordville, FL 32327	850-926-0400
Wakulla Medical Center 1328 Coastal Highway Panacea, FL 32346	850-984-4735

### Emergency Numbers

<b>Fire, Police or Ambulance</b>	<b>911</b>
<b>FTS Emergency After Hours:</b>	1-866-539-6993
<b>National Poison Control Center</b>	1-800-222-1222



**Sheriff's Office –  
Non-emergency**

Bay County	850-747-4700
Calhoun County	850-674-5049
Escambia County	850-436-9630
Franklin County	850-670-8500
Gadsden County	850-627-9233
Gulf County	850-227-1115
Holmes County	850-547-3681
Jackson County	850-482-9624
Jefferson County	850-997-2523
Leon County	850-922-3300
Liberty County	850-643-2235
Madison County	850-973-4151
Okaloosa County	850-651-7400
Santa Rosa County	850-983-1100
Taylor County	850-584-4225
Wakulla County	850-926-0800
Walton County	850-892-8111
Washington County	850-638-6111