



Guidance/Care Center, Inc.



Client Handbook

Locations of Facilities:

Upper Keys

99198 Overseas Hwy.,
Suites 3, 4 & 5
Key Largo, FL 33037

phone (305) 434-7660
**option 6*
fax (305) 451-8019

Middle Keys

3000 41st Street, Ocean
Marathon, FL 33050

phone (305) 434-7660
**option 5*
(305) 434-9040 fax

Lower Keys

1205 Fourth Street
Key West, FL 33040

phone 434-7660
**option 4*
(305) 292-6723 fax

www.GuidanceCareCenter.org
www.Westcare.com

Revised: 12.30.24 md
(Alternate forms of handbook are available upon request.)

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WELCOME!!

You have taken an important step to improve the quality of your life. We are pleased that you chose us to assist you and your family. You will be involved in planning the services that will focus on your unique needs.

You will be given the opportunity to review your plan with us regularly to see if the services provided are helping you to reach your goals. Your counselor will work with you and medical staff will be involved in your care as needed. The doctor, nurse practitioner, or physician assistant will consult with you to assess whether medication(s) may help you. Risks and benefits of medications that s/he may prescribe will be thoroughly explained to you.

We look forward to working with you. Thank you for choosing the Guidance/Care Center.

OUR MISSION

WestCare empowers everyone with whom we come into contact to engage in a process of healing, growth and change benefiting themselves, their families, coworkers, and communities.

OUR VISION

WestCare devotes our best collective and individual efforts toward “uplifting the human spirit” by consistently improving, expanding, and strengthening the quality, efficacy, and cost-effectiveness of everything we do in building for the future.

GUIDING PRINCIPLES

Several principles provide further guidance in delivering behavioral services to individuals, families, and communities. They are:

- **Excellence:** Our first priority is to provide the highest quality service to the people and communities we serve. We value and reward success and are committed to continual improvement in all we do. We have the willingness to succeed, and we have the means to create and foster success for ourselves, our coworkers, and those we serve.
- **Dedication:** WestCare is committed to doing what it takes to get the job done ethically and efficiently. We are committed to hard work. We are passionate about what we do. We are compassionate with our coworkers and everyone we serve.
- **Growth:** We are committed to learning and continuous improvement. We recognized that growth is a dynamic process, not an event. We recognize that the key to success is meeting our goals and building the resources we need to fulfill our mission.
- **Ethical Behavior:** We value and expect integrity in every aspect of our work and will accept nothing less.

ABOUT US:

The Guidance Clinic of the Middle Keys, Inc., was originally founded in August 1973 as a private not-for-profit behavioral healthcare agency serving the Middle Keys. The Care Center for Mental Health, Inc. was also a private not-for-profit behavioral healthcare agency serving the Upper and Lower Keys that was originally founded in October 1983. In October 2009 the agencies merged into the Guidance/Care Center, Inc. (GCC) to create a unified 501(c)3 private not-for-profit behavior healthcare agency serving all of Monroe County. The Guidance/Care Center, Inc., has 3 facilities throughout the Keys. Located in Key Largo, Marathon, and Key West the Guidance/ Care Center offers a comprehensive continuum of care for mental health and substance abuse services throughout Monroe County. Independently, The Guidance Clinic of the Middle Keys and Care Center for Mental Health affiliated with WestCare, Inc., in 2003.

The GCC currently has a staff of over 140 employees including licensed professionals (psychiatrists, physician assistants, psychologists, social workers, mental health counselors, nurse practitioners, and nurses), certified addiction professionals, counselors, administrators, and computer, fiscal, clerical, clinical support, transportation, and maintenance personnel. The array of services GCC offers include outreach, prevention, transportation, crisis support, assessment, intervention, outpatient, psychosocial rehabilitation, drop-in, residential crisis stabilization and detoxification, residential mental health treatment, case management, intensive on-site, HIV pre-post counseling and testing, and aftercare. We are co-occurring welcoming facilities.

Guidance/Care Center does not exclude, deny benefits to, or otherwise discriminate against any person on the ground of age, race, sex, religion, color, disability, national origin, sexual orientation, gender identity, or marital status in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, and in staff and employee assignments to clients, whether carried out by GCC directly or through a contractor or any other entity with which GCC arranges to carry out its programs and activities.

This program receives federal Substance Abuse Prevention and Treatment Block Grant funds and serves people who inject drugs. This program is therefore federally required to give preference in admitting people into treatment as follows:

- 1. Pregnant injecting drug users***
- 2. Pregnant drug users***
- 3. People who inject drugs***
- 4. All others***

Routine Hours of Operation

Upper Keys

Middle Keys

Lower Keys

Hours of Operation: 8:00 am – 5:00 pm Monday – Friday

Crisis Support and Emergency Screening are available 24 Hours, 7 days per week

Call: 305-434-7660 ext. 8

For the Hearing Impaired, please call the Florida Relay Service at 1 (800) 955-8771.

CONFIDENTIALITY

Our staff wants to gain your trust and protect your privacy!

Guidance/Care Center staff will not talk to anyone or send out information about you unless you sign a release of information form to say that it is alright. The form should be very exact about what, why, and how much information needs to be shared.

There are certain times when we will be unable to maintain confidentiality of your records. Some examples are: if there is a medical emergency; if you are in danger of hurting yourself or others; if your records are court ordered. Further, we are mandated by law to report any known or suspected child abuse, neglect, or abandonment and known or suspected abuse, neglect, or exploitation of a vulnerable adult to the Abuse Hotline.

For more detailed information on confidentiality, please refer to page 23. As always, if you have concerns about any issues, please feel free to contact us.

Description of Services

Assessment: All individuals are assessed to determine their strengths, abilities, needs, and preferences. Assessments assist in determining the level, types, and frequency of services.

Case Management: A collaborative process that facilitates the achievement of client wellness through advocacy, assessments, communication, resources management and service delivery in a coordinated manner.

- Admission Criteria: Mental health and/or substance use disorder and in need of advocacy for and coordination of services to maintain or improve level of functioning.
- Discharge Criteria: Once you have successfully achieved your goals you will be ready for discharge from Case Management.
- Philosophy of Program: Through adequate assessment, planning, linkage, coordination, advocacy, and monitoring, persons receiving Case Management services can reach their optimum level of wellness, self-management, and functional capability. Case Management facilitates this process while promoting the potential contribution of the individual, regardless of the severity of his or her illness. Case management services are optimized if offered in a climate that allows direct communication among the case manager, the recipient, the primary care provider, family, significant others, and other service delivery professionals.
- Target Population: Individuals with a mental health and/or substance use disorder and complex needs who require ongoing care and assistance with system navigation.

Child Welfare Specialty Program (CWSP): This program provides intensive team-based, family-focused, comprehensive services to families to reduce further involvement in the child welfare system. The program is designed to assess and address individual behavior and/or emotional needs and family functioning that may have contributed to an arrest, child welfare case, or other drug use related concern.

- Admission Criteria: Parents who have a substance use disorder and have had child welfare or Wesley House involvement.
- Discharge Criteria: Completion of a minimum of six months of substance abuse treatment, successful linkage to wrap around services and development of a safe, nurturing, and stable living environment, or the individual no longer participates in the treatment to degree required despite multiple attempts to address nonparticipation, or consent for treatment has been withdrawn.
- Philosophy of program: Intensive in-home substance abuse treatment and wrap around support services for families that have been identified by the child welfare system. Goal is to increase safety and reduce the risk of abuse for children in the home.
- Target Population: At risk adult substance use individuals involved in the child welfare system.

Crisis Stabilization Unit (CSU): Residential crisis stabilization services are provided on a 24/7 per week basis. Services are brief and intensive to meet the needs of individuals who are experiencing an acute crisis. CSU activities include treatment team meetings, groups, recreational activities, and discharge planning. The CSU is a receiving facility which means it is designated by the state to

accept and hold individuals who meet involuntary examination or placement criteria under the Baker Act.

- Admission Criteria: Adults with acute mental health problems in need of immediate stabilization.
- Discharge Criteria: Resolution/stabilization of immediate crisis, active participation in following treatment plan and development of a supportive continuing care and discharge plan.
- Philosophy of Program: Crisis stabilization is provided in a manner that supports client rights and ensures client and staff safety. CSU staff will establish with the client the most effective treatment plan considering the individual client's strengths, needs, abilities, and preferences.
- Target Population: As a public receiving facility, the CSU will examine, admit, and stabilize adults in Monroe County with acute mental health problems in need of immediate stabilization. Minors requiring crisis stabilization services will be screened and/or assessed by mobile crisis response team and referred to appropriate facilities in Dade County.

Community Action Treatment (CAT) Team: CAT is a safe and effective alternative to out-of-home treatment or residential care for children and young adults with serious behavioral health conditions. The CAT Teams utilizes an integrated care model through a multi-disciplinary team to comprehensively address the needs of the young person, and their family.

- Admission Criteria: The person must have a mental health diagnosis and have been in mental health hospital at least twice, involved with DJJ and/or problems in school.
- Discharge Criteria: Discharge can occur for several reasons. (1) The person completes treatment plan goals and objectives successfully. (2) The person no longer wants to be in therapy. (3) The person or their family withdraws consent. (4) The person needs a higher or lower level of care.
- Philosophy of Program: Therapeutic services provided to clients and their families outside of the office. Coordinated team approach including therapist, mentor, case manager and psychiatrist.
- Target Population: Youth ages 11-21 who meet admission criteria. Children under the age of 11 can receive services if they meet all three options under admission criteria.

Crisis Support: Nonresidential services available 24 hours a day, 7 days a week to intervene in a behavioral health crisis or emergency. Services include emergency screenings, mobile crisis response, and emergency walk-ins.

Addictions Receiving Facility / Detoxification Unit: A rehabilitation facility operating 24/7 which uses medical and clinical protocols to assist clients with withdrawal from the physiological and psychological effects of substance abuse. Services include emergency screening, evaluation, short term stabilization and treatment in a secure environment. The detoxification unit is designated by the state to accept and hold individuals who meet involuntary assessment or involuntary treatment criteria under the Marchman Act.

- Admission Criteria: Adults who are withdrawing from the physiological and psychological effects of alcohol and/or drug use.

- Discharge Criteria: Completion of the physiological withdrawal effects of alcohol and/or drug use and the establishment of a supportive continuing care and discharge plan.
- Philosophy of program: Detoxification services will be provided in a manner that protects client rights and ensures client and staff safety. Program staff in partnership with the client will establish the most effective treatment plan considering the client's strengths, needs, abilities and preferences.
- Target Population: Adults who are withdrawing from the physiological and psychological effects of substance use.

Family Intensive Treatment Team (FITT): This program provides intensive team-based, family-focused, comprehensive services to families in the child welfare system. The program is designed to assess and address individual behavior and/or emotional needs and family functioning that may have contributed to an arrest, child welfare case or other drug use related concern.

- Admission Criteria: Parents who have a substance abuse disorder and have at least one child under ten years of age and may be under judicial supervision in dependency court, but investigation has finding of unsafe.
- Discharge Criteria: Completion of a minimum of six months of substance abuse treatment, successful linkage to wrap around services and development of a safe, nurturing, and stable living environment, or the individual no longer participates in the treatment to degree required despite multiple attempts to address nonparticipation, or consent for treatment has been withdrawn.
- Philosophy of program: Intensive in-home substance abuse treatment and wraparound support services for families that have been identified by the child welfare system. The goal is to increase safety and reduce the risk of abuse for children in the home.
- Target Population: Families in the child welfare dependency system who have at least one parent with a substance use disorder and at least one child under ten years of age.

Forensic Case Management: This service provides advocacy to the courts for placement of currently incarcerated persistent and severely mentally ill inmates into appropriate Assisted Living Facilities and treatment centers. This will enable these clients to receive the treatment they need in lieu of continued incarceration.

- Admission Criteria: Any inmate who is identified as severely and persistently mentally ill by the Monroe County Detention Center (MCDC) classification committee. This service is also for civil cases coming from the state hospital and returning to the community.
- Discharge criteria: When an appropriate placement is found whether it is an assisted living facility or a treatment center.
- Philosophy of Program: To provide advocacy to the severely and persistently mentally ill, including those in the criminal justice system and state hospital discharges.
- Target Population: Low grade felons and misdemeanants who have a severe and persistent mental illness and civil cases from the State Hospital.

The Heron, Assisted Living Facility Program (#ALF8523) The Heron is a congregate, state-licensed assisted living facility in Marathon, FL. The Heron provides supportive living services for up to 16 adults who have a history of serious, long-term mental health needs.

Information and Referral: Services that link persons in need of assistance with appropriate providers and provides information about agencies and organizations that offer services.

In Home and On Site Services – Therapeutic Behavioral On Site Services (TBOS): Therapeutic services and support provided off site from primary agency locations. Locations include school, DJJ, and the individual's home.

- Admission Criteria: Must have a targeted mental health diagnosis or substance use diagnosis and difficulty with functioning at home, school, or in the community.
- Discharge Criteria: Completion of treatment plan goals (6 months or longer) or the individual no longer participates as required despite multiple attempts to address nonparticipation. Consent for counseling has been withdrawn and/or the individual requires a higher or lower level of care.
- Philosophy of Program: Therapeutic services provided to clients and their families within their personal environment to increase coping and resiliency.
- Target Population: Children with specific targeted diagnoses and problems that impair their functioning.

High Impact HIV Prevention (HIP): Confidential HIV/AIDS pre/post counseling and testing. Counseling using CLEAR model for adults at risk of HIV and HIV+ individuals.

Jail Diversion: Case Management services provided for misdemeanants and low-grade felons located in the Monroe County Detention Center (MCDC). Efforts to refer inmates to mental health and substance treatment so they may avoid repeat incarceration.

- Admission Criteria: Any low-grade felon and misdemeanants who are mentally ill and or substance dependent who are eligible for treatment in lieu of prison.
- Discharge Criteria: Placement in appropriate treatment programs.
- Philosophy of Program: To connect substance using and co-occurring disorder inmates to treatment programs in order to reduce recidivism to the criminal justice system.
- Target Population: Inmate eligibility determined by courts.

Intervention: Services that focus on reducing risk factors associated with the progression of substance use and mental health problems. Includes basic assessment, support services, counseling, and referrals.

- Admission Criteria: Individuals at risk of developing or worsening substance use and/or mental health problems and are willing to gain an understanding of skills needed to deal with current problems that interfere with meeting responsibilities and achieving personal goals.

- Discharge Criteria: Intervention goals and objectives are successfully met or the individual no longer participates as required despite multiple attempts to address nonparticipation. Consent for counseling has been withdrawn and/or the individual requires a higher level of care.
- Philosophy of Program: GCC provides short term counseling sessions to individuals at risk of developing substance use and/or mental health problems. The intervention teams members focus on assisting individuals locate appropriate community resources to meet their basis needs.
- Target Population: Children, youth, adolescents, adults, and families.

Jail In-House Program – (JIP): This is a six-month, intensive, drug and alcohol treatment program located in the Monroe County Detention Center. The program works closely with the Monroe County Drug Courts and provides treatment for men and women who have substance use issues that have brought them to incarceration.

- Admission Criteria: Court-ordered or voluntary individuals who are incarcerated and have a substance use disorder.
- Discharge Criteria: Completion of 6 months treatment
- Philosophy of Program: To provide client centered treatment including drug education, life skills, relapse prevention, cognitive behavioral therapy, and advocacy to the courts.
- Target Population: Incarcerated individuals with a substance use disorder who are court ordered or volunteer for the program.

Medical Services: Services provided by medical staff that include psychiatric medication management, medication administration, and psychiatric evaluation.

- Target Population: Children, youth, adults, aging adults, and families.

Mobile Crisis Response Team:

- Admission Criteria: Individuals in Monroe County in need of crisis intervention due to mental health issues or substance use. The Team may be contacted by school, law enforcement, criminal justice staff, or self-referral. Any Monroe County resident can access GCC's crisis hotline 24 hours a day/7 day a week at **(305)-434-7660 then 8#**
- Discharge Criteria: Linkage to psychiatric and follow up therapeutic services in the behavioral health system of care within 72 hours of the crisis.
- Philosophy of Program: To provide crisis care that lessens trauma, diverts from emergency rooms, diverts from criminal justice systems, and prevents unnecessary psychiatric hospitalizations. Accessible at any time- 24 hours a day/7 days per week.
- Target Population: Monroe County residents experiencing a behavioral health crisis.

Outpatient: Therapeutic and support services designed to improve functioning or prevent deterioration for individuals with mental health or substance use disorders. Services must be face to face between the staff member and the client in person or by telehealth.

- Admission Criteria: The individual demonstrates symptomatology and/or diagnosis consistent with the DSM5 and the individual exhibits symptoms that interfere with their ability to function in at least one life area. There is an expectation that the individual will participate and respond to the therapeutic interventions.
- Discharge Criteria: 1) Treatment plan goals and objectives have been successfully met; 2) The individual no longer wants to participate in services, despite documented attempts to motivate or address nonparticipation issues; 3) Consent for treatment has been withdrawn; or 4) the individual requires a higher or lower level of care.
- Philosophy of Program: GCC offers high quality and cost-effective behavioral healthcare services in a welcoming environment throughout the Keys. Treatment approaches are individually developed with clients and include interventions focused on problem mitigation and resolution.
- Target Population: Monroe County adults with behavioral health problems interfering with life areas, including individuals with co-occurring mental health and substance use issues.

Outreach: Outreach services include community education, identification, and linkage with high-risk groups. Outreach services targeting individuals encourage, educate, and engage prospective clients who show an indication of substance misuse and mental health problems or needs.

Projects for Assistance in Transition from Homelessness (PATH): The goal of PATH is to identify individuals who are experiencing housing difficulties (i.e., homelessness or risk of homelessness) due to a mental illness or a mental illness and co-occurring substance use. Services are provided to help the individual attain or maintain housing and may include case management, physician services, outreach, housing assessment and placement assistance, and rental assistance.

Personal Growth Center – (PGC): Psychosocial rehabilitation, employment support, and drop-in services using the Clubhouse Model.

- Admission Criteria: The PGC is available to persons with a diagnosis of mental illness, who are exhibiting psychiatric, behavioral, or cognitive symptoms, or clinical conditions of sufficient severity to bring about significant impairment in day-to-day personal, social, vocational, and educational functioning.
- Discharge Criteria: PGC members are members for life. Members choose the type and intensity of services they receive throughout their participation in the program. Membership is terminated only based on the following:
 1. No attendance at any program services in the past 90 days without communicating a desire to maintain membership.
 2. Requesting that membership be withheld or terminated.
 3. Relocation out of Monroe County, Florida.
 4. Habitual breach of membership agreement.
- Philosophy of Program: Personal Growth Center believes that all persons with psychiatric disabilities have the right to a place to go, and a place to grow. People with mental illness can

successfully live and work in this community. An environment of support, acceptance, and commitment to the potential contribution of the individual, regardless of the severity of his or her illness, is vital to this success. PGC services are provided in a manner that protects the members' rights and ensures member and staff safety. PGC staff establishes with the member the most effective recovery plan considering the individual's strengths, needs, abilities, and preferences.

Prevention: Services that use information dissemination, education, community awareness, and other strategies to preclude, forestall, or impede the development of substance use problems.

- Admission Criteria: Prevention services are universally open to all youth and adolescents. However, if particular risk factors for substance misuse are identified, more targeted prevention services are available.
- Discharge Criteria: Universal programs are continually open to youth and adolescents and their community groups. Targeted Prevention activities are ended when the particular risk factors are addressed or removed, or a more intensive level of care is warranted.
- Philosophy of Program: We recognize that people vary in the way they formulate and experience their lives. Knowing the value of and need for individualized interventions, we do our best to provide a variety of approaches in delivering prevention services, to meet the unique needs of the individual and community.
- Target Population: Prevention programs are available to youth and adolescents in our local community through the Monroe County School District. Current programs are formulated for child and adolescent populations.

Primary Healthcare: Coordinate and integrate primary and specialty care services to improve the physical health status of adults with serious mental illnesses (SMI). Services are offered at our Marathon location and include testing and treatment for communicable diseases, physicals, seasonal vaccines, and the screening and monitoring of issues such as diabetes, hypertension, and cholesterol.

- Admission Criteria: Adults 18 and older who complete required assessment and consents.
- Philosophy of Program: We offer consumers care for the whole person, mind, and body. We work together to teach you the skills you need to lead a healthier life.
- Target population: Adult 18 and older who have not seen a primary care physician, need primary health care services, or would like to increase their wellness and lead a healthier lifestyle.

REACH Medication Assisted Treatment: Recovery and Extended Addiction services for Community and Healing (REACH) utilizes Medication Assisted Treatment (MAT), NARCAN® distribution, peer support, and adjunct social support connectedness for individuals with opioid misuse.

- Admission Criteria: Adults 18+ with an opioid use disorder.

- Philosophy of Program: We offer individuals care for the whole person, mind, and body. The program is comprehensive to address the medical and psychosocial needs of the individuals.
- Discharge Criteria: Program services end when the individual is no longer taking medication assisted treatment or desires withdrawal from services.
- Target population: Adults 18 and older who have an opioid use disorder and need medication assisted treatment in order to avoid withdrawal symptoms and maintain recovery.

Residential Treatment Facility (RTF): The residential treatment facility provides care, support, assistance, and limited supervision in daily living to adults diagnosed with a serious mental illness who do not have another primary residence.

- Admission Criteria: Mentally ill adults who require a therapeutic program in a 24-hour structured, live-in setting.
- Discharge Criteria: Active participation in the program as demonstrated by the ability to consistently cope with activities of daily living and the development of a supportive continuing care and discharge plan.
- Philosophy of Program: The treatment of clients in the residential treatment facility will be provided in a manner that protects client rights and ensures client and staff safety. Unit staff in partnership with the client will establish the most effective treatment plan considering the individual client's strengths, needs, abilities, and preferences.

Treatment Alternatives for a Safer Community – (TASC): Focus is on persons in the criminal justice system at risk or with a history of drug misuse or addiction. Services include identification, screening, court liaison, referral, tracking, and coordination of services.

Transportation: The Guidance/Care Center is the Community Transportation Coordinator (CTC) for Monroe County. GCC operates transportation service throughout Monroe County under the name of *Middle Keys Transportation* for individuals who are "Transportation Disadvantaged". "Transportation Disadvantaged" are persons who because of a physical or mental disability, income status, or age are unable to transport themselves or to purchase transportation. Advance reservations are required for all trips. For more information or to make a reservation, please call: **(305) 434-7660 ext. 2.**

Adult Programs and Services

	Key Largo	Marathon	Key West
ADULT Mental Health			
Case Management	X	X	X
Crisis Stabilization	X	X	X
Crisis Support	X	X	X
Drop In		X	
Forensic Case Management & Jail Diversion			X
Psychiatric Medical Services	X	X	X
Mental Health Club House (PGC)		X	
Mobile Crisis Response (MRT)	X	X	X
Outpatient	X	X	X
Residential Treatment (RTF)		X	
Primary Health Care		X	
Project Assistance to Transition from Homelessness (PATH)	X	X	X
The Heron- Assisted Living Facility		X	

ADULT Substance Abuse

Assessment	X	X	X
Case Management	X	X	X
Detox	X	X	X
Family Intensive Treatment (FITT) & Child Welfare Specialty (CWSP)	X	X	X
Medication Assisted Treatment-REACH	X	X	X
HIP- HIV Intervention	X	X	X
Outpatient	X	X	X
Outreach	X	X	X

Children's Programs and Services

	Key Largo	Marathon	Key West
Children's Mental Health			
Assessment	X	X	X
Case Management	X	X	X
Crisis Support	X	X	X
Information and Referral	X	X	X
In Home and On Site (TBOS)	X	X	X
Psychiatric Medical Services	X	X	X
Community Action Team (CAT)	X	X	X
Mobile Crisis Response (MRT)	X	X	X

Children's Substance Abuse

Assessment	X	X	X
Case Management	X	X	X
Intervention	X	X	X
In Home and On Site/TBOS	X	X	X
Outreach	X	X	X
Prevention	X	X	X
TASC	X	X	X

Other

Transportation	X	X	X
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RULES OF CONDUCT

Everyone who comes to or receives services from GCC is responsible for promoting and maintaining a safe and respectful environment. Every client, staff member, visitor, and volunteer who comes to GCC can expect to be treated respectfully and feel safe at all times.

As a client, I agree to the following:

1. I agree to be verbally respectful at all times while at GCC. I will not use obscene or disrespectful language, make threats, tell abusive jokes, or make abusive comments. This includes sexual comments, sexual advances, teasing, insulting, or making fun of others.
2. I agree to be physically respectful at all times while at GCC. I will not strike, punch, slap, or intimidate anyone. I will not damage any property or equipment or threaten to do so.
3. I will not bring alcohol, illegal drugs, prescription medication not prescribed for me, or weapons to GCC programs or onto GCC grounds.
4. I accept my personal responsibility to promote and maintain an atmosphere of safety and respect at GCC.
5. I will speak to a staff member if I feel that I am unable to meet these rules of conduct and understand that if I break these rules, I could lose my privileges and services.

ETHICAL STANDARDS

Guidance/Care Center is committed to following high ethical standards in conducting business and providing services. Employees of Guidance/Care Center are expected to adhere to high moral and ethical standards.

- All Guidance/Care Center staff will conduct themselves in compliance with agency ethical standards.
- The Guidance/Care Center exists to provide quality services to persons in need. Therefore, the overriding concern of each staff member must be the welfare of clients. The individual dignity of each client must always be respected and upon all occasions.
- Information regarding clients will be held in the strictest confidence and will not be released without the permission of the client or as provided by law.
- Clients will be billed only for those services rendered.
- Full information will be provided to clients on the source of the organization's reimbursement and any limitations placed on the duration of services.
- Guidance/Care Center staff are prohibited from engaging in business transactions with clients for money or exchange of goods or services. Staff may not borrow or lend money to clients.
- Guidance/Care Center staff may only accept gifts of no monetary value from clients and each occurrence should be reported to their supervisor. Monetary gifts are prohibited. However, charitable gifts and donations may be made to Guidance/Care Center as a charitable, not-for-profit agency.
- Dual relationships between Guidance/Care Center employees and clients (a person currently a client and/or person who have been discharged, at least one year from the last clinical contact) are prohibited, prohibitions include, but are not limited to, business or financial relationships, friendships, social media, dating or sexual contacts.

Your welfare is always our primary concern. All clients are to be treated in a fair and equal manner and no one is given special consideration or advantage over anyone else. Staff members are not permitted to act as a sponsor for a client for any recognized self-help or peer support (i.e. Alcoholics Anonymous, Narcotics Anonymous, etc.). Staff cannot have personal/social relationships including social media with any client who is receiving or has received services from the Guidance/Care Center.

YOUR RESPONSIBILITIES

You are responsible for...

- ✓ Working with your treatment team to develop and follow an individualized wellness plan suited to your needs.
- ✓ Respecting the privacy of others.
- ✓ Being on time for your appointments.
- ✓ Giving 24 hours notification when you are unable to keep your appointment.
- ✓ Treating all persons with courtesy and respect and all facilities with care.

GENERAL PROGRAM RULES

Noncompliance with program rules may result in you being administratively discharged from the program.

- 1) Participate in the development of your individualized, person centered intervention or wellness/treatment plan.
- 2) Be on time for scheduled events, classes, groups, and individual sessions.
- 3) Respect the confidentiality, rights, and privacy of others. Do not discuss their participation in this program with your family members, visitors, or anyone else outside of the staff.
- 4) Respect the property and the building, as well as the belongings of others.
- 5) Respect the rights of others by confronting inappropriate language and behaviors.

- 6) No threats or actions of violence or physical aggression.
- 7) Abstain from use of any legal, illegal, non-prescribed controlled or addictive substances or any form of alcohol.
- 8) Do not bring weapons of any type onto the property or into any WestCare program.
- 9) Do not bring and/or use the following substances on the premises:
 - a. Alcohol
 - b. Illegal drugs
 - c. Marijuana that has been certified by a qualifying physician
 - d. Prescription medication prescribed for an individual other than you
 - e. Tobacco and vaping tools
- 10) If an over the counter or prescription medication needs to be taken while on GCC property, notify therapist/doctor. Medications need to be in original bottles and prescriptions need to have the person's served name.
- 11) Avoid over-involvement or romantic relationships with other clients.
- 12) No use of derogatory language or expression of negative ideas or suggestive comments indicating bigotry, mockery, or negative bias against any group of human beings, based on race, color, age, gender, physical appearance, religious background or preference, disabilities, sexual orientation, gender identity, marital status or important personal beliefs and values.

CLIENTS RIGHTS

1. You have the right to **Individual Dignity** at all times and during all occasions.
2. You have the right to retain your **Constitutional Rights** while in treatment.
3. You have the right to **Nondiscriminatory Services**. The Guidance/Care Center cannot deny you admission to or participation in services based solely on:
 - a. Your race, color, sex, national origin, sexual orientation, gender identity, ethnicity, age, sexual preference, HIV status, prior service departures against medical advice, disability, religion, or number of relapse episodes.
 - b. Your taking of medication prescribed by a physician.
 - c. Your ability to pay for services.
4. You have the right to **participate** in the formulation and periodic review of your Wellness & Recovery Plan.
5. You have the right to receive care in the **least restrictive** environment based on your needs, what is in your best interests, and what is consistent with optimum care for you.

6. You have the right to participate in activities that **enhance your self-esteem**.
7. You have the right to **Quality Services**, more specifically, services suited to your needs delivered skillfully, safely, humanely, with full respect for your dignity and personal integrity, and in accordance with all statutory and regulatory requirements.
8. You have the right to **Communication**. You have the right to communicate by mail, telegram, phone, and other forms of private communication as is consistent with an effective treatment program. The Guidance/Care Center may make reasonable restrictions regarding the use of telephone, mail, and visitation rights, giving primary consideration to the well-being and safety of individuals, staff, and the community. The Guidance/Care Center may monitor, open, or review any communication.
9. You have the right to the **Confidentiality of your Clinical Record** in accordance with chapters 394 and 397 of the Florida Statutes and applicable federal confidentiality regulations.
10. You have the right to be represented by **Counsel** in an involuntary court proceeding.
11. You have the right to be informed in writing and prior to entering into the program of any sanction, disciplinary measure, and modification of rights.
12. You have the right to receive information in writing and prior to entering the program of all existing rules and regulations.
13. You have the right to register complaints about, but not limited to, administration of rules, regulations, sanctions, disciplinary measures, and modifications of rights through a grievance procedure approved by the agency's Board of Directors.
14. You have the right to examine your records within the guidelines approved by the agency's Board of Directors, and to rebut any information in the record by inserting a counterstatement of clarification.
15. You have the right to know of fees to be charged and the methods and schedules of payment. (Including the turning over of any monies from public assistance grants, food stamps, social security disability income, etc.)
16. You have the right to have any information regarding your identification and participation in the program treated confidentially in accordance with all local, state, and federal laws.
17. You have the right to discharge yourself at any time (unless you are on an involuntary hold under the Baker or Marchman Act, or court ordered to services).
18. You have the right to have your religious beliefs respected.
19. You have the right to be free from corporal punishment, physical abuse, sexual abuse, psychological and emotional abuse, financial exploitation, retaliation, harassment, humiliation, intimidation, and threats.

Sections 394.459 and 397.501 of the Florida Statutes, which outline your rights and protections under Florida law, are attached to this Handbook as Appendix 1 on pages 44-52.

GRIEVANCE PROCESS

As a client, family member, and/or legal guardian of a client, participating in one of Guidance/Care Center's programs you have the right to file a complaint for any reason through the following grievance procedure without fear of discharge or reprisal and free from interference, coercion, or discriminations.

Legal Custody: In the event a grievance involves a client who is in legal custody of another agency while in treatment at WestCare's Guidance/Care Center, Inc., a representative(s) of that agency may be involved at any step.

Client Advocate: During the grievance process, if the client desires, a client advocate may assist him/her with understanding and going through the process of filing the grievance. The client advocate may be a case manager, a direct care staff member or anyone connected with the client such as a family member, friend, and/or significant other.

Your rights as someone receiving mental health and/or substance use services are guaranteed protections under Florida Statutes. The Guidance/Care Center posts a copy of these laws on its bulletin boards and they are listed under client rights in this handbook.

The grievance process is as follows:

- a. Initially, the person served who filed the grievance and appropriate staff will meet to discuss the concerns of the person served and determine if a reasonable compromise or understanding can be reached. This step can include support staff and the Program Manager, Clinical Coordinator and/or Program Director as needed.
- b. All Grievances submitted shall be submitted in writing on the WestCare Person Served Grievance Form and pursuant to all established guidelines and processes as set by the Chief Clinical Officer.
- c. A person served may elect to have an advocate assist them with understanding and going through the process of filing a grievance. The advocate of the person served may be a case manager, a direct care staff member or anyone connected with the person served such as a family member, friend, and/or significant other.
- d. In the event a Grievance involves a person served who is in the legal custody of another collaborating agency while the person served is also receiving services at WestCare, representative(s) of that collaborating agency will be involved throughout the process, if state regulations require this action.
- e. All Grievances shall be responded to, in writing, by the Program Director within ten (10) business days of receipt.
- f. If the Grievance is not resolved within thirty (30) days, the Clinical Department will document the reason the grievance has not been resolved on the WestCare Person Served Grievance Form and include the plan for resolution.
- g. Persons served shall be free of interference, coercion, discrimination, or reprisal when filing a Grievance and free from retaliation or negative consequences as a result thereof.

- h. A person served shall have the right to appeal any decision relating to their Grievance to the Regional Vice President within five (5) days of the finding. A date for the appeal will be set by the Regional Vice President but shall not be more than ten (10) business days after the date the person served submits the appeal. The Regional Vice President will submit a final written decision on the grievance within ten (10) business days of the appeal hearing. All subsequent appeals shall be made, if any, to the Chief Clinical Officer. The Chief Clinical Officer shall set the date for the final appeal within thirty (30) days of the notice of appeal from the person served and shall submit a final written decision within ten (10) business days of the hearing. The Chief Clinical Officer's findings shall be final and binding.

External Review Agency Contact Information:

You may also report any complaints to external review agencies, some of which are listed below.

Florida Department of Children & Families *(the state agency responsible for licensing all substance use service providers and designating the Crisis Stabilization Unit and Addiction Receiving Facility)*

Southern Region Office of Substance Abuse and Mental Health

305-377-5029

Agency for Health Care Administration *(the state agency responsible for licensing all health care facilities, including mental health service providers)*

<https://ahca.myflorida.com/contact-ahca/filing-a-complaint>

1-888-419-3456

Disability Rights Florida *(the state's designated Protection and Advocacy system for individuals with disabilities to ensure their safety, wellbeing, and success)*

https://disabilityrightsflorida.org/contact/intake_form/

1-800-342-0823

Thriving Mind South Florida *(a managing entity that provides funding to GCC)*

Phone: (305) 858-3335

Consumer Hotline: 1 (888) 248-3111

Abuse Hotline *(accepts reports 24 hours a day and 7 days a week of known or suspected child abuse, neglect, or abandonment and reports of known or suspected abuse, neglect, or exploitation of a vulnerable adult)*

(1-800-96-ABUSE) or (1-800-962-2873)

http://www.state.fl.us/cf_web/ Click on the icon titled "Report Abuse Online"

Council on Accreditation of Rehabilitation Facilities (CARF) *(an independent, nonprofit accreditor of health and human services which has accredited GCC)*

<http://www.carf.org/contact-us/>

feedback@carf.org

A TTY number also is available for anyone with a hearing or speech impairment at 1-800-955-8771

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

General Information

Information regarding your health care, including payment for health care, is protected by two federal laws: the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 42 U.S.C. § 1320d *et seq.*, 45 C.F.R. Parts 160 & 164, and the Confidentiality Law, 42 U.S.C. § 290dd-2, 42 C.F.R. Part 2 and the Health Information Technology for Economic and Clinical Health ["HITECH"] Act of January 25, 2013. Under these laws, WestCare Foundation, Inc. and all affiliates and subsidiaries ("WestCare") may not say to a person outside WestCare that you attend the program, nor may WestCare disclose any information identifying you as a mental health or alcohol or drug treatment patient or disclose any other protected information except as permitted by federal law.

WestCare must obtain your written consent before it can disclose information about you for payment purposes. For example, WestCare must obtain your written consent before it can disclose information to your health insurer in order to be paid for services. WestCare is also required to obtain your written consent before it can sell information about you or disclose information about you for marketing purposes, and WestCare must obtain your written consent before disclosing any of your psychotherapy records. Generally, you must also sign a written consent before WestCare can share information for treatment purposes or for health care operations. However, federal law permits WestCare to disclose information *without* your written permission:

1. Pursuant to an agreement with a qualified service organization/business associate;
2. For research, audit, or evaluations;
3. To report a crime committed on WestCare's premises or against WestCare personnel;
4. To medical personnel in a medical emergency;
5. To appropriate authorities to report suspected child abuse or neglect;
6. As allowed by a court order.

For example, WestCare 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 WestCare can use or disclose any information about your health in a manner which is not described above, it must first obtain your specific written consent allowing it to make the disclosure. Any such written consent may be revoked by you orally or in writing.

Your Rights

Under HIPAA, you have the right to request restrictions on certain uses and disclosures of your health information.

- a. If you request a restriction on disclosures to your health plan for payment or health care operations purposes, and you pay for the services you receive from WestCare yourself (out-of-pocket), then WestCare is required, by law, to agree to your request unless the disclosure is otherwise required by law.
- b. If you have any other requests for restrictions on disclosures, WestCare is not required, by law, to agree. However, WestCare will thoroughly evaluate each request. If WestCare does agree, then WestCare is bound by that agreement and may not use or disclose any information which you have restricted, except as necessary in a medical emergency.

You have the right to request that we communicate with you by alternative means or at an alternative location. WestCare will accommodate such requests that are reasonable and will not request an Explanation from you. Under HIPAA you also have the right to inspect and copy your own health information maintained by WestCare [*when WestCare uses electronic health records, the client/patient has a right to an electronic copy of his or her records*], except to the extent that the information contains psychotherapy notes or 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 health care information maintained in WestCare's records, and to request and receive an accounting of disclosures of your health-related information made by WestCare during the six years prior to your request. You also have the right to receive a paper copy of this notice.

WestCare's duties

WestCare is required by law to maintain the privacy of your health information, provide you with notice of its legal duties and privacy practices with respect to your health information, and to notify you if you are affected by any breach of your unsecured health information. WestCare is required by law to abide by the terms of this notice. WestCare reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains.*[Should revisions be made, WestCare will provide all clients with the revised information and notice.]*

Complaints and Reporting Violations

You may complain to WestCare and the Secretary of the United States Department of Health and Human Services if you believe that your privacy rights have been violated under HIPAA. You will not be retaliated against for filing such a complaint. 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 in the district where the violation occurs.

Complaints and inquiries to WestCare shall be directed to WestCare's Privacy Officer at the following address:

*Robert Neri, Senior Vice President, Privacy Officer
WestCare Foundation, Inc.
P. O. Box 12019,
St. Petersburg, FL 33733-2019
Phone: (727) 490-6767 ext. 30105*

INFORMED CONSENT TO AUDIO AND/OR VIDEO TAPE

As required by state and federal Privacy Regulations, the Guidance/Care Center may not use or disclose your protected behavioral health information without your consent except as provided in our "Notice of Privacy Practices". The use of video and/or audio taping of sessions is sometimes a part of clinical supervision and training. Having sessions taped may contribute to improvements in the quality of services and the types of services that we provide. The material on the tapes will be kept confidential, stored in a secure location, and used only for training and supervision purposes. Tapes may be reviewed by clinical staff of WestCare affiliate of the Guidance/Care Center. When a therapist and clinical supervisors are finished with the tapes, the tapes will be completely erased and/or destroyed. Your decision to allow taping or NOT will have no influence on the quality of care you will receive at Guidance/Care Center.

HEALTH AND SAFETY

- > If you have a special need or disability, please let us know so that we can provide accommodation and ensure that you are comfortable and are receiving quality care.
- > All Guidance/Care Center facilities and vehicles are smoke free and tobacco free environments. Smoking, vaping, and tobacco products are permitted at designated outside locations at each facility. Signs are posted at each location to identify these outdoor areas. Adolescents not of legal age to use tobacco products may not use tobacco products.
- > To protect the safety and health of our clients, staff, and visitors we prohibit the possession of any weapons, illegal substances, or drug paraphernalia (referred to collectively as contraband) on all properties of Guidance/Care Center. To decrease the possibility of any contraband being brought into the inpatient and residential units, patient and visitor belongings may be thoroughly searched by staff. Unit staff must secure any potential dangerous or contraband items.

UNIVERSAL PRECAUTIONS

- > The Centers for Disease Control (CDC) have given guidance for protecting employees against injury and illness by recommending that universal precautions be followed.
- > Universal precautions are an approach to infection control that protects employees from being exposed to all sources of human blood and other potentially infectious materials. A universal precaution means that human blood and other potentially infectious materials are handled as if known to be infected for HIV, hepatitis, and other blood borne pathogens.
- > Universal precautions involve the use of protective barriers such as gloves, gowns, aprons, masks, or protective eyewear.
- > Guidance/Care Center follows the universal precautions guidelines.
- > Should you have questions regarding any of the health and safety items within this handbook, please do not hesitate to contact your healthcare provider.

HIV Information

During your admission process, you will be given an informative brochure on HIV facts. You will also be asked to answer an HIV Risk Assessment questionnaire. This assessment is confidential and voluntary.

Acquired Immune Deficiency Syndrome (AIDS):

- 1) Caused by the Human Immunodeficiency Virus (HIV).
- 2) A set of diseases and symptoms that usually develop after years following infection.
- 3) The virus is transmitted through contact with blood, blood products, semen, or vaginal fluids, and from mother to child during pregnancy, delivery, or breastfeeding. The most common method of transmission is through sexual contact.
- 4) Sharing needles, syringes, fluids, cookers, cotton, spoons, or eyedroppers may result in injecting HIV-infected blood into one's system.
- 5) Early symptoms present in a wide variety of ways that include flu-like fever, sore throat, headache, muscle aches and pains, enlarged lymph nodes in neck, armpits, & groin, skin rash, abdominal cramps, nausea, or vomiting, diarrhea. As the disease progresses the symptoms can become more severe.
- 6) Treatment involves the use of anti-retroviral medications that attacks the virus at different stages in its life cycle.

Hepatitis:

Liver inflammation is caused by a viral infection. There are 5 different viral infections that result in Hepatitis: A, B, C, D and E.

Hepatitis A (HAV):

- 1) This is the most common form of hepatitis.
- 2) It is caused by eating or drinking food or water that is contaminated with feces containing the virus.
- 3) Symptoms include fatigue, nausea, vomiting, abdominal discomfort, dark urine, yellowing of skin & eyes (jaundice). Liver enzymes may be elevated. Symptoms can last from 3 weeks to 6 months.
- 4) Treatment: Immune globulin vaccine for short-term protection & for people already exposed bed rest and avoidance of intimate contact and Hepatitis A vaccine for long-term protection.

Hepatitis B (HBV):

- 1) Caused by exposure to infected blood, unprotected sex, sharing contaminated needles, & through childbirth or breastfeeding by infected mothers.
- 2) Symptoms include loss of appetite, nausea, vomiting, fever, fatigue, abdominal pain, dark urine, or jaundice. Some people have no symptoms and infection goes away without treatment.
- 3) If infection remains in blood cells & liver for 6 months or more chronic HBV is diagnosed. Chronic HBV can result in cirrhosis and liver cancer. People with Chronic HBV usually do not have symptoms unless liver disease is present.
- 4) Treatment is injections of Interferon alpha and Hepatitis B vaccine for long-term protection.

Hepatitis C (HCV):

- 1) Most common blood-borne infection in the United States.
- 2) Most serious of the 5 types of hepatitis.
- 3) Caused by exposure to infected blood through unsafe, high-risk sexual behavior, injecting or snorting drugs using contaminated equipment, getting a tattoo or body piercing with contaminated equipment, using infected person's toothbrush, razor, or anything else that has contaminated blood on it.
- 4) Less than 5 percent of spouses of people with HCV become infected & less than 5 percent of infants are infected during childbirth. No evidence of transmission through breastfeeding.

- 5) Symptoms may occur immediately, lie dormant for years, or never develop. More than half of the infected people have no symptoms. Symptoms include loss of appetite, fatigue, nausea, fever, dark-yellow urine, jaundice. Liver enzymes may be elevated.
- 6) Treatment can be 3 times weekly injections of Rebetron (combination of antiviral drug ribavirin with interferon) or oral medication such as HARVONI® (ledipasvir/sofosbuvir), EPCLUSA which has overall cure rate of 98% across all 6 main types of hepatitis C (Hep C).^{*†‡} Most people take just one pill, once a day for 12 weeks, with or without food. No vaccine available.

Hepatitis D (HDV):

- 1) Caused by contact with contaminated blood. Hepatitis B must be present for Hepatitis D to survive, so it is contracted at the same time as Hepatitis B or the person already has Hepatitis B.
- 2) Symptoms are the same as hepatitis B (loss of appetite, nausea, vomiting, fever, fatigue, abdominal pain, dark urine, or yellowing of skin & eyes), except more severe.
- 3) Treatment is Interferon alpha for Hepatitis B.

Hepatitis E (HEV):

- 1) Caused by consuming contaminated uncooked shellfish, fruits, and vegetables, and contact with water contaminated with feces.
- 2) Symptoms are nausea, vomiting, fever, fatigue, abdominal pain, dark urine, and jaundice.
- 3) Treatment is bed rest. No drug treatment or vaccine available.

Tuberculosis (TB):

- 1) TB is a bacterial infection that can spread to any organ in the body but is usually found in the lungs. It is transmitted through the air and can be very contagious. However, it is nearly impossible to catch TB through casual contact with an infected person.
- 2) People who are malnourished, live in crowded conditions, or have weakened immune systems, such as those with AIDS, or blood cancers, such as leukemia, are at greatest risk for TB.
- 3) 90% of people infected with TB have latent infections and never develop symptoms and cannot transmit the infection to others.
- 4) A Positive tuberculin skin test is the only way to diagnose TB.
- 5) Symptoms begin gradually and develop over a period of weeks or months. Some people have one or two symptoms, others have several symptoms. Symptoms include coughing up thick, cloudy, sometimes bloody mucus for more than two weeks, fever & chills, fatigue, weight loss, night sweats, shortness of breath, loss of appetite, chest pain that is worse when inhaling, rapid pulse, and muscle weakness.
- 6) Treatment is antibiotics used to kill the TB bacteria. People who have inactive TB infections are treated to prevent the infection from becoming active, which can spread.

If you have been around someone who has TB disease, you should go to your doctor or your local health department for tests.

Monroe County Health Department: (305) 293-7500

National Centers for Disease Control & Prevention (CDC) 404-332-4555

In accordance with state statues, Guidance/Care Center is responsible for informing the County Health Department of any communicable diseases that are reported.

What are the Common Sexually Transmitted Diseases (STD'S)?

Facts about STD

[\(http://www.std-gov.org/\)](http://www.std-gov.org/)

- 65 million of people living in the US with a STD
- 15 million new STD cases are reported each year
- 2/3 of all STD's occurs in people 25 yrs of age or younger
- One in four new STD cases occur in teenagers
- Cervical cancer in women is linked to HPV
- Doctors are required to report newly diagnosed STD cases of Gonorrhea, Syphilis, Chlamydia and Hepatitis B to state health departments and the CDC
- One in four Americans have genital Herpes, 80% of those with Herpes are unaware they have it
- At least one in four Americans will contract an STD at some point in their lives

Signs/Symptoms

Treatment

Chlamydia

- bacterial infection
- Incubation period:
7 – 21 days

Men: white/cloudy, watery discharge from the tip of the penis, pain or a burning sensation when passing urine, testicular pain and/or swelling

Women: an unusual vaginal discharge, pain or a burning sensation when passing urine, bleeding between periods, pain during sex or bleeding after sex, low abdominal pain sometimes with nausea

Chlamydia is treated with antibiotics and is curable. Once Chlamydia has been successfully treated, it won't come back unless a new infection is picked up.

Without treatment, a Chlamydia infection can spread to other parts of the body causing damage and serious long-term health problems.

Gonorrhea (Slang term: "The Clap")

- bacterial infection
- Incubation period:
1 – 14 days

Men: white, yellow, or green thick discharge from the tip of the penis, inflammation of the testicles & prostate gland, irritation or discharge from the anus, urethral itch & pain or burning sensation when passing urine

Women: strong smelling vaginal discharge that may be thin & watery or thick & yellow/green, irritation or discharge from the anus, abnormal vaginal bleeding, low abdominal or pelvic tenderness, pain or a burning sensation when passing urine

Gonorrhea is treated with antibiotics and is curable. Once Gonorrhea has been successfully treated, it won't come back unless a new infection is picked up.

Without treatment, a Gonorrhea infection can spread to other parts of the body causing damage and serious long-term health problems

SYPHILIS

- Bacterial infection
- Incubation period:
1 week - 3 months

Men and Women: During the first stage of a syphilis infection, painless sores or open ulcers may appear on the anus, genitals, or inside the mouth, and occasionally on other parts of the body. During the second stage (roughly three weeks to three months after the first symptoms appear), an infected person may experience flu-like symptoms and possibly hair loss or a rash on the soles and palms -- and in some cases all over the body. There are also latent phases of syphilis infection during which symptoms are absent.

Syphilis is treated with antibiotics and is curable.

Without treatment, a Syphilis infection can spread to other parts of the body causing damage and serious long-term health problems

HERPES (Herpes Simplex)

- Viral infection
- Incubation period:
anywhere from
5 - 20 days

Men and Women: Herpes simplex virus-1 usually shows up as cold sores or blisters. For those who have herpes simplex virus 2, some have no symptoms. Early symptoms can include a burning sensation in the genitals, low back pain, pain when urinating, and flu-like symptoms. A short while later, small red bumps may appear around the genitals or on the mouth; later these bumps become painful blisters which then crust over, form a scab, and heal.

There is no cure, only methods to ease the pain of outbreaks and speed recovery when blisters appear.

Herpes is not life-threatening.

HPV / Genital Warts (Human Papilloma Virus)

- a group of more than
70 viruses
- Incubation Period:
anywhere from one
month to several
years

Men and Women: Many types of HPV have no symptoms, though some cause visible genital warts that may be found in the vagina or urethra or on the cervix, vulva, penis, or anus. Rarely, they are found in the mouth or throat. Warts are often flesh-colored, soft to the touch, and may look like miniature cauliflower florets. They usually grow in more than one area and are often painless, although they may itch.

There is no cure for HPV. Treatment aims at controlling outbreaks of warts.

Strains of HPV are linked to cervical cancer. Failing to seek treatment can be fatal.

GUIDE TO MEDICATION

Many medications are harmful for unborn and nursing children. If you are of childbearing age, pregnant, considering getting pregnant, or breastfeeding, inform your medical professional.

Do not stop or change your medication dose without discussing it with your medical professional. Some medications are dangerous to stop taking suddenly, some are dangerous to increase the dosage, and some will not work below a certain dosage.

If you are having problems with your medication, call GCC and ask to speak with your case manager, client advocate, or after hours call the on-call number. If it is an emergency, call 911 and/or go directly to the emergency room.

Some medications do not work well together and may be dangerous. Be sure to let the medical professional know what other medications you are taking. Let your other doctors know what medication your medical professional has prescribed you. Get in the habit of bringing your medications with you to your meeting with all your doctors. Ask your pharmacist if the medications you are taking interact. It is also a good idea to use the same pharmacy for all medications.

No medications mix well with alcohol and drugs. Do not drink or use drugs while you are taking the medication. All medications take some time for your body to get use to. Expect to have some side effects for a few days after you start taking the new medication. Side effects should not be severe. If they are, call your case manager or stop the medication until you reach someone at GCC.

Take sometime after you start a new medication before you drive a car, operate machinery, or do difficult tasks until you find out what the effect of the medication is on you. Take up these activities slowly and cautiously.

Some medications require blood tests to ensure the medication is not hurting you or is working. Do not neglect getting the blood test when ordered by medical professionals. The medical professionals will give you a written or printed order for the test. Follow the directions of the laboratory or medical professionals when you get the test. We have a list of laboratories. Let the medical professional know if you cannot afford the test.

If you are having financial difficulties and cannot afford your medication or laboratory test, discuss this with your medical professional, client advocate, or case manager. We may be able to help you find assistance.

If the medication does not help you or causes side effects, discuss it with your medical professionals at your next visit or call your case manager. Not all medications help people. Everybody is different. There are usually other medications that will help.

Some medication, to avoid side effects, requires you to slowly increase the dose to the prescribed amount. Ask your medical professional whether you should start with a low dose.

EMERGENCIES

For medical emergencies please call 911

You are not expected to assist if there is a medical emergency. Your responsibility is to notify the staff immediately of the nature of the emergency and the staff will take any and all appropriate action including:

- When the Fire Rescue/EMT arrives, staff will provide them with client demographic information and client medical history including a list of client current medications and client actual prescriptions.
- For fires and other disasters, including fire drills, staff will provide instruction and directions that you are expected to follow. Leave the building by the emergency exits or as instructed by staff.

For threatening or violent emergency situations: In the event of threatening or violent emergency situations, it is Guidance/Care Center's policy to contact law enforcement and to take steps to ensure the safety of staff and clients.

***Please note:
If you bring a concealed weapon on site, you have broken the law.
Law Enforcement will be notified.***

EMERGENCY DRILLS

- Clients are required to respond promptly to all emergency drills including:
 - Fire
 - Bomb
 - Violence
 - Medical Emergency
 - Natural Disaster
 - Utility: Power/Water Outage or Failure
 - Active Shooter
- Clients are to leave GCC by the proper exit as directed by staff members.
- All fire exits are posted.
- Clients are encouraged to report any unsafe conditions to staff.
- Escape route floor plans are posted in all hallways throughout the facilities.

ADVANCE DIRECTIVES

Advance directives are specific instructions given by a person served to a care provider regarding the level and extent of care he or she wishes to receive. The intent is to aid competent adults and their families to plan and communicate in advance their decisions about medical treatment and the use of artificial life support. Included in advance directives is the right to accept or refuse medical or surgical treatment and psychiatric advance directives where allowed by law.

While no one is required to prepare an advance directive, all healthcare providers are mandated by Florida law to make clients and families aware of them. In the State of Florida, there are two major components of an advance directive - a Living Will and a Designation of Healthcare Surrogate. 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. Guidance/Care Center policies and procedures include asking the client if they have advanced directives, if so, placing the document in the client chart/record, and when appropriate, making sure appropriate medical personnel have a copy of the advanced directive in case of emergency. Additional information on advanced directives may be obtained by going to the following website: <https://quality.healthfinder.fl.gov/report-guides/advance-directives>

FREQUENTLY ASKED QUESTIONS

How do I make an outpatient appointment? Call (305) 434-7660 and choose the location then 0 for the Front Office. You may also walk into any site during business hours and speak to the front desk personnel regarding open access.

What do I need to bring to my first appointment?

- Any paperwork the Front Office may have mailed/given to you, including financial verification.
- All insurance cards or referral forms from other agencies.
- Any previous medical records.
- For DUI clients, referral form and/or certificates of completion from DUI school.
- Important for children: Legal guardian must bring proof of court ordered custody.

How do I have input into my treatment?

After the initial intake/assessment, you will be assigned to the appropriate counselor and will be given written material to be completed about the issues that bring you to GCC. When you first see the counselor, a personal history will be completed with your active input. The counselor will discuss the results with you and then assist with developing goals that support health, improve quality of life, and reduce symptoms. These goals will utilize your strengths, needs, abilities, and preferences. Your progress will be reviewed periodically, and your input is always welcomed and encouraged.

How do I ask for an interpreter or other auxiliary tools? Ask the Front Office staff when you are making your appointment.

How can I submit a client satisfaction survey?

Surveys are available in the lobby of all locations. Staff may also ask you to complete a survey at regular intervals which can also be done online. We ask that you take the time to complete the survey. Surveys are anonymous. Surveys can be completed online, mailed in, given to a staff member and/or put in the survey boxes available in the lobby at all locations.

What happens if I do not call to cancel and miss my appointment?

After missing (No-Showing) one appointment, all other standing appointments will be cancelled. For medication refills, you will be eligible for “stand-by” only. (“Stand-by” means that you can come and wait to see a service provider. You will be seen by available service providers as time permits.)

How do I get reinstated? You can be reinstated for planned appointments by maintaining services as a “stand-by” client then followed by keeping an appointment as scheduled.

What do I do if I am going to miss an appointment? In order to avoid a No-Show, calls must be made to the Front Office at least 24 hours prior to appointment time.

What is an administrative discharge? You voluntarily drop out of treatment; you are abusive or threatening to staff or you become involved in illegal activity such as selling your medications or forging prescriptions.

What are discharge criteria? You move out of Monroe County, are referred to another agency, voluntarily drop out of program, or your condition improves.

How do I provide input 3 months after my discharge? If you signed a release, a follow-up phone call or mailing will occur.

How do I request a copy of my record? You may ask at the Front Office. You will be given the request and release forms. It is strongly recommended that you ask for your record before discharge so your doctor or therapist can go over the content with you. A fee may apply, and the process may take up to 30 days to complete.

ABUSE REPORTING

State law requires that staff report suspected or known incidents of abuse to children or the elderly to the authorities. If you feel you have been abused, or your rights have been violated, you may contact the state abuse registry at **1-800-96ABUSE**. You may also contact the local Office of Substance Abuse and Mental Health at **1-305-377-5029** or Disability Rights Florida at **1-800-342-0823**

Americans with Disabilities Act (ADA)



If you have a special need or disability, please let us know so that we can provide a reasonable accommodation and ensure that you are comfortable while receiving quality care. No otherwise qualified, disabled individual shall be solely by reason of a disability, be excluded from participation in, be denied benefits or subject to discrimination while a client at the Guidance/Care Center.

GCC's Single Point of Contact:	Marathon Site Director	(305) 434-7660 option #5
Co-Points of Contacts:	Key West Office Manager	(305) 434-7660 option #4
	Key Largo Office Manager	(305) 434-7660 option #6

SMOKING



Due to fire hazard and state law, there will be **NO SMOKING** inside any of the agency's facilities or vehicles. Smoking is only permitted outside in designated areas.

PAYING FOR SERVICES

Guidance/Care Center is committed to assisting individuals to have the best quality of life possible. Being financially responsible is a vital part of every individual's recovery process.

PRIVATE PAY

A Sliding Fee Scale Program is available for uninsured or underinsured. Your level of financial participation is determined by gross family income and household size. Payment for reduced charges established under the sliding fee scale is required at the time of service unless other arrangements have been made in advance. No one will be denied services for inability to pay.

Prompt payment of private pay balances is required; including deductible and co-insurance amounts after your insurance company pays Guidance/Care Center. Unpaid balances may be referred to an outside agency for collection activity.

MEDICAID

You must bring your Medicaid identification card with you to your first visit. Once eligibility is verified, claims will be submitted on your behalf. All clients are expected to keep Guidance/Care Center informed of any changes in their Medicaid eligibility. If co-payments are required by your plan, you will be asked to pay them.

MEDICARE

You must bring your Medicare identification card with you to your first visit. We must also be notified of any supplemental health insurance coverage that you may have. Once eligibility has been verified, claims will be submitted on your behalf. Upon payment by Medicare, Guidance/Care Center will bill deductible/co-insurance amounts to any known supplemental insurance. Clients will be billed for balances not covered by supplemental insurance.

PRIVATE INSURANCE

Guidance/Care Center accepts private insurance. It is strongly recommended that you contact your insurance representative to determine your particular benefit package and the level of personal financial responsibility that you may incur. Guidance/Care Center will verify benefit coverage and co-pays. Co-pays are due at the time of service. Clients will be billed for balances not covered by their insurance.

A Guidance/Care Center intake or accounts receivable representative will be glad to assist you in determining and understanding the specifics of your coverage. Once eligibility and benefits have been verified, Guidance/Care Center will submit claims on your behalf. You are responsible for any deductible or co-insurance amounts specified by your coverage. You may be asked at the time of service for payment of a predetermined or estimated co-payment.

Please Note:

Payment is expected at the time services are rendered.

We accept cash, check, money orders, and major credit cards.

Please make arrangements for regular consistent payments on any unpaid balances.

SLIDING FEE SCALE

Guidance/Care Center offers a sliding fee scale to assist in the associated costs of providing services. To best assess a discounted payment for the services you are receiving, please provide GCC with documentation supporting your request for a discounted fee. Proof of income may include:

- Copy of bank statement
- Copy of most recent taxes
- Copy of pay stub

Self-declaration of income may also be considered to assess for discount fee. An individual's failure to make payment under a provider's sliding fee scale shall not prevent the individual from receiving services. In addition, we are happy to assist you in developing a payment plan. Certificates of completion for court ordered or other mandated treatment (DUI Advocate, Department of Corrections, or Drug Court) will not be supplied until the balance is paid in full.

GCC understands the high cost of living in our community and wants to help you.

Thank you!

PROGRAM ORIENTATION

GENERAL PROGRAM STRUCTURE

The Guidance/Care Center programs provide education, counseling, and/or treatment services for adults and children. The beginning of this process is an intake/orientation and will include showing you where the emergency exits are located. As part of orientation, you will be informed that the use of seclusion and/or restraints is prohibited in all Guidance/Care Center programs except on the Crisis Stabilization Unit (CSU).

Our locations are tobacco free and smoke free facilities, but you may smoke in designated outside smoking areas. Adolescents not of legal age to use tobacco products may not use tobacco or vape products. You will be provided with our policies on prescription medication and/or illegal or legal substances brought into the program as well as a program schedule of groups and activities. Front office staff can give you an explanation of any fees that you will be responsible to pay, and specific fees will be included in the program specific information pages you receive.

You are expected to participate in group and individual sessions; follow the program rules and complete any intervention/treatment plan assignments. You are expected to participate in the development of and any revisions to your Wellness and Recovery Plan. For many program services, a comprehensive biopsychosocial assessment is required by licensing and accreditation organizations, and it helps us determine the focus of the work we need to do together. The results will be used as we work together to develop your person-centered plan. Each person served is actively involved in the Wellness and Recovery Plan process and determining the direction of his/her plan. The Wellness and Recovery Plan contains personal goals and objectives based on feedback you provide during the intake/assessment process. This information will be used to guide your Service Plan.

While involved in receiving services from us, we will also provide you with information about service providers who focus on other areas, and you will be given referrals as needed. Upon completion of your planned goals, we will work with you in developing continuing care plan and provide information about other community resources you might need. We will provide reports to the court and the legal system and attend court on your behalf as needed and according to specific program guidelines. When working with the legal system or attending court, we will provide information about your progress or lack of progress, attendance, and urine drug screen results. Incentives are program specific and will be addressed if you are enrolled in a program that has incentives. We welcome your input regarding our services. During your time with us we will also ask you to complete a satisfaction survey. Upon discharge from the program, whether successfully discharged or not, we will attempt to follow up with you to determine your needs for any further services or referrals and to ask you about your satisfaction with our services and to get input on how we can improve our services and program outcomes.

Community Resources

Hotlines

211 of Miami-Dade and Monroe	855-883-4429 or 211 or Text your ZIP code to 898211
AARP	888-687-2277
Abuse Hotline	800-96-ABUSE (962-2873)
Alcoholics Anonymous	888-672-4442
Alliance for Aging	800-963-5337
Alzheimer's Association of SE FL	800-272-3900
American Cancer Society.....	800-227-2345
American Pregnancy Helpline	800-672-2296
American Red Cross	800-733-2767
Cancer Information Service	800-4CANCER (422-6237)
Child Support Enforcement	888-369-0323
DCF Abuse Hotline	800-962-2873
Disaster Hotline (Monroe)	800-955-5504
Early Steps Southernmost Coast	888-624-7837
Elder Abuse Hotline	800-962-2873
Family Health Line of FL	800-451-2229
FEMA	800-621-FEMA (3362)
FL Bar Lawyer Referral Service	800-342-8011
FL Department of Elder Affairs	800-963-5337
FL Domestic Violence Hotline	800-500-1119
FL Kid Care	1-888-540-KIDS (5437) or TTY 1-800-955-8771
Gamblers Anonymous	888-ADMITIT (236-4848)
GCC Mobile Crisis Response	305-434-7660 #8
Healthcare.gov (ACA Insurance)	800-318-2596
Immigration (USCIS)	800-375-5283
JCS Community Helpline	855-883-4429
LGBTQ Helpline	305-646-3600
Medicare	800-633-4227
Nat'l Child Sex Abuse Line	800-4ACHILD (422-4453)
Suicide and Crisis Lifeline	988
Poison Control	800-222-1222
Postpartum Support International	800-944-4773
Runaway Helpline	800-RUNAWAY (786-2929)
Quit Smoking Line	800-QUITNOW (784-8669)
Social Security Administration	800-772-1213
Veteran's Assistance	800-827-1000
Veteran's Crisis Line	998, then press 1; or text 838255

Comprehensive List @ [Keys Help - United Way of Collier and the Keys \(keyshelp.org\)](https://www.keyshelp.org)

- **CareerSource- South Florida:** Assistance writing resumes, job seeking, networking and job readiness skills. careersourcesfl.com – Key Largo 305-853-3540, Key West 305-292-6762
- **Conch Republic App:** Essential information from DOH-Monroe. A searchable guide to health providers and the insurances they accept. Listings and information regarding businesses, community organizations and events in the Keys. To get the app text "Conch" to 305-422-1212
- **Cornerstone Resource Alliance:** Supportive services such as case management, ID assistance, bus tickets, medical and mental health referrals, mail, and connection to services such as food stamps etc. [keyscra.org](https://www.keyscra.org) – Key West, 305-240-1191 or 305-240-4226
- **Keys Immigrant Coalition** Volunteer-led non-profit committed to protecting and defending the rights of immigrants in the Florida Keys through education, advocacy, and outreach. [keysimmigrant.org](https://www.keysimmigrant.org)

Domestic Abuse & Sexual Assault Services

- **Christina's Courage:** Services for survivors of sexual assault regardless of reporting intention, Sexual Assault Nurse Examiner (SANE) exams, advocacy services, and therapy. Key West 305-916-0673, Therapy Services christinascourage.org 305-295-8839
- **Coordinated Victim's Assistance Center (CVAC):** Provides crisis intervention, education, case management, and supportive services. casa-us.org/cvac-office – Statewide 305-285-5900
- **Domestic Abuse Shelter of the Florida Keys, Inc:** Emergency housing, crisis intervention, and case management. domesticabuseshelter.org – Countywide 24-hour hotline 305-743-4440, Office 305-743-5452, text message 24-hour hotline 305-240-0105
- **Florida Council Against Sexual Violence:** Emergency shelter sites, support services, education, resource & referral, counseling services, case management. fcasv.org – Statewide 888-956-7273
- **Florida Dept of Children and Families - Domestic Violence:** 24/7 emergency shelter, counseling, supportive services, legal services, resource and referral. myflfamilies.com – Statewide 800-500-1119, Southern region 786-257-5148
- **Living Springs Counseling:** Workshops for community leaders, churches and parents on reducing domestic violence in our families. Parenting workshops approved by Upper Keys Family Court for mandated parenting classes. dolphinslivingsprings.com – Countywide 305-432-9554
- **Monroe County Sheriff's Office Victim Advocate Program:** Emergency response and support services. keysso.net – Lower Keys 305-745-3184, Middle Keys 305-289-2430, Upper Keys 305-853-3211

Food & Nutrition

- **Burton Memorial Church:** Ongoing food assistance, food pantry, faith-based community outreach, volunteer opportunities. bmumc.net – Tavernier 305-852-2581
- **First Baptist Church of Islamorada:** Food pantry, clothing closet, weekly community dinner, faith-based community outreach/referral program. fbcislamorada.org – Islamorada 305-664-4910
- **First Baptist Church of Key Largo:** Emergency food assistance, faith-based community outreach, weekly community dinner, volunteer opportunities. fbckl.com – Key Largo 305-451-2265
- **Florida Department of Children and Families (DCF):** Federal Food Stamp (SNAP) program, referral services. myflfamilies.com – Statewide 866-762-2237 or 850-300-4323
- **Florida Keys Outreach Coalition - Loaves & Fish Food Pantry:** Emergency and on-going food assistance, resource & referrals. fkoc.org – Key West 305-295-7580
- **Glad Tidings Tabernacle:** On-going food assistance & Thanksgiving boxes. gttkeywest.org – Key West 305-741-7843
- **Independence Cay:** Hot lunch daily, supportive services & referrals. indycay.org – Marathon 305-743-4582
- **Inez Martin Backpack Nutrition Program:** Food sent home with enrolled students to supplement weekend meals. wesleyhouse.org – Key West 305-809-5000
- **Keys Area Interdenominational Resources (KAIR):** On-going emergency food assistance, brown bag lunches, volunteer opportunities. kaironline.org – Marathon 305-743-4582
- **Metropolitan Community Church:** Meals & grocery delivery for homebound individuals, holiday food baskets. facebook.com/mcckw Key West/Stock Island 305-294-8912
- **Monroe County Social Services:** On-going emergency food assistance, home delivered meals. monroecounty-fl.gov – Key West 305-292-4408, Tavernier 305-852-7125
- **SOS Foundation:** On-going and emergency food assistance, clothing distributions, daily hot meal deliveries to congregate sites for children and seniors, community-based cooking classes, volunteer opportunities. sosfoundation.org – Key West & Key Largo 305-292-3013

Housing

- **Catholic Charities:** Permanent, supported housing programs for disabled individuals & families, rental/utilities/mortgage assistance. ccadm.org – Key West 305-292-9790
- **FKOC Peacock Supportive Living:** Supportive living for adults with chronic mental illness, supportive services, permanent housing. fkoc.org – Key West 305-295-8693

- **Florida Keys Children's Shelter:** Runaway youth shelter, case management, food, clothing, alternative education, transportation & supportive services to youth. fkcs.org – Key West & Tavernier 305-852-4246
- **Florida Keys Outreach Coalition:** Emergency shelter, transitional & permanent supportive housing programs. fkoc.org – Key West Men's Program 305-294-0304, Women's Program 305-296-8937
- **Independence Cay:** Emergency shelter for men, shower & laundry facilities, transitional housing, meals, supportive services & referrals. kaironline.org – Marathon 305-743-4582
- **Key West Housing Authority:** Low-income, subsidized rental housing under HUD Section 8 & Section 42. kwha.org – Key West 305-296-5621
- **John Jones Navigation Center formerly Keys Overnight Temporary Shelter (KOTS):** 24-hour homeless shelter, shower facilities, meals, and supportive services. keyscra.org – Key West Shelter, 305-292-2744 or 305-393-2972
- **MARC Housing program:** Housing, supportive living services & case management for developmentally disabled adults. marchouse.org – Key West 305-294-9526
- **Samuel's House:** Emergency shelter, transitional & permanent housing, resource & referral, case management, support services. samuelshouse.org – Key West 305-296-0240
- **St Bede's Village:** Affordable housing for qualifying individuals, families, and workforce. www.ccadm.org – Key West 305-292-9790
- **Volunteers of America:** Housing services to homeless veterans, case management, education/financial opportunities. voa.org/housing_properties/elay-a-rodriguez – Key West 786-369-1796

Legal Services

- **Americans for Immigrant Justice:** Legal, interpretation and translation services, citizenship, and immigration assistance. aijustice.org – Statewide 305-573-1106
- **Crime Stoppers of the Florida Keys:** Neighborhood watch crime prevention program, anonymous tip telephone and email, financial rewards for tips. keyssso.net – Countywide 305-471-8477
- **Federal Public Defender's Office:** Legal representation for people accused of federal crimes who are financially unable to retain their own private counsel. fls.fd.org – Countywide 305-536-6900
- **Florida Department of Juvenile Justice:** Legal advocates, court diversion programs, resource and referrals, detention facilities. djj.state.fl.us – Countywide 305-293-1500
- **Legal Services of Greater Miami (Monroe County):** Free legal services for low income individuals and families in the areas of housing, government benefits, consumer issues, & family law as well as legal clinics. Kiosks located at the Key Largo, Marathon and Key West Public Libraries. legalservicesmiami.org – Countywide 866-686-2760

Senior Services

- **AARP:** Nonprofit, nonpartisan, social welfare organization to address aging, retirement, positive morale, geriatrics, discounts & networking aarp.org – Statewide 888-687-2277
- **Alliance for Aging:** Resources for seniors and under 65 disabled. allianceforaging.org – Countywide 786-862-6078; Aging & Disability Resource Center 305-670-4357
- **Americorps Senior Volunteer Program:** Volunteer matched with an organization of their choice to utilize their talents. americorps.gov/serve/amicorps-seniors – 800-942-2677
- **Emergency Home Energy Assistance for the Elderly Program (EHEAP):** Assistance for home energy emergencies to qualified, low-income households with at least one person age 60 or older. allianceforaging.org – Countywide 305-670-4357 or 800-963-5337

• **ORIENTATION CHECKLIST**

The following items are identified and discussed in the Client Handbook:

1. AGENCY INFORMATION
2. GENERAL PROGRAM STRUCTURE
3. HOURS OF OPERATION, ACCESS AFTER HOURS & EMERGENCY COUNSELING SERVICES
4. CODE OF ETHICS
5. DESCRIPTION OF SERVICES AND PROGRAM INFORMATION (INCLUDING RESTRICTIONS, TRANSITION CRITERIA, DISCHARGE PROCEDURES, CRIMINAL JUSTICE FOLLOW-UP, REQUIREMENTS FOR FOLLOW-UP AND INCENTIVES)
6. DESCRIPTION OF INPUT INTO QUALITY, SATISFACTION AND OUTCOMES
7. PROGRAM SCHEDULE AND FEES/SLIDING FEE SCALE
8. CLIENT RIGHTS & RESPONSIBILITIES
9. WELLNESS AND RECOVERY PLAN PROCESS
10. RULES OF CONDUCT
11. GUIDE TO MEDICATIONS (INCLUDING PREGNANCY AND BREASTFEEDING)
12. PROGRAM RULES INCLUDING THOSE REGARDING DRUG SCREENS, SMOKING, NO WEAPONS, NO ALCOHOL, AND NO ILLEGAL DRUGS OR LEGAL DRUGS WITHOUT PROPER PRESCRIPTION
13. PROCEDURES FOR AGGRESSION CONTROL
14. CONFIDENTIALITY AND LIMITS OF CONFIDENTIALITY
15. HIPAA - PRIVACY STANDARDS CLIENT NOTIFICATION – HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)
16. THE GRIEVANCE PROCEDURE
17. COMMUNITY RESOURCES INFORMATION
18. EMERGENCIES AND YOUR RESPONSIBILITIES IN EMERGENCIES
19. ADVANCE DIRECTIVES
20. INFECTIOUS DISEASES INFORMATION AND RESOURCES
21. UNIVERSAL PRECAUTIONS
22. FAMILIARIZATION WITH PREMISES
23. CONSENT FOR TREATMENT, COOPERATION WITH TREATMENT AGREEMENT

RECEIPT OF AND UNDERSTANDING OF INFORMATION CONTAINED IN CLIENT HANDBOOK.

I have read and understand all of the information referenced above or someone has read and explained all of it to me. I am aware and informed of the nature and purpose of the services, possible alternative options, and approximate length of care. I understand that, while there are clear benefits to receiving services, desired outcomes are not guaranteed. I have been provided the opportunity to ask questions throughout this process. I agree to follow all of the rules described and am aware of my rights and responsibilities in the program. I understand that I can revoke my agreement with any and all of the conditions listed in this document but understand that it may result in being transferred or referred to another facility.



The following GCC programs are CARF accredited:

- Case Management/Services Coordination: Mental Health (Adults)
- Case Management/Services Coordination: Mental Health (Children and Adolescents)
- Community Integration: Psychological Rehabilitation (Consumer-Run)
- Crisis Stabilization: Mental Health (Adults)
- Detoxification: Alcohol and Other Drugs/Addictions (Adults)
- Diversion/Intervention: Alcohol and Other Drugs/Addictions (Children and Adolescents)
- Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)
- Outpatient Treatment: Alcohol and Other Drugs/Addictions (Children and Adolescents)
- Outpatient Treatment: Alcohol and Other Drugs/Addictions (Criminal Justice)
- Outpatient Treatment: Integrated: AOD/MH (Adults)
- Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)
- Outpatient Treatment: Mental Health (Adults)
- Outpatient Treatment: Mental Health (Children and Adolescents)
- Prevention: Alcohol and Other Drugs/Addictions (Children and Adolescents)

The accreditation outcome, which represents the highest level of accreditation, is awarded to organizations that show substantial fulfillment of the standards established by CARF. An organization receiving a Three-Year Accreditation Outcome has put itself through a rigorous peer review process and has demonstrated to a team of surveyors during an on-site visit that its program and services are accountable, measurable and of the highest quality.

Appendix 1

Below are the rights of patient receiving mental health services under the Florida Mental Health Act or The Baker Act.

394.459 Rights of patients.—

(1) RIGHT TO INDIVIDUAL DIGNITY.—It is the policy of this state that the individual dignity of the patient shall be respected at all times and upon all occasions, including any occasion when the patient is taken into custody, held, or transported. Procedures, facilities, vehicles, and restraining devices utilized for criminals or those accused of crime shall not be used in connection with persons who have a mental illness, except for the protection of the patient or others. Persons who have a mental illness but who are not charged with a criminal offense shall not be detained or incarcerated in the jails of this state. A person who is receiving treatment for mental illness shall not be deprived of any constitutional rights. However, if such a person is adjudicated incapacitated, his or her rights may be limited to the same extent the rights of any incapacitated person are limited by law.

(2) RIGHT TO TREATMENT.—

(a) A person shall not be denied treatment for mental illness and services shall not be delayed at a receiving or treatment facility because of inability to pay. However, every reasonable effort to collect appropriate reimbursement for the cost of providing mental health services to persons able to pay for services, including insurance or third-party payments, shall be made by facilities providing services pursuant to this part.

(b) It is further the policy of the state that the least restrictive appropriate available treatment be utilized based on the individual needs and best interests of the patient and consistent with optimum improvement of the patient's condition.

(c) Each person who remains at a receiving or treatment facility for more than 12 hours shall be given a physical examination by a health practitioner authorized by law to give such examinations, within 24 hours after arrival at such facility.

(d) Every patient in a facility shall be afforded the opportunity to participate in activities designed to enhance self-image and the beneficial effects of other treatments, as determined by the facility.

(e) Not more than 5 days after admission to a facility, each patient shall have and receive an individualized treatment plan in writing which the patient has had an opportunity to assist in preparing and to review prior to its implementation. The plan shall include a space for the patient's comments.

(3) RIGHT TO EXPRESS AND INFORMED PATIENT CONSENT.—

(a)1. Each patient entering treatment shall be asked to give express and informed consent for admission or treatment. If the patient has been adjudicated incapacitated or found to be incompetent to consent to treatment, express and informed consent to treatment shall be sought instead from the patient's guardian or guardian advocate. If the patient is a minor, express and informed consent for admission or treatment shall also be requested from the patient's guardian. Express and informed consent for admission or treatment of a patient under 18 years of age shall be required from the patient's guardian, unless the minor is seeking outpatient crisis intervention services under s. [394.4784](#). Express and informed consent for admission or treatment given by a patient who is under 18 years of age shall not be a condition of admission when the patient's guardian gives express and informed consent for the patient's admission pursuant to s. [394.463](#) or s. [394.467](#).

2. Before giving express and informed consent, the following information shall be provided and explained in plain language to the patient, or to the patient's guardian if the patient is 18 years of age or older and has been adjudicated incapacitated, or to the patient's guardian advocate if the patient has been found to be incompetent to consent to treatment, or to both the patient and the guardian if the patient is a minor: the reason for admission or treatment; the proposed treatment; the purpose of the treatment to be provided; the common risks, benefits, and side effects thereof; the specific dosage range for the medication, when applicable; alternative treatment modalities; the approximate length of care; the potential effects of stopping treatment; how treatment will be monitored; and that any consent given for treatment may be revoked orally or in writing before or during the treatment period by the patient or by a person who is legally authorized to make health care decisions on behalf of the patient.

(b) In the case of medical procedures requiring the use of a general anesthetic or electroconvulsive treatment, and prior to performing the procedure, express and informed consent shall be obtained from the patient if the patient is legally competent, from the guardian of a minor patient, from the guardian of a patient who has been adjudicated incapacitated, or from the guardian advocate of the patient if the guardian advocate has been given express court authority to consent to medical procedures or electroconvulsive treatment as provided under s. 394.4598.

(c) When the department is the legal guardian of a patient, or is the custodian of a patient whose physician is unwilling to perform a medical procedure, including an electroconvulsive treatment, based solely on the patient's consent and whose guardian or guardian advocate is unknown or unlocatable, the court shall hold a hearing to determine the medical necessity of the medical procedure. The patient shall be physically present, unless the patient's medical condition precludes such presence, represented by counsel, and provided the right and opportunity to be confronted with, and to cross-examine, all witnesses alleging the medical necessity of such procedure. In such proceedings, the burden of proof by clear and convincing evidence shall be on the party alleging the medical necessity of the procedure.

(d) The administrator of a receiving or treatment facility may, upon the recommendation of the patient's attending physician, authorize emergency medical treatment, including a surgical procedure, if such treatment is deemed lifesaving, or if the situation threatens serious bodily harm to the patient, and permission of the patient or the patient's guardian or guardian advocate cannot be obtained.

(4) QUALITY OF TREATMENT.—

(a) Each patient shall receive services, including, for a patient placed under s. 394.4655, those services included in the court order which are suited to his or her needs, and which shall be administered skillfully, safely, and humanely with full respect for the patient's dignity and personal integrity. Each patient shall receive such medical, vocational, social, educational, and rehabilitative services as his or her condition requires in order to live successfully in the community. In order to achieve this goal, the department is directed to coordinate its mental health programs with all other programs of the department and other state agencies.

(b) Facilities shall develop and maintain, in a form accessible to and readily understandable by patients and consistent with rules adopted by the department, the following:

1. Criteria, procedures, and required staff training for any use of close or elevated levels of supervision, of restraint, seclusion, or isolation, or of emergency treatment orders, and for the use of bodily control and physical management techniques.

2. Procedures for documenting, monitoring, and requiring clinical review of all uses of the procedures described in subparagraph 1. and for documenting and requiring review of any incidents resulting in injury to patients.

3. A system for investigating, tracking, managing, and responding to complaints by persons receiving services or individuals acting on their behalf.

(c) A facility may not use seclusion or restraint for punishment, to compensate for inadequate staffing, or for the convenience of staff. Facilities shall ensure that all staff are made aware of these restrictions on the use of seclusion and restraint and shall make and maintain records which demonstrate that this information has been conveyed to individual staff members.

(5) COMMUNICATION, ABUSE REPORTING, AND VISITS.—

(a) Each person receiving services in a facility providing mental health services under this part has the right to communicate freely and privately with persons outside the facility unless a qualified professional determines that such communication is likely to be harmful to the person or others in a manner directly related to the person's clinical well-being, the clinical well-being of other patients, or the general safety of staff. Each facility shall make available as soon as reasonably possible to persons receiving services a telephone that allows for free local calls and access to a long-distance service. A facility is not required to pay the costs of a patient's long-distance calls. The telephone shall be readily accessible to the patient and shall be placed so that the patient may use it to communicate privately and confidentially. The facility may establish reasonable rules for the use of this telephone, provided that the rules do not interfere with a patient's access to a telephone to report abuse pursuant to paragraph (f).

(b) Each patient admitted to a facility under the provisions of this part shall be allowed to receive, send, and mail sealed, unopened correspondence; and no patient's incoming or outgoing correspondence shall be opened, delayed, held, or censored by the facility unless a qualified professional determines that such correspondence is likely to be harmful to the patient or others in a manner directly related to the patient's clinical well-being, the clinical well-being of other patients, or the general safety of staff. If there is reason to believe that such correspondence contains items or substances which may be harmful to the patient or others, the administrator may direct reasonable examination of such mail and may regulate the disposition of such items or substances.

(c) Each facility must permit immediate access to any patient, subject to the patient's right to deny or withdraw consent at any time, by the patient's family members, guardian, guardian advocate, representative, Florida statewide or local advocacy council, or attorney, unless a qualified professional determines that such access would be detrimental to the patient in a manner directly related to the patient's clinical well-being, the clinical well-being of other patients, or the general safety of staff.

(d) If a patient's right to communicate with outside persons; receive, send, or mail sealed, unopened correspondence; or receive visitors is restricted by the facility, written notice of such restriction and the reasons for the restriction shall be served on the patient, the patient's attorney, and the patient's guardian, guardian advocate, or representative. A qualified professional must document any restriction within 24 hours, and such restriction shall be recorded on the patient's clinical record with the reasons therefor. The restriction of a patient's right to communicate or to receive visitors shall be reviewed at least every 3 days. The right to communicate or receive visitors shall not be restricted as a means of punishment. Nothing in this paragraph shall be construed to limit the provisions of paragraph (e).

(e) Each facility shall establish reasonable rules governing visitors, visiting hours, and the use of telephones by patients in the least restrictive possible manner. Patients shall have the right to contact and to receive communication from their attorneys at any reasonable time.

(f) Each patient receiving mental health treatment in any facility shall have ready access to a telephone in order to report an alleged abuse. The facility staff shall orally and in writing inform each patient of the procedure for reporting abuse and shall make every reasonable effort to present the information in a language the patient understands. A written copy of that procedure, including the telephone number of the central abuse hotline and reporting forms, shall be posted in plain view.

(g) The department shall adopt rules providing a procedure for reporting abuse. Facility staff shall be required, as a condition of employment, to become familiar with the requirements and procedures for the reporting of abuse.

(6) CARE AND CUSTODY OF PERSONAL EFFECTS OF PATIENTS.—A patient's right to the possession of his or her clothing and personal effects shall be respected. The facility may take temporary custody of such effects when required for medical and safety reasons. A patient's clothing and personal effects shall be inventoried upon their removal into temporary custody. Copies of this inventory shall be given to the patient and to the patient's guardian, guardian advocate, or representative and shall be recorded in the patient's clinical record. This inventory may be amended upon the request of the patient or the patient's guardian, guardian advocate, or representative. The inventory and any amendments to it must be witnessed by two members of the facility staff and by the patient, if able. All of a patient's clothing and personal effects held by the facility shall be returned to the patient immediately upon the discharge or transfer of the patient from the facility, unless such return would be detrimental to the patient. If personal effects are not returned to the patient, the reason must be documented in the clinical record along with the disposition of the clothing and personal effects, which may be given instead to the patient's guardian, guardian advocate, or representative. As soon as practicable after an emergency transfer of a patient, the patient's clothing and personal effects shall be transferred to the patient's new location, together with a copy of the inventory and any amendments, unless an alternate plan is approved by the patient, if able, and by the patient's guardian, guardian advocate, or representative.

(7) VOTING IN PUBLIC ELECTIONS.—A patient who is eligible to vote according to the laws of the state has the right to vote in the primary and general elections. The department shall establish rules to enable patients to obtain voter registration forms, applications for vote-by-mail ballots, and vote-by-mail ballots.

(8) HABEAS CORPUS.—

(a) At any time, and without notice, a person held in a receiving or treatment facility, or a relative, friend, guardian, guardian advocate, representative, or attorney, or the department, on behalf of such person, may petition for a writ of habeas corpus to question the cause and legality of such detention and request that the court order a return to the writ in accordance with chapter 79. Each patient held in a facility shall receive a written notice of the right to petition for a writ of habeas corpus.

(b) At any time, and without notice, a person who is a patient in a receiving or treatment facility, or a relative, friend, guardian, guardian advocate, representative, or attorney, or the department, on behalf of such person, may file a petition in the circuit court in the county where the patient is being held alleging that the patient is being unjustly denied a right or privilege granted herein or that a procedure authorized herein is being abused. Upon the filing of such a petition, the court shall have the authority to conduct a judicial inquiry and to issue any order needed to correct an abuse of the provisions of this part.

(c) The administrator of any receiving or treatment facility receiving a petition under this subsection shall file the petition with the clerk of the court on the next court working day.

(d) No fee shall be charged for the filing of a petition under this subsection.

(9) VIOLATIONS.—The department shall report to the Agency for Health Care Administration any violation of the rights or privileges of patients, or of any procedures provided under this part, by any facility or professional licensed or regulated by the agency. The agency is authorized to impose any sanction authorized for violation of this part, based solely on the investigation and findings of the department.

(10) LIABILITY FOR VIOLATIONS.—Any person who violates or abuses any rights or privileges of patients provided by this part is liable for damages as determined by law. Any person who acts in good faith in compliance with the provisions of this part is immune from civil or criminal liability for his or her actions in connection with the admission, diagnosis, treatment, or discharge of a patient to or from a facility. However, this section does not relieve any person from liability if such person commits negligence.

(11) RIGHT TO PARTICIPATE IN TREATMENT AND DISCHARGE PLANNING.—The patient shall have the opportunity to participate in treatment and discharge planning and shall be notified in writing of his or her right, upon discharge from the facility, to seek treatment from the professional or agency of the patient's choice.

(12) POSTING OF NOTICE OF RIGHTS OF PATIENTS.—Each facility shall post a notice listing and describing, in the language and terminology that the persons to whom the notice is addressed can understand, the rights provided in this section. This notice shall include a statement that provisions of the federal Americans with Disabilities Act apply and the name and telephone number of a person to contact for further information. This notice shall be posted in a place readily accessible to patients and in a format easily seen by patients. This notice shall include the telephone numbers of the Florida local advocacy council and Advocacy Center for Persons with Disabilities, Inc.

Below are the rights of patient receiving substance use services under Florida's Marchman Act.

397.501 Rights of individuals.—Individuals receiving substance abuse services from any service provider are guaranteed protection of the rights specified in this section, unless otherwise expressly provided, and service providers must ensure the protection of such rights.

(1) RIGHT TO INDIVIDUAL DIGNITY.—The dignity of the individual served must be respected at all times and upon all occasions, including any occasion when the individual is admitted, retained, or transported. Individuals served who are not accused of a crime or delinquent act may not be detained or incarcerated in jails, detention centers, or training schools of the state, except for purposes of protective custody in strict accordance with this chapter. An individual may not be deprived of any constitutional right.

(2) RIGHT TO NONDISCRIMINATORY SERVICES.—

(a) Service providers may not deny an individual access to substance abuse services solely on the basis of race, gender, ethnicity, age, sexual preference, human immunodeficiency virus status, prior service departures against medical advice, disability, or number of relapse episodes. Service providers may not deny an individual who takes medication prescribed by a physician or an advanced practice registered nurse registered under s. [464.0123](#) access to substance abuse services solely on that basis. Service providers who receive state funds to provide substance abuse services may not, if space and sufficient state resources are available, deny access to services based solely on inability to pay.

(b) Each individual in treatment must be afforded the opportunity to participate in the formulation and periodic review of his or her individualized treatment or service plan to the extent of his or her ability to so participate.

(c) It is the policy of the state to use the least restrictive and most appropriate services available, based on the needs and the best interests of the individual and consistent with optimum care of the individual.

(d) Each individual must be afforded the opportunity to participate in activities designed to enhance self-image.

(3) RIGHT TO QUALITY SERVICES.—

(a) Each individual must be delivered services suited to his or her needs, administered skillfully, safely, humanely, with full respect for his or her dignity and personal integrity, and in accordance with all statutory and regulatory requirements.

(b) These services must include the use of methods and techniques to control aggressive behavior that poses an immediate threat to the individual or to other persons. Such methods and techniques include the use of restraints, the use of seclusion, the use of time-out, and other behavior management techniques. When authorized, these methods and techniques may be applied only by persons who are employed by service providers and trained in the application and use of these methods and techniques. The department must specify by rule the methods that may be used and the techniques that may be applied by service providers to control aggressive behavior and must specify by rule the physical facility requirements for seclusion rooms, including dimensions, safety features, methods of observation, and contents.

(4) RIGHT TO COMMUNICATION.—

(a) Each individual has the right to communicate freely and privately with other persons within the limitations imposed by service provider policy.

(b) Because the delivery of services can only be effective in a substance abuse free environment, close supervision of each individual's communications and correspondence is necessary, particularly in the initial stages of treatment, and the service provider must therefore set reasonable rules for telephone, mail, and visitation rights, giving primary consideration to the well-being and safety of individuals, staff, and the community. It is the duty of the service provider to inform the individual and his or her family if the family is involved at the time of admission about the provider's rules relating to communications and correspondence.

(5) RIGHT TO CARE AND CUSTODY OF PERSONAL EFFECTS.—An individual has the right to possess clothing and other personal effects. The service provider may take temporary custody of the individual's personal effects only when required for medical or safety reasons, with the reason for taking custody and a list of the personal effects recorded in the individual's clinical record. A service provider shall return an individual's personal effects upon the individual's discharge, even if the discharge is against medical advice.

(6) RIGHT TO EDUCATION OF MINORS.—Each minor in a residential service component is guaranteed education and training appropriate to his or her needs. The service provider shall coordinate with local education agencies to ensure that education and training is provided to each minor in accordance with other applicable laws and regulations and that parental responsibilities related to such education and training are established within the provisions of such applicable laws and regulations. This chapter does not relieve any local education authority of its obligation under law to provide a free and appropriate education to every child.

(7) RIGHT TO CONFIDENTIALITY OF INDIVIDUAL RECORDS.—

(a) The records of service providers which pertain to the identity, diagnosis, and prognosis of and service provision to any individual are confidential in accordance with this chapter and with applicable federal confidentiality regulations and are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution. Such records may not be

disclosed without the written consent of the individual to whom they pertain except that appropriate disclosure may be made without such consent:

1. To medical personnel in a medical emergency.
2. To service provider personnel if such personnel need to know the information in order to carry out duties relating to the provision of services to an individual.
3. To the secretary of the department or the secretary's designee, for purposes of scientific research, in accordance with federal confidentiality regulations, but only upon agreement in writing that the individual's name and other identifying information will not be disclosed.
4. In the course of review of service provider records by persons who are performing an audit or evaluation on behalf of any federal, state, or local government agency, or third-party payor providing financial assistance or reimbursement to the service provider; however, reports produced as a result of such audit or evaluation may not disclose names or other identifying information and must be in accordance with federal confidentiality regulations.
5. Upon court order based on application showing good cause for disclosure. In determining whether there is good cause for disclosure, the court shall examine whether the public interest and the need for disclosure outweigh the potential injury to the individual, to the service provider and the individual, and to the service provider itself.

(b) The restrictions on disclosure and use in this section do not apply to communications from provider personnel to law enforcement officers which:

1. Are directly related to an individual's commission of a crime on the premises of the provider or against provider personnel or to a threat to commit such a crime; and
2. Are limited to the circumstances of the incident, including the status of the individual committing or threatening to commit the crime, that individual's name and address, and that individual's last known whereabouts.

(c) The restrictions on disclosure and use in this section do not apply to the reporting of incidents of suspected child abuse and neglect to the appropriate state or local authorities as required by law. However, such restrictions continue to apply to the original substance abuse records maintained by the provider, including their disclosure and use for civil or criminal proceedings which may arise out of the report of suspected child abuse and neglect.

(d) Any answer to a request for a disclosure of individual records which is not permissible under this section or under the appropriate federal regulations must be made in a way that will not affirmatively reveal that an identified individual has been, or is being diagnosed or treated for substance abuse. The regulations do not restrict a disclosure that an identified individual is not and has never received services.

(e)1. Since a minor acting alone has the legal capacity to voluntarily apply for and obtain substance abuse treatment, any written consent for disclosure may be given only by the minor. This restriction includes, but is not limited to, any disclosure of identifying information to the parent, legal guardian, or custodian of a minor for the purpose of obtaining financial reimbursement.

2. When the consent of a parent, legal guardian, or custodian is required under this chapter in order for a minor to obtain substance abuse treatment, any written consent for disclosure must be given by both the minor and the parent, legal guardian, or custodian.

(f) An order of a court of competent jurisdiction authorizing disclosure and use of confidential information is a unique kind of court order. Its only purpose is to authorize a disclosure or use of identifying information which would otherwise be prohibited by this section. Such an order does not compel disclosure. A subpoena or a similar legal

mandate must be issued in order to compel disclosure. This mandate may be entered at the same time as, and accompany, an authorizing court order entered under this section.

(g) An order authorizing the disclosure of an individual's records may be applied for by any person having a legally recognized interest in the disclosure which is sought. The application may be filed alone or as part of a pending civil action or an active criminal investigation in which it appears that the individual's records are needed to provide evidence. An application must use a fictitious name, such as John Doe or Jane Doe, to refer to any individual and may not contain or otherwise disclose any identifying information unless the individual is the applicant or has given a written consent to disclosure or the court has ordered the record of the proceeding sealed from public scrutiny.

(h)1. For applications filed alone or as part of a pending civil action, the individual and the person holding the records from whom disclosure is sought must be given adequate notice in a manner which will not disclose identifying information to other persons, and an opportunity to file a written response to the application, or to appear in person, for the limited purpose of providing evidence on the statutory and regulatory criteria for the issuance of the court order.

2. Applications filed as part of an active criminal investigation may, in the discretion of the court, be granted without notice. Although no express notice is required to the agents, owners, and employees of the treatment provider or to any individual whose records are to be disclosed, upon implementation of an order so granted, any of these persons must be afforded an opportunity to seek revocation or amendment of the order, limited to the presentation of evidence on the statutory and regulatory criteria for the issuance of the order.

(i) Any oral argument, review of evidence, or hearing on the application must be held in the judge's chambers or in some manner which ensures that identifying information is not disclosed to anyone other than a party to the proceeding, the individual, or the person holding the record, unless the individual requests an open hearing. The proceeding may include an examination by the judge of the records referred to in the application.

(j) A court may authorize the disclosure and use of records for the purpose of conducting a criminal investigation or prosecution of an individual only if the court finds that all of the following criteria are met:

1. The crime involved is extremely serious, such as one which causes or directly threatens loss of life or serious bodily injury, including but not limited to homicide, sexual assault, sexual battery, kidnapping, armed robbery, assault with a deadly weapon, and child abuse and neglect.

2. There is reasonable likelihood that the records will disclose information of substantial value in the investigation or prosecution.

3. Other ways of obtaining the information are not available or would not be effective.

4. The potential injury to the individual, to the physician-individual relationship, and to the ability of the program to provide services to other individuals is outweighed by the public interest and the need for the disclosure.

(8) RIGHT TO COUNSEL.—Each individual must be informed that he or she has the right to be represented by counsel in any involuntary proceeding for assessment, stabilization, or treatment and that he or she, or if the individual is a minor his or her parent, legal guardian, or legal custodian, may apply immediately to the court to have an attorney appointed if he or she cannot afford one.

(9) RIGHT TO HABEAS CORPUS.—At any time, and without notice, an individual involuntarily retained by a provider, or the individual's parent, guardian, custodian, or attorney on behalf of the individual, may petition for a writ of habeas corpus to question the cause and legality of such retention and request that the court issue a writ for the individual's release.

(10) LIABILITY AND IMMUNITY.—

(a) Service provider personnel who violate or abuse any right or privilege of an individual under this chapter are liable for damages as determined by law.

(b) All persons acting in good faith, reasonably, and without negligence in connection with the preparation or execution of petitions, applications, certificates, or other documents or the apprehension, detention, discharge, examination, transportation, or treatment of a person under the provisions of this chapter shall be free from all liability, civil or criminal, by reason of such acts.

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