

Welcome to Clarity General Mental Health



Mission Statement

Preferred Family Healthcare dba Clarity Healthcare is a dynamic and caring organization committed to providing integrated care to assist individuals in achieving overall health and wellness.

What to expect in Mental Health Treatment?

Clarity offers general mental health treatment for clients of all ages. Upon admission, a qualified provider will meet with you to gather information regarding your life experiences, the problems you are having, your strengths, goals, and preferences. You may involve family or others in your treatment process. Working together with your provider, a treatment plan will be developed to identify your expectations of treatment and the approach to treatment available through this agency. The provider will be responsible for coordinating your services, and helping you to become familiar with the policies and procedures that affect your care. Throughout treatment, the treatment plan will be reviewed with you to ensure services are adequately addressing your treatment needs. Planning for transition to a lower frequency of service or discharge begins at the initiation of services. Criteria for Transition or Discharge is developed individually to meet the needs of each person served.

You will be given the opportunity to complete an advanced directive that specifies how you would like to be treated in the event of a psychiatric or medical emergency.

What Services Are Provided?

- Screening and Assessment
- Individual Counseling
- Crisis Intervention
- Couples/Family Therapy

Who Provides the Services?

All services will be provided in the clinic by licensed mental health professionals, psychiatrists, and trained paraprofessionals. All providers follow a professional code of ethics for their discipline and the Preferred Family Healthcare code of ethics and conduct. The staff adheres to a strict code of ethical, clinical, and business standards that include how care is conducted, how it is billed, and how the services are marketed. A copy of the code of conduct is available for you upon request.

How Are Services Paid?

Eligibility for services will be verified through Medicaid, Medicare and/or private insurance before services begin. For private insurance, Clarity will bill claims for you, or can provide a statement of services for you to submit to your insurance carrier for fee reimbursement if you prefer.

In the event you are uninsured or underinsured, a sliding fee application will be completed to determine eligibility for a reduced rate, payable at the time of service.

How do I give input into my services?

As a person served by Clarity, there are various opportunities to provide feedback about the quality of care and satisfaction with

services. You are urged to give feedback through discussions with your service provider. During the treatment planning reviews your input is vital to your successful attainment of goals. Also formal satisfaction surveys will be made available.

Clarity strives to provide the highest quality of care and continually seeks ways to improve lives. To provide input, contact your local Program Director or Vice President of Health Services:

Program Director: [Amanda Wosman](#)

VP of Health Services: [Christy Power](#)

Office Phone Number: [\(573\)603-1460](#) or [\(217\)222-6277](#)

Request for Change Process

To be responsive and sensitive to your concerns and needs, Clarity provides an opportunity for clients to make requests for changes regarding services, additional program needs, updates to facilities, etc. A "Request for Change" form is available through your staff or the office closest to you.

You are first encouraged to speak openly with your service provider to find a mutual resolution. If unable to resolve your problem or issue, access a "Request for Change" form and submit to the service provider or Performance Improvement Director. Once submitted you will receive written and verbal feedback within 14 days. The initial response may be followed up by a determination from leadership.

Once the determination is given, and if you are not satisfied resubmit the Request for Change including the initial response to the next level of management. The final step in the process is the PFH Inc. Resource Team. An appeal to the Resource Team may be sent to P.O. Box 1277, Springfield, Missouri, 65801-1277. With each step in the appeal process, a response will be provided within two weeks of the date of the appeal, or less.

You have the right to file separately with appropriate external enforcement or investigative agencies. Contact information is available through any Clarity office.

What are My Rights and Responsibilities?

As a person served, you have the right to:

- Be treated with respect and dignity at all times.
- Have the same legal rights and responsibilities as any citizen unless otherwise limited by law.
- Confidentiality of information.
- Privacy.
- Freedom from abuse, neglect, humiliation, retaliation and exploitation including financial exploitation.
- Receive services no matter what race, religious belief, marital status, national origin, sexual orientation, disability, age, genetic information, or veteran status.
- Have questions or complaints answered without punishment or retaliation.
- Have access to records and information pertinent to the person, in sufficient time to facilitate his or her

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- decision making and determine who will have access to those records and information.
- Access or receive a referral to legal counsel or appropriate representation.
- Have input on the type of services and the way they are provided
- Access self-help or advocacy services
- Informed consent or refusal or expression of choice regarding service delivery, release of information, concurrent services, composition of service delivery team and involvement in research projects (if applicable).
- Adherence to research guidelines and ethics when persons served are involved, if applicable.
- Investigation and resolution of alleged infringement of rights.

- You threaten to harm yourself or someone else.
- You are hurting a child or an elderly person.
- If you are intending to commit a felony.
- If a judge provides a court order for a release of records or information.

In some instances, such as reported or suspected abuse or neglect, or where you may be in danger, your staff has the obligation to report to the Department of Social Service and/or Adult Protective Services.

If you are mandated to participate through a court, you may be subject to specific reporting requirements that may extend beyond discharge. These will be discussed with you individually.

There is no tobacco use in any facility or vehicle used in your care. Designated tobacco use areas are provided. Alcohol, illegal drugs and weapons are also prohibited. Any person who is found to have illegal substances in their possession while participating in services will be reported to legal authorities. The illegal substance will be recovered and turned over to legal authorities. Please do not bring prescription medications into the facility without prior approval and instruction related to how this is to be handled.

In the rare circumstance a situation arises which may put others at risk, emergency intervention procedures may be used. The procedures include verbal de-escalation with a focus on providing positive behavioral supports. If necessary, a person may be briefly held without undue force to provide comfort or prevent harm to self or others; however, Clarity does not use seclusion or restraint. Police assistance, if needed, will be requested.

Clarity must comply with several regulatory rules and regulations. For the purpose of determining licensing compliance or for investigative purposes, a minor may be subject to interviews by licensing staff, child abuse investigators and/or law enforcement officials.

To report a violation of your rights, or other suspected or actual wrongful conduct by Clarity, you may contact the PFH Director of Corporate Compliance. Phone: 1-855-450-5770; Mail: PO Box 1277 Springfield Missouri 65801-1277; or Email corporatecompliance@PFH.org

What if there is an Emergency?

Clarity has mental health professionals available 24 hours a day, seven days a week. The mental health professional may be reached by calling the local Clarity office and following the directions for assistance in a mental health crisis. For medical emergencies call 911.

During or After Hours Emergency Crisis Line Phone Number:

(573)603-1460 or (217)222-6277

As a person served, you have the responsibility to:

- Be courteous to other persons served and to staff.
- Actively participate in all aspects of your treatment, to include keeping appointments and providing required documentation.
- Relate your strengths, needs, abilities, and preferences to your service provider as honestly and completely as possible.
- Ask questions about anything that you may not understand.
- Let your service provider know if you have any special needs that will help you progress.
- Attend your services alcohol and drug free.
- Inform staff if services are no longer desired.

If you violate any of the following you may be at risk of being discharged from the services you are receiving or the practice as a whole.

- Not following agreed upon treatment plan
- Violation of program requirements
- Not attending scheduled appointments or canceling within a 24 hour period
- Violent or threatening behavior
- Outstanding balances including balances in collection

If you are discharged from the service or practice, you may be eligible for readmission. If discharged for inappropriate behavior you may request readmission after 30 days. You may be placed on a probationary period or same day appointments as determined by the provider or program management.

Prior to being eligible for readmission, the practice will only be available for same day appointments by emergency only (i.e. crisis, urgent care related issues).

Are There Limitations to My Rights?

All information related to you shall remain confidential with the exception of the following circumstances which require Clarity to adhere to the law. Clarity has a responsibility to protect you from harming yourself or others. Action must be taken if:

Patient Signature: _____

Date: _____