Inspra Mentoring & Counseling, LLC (Inspira), a privately owned and operated facility, operates under a Code of Ethics and Bill of Rights that provides protection and confidential services for the persons served.

**Philosophy and Values**
Life in today's world can be hectic and stress filled. Things don’t always go as planned and often people find they are struggling to reach some type of balance. Events from the past and present can impact our ability to successfully resolve these issues and people find themselves experiencing emotional hurt, distress or depression. Children can experience these same feelings, but often express themselves through temper tantrums, emotional withdrawal or troubling behaviors at home and school. When the emotional stress takes over or when families find themselves overwhelmed it is time to get professional help.

We at Inspira can assist you and your family in learning to focus on making positive productive change that will help overcome the obstacles in your life. It takes courage to seek change, but nothing of value comes without effort. Whatever is happening in your life, we are here to help you and your family.

**Clinic Based Services**
Services available at the clinic address by appointment.

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<th>Family Mental Health Services</th>
<th>Types of Services Offered</th>
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**Who Provides the Service?**
Inspira has a multi-disciplinary team consisting of Mental Health Professionals, Behavioral Health Rehabilitation Specialists, Licensed Professional Counselors and Candidates, a Clinical Psychologist, a Medical Physician and Registered Nurse. Our staff has a broad background in mental health counseling, school counseling, and learning disabilities.

**Pay Source**
Private Pay Based on Income
Oklahoma Medicaid
SECTION ONE - INTAKE INFORMATION / ASSESSMENT

New Patients
The "Intake" process includes an initial evaluation administered by the Inspira staff. You will be interviewed for necessary medical, psychiatric, mental health, and psychosocial behavior.

All Patients
There are a number of consent forms you are requested to sign before you complete admission into our program. Most of these consents are required by the Federal and State Authorities governing treatment, the rest are Inspira policy requirements. You are encouraged to ask questions about any consent you do not understand before you sign it. If you are under eighteen years of age, Oklahoma law requires that your parent or legal guardian sign for you.

Counseling
Upon admission you will meet with the counselor who will assist you with the process for admittance. You will then be assigned a counselor who will begin to address your treatment issues and goals. The treatment plan will be developed with the intake. You will be involved the treatment planning process and will be able to obtain a copy upon request. You may have an Advance Directive, when appropriate.

All requests and questions should first involve your counselor or case manager. They should be made aware of any significant problems in your life. Please bring all your requests to your counselor, including the need to be seen for a medical evaluation. The counselor will address your immediate concerns in an appropriate time frame. It is required that all appointments be kept and you report to the clinic on time. If you are have to be absent, please inform your counselor of the reason for any missed appointment.

Confidentiality
The confidentiality of your medical records and treatment is your privilege exclusively. Since this is your privilege, we will require your signature before releasing any information that is requested. Telephone inquiries concerning your enrollment in this clinic will not be made available to your spouse, employer, lawyer, insurance company, etc., without your written consent. Due to HIPAA federal regulations, state regulations, and Inspira policy, confidentiality is strictly enforced and if you feel you have witnessed a breach of confidentiality of your or another patient's information please inform the Inspira Information Officer. The Information Officer is:

Judson Cook - Phone (918) 878-7877
In emergency situations where serious medical harm could result, our clinical staff will release necessary medical information to emergency medical personnel and facilities so that you may be treated. Any crime committed against the clinic voids our confidentiality privilege and right. Any theft of clinic property, destroying or damaging clinic property, threat to or assault on clinic staff, or sale or purchase of illicit drugs on clinic properly takes away your right to privacy. All of your records will be turned over to the proper authorities for prosecution.

By reading and signing that you have read this handbook, you indicate that you understand that in any case of suspected abuse, physicians, nurses, and licensed counselors are legally required to report their concerns to the appropriate agency.

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

INTRODUCTION

Inspira Mentoring & Counseling, LLC is committed to treating and using protected health information about you responsibly. This notice of Health Information Privacy Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective May 2012, and applies to all protected mental health information as defined by federal regulations.

UNDERSTANDING YOUR RECORD INFORMATION

Each time you visit Inspira Mentoring & Counseling, LLC staff a record of our visit is made. Typically, this record contains presenting problems, diagnoses, treatment and a plan or future care or treatment. This information, often referenced to as your case record, serves as a:

Basis for planning your care and treatment:
Means of communication among the many professionals who contribute to your care.

Legal document describing the care you received:
Means by which you or a third-party payer (Medicaid) can verify that services billed were actually provided.

A tool in education for Mental Health Professionals:
A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

A source of data for medical research:
A source of information for public health officials charged with improving the mental health of this state and the nation.
A source of data for our planning and marketing:
Understanding what is in your case record and how your mental health information is used helps you to ensure its accuracy, better understand who, what, when, where, and how. Authorized others within the organization may access your health information, and make more informed decisions when authorizing disclosed information to others.

YOUR HEALTH INFORMATION RIGHTS

Although your case record is the physical property of Inspira, the information belongs to you.

You have the right to:

Obtain a paper copy of this notice of information practices upon request, inspect and copy your case record as provided for in 45 CFR 164.524.
Amend your case record as provided in 45 CFR 164.528.
Obtain an account of disclosures of your mental health information as provided for in 45 CFR 164.528.
Request communications of your mental health information by alternative means or at alternative locations.
Request a restriction on certain disclosures of your information or as provided by 45 CFR 164.522.
Revoke your authorization to use or disclose, mental health information except to the extent that action has already been taken.

OUR RESPONSIBILITIES

Inspira Mentoring & Counseling, LLC, is required to:
Maintain the privacy of your mental health information and provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.

Abide by the terms of this notice:
Notify you if we are unable to agree to a requested restriction. Accommodate reasonable requests you may have to communicate mental health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you have supplied us, or if you agree we will email the revised notice to you.

We will not use or disclose your mental health information without your authorization except as described in this notice. We will also discontinue using or disclosing your mental health information after we have received a written revocation of the authorization according to the procedures included in the authorization.
General Medical Care
Your primary care physician should provide general medical care.

Follow Up After Discharge
You will be required to sign a consent form for follow up to ensure your progress of treatment, client satisfaction and other information as needed by the staff of Inspira.

Discharge Information
You will be involved in your discharge planning. This process starts at intake and culminates at discharge. An additional individual may be involved, with your consent. The planning includes a continuing services plan to include needed referrals, introduction to community support groups and contact with family when appropriate.

Court Order and Other Legal Requirements
Inspira does have an explanation of the organization's services and activities which include:
- Expectation for consistent court appearances
- Identification of therapeutic interventions including
  1. Sanctions
  2. Interventions
  3. Incentives
  4. Administrative discharge criteria.

FOR MORE INFORMATION OR TO REPORT A PROBLEM:

If you have questions and would like additional information, you may contact the Inspira privacy officer, Judson Cook at 2001 S. Garnett Road. Tulsa Ok 74128 or by phone at (918) 878-7877.

If you believe your privacy rights have been violated, you may file a complaint with the Inspira privacy officer, your regional Office for Civil Rights or the US Department of Health and Human Services. There will not be any retaliation for filing a complaint with either the Privacy Officer or the Office of Civil Rights.

Request communication of PHI by alternative means or alternative locations: For instance, you may request that we contact you about medical matters only in writing or at a different residence or post office box. To request confidential communication of PHI about you by alternative means or at an alternative location, you must submit a request in writing. You may submit your request in person or by mail to INSPIRA at the above address. Your request must state here or where you would like to be contacted. We will accommodate all reasonable requests.

Special Requirements of Psychotherapy notes: Psychotherapy notes are afforded special privacy protection under this regulation. You are entitled to receive a copy of the psychotherapy notes from this office and exclude form the provisions of this law that gives the clients that right to see and copy their health information. Further, these records are kept separate from client’s other records. A specific written client authorization will be required before these psychotherapy notes will be disclosed to anyone. The definition of psychotherapy notes exclude medication prescriptions and monitoring, counseling session start and stop times, modalities and frequencies of treatment furnished, results of clinical...
tests and summary of the following items: diagnosis, functional status, treatment plan, symptoms, prognosis and progress to date.

**Exceptions from consent, authorizations or opportunity to object:** Under certain circumstances, a covered entity may use or disclose protected information with our written consent or authorization and without providing a notice to the individual, as follows:

- Uses and disclosures required by law.
- Uses and disclosures for public health activities.
- Disclosures about victims of abuse, neglect, or domestic violence.
- Uses and disclosures for health oversight activities.
- Disclosures for judicial and administrative proceedings.
- Disclosures for law enforcement purposes.
- Uses and disclosures about decedents.
- Uses and disclosures for cadaver organ, eye tissue donation purposes.
- Uses and disclosures for research purposes.
- Uses and disclosures to advert serious to health or safety.
- Uses and disclosures for specialized government functions.
- Disclosures for worker’s compensation.

**Other uses and disclosures for PHI:** Inspira will obtain written authorization before using or disclosing PHI about you other than those requested by you or as otherwise permitting or required by law. You may revoke an authorization in writing at any time. Upon request of the written revocation, we will stop using disclosing PHI about you except to the extent that we may have already taken action in reliance on the authorization.

**For more information or to report a problem:** If you have any questions or would like additional information about Inspira’s privacy procedures you may write to us at the above address. If you feel your rights have been violated, you can file a complaint with Inspira’s CEO, Senior Vice President or the Department of Mental Health and Substance Abuse Services (ODMHSAS) by contacting the Consumer Rights Advocacy Division either by telephone or in writing. ODMHSAS Consumer Advocacy Division: 1-866-699-6605 or Consumer Advocacy Division P.O. Box 151 Norman, OK 73070.

Appearance of this information in this Client Handbook and my signature at the end of this document, stored permanently in my client record, indicates the Inspira Mentoring & Counseling, LLC client has provided PHI information.
HIPAA Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU GET ACCESS TO THIS INFORMATION. PLEASE READ CAREFULLY.

LXE Counseling Services (LXE) is required to maintain the privacy of Protected Health Information (“PHI”) and to provide individuals with notice of our legal duties and privacy practices with respect to PHI. PHI is information that may identify you and relates to our past, present, or future physical mental health condition and related health care service. This notice of Privacy Practices (Notice) describes how we may use and disclose PHI to carry out treatment, payment, or health care operations and for other specified purposes that are permitted or required by law. The Notice also described our rights with respect to PHI about you.

LXE is required to follow the terms of this Notice. We will not sell your name and address or identifying information for any purpose. We will not disclose PHI about you without your written authorization, except as described in this Notice. We reserve the right to change out practices and this Notice and to make the Notice effective for all PHI we maintain, upon request, we will provide any revised Notice to you. The complete law which sets out how information that identifies a patient can be used and disclosed is the Health Insurance Portability and Accounting Act of 1996 (HIPAA) (Title 45, Code of Federal Regulations (CFR), Parts 160 and 164 & title 42 (CFR) (part 2).

Effective date: This Notice is effective as of April 14, 2003

Your health information rights: you have the rights with respect to PHI about you.

Obtain a paper copy of the notice upon request: you may request a copy of the Notice at any time. Even if you have agreed to receive the notice electronically, you are still entitled to a paper copy. You may obtain a paper copy at the office of LXE 6202 S LEWIS STE H TULSA, OK 74136 from your respective counselor, or the Administrative Assistant. You will receive a paper copy of the notice at your first visit after April 14, 2003

Request a restriction on certain uses an disclosures of PHI: you have the right to request additional restrictions on our use or disclosures of PHI about you for treatment, payment, health care operations, communication with individuals involved in your care or by business associates by submitting a written request for the restriction. You may submit our request in person to your respective counselor or mail the request to LXE 6202 S LEWIS STE H TULSA, OK 74136. We are not required to agree to those restrictions.

Inspect and obtain a copy of PHI: You have the right to access and copy PHI, about you contained in a designated records set for as long as we maintain the PHI. To inspect your copy PHI about you, you must sign a written request. You may submit your request in person or by mail to the above address. We may charge you a fee for the cost of copying, mailing and supplies that are necessary to fulfill your request. We may deny your request and copy in certain limited circumstances. If you are denied access to PHI about you, you may request the denial be reviewed.

Request an amendment of f PHI: If you believe that PHI we maintain about you is incorrect or incomplete you may request that we amend it. You may request an amendment for as long as we maintain the PHI. To request an amendment, you must send a written request to our office at the above address. You may include a reason that supports your request. In certain cases, we may deny your request for amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with the Clinical Director and we may give you a rebuttal to your statement.

Receive an accounting of disclosure of PHI: You have the right to receive an accounting of disclosure we have made of PHI about you after April 14, 2003, for most purposes other than treatment, Payment, or Health care operations. The accounting will exclude certain disclosures, such as disclosures made directly to you, disclosures you authorize, disclosures to friends or family members involved in your care, and disclosures for notification purposes. The right to receive an accounting is subject to certain other exceptions, restrictions, and limitations. To request an accounting, you must submit a request in writing. Your request must specify the time period, but may not be longer than (6) years. The first accounting you request within a 12 month period will be provided free of charge, but you may be charged for the cost of providing additional accounting in the same 12 month period. We will notify you of the cost involved and you

Appearance of this information in this Client Handbook and my signature at the end of this document, stored permanently in my client record, indicates the Inspira Mentoring & Counseling, LLC client has provided HIPAA information.
A.I.D.S./STD PREVENTION CLIENT EDUCATION

WHAT IS A.I.D.S.?
Acquired Immune Deficiency Syndrome (AIDS) is a group of life threatening symptoms, infections, or illnesses which occur because a person’s immune system, the body’s natural disease fighting mechanism, is weakened or damaged by infection with the Human Immunodeficiency Virus (HIV)

WHAT DOES H.I.V. DO TO THE BODY?
The virus weakens the body’s immune or disease fighting abilities so that the body cannot fight off infections or destroy cancer cells. Eventually the disease may cause death in an HIV infected person.

HOW DOES A PERSON “GET” A.I.D.S.?
When bodily fluids, especially BLOOD and SEMEN, from an infected person get into another person, the second person becomes infected with virus. This can happen by:
- Sexual intercourse (vaginal, anal or oral) with an infected person.
- Sharing needles with an infected person.
- Blood products/transfusions (prior to 1985)
- An infected pregnant mother passing the infection to her baby.

HOW DO I KNOW IF I HAVE A.I.D.S.?
Long before any symptoms appear, the body will produce antibodies to attempt to fight off the HIV infection. These antibodies can be detected in an infected person’s blood by a blood test, the HIV antibody test. Many symptoms of A.I.D.S. or A.I.D.S. Related Complex (ARC) are similar to symptoms caused by many illnesses. Only a physician or certified Oklahoma State Health Department HIV testing site can determine whether or not you have A.I.D.S. or are infected with the HIV.

WHAT IS THE NATURAL COURSE OF A.I.D.S.?
- High risk behavior = INFECTION - HIV Antibodies – ARC – A.I.D.S.
- Any infected person, male or female, is ALWAYS infected.

WHAT CAN BE DONE ABOUT A.I.D.S.?
There is no cure. PREVENTION IS THE ONLY ANSWER AT THIS TIME.
- Do not engage in “high risk” behaviors, such as those listed above, which can put you at risk for HIV infection.
- If you decide to engage in “high risk” sexual activity, protect yourself and your partner, USE A CONDOM.
- If you are using IV-Drugs, DO NOT SHARE NEEDLES. If you do share needles, clean the “works” with household bleach; rinse with fresh water before using.

For any Sexually Transmitted disease including HIV / A.I.D.S., testing and screening may be done at a local Health Department.
Appearance of this information in this Client Handbook and my signature at the end of this document, stored permanently in my client record, indicates the Inspira Mentoring & Counseling, LLC client has provided basic HIV / A.I.D.S. prevention education.
SECTION TWO- COMPLAINT GRIEVANCE PROCESS

You may report a specific complaint or grievance by using the following process:

1. Discuss the complaint with your counselor. Your counselor will have 72 hours to resolve your grievance.
2. Should you not be successful in resolving your complaint with your counselor, the grievance/complaint report should be completed and forwarded to the counselor's supervisor.
3. The supervisor has 72 hours to provide a resolution. If not resolved at the supervisor level, you have the right to request a face-to-face meeting with the CEO of the agency. The CEO shall have 72 hours to provide the meeting and a resolution.
4. If you are not satisfied with the decision of the CEO you may contact the following person/agencies:

   The Office of the Advocate General 1200 N.E. 13th Street
   Oklahoma City, Oklahoma 73152 (405) 522-3877
   -OR-
   Advocate General Department of Mental Health and Mental Health Services
   P.O. Box 53277 Oklahoma City, Oklahoma 73152 (405) 522-3908 / (800) 522-9054
SECTION THREE – INSPIRA CONSUMER EXPECTATIONS

Program Rules
We hope your association with Inspira will be beneficial and enjoyable to you. To make that association more pleasurable for you, the other clients, and our staff, we will expect you to abide by the following rules and recommendations.

PARTICIPATION IN TREATMENT: You will be expected to make a positive effort to participate in the treatment process. You will help in developing a treatment plan, which will focus on helping you more effectively deal with the behavioral issues that you are facing.

PERSONAL HYGIENE: You will be expected to keep yourself nicely groomed and presentably dressed.

MEDICATION: Your medication is important and you will be expected to comply with your doctor’s orders.

SMOKING: Smoking is permitted ONLY in designated areas. NO smoking is permitted in any area of the building.

FIGHTING: Physical fighting is STRICTLY prohibited. Disagreements should be kept verbal, civil, and respectful without raised voices, so that the disagreements may be solved rather than worsened by anger.

ALCOHOL/DRUGS: NO alcohol or drugs will be permitted on the premises. No client will be permitted to participate in any treatment program while under the influence of intoxicants and will be asked to leave the premises if they are in such condition.

WEAPONS: Weapons of any kind will not be permitted on the premises.

HORSEPLAY: No running or horseplay is allowed inside the building.

LANGAUGE: No profanity is allowed on the premises.

RELATING TO OTHERS: You will be expected to treat other clients and the staff with courtesy and respect with no personal touching.

Misconduct: Our program's goal is to treat our patients with dignity and respect and help them feel at home. In return, we expect our patients to treat each other, and our staff with respect. Loitering, abusive language, threatening language, arguing with staff or with any patient at the clinic will not be tolerated. You are expected to act and to be treated respectfully at all times.

Physical threats, assault, carrying or concealing any weapons, or selling or providing of drugs to any patient at Inspira could result in immediate dismissal from the clinic. Any and all of these illegal actions will be reported to the local authorities.
Payment For Services Received: Inspira is a private treatment facility. We can bill Medicaid if you are eligible. For those not eligible for Medicaid, Inspira has a payment schedule based upon a sliding scale.

The billing week begins on the day of your admittance to the program. All accounts are to be kept current. Payments can be made in advance if that is helpful to your financial situation and you are on an elongated treatment program.

Dress Code: Please respect others as well as yourself and dress appropriately. If you have any questions regarding the term "appropriately", please see your counselor.

Transfer: If you wish to transfer to another organization from Inspira, we will make every effort to cooperate. We request that you allow the CEO or your primary counselor an exit interview in order to complete your request. Although the exit interview is not mandatory, it will give Inspira the ability to correct and misunderstanding and improve consumer interactions in the future while facilitating a smooth transition.
SECTION FOUR - FOR YOUR INFORMATION

Family
Your family suffered with your condition at its worst, and your family can be the most help to you in your recovery. The quality of your relationship with your family, and the behavior you display towards them strongly influences the type of person you will be in the future; therefore, it is important that you involve your family in your treatment since they may desire help learning to adjust to your new positive behavior. Your family is your emotional support system and imminent to your sustained recovery and wellbeing.

Regaining Any Lost Privileges
Any privileges lost through breaking the program rules while in treatment because of inappropriate behavior can be regained through a discussion with your counselor and working out a mutually agreed upon plan to restore those lost privileges in a timely manner.
SECTION · FIVE- EMERGENCY OR NATURAL DISASTER PROCEDURES

Inspira Mentoring & Counseling, LLC facilities have a plan addressing potential emergencies, including, but not limited to:

1. Procedures to implement in the event of live medical emergencies, natural disasters, utility failures, bomb threat, workplace violence or other catastrophic event.

2. Procedures for evacuation including provisions for individuals who have not demonstrated the ability for taking actions for self-preservation.

3. Procedures for notification of emergency services, law enforcement and the agency administrator or designee.

4. Instructions on the use of alarm systems, fire-fighting equipment, and evacuation devices available in the building.

5. Instruction on the procedures for action when emergency situations occur; and

6. A floor plan of each setting which designates the routes of evacuation, location of fire equipment and location of evacuation and other emergency equipment.

The plan shall be accessible in each building and to all direct care staff.

Emergency Intervention Procedures

Inspira Mentoring & Counseling, LLC recognizes the fragile nature of each client’s emotional and psychological functioning and each employee is qualified and trained to employ prevention and intervention techniques during times of agitation and crisis. Aggression prevention techniques are verbal emergency activities designed to reduce tension and alleviate the immediate problem to prevent escalation into violence. Crisis intervention skills are those proficiencies used to resolve acute emergency situations that are creating heightened levels of stress.

Persons with special needs receive special consideration with sensitivity to determine if any accommodations are needed to help with resolution of their crisis. These may include but are not limited to language interpreters, including sign language for the hearing impaired, physical plan of accommodations for those with a mobility problem and verbal clarity for those who are visually impaired. Other accommodations will be considered for unique problems that may arise.

Services are available on a 24-hour, 7 day a week basis. Each facility of Inspira Mentoring & Counseling, LLC will have posted emergency telephone numbers for those around-the-clock services and special need resources.
SECTION SIX - PATIENT RIGHTS

Patient’s Rights
When you receive services in an outpatient treatment program, your rights are protected by the rules and regulations contained in Chapter 20-4-9 of the Federal Rules and Regulations. Below is a simplified outline of those rights. The rules and regulations describe any limitations to these rights and other provisions, which may apply and should be consulted when there is a question regarding any of your rights.

Your rights include:
The right to receive care suited to your needs.
The right to receive services that respect your dignity and protect your health and safety.
The right to be informed of the benefits and risks of your treatment.
The rights to participate in planning your own treatment, as appropriate.
The right to be promptly and fully informed of any changes in the plan of treatment.
The right to accept or refuse treatment.
The right to exercise all civil, political, and personal property rights you are entitled to as a citizen.
The right to be free of physical and verbal abuse.
The right to file a complaint, without fear of discrimination or retaliation if these rights have been restricted or denied and to have them investigated by the program within a reasonable time frame.

All clients receiving outpatient services shall have and enjoy all constitutional and statutory rights of all citizens of the State of Oklahoma and the United States, unless abridged through due process of law by a court of competent jurisdiction. Each facility, either operated by, certified by or under contract with ODMHSAS or OKHCA providing outpatient mental health and / or mental health services shall insure clients have the rights specified as follows. (For purposes of this section, outpatient services include all services where the client does not reside in, or stay overnight in the facility providing services to him or her.)

All clients have the right to be treated with respect and dignity. This shall be construed to protect and promote human dignity and respect for individual dignity.

Each client has the right to receive services in a safe, sanitary and human living environment.

Each client has the right to receive services in a humane psychological environment protecting them from harm, abuse, and neglect.

Each client has the right to receive services in an environment which provides privacy, promotes personal dignity, and provides supportive unity for the client to improve his or her functioning.

Each client has the right to receive services without regard to his or her race, religion, sex, ethnic origin, age, degree of disability, handicapping condition, legal status, and / or ability to pay for the services.

No client shall ever be neglected or sexually, physically, verbally, or otherwise abused.

Each client has the right to be provided with prompt, competent, appropriate treatment services.
and an individualized treatment plan.

The client shall be afforded the opportunity to participate in his or her treatment and treatment planning; and may consent, or refuse to consent to the proposed treatment.

The client’s right to consent, or refuse to consent, may be abridged for those clients adjudged incapacitated by a court of competent jurisdiction, and in emergency situations defined by law.

When clients permit, the client's family and / or significant others shall be involved in the treatment and treatment planning.

The records of each client shall be treated in a confidential manner.

Each client has the right to refuse to participate in any research project or medical experiment without informed consent of the client, as defined by law. A refusal to participate shall not affect the services available to the client.

A client may voluntarily participate in work therapy, and shall be paid just compensation for such work.

Each client has the right to request the opinion of an outside medical or psychiatric consultant, at the expense of the client; and / or the right to an internal facility consultation at no cost to the client.

Each client has the right to assert grievances with respect to any alleged infringement of these stated rights of clients, or any other subsequently statutorily granted rights.

No client shall ever be retaliated against, or subject to any adverse conditions or treatment services solely or partially because of having asserted his / her rights as afore stated in this section.

It is the policy of Inspira Mentoring & Counseling, LLC not to control or handle client's money. All clients will receive help in safe guarding their funds and will help each client to develop external mechanisms to track their funds.
I have received the Patient Handbook and understand that, as a participant in this program, I am responsible for reviewing all information in the Patient Handbook in order to understand my responsibilities as well as the agency’s responsibilities in this program.

I have received HIV / AIDS / STD Prevention Education/Information.
I have received referral information regarding HIV / STD Testing, which shall be accompanied by pre-test and post-test counseling.
My spouse and sex partner(s) have been offered said information/services.

I have received Protected Health Information (PHI).

I have received HIPAA information.

**I acknowledge that I have received, will be mailed or will receive via email a copy of the Consumer Handbook**

The undersigned acknowledges that he/she has received a copy of the Consumer Handbook which has been communicated to him/her in a meaningful way. Furthermore, he/she has read and understands this document in its entirety and further certifies that he/she agrees to the terms and provision stated herein.

Client Signature: ____________________________________________
Date: ______________________________________________________

Staff Signature: _____________________________________________
Date: ______________________________________________________

*Staff members, please retain this page after the client has signed it, and return it the office to be stored in the client’ chart.*