

**Owner/Clinical  
Director**



Darci Stephenson, M.Ed., LPC

---

**Office Hours:**

Monday- Friday

8:00 a.m.-- 4:00 p.m.

**Contact Us:**

1428 Oklahoma Avenue  
Woodward, OK 73801

P.O. Box 1858  
Woodward, OK 73802

580-505-0465

startingpoint@gmail.com

# Starting Point Behavioral Health Services, PLLC.

## Client Orientation Packet



## CLIENT ORIENTATION PACKET

The mission of **Starting Point Behavioral Health Services** is to develop, implement, and maintain a comprehensive, unified system to improve mental well-being, mental health awareness, promote individual empowerment, and increase access to treatment and services for all individuals and families in rural Oklahoma.

We work to help people by serving mental health, and community support needs through direct service, education and outreach.

In pursuit of our mission, we strive to:

- Improve the community's understanding of mental health and the mind-body connection between mental and physical health.
- Provide education and opportunities for individuals to identify early warning signs of mental illness and subsequently provide programs and an environment that supports recovery and improves resilience for these individuals.
- Assurance that those who request information and need mental health care referral have confidential access to the appropriate information and know how to obtain care.

We seek to achieve participant and family involvement in with our services toward the outcomes of increased and improved levels of functioning within the home, school, and in the community. We seek to make our services available to individuals and families at various times throughout the day in order to meet the needs of our clients. It is the goal of Starting Point to offer our participants the highest quality mental health services possible in a safe and therapeutic environment. Maintaining client rights and dignity while developing personal responsibility and self-esteem through gains in self-understanding and problem/symptom management, with decreased removals from the home and family, and ongoing client/family satisfaction with services received.

Starting Point is a private, for profit, professional limited liability corporation. Our organizational goal is to have a strong, efficient, and effective organization with appropriate fiscal planning, protection, and reserves; to have and keep qualified experienced and capable employees; to fully utilize the services provided and service slots available to meet and exceed budget projections and profit expectations; to establish and maintain strong customer satisfaction, to use participant Grievance, Complaint, or Recommendation as a tool toward constant improvement of the organization as a whole.

## TREATMENT TEAM

Therapist: Darci Stephenson, M.Ed., LPC

Case Manager: Darci Stephenson, M.Ed., LPC

Rehab Specialist: Darci Stephenson, M.Ed., LPC

Darci completed her undergraduate degree in English Education at Southwestern Oklahoma State University. She completed her M.Ed., in Educational Leadership in 2005 followed by her M.Ed. in School Counseling in 2019.

Prior to beginning her career in counseling, Darci worked in education for 18 years. She was a high school English teacher, elementary and high school principal, superintendent, and school counselor. Darci has experience working with individuals and families in multiple settings including the public school system, the foster care system, and now in her agency.

Darci utilizes the following evidence-based modalities based on the individual needs of her clients: Dialectical Behavior Therapy, Trauma-Focused Cognitive Behavioral Therapy, and EMDR, She has experience and passion for working with individuals, adolescents, children and families with a variety of needs including: foster care and adoption, trauma, parent support, depression, and anxiety. Darci has also been trained in Love and Logic parenting curriculum.

Darci enjoys spending time with her family. Some of her favorite hobbies include gardening, spending time with her animals, going to concerts, and traveling. She also enjoys reading and being a lifelong learner. Her favorite places to visit are the beach in Mexico and mountains in New Mexico.

## FREQUENTLY ASKED QUESTIONS

**What should I bring to my first session?** Clients should bring insurance card(s) and Social Security number.

**What should I expect at my first session?** The first session is designed for the clinician to gain an understanding of the client/family needs. During this session the client will fill out paperwork, questionnaires and other assessments. Sessions 1-4 are designed to complete the client's assessment and treatment plan together. These sessions will last approximately 50-55 minutes.

**What is treatment planning and review?** Clients and counselors develop a plan for treatment and discuss the client's own goals for treatment. The steps completed toward meeting goals and successfully completing the program of services are "objectives" developed. Objectives are behaviors and skills learned and practices, and lead to accomplishing the goals of treatment. Client's plan is reviewed as services are provided, with changes made as necessary. Parents or guardians must sign this treatment plan unless the client is 18 years of age or over. Treatment planning and review is also a review of 'readiness to have less frequent or difficult services. When services begin, goals are set in order for clients to accomplish discharge planning. We know you will progress and that you will meet your goals. People in services are 'discharge ready' when they have met 80% of the established goals and objectives.

**What if I have an emergency?** If you are having a mental health emergency such as suicidal or homicidal ideation, call 911 or go to the nearest emergency room. Additional suicide prevention information is available on our website. Texting, calling, emailing, and/or using the client portal is not a reliable means of communication if you are having an emergency. If a client has a medical emergency, our CPR/First Aid trained staff will help with the need of emergency care. We are not trained medical professionals. We do not pay for ambulance transport. We ask for consent to contact client's personal physicians in any medical emergency.

**What if I need, have, or am prescribed medication?** Private personal physicians may prescribe medications for clients. Clients may decide to have medications from the local mental health center. We will ask for consent to consult with a physician regarding progress or any medication problems we might notice. We do not administer medications. Referrals may be made to outside agencies for evaluations and possible medication.

**What do these services cost?** Starting Point can accept most third party (insurance, Medicaid) payments and private pay from individuals. Please ask for specific coverage and help us by bringing all medical cards, HMO, or insurance cards. We will go over this individually with clients and/or parents. Fees for services are posted at the facility. These are also available by request.

**What if I have a complaint or grievance, or a recommendation to improve services?** First, talk to the therapist about any concerns. Agreement and resolution are usually made in this manner. If a solution is not agreed upon, present the complaint, grievance, or recommendation in writing to any Starting Point staff member who will forward it to the Executive Director. All complaints or grievances are taken seriously. A meeting will be held to resolve the problem. If the problem was not resolved agreeably at this meeting, the client can send the grievance to an outside agency for review or use the court system. Complaint, grievance, and recommendation forms are available from the office of Starting Point.

**How long will services last?** Services last until the client completes 80% of their objectives on the treatment plan. Clients have the right to terminate services at any time.

**What if I miss my session?** If a client misses 3 appointments without a call, the client will be discharged due to lack of cooperation and following the treatment plan.

**What insurance do you accept?** Soonercare, BCBS, United, and Health Choice.

**Hours of Services:** Services are provided in varied locations and at varied times. Core hours are 8:00 a.m. to 4:00 p.m. with limited early evening services available.

## CLINICAL SERVICES

**Assessment:** We work with the individual and family to determine strengths, abilities, needs, preferences, limitations and problems, to best help the person seeking admission to services. Additional assessment or evaluation done by other providers could be helpful in the treatment process.

**Crisis Intervention:** We will intervene and help stabilize if a client has overwhelming circumstances, traumatic incidents, and behavior management in the home and/or school. Our goal is to help a person or family regain control and to prevent injury or out of home care.

**Family Therapy:** Family counseling allows family members to communicate problems in a controlled and arbitrated environment and promotes respect within the family unit of varied roles and differing opinions.

**Group Counseling:** Small group therapy settings use group support and cooperation with others, working together to use problem solving techniques for dealing with violence, abuse, depression, impulse control, difficulties in education, depression, etc. The goal is that clients gain alternative solutions to use in the home, school, and community to promote a better life and everyday use of new skills.

**Individual Counseling:** Our counselors provide caring, capable, and sensitive counseling to individuals who are experiencing emotional, behavioral, and relationship problems. We aid persons to develop coping skills for depression, anxiety, panic, anger management, or the stress of prior abuse. Counseling may be located in our offices, or in the family home.

**Psychological Testing:** We may refer clients for testing so the results can help our treatment

team develop an appropriate treatment plan.

**Rehabilitative Treatment Services (child/adolescent):** “Rehab” for children and adolescents helps clients gain or regain skills for everyday living by practice. Lack of these skills causes difficulties which lead to behavioral problems in the home or community. Our goal is for the clients to use alternative ways of dealing with problems; have more positive behaviors, increase self-esteem, and realistically face life challenges.

**Treatment Plan Development and Review:** We develop an individual plan with the family and the person serves, setting objectives to help build a more successful life. As the person reaches the objectives, more effective behaviors and abilities will be developed. We review the plan periodically with the participant and family looking at achievements, current needs, and readiness for discharge.

### **SAFETY INFORMATION**

1. When schools close for any reason, Starting Point services may close as well. Please call us to verify.
2. Learn and follow all the safety training we provide.
3. Know where the safe places are and what to do.
4. Report any exposure to any contagious, infectious, or transmissible diseases (the kinds of illnesses that can pass from one person to another). If a client is exposed to a contagious condition, report this as soon as possible to your clinical worker. Examples are: chicken pox, measles, mumps, influenza, ringworm, scabies, lice, any sexually transmitted disease as gonorrhea, syphilis, chlamydia, HIV/AIDS, or tuberculosis, infectious hepatitis C or virus infections (cytomegalovirus, or HIV/AIDS virus, or to blood or other body secretions), or any national pandemic disease. Clients will be confidentially helped to protect themselves and others through the local County Health Department or personal physician.
5. The best precautions against contagious, infectious, or transmissible disease is to avoid them.
6. Use the Universal Precautions of keeping clean by washing well with soap and water. Some conditions are contagious by breathing the air when a person has coughed; others require physical contact. Clients are NOT to clean up vomit or personal body secretions but have to advise an adult worker about it.

### **Target Population**

Our target population includes, children, youth, adolescents (persons under the age of 18), and their families who currently, or at any time in the past year, have had a diagnosable mental, behavioral, or emotional disorder including severe emotional disorder, or serious mental illness, that resulted in functional impairment within the home, school, or community. Examples are: problems in achieving and/or maintaining developmentally appropriate and expected behaviors in one or more areas of: role and task performance; cognition, communication; behavior toward self and others; mood and emotions. Adjustment disorders and functional impairments included. Serious mental illness means a person who meets criteria for psychiatric disorder, risk of deterioration and/or placement outside the home (inpatient, residential, or foster care) without focused services; with impairment in personal care, social relations, and expected school functioning. Persons over age 18 who request services and who meet criteria stated in the DSM V for adjustment disorder, personality disorder, serious or severe mental illness, or emotional disturbance.

### Services are not appropriate for:

1. Persons with acute behavioral, mental health disorder or substance abuse disorder requiring twenty-four hour skilled/medical care.
2. Violent persons and/or individuals that are immediately dangerous to self/others.
3. Persons requiring on-site attendants who do not have a provider.
4. Persons currently under the influence hindering their ability to participate in the therapeutic process.

### CODE OF ETHICS

1. We follow the policies, procedures, and plans of Starting Point.
2. We hold ourselves responsible for providing quality services efficiently and effectively.
3. We hold ourselves responsible to provide services through ethical business practices; we represent our services and our business responsibly and honestly. Every employee must act within the conduct requirements of our Personnel Policy and Compliance Policy.
4. We respect the privacy and confidentiality of the persons who participate in the program.
5. We listen to and treat with respect the opinions, views, and actions of others.
6. We are trained and qualified to do our work, and will continue to learn through additional training.
7. We hold ourselves responsible for the requirements of accessibility, participant satisfaction, and ethical practices.
8. We believe persons receiving services, and professionals who provide services are partners; we both receive dignity and respect.
9. We believe the goal of services is to increase a person's self-sufficiency, self-esteem, and quality of life in their community.
10. We use Cognitive behavioral therapy, Dialectical Behavioral Therapy, Solution Focused Therapy, Reality Therapy, and EMDR. We do not use aversive therapies.

**ODMHSAS OAS Title 450, Ch. 15, Sub Chap. 9, 450:17-11-1; 450: 17-11-2 amended 13 OK reg 229 Title 450 :15-1-1 -thru-15-3-26 as amended 15 OK REG**

### PARTICIPANTS RIGHTS

Each individual receiving services, either voluntary or involuntary, has access to, and enjoy, all rights, benefits and privileges guaranteed by the Constitution of the United States and the State of Oklahoma, and federal and state statutes; except those specifically lost through due process of law. Any member of the public may request copies of information, rules, forms and other public records in accordance with the **Oklahoma Open Records Act 510.S., 24.A.2 through 24A.5. and 450: 1-1-7.**

**Title OAC Title 450:15. CONSUMER RIGHTS EFFECTIVE JULY 1, 2013**

#### **450:15-3-27. Synopsis of the Bill of Rights**

1. Each consumer shall retain all rights, benefits, and privileges guaranteed by law except those lost through due process of law.
2. Each consumer has the right to receive services suited to their condition in a safe, sanitary

and humane treatment environment regardless of race, religion, gender, ethnicity, age, degree of disability, handicapping conditions or sexual orientation.

3. No consumer shall be neglected or sexually, physically, verbally, or otherwise abused.
4. Each consumer shall be provided with prompt, competent, and appropriate treatment; and an individualized treatment plan. A consumer shall participate in their treatment programs and may consent or refuse to consent to the proposed treatment. The right to consent may be abridged for those consumers adjudged incompetent by a court of competent jurisdiction and in emergency situations as defined by law. Additionally, each consumer shall have the right to the following:
  - (A) Allow other individuals of the consumer's choice participate in the consumer's treatment and with the customer's consent;
  - (B) To be free from unnecessary, inappropriate, or excessive treatment;
  - (C) To participate in consumer's own treatment planning;
  - (D) To receive treatment for co-occurring disorders if present;
  - (E) To not be subject to unnecessary, inappropriate, or unsafe termination from treatment; and
  - (F) To not be discharged for displaying symptoms of the consumer's disorder
5. Every consumer's record shall be treated in a confidential manner.
6. No consumer shall be required to participate in any research project or medical experiment without his or her informed consent as defined by law. Refusal to participate shall not affect the services available to the consumer.
7. A consumer shall have the right to assert grievances with respect to alleged infringement on his or her rights.
8. Each consumer has the right to request the opinion of an outside medical or psychiatric consultant at his or her own expense or a right to an internal consultation upon request at no expense.
9. No consumer shall be retaliated against or subjected to any adverse change of conditions or treatment because the consumer asserted his or her rights.

#### **450:15-3-28. Right to name a Treatment Advocate**

All adult mental health consumers being served by a licensed mental health professional shall be informed by the LMPH or the mental health treatment facility that the consumer has the right to designate a family member or other concerned individual as a treatment advocate.

1. The consumer shall not be coerced, directly or indirectly, into naming or not naming a treatment advocate or choice of treatment advocate or level of involvement of the treatment advocate. Any individual so designated shall at all times act in the best interests of the consumer and comply with all conditions of confidentiality.
2. No limitation may be imposed on a consumer's right to communicate by phone, mail, or visitation with his or her treatment advocate, except to the extent that reasonable times and places may be established.
3. The treatment advocate may participate in the treatment planning and discharge planning of the person being served to the extent consented to by the consumer and permitted by law.
4. The consumer and treatment advocate shall be notified of treatment and discharge planning meetings at least 24 hours in advance.
5. All LMHPs or mental health treatment facilities shall use a treatment advocate designation from which will minimally include:

- (a) The consumer's choice to name or not name a treatment advocate;
- (b) Identify any specifically named person;
- (c) Indicate the level of involvement the identified treatment advocate shall have;
- (d) A space where the treatment advocate will indicate his or her intention of serving according to the consumer's specifications;
- (e) An agreement that the treatment advocate will comply with all the standards of confidentiality;
- (f) Both the signature of the consumer and the treatment advocate.
- (g) Verbal confirmation of the written information proposed in the form shall be permitted until such time as the treatment advocate can be present to sign the designated form.
- (h) The consumer may change or revoke the designation of a treatment advocate at any time and for any reason.
- (i) A copy of the completed form shall be given to the consumer and the treatment advocate. The original shall be maintained in the consumer's record.
- (j) The treatment advocate form shall be reviewed with the consumer at each point of treatment planning and treatment planning review to afford the consumer an opportunity for review and amendment.

**OAC Title 450:15-3-29. Access to services for consumers with disabilities**

1. Facilities and organizations providing mental health or substance abuse services who are certified by, operated by, or under contract with the department shall not discriminate against consumers with disabilities and shall provide consumers with disabilities access to services in accordance with state and federal law, including but not limited to the Americans with Disabilities Act and amendments thereto.
2. Facilities and organizations providing mental health or substance abuse services who are certified by, operated by, or under contract with the department shall provide information on a consumer's disability in any referral or transfer so that accommodations by the receiving facility or organization can be made prior to a consumer's arrival for the continuation of continuity of care.
3. Facilities and organizations providing mental health or substance abuse services who are certified by, operated by, or under contract with the department shall develop policies and procedures on how consumers with disabilities will have access to the services they provide.

**This consent for Treatment, Payment, and Healthcare Operations is granted to:**

**Starting Point Behavioral Health Services, PLLC**

**1428 Oklahoma Avenue**

**P.O. Box 1858**

**Woodward, OK 73802**

#### **CLIENT INFORMATION AND CONSENT FOR TREATMENT**

This document (the Agreement) contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and client rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that I provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment and health care operations. The Notice, which is attached to this Agreement, explains HIPAA and its application to your personal health information in greater detail. The law requires that I obtain your signature acknowledging that I have provided you with this information. Although these documents are long and sometimes complex, it is very important that you read them carefully. We can discuss any questions you have about the procedures at any time. When you sign this document, it will also represent an agreement between us. You may revoke this Agreement in writing at any time. That revocation will be binding on me unless I have taken action in reliance on it; if there are obligations imposed on me by your health insurer in order to process or substantiate claims made under your policy; or if you have not satisfied any financial obligations you have incurred.

**THERAPEUTIC SERVICES:** While the benefits of evaluations, psychotherapy, or other psychological treatments are generally likely to outweigh possible risks, the outcomes and side-effects cannot be predicted with certainty. Persons being evaluated or involved in treatment may experience a wide range of emotions, and it is not unusual to feel vulnerable or stressed. Therapy may arouse feelings or produce insights of which you were unaware, or which you might not wish to experience. While the goals of psychological services are generally to advance the understanding of problems and to increase functioning and well-being, it is sometimes possible that symptoms may not improve. Any problems or uncomfortable feelings you experience may be discussed in our sessions.

Our first one or two sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

**MEETINGS:** If psychotherapy is begun, I will usually schedule one 55 minute session per week at a time we agree on, although some sessions may be longer, shorter, or more frequent. Once a session is scheduled, you will be expected to pay \$75.00 unless you provide 24 hours [1 day] advance notice of cancellation [unless we both agree that you were unable to attend due to circumstances beyond your control]. It is important to note that insurance companies do not provide reimbursement for canceled or no-show sessions. In the event that you do not show up for a session without canceling, I reserve the right to terminate our therapeutic relationship based on lack of attendance of sessions and may bill you personally for the \$75.00 late cancellation/no-show fee.

**PROFESSIONAL FEES:** Regular session fees for Starting Point BHS providers \$100/hr. The initial session fee is \$100.00 In addition to weekly appointments, I charge \$100.00/hr. for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 15 minutes, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. [Because of the difficulty of legal involvement, I charge \$175.00 per hour for preparation and \$1000 for attendance at any legal proceeding whether or not I am called to testify.]

**MARRIAGE COUNSELING:** A \$190 fee is required for additional assessments and resources.

**BILLING AND PAYMENTS:** You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage that requires another arrangement. Payment schedules for other professional services will be agreed to when they are requested.

If your account has not been paid for more than 30 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court which will require me to disclose otherwise confidential information. [If such legal action is necessary, its costs will be included in the claim.] In most collection situations, the only information I release regarding a client's treatment is his/her name, address, telephone number, social security number, the nature of services provided (including dates of service and procedures), and the amount due.

**INSURANCE REIMBURSEMENT:** In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees. It is very important that you find out exactly what mental health services your insurance policy covers.

You should also be aware that your contract with your health insurance company requires that I provide it with information relevant to the services that I provide to you. I am required to provide a clinical diagnosis. Sometimes I am required to provide additional clinical information such as treatment plans or summaries, or copies of your entire Clinical Record. In such situations, I will make every effort to release only the minimum information about you that is necessary for the purpose requested. This information will become part of the

insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. Certain diagnoses may affect your ability to obtain health and/or disability insurance in the future. I will provide you with a copy of any report I submit, if you request it. By signing this Agreement, you agree that I can provide requested information to your carrier.

Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end your sessions. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above [unless prohibited by contract].

**CONTACTING ME:** Sessions are by appointment only. When I am unavailable, my telephone is answered by voicemail that is monitored during office staff hours (8:00am to 4:00pm) Monday through Friday. My office manager or I will make every effort to return your call as soon as possible. If you are difficult to reach, please inform me of some times when you will be available. **Texting, emailing, and using the client portal are not reliable ways of contact if you are in crisis. If you are in crisis and unable to reach me and feel that you cannot wait for your call to be returned, call 911 or go to the nearest emergency room.** If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary. **SPBHS does NOT provide crisis services.**

**LIMITS ON CONFIDENTIALITY:** The law protects the privacy of all communications between a client and a therapist. In most situations, I can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements imposed by HIPAA. There are other situations that require only that you provide written, advance consent. Your signature on this Agreement provides consent for those activities, as follows:

- I may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my client. The other professionals are also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together
- You should be aware that I practice with other health professionals and that I may employ administrative staff. In most cases, I need to share protected information with these individuals for both clinical and administrative purposes, such as scheduling, billing and quality assurance. All of the health professionals are bound by the same rules of confidentiality. All staff members will be given training about protecting your privacy and will agree not to release any information outside of the practice without the permission of a professional staff member.
- Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in this Agreement.

There are some situations where I am permitted or required to disclose information without either your consent or authorization:

- If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the therapist-client privilege law. I cannot provide any information without your (or your personal or legal representative's) written authorization, or a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.
- If a government agency is requesting the information for health oversight activities, I may be required to provide it for them.
- If a client files a complaint or lawsuit against me, I may disclose relevant information regarding that client in order to defend myself.
- If a client files a worker's compensation claim, I may disclose information relevant to that claim to the appropriate parties, including the Administrator of the Workers' Compensation Court.

There are some situations in which I am legally obligated to take actions, which I believe are necessary to attempt to protect others from harm and I may have to reveal some information about a client's treatment. These situations are unusual in my practice.

- If I have reason to believe that a child under the age of 18 years is the victim of abuse or neglect, the law requires that I report to the appropriate government agency, usually the Department of Human Services. Once such a report is filed, I may be required to provide additional information.
- If I have reason to believe that a vulnerable adult is suffering from abuse, neglect, or exploitation, the law requires that I report to the appropriate government agency, usually the Department of Human Services. Once such a report is filed, I may be required to provide additional information.
- If a client communicates an explicit threat to kill or inflict serious bodily injury upon a reasonably identifiable victim and he/she has the apparent intent and ability to carry out the threat, or if a client has a history of violence and I have reason to believe that there is a clear and imminent danger that the client will attempt to kill or inflict serious bodily injury upon a reasonably identified person, I may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, and/or seeking hospitalization for the client.
- If a client threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her, or to contact family members or others who can help provide protection.
- If such a situation arises, I will make every effort to fully discuss it with you before taking any action and I will limit my disclosure to what is necessary.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have now or in the future. The laws governing confidentiality can be quite complex, and I am not an attorney. In situations where specific advice is required, formal legal advice may be needed.

**MINORS & PARENTS:** Clients under 18 years of age who are not emancipated and their parents should be aware that the law may allow parents to examine their child's treatment records. Because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, it is sometimes my policy to request an agreement from parents that they consent to give up their access to their child's records. If they agree, during treatment, I will provide them only with general information about the progress of the child's treatment, and his/her attendance at scheduled sessions. Any other communication will require the child's authorization, unless I feel that the child is in danger or is a danger to someone else, in which case, I will notify the parents of my concern. Before giving parents any information, I will discuss the matter with the child, if possible, and do my best to handle any objections he/she may have.

**SOCIAL NETWORKING AND INTERNET SEARCHES:** I do not accept friend requests from current or former clients on social networking sites due to the fact that these sites can compromise clients' confidentiality and privacy. For the same reason, I request that clients do not communicate with me via any interactive or social networking websites.

**PROFESSIONAL RECORDS:** The laws and standards of my profession require that I keep Protected Health Information about you in your Clinical Record. Except in unusual circumstances that involve danger to yourself and/or others or where information has been supplied to me confidentially by others, you may examine and/or receive a copy of your Clinical Record if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents. In most circumstances, I am allowed to charge a copying fee of \$1.00 for the first page and .50 cents per page thereafter plus postage. If I refuse your request for access to your records, you have a right of review, which I will discuss with you upon request.

**CLIENT RIGHTS:** HIPAA provides you with several rights with regard to your Clinical Record and disclosures of protected health information. These rights include requesting that I amend your record; requesting restrictions on what information from your Clinical Record is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about my policies and procedures recorded in your records; and the right to a paper copy of this Agreement, the attached Notice form, and my privacy policies and procedures. I am happy to discuss any of these rights with you.

**IMPAIRMENT FROM ALCOHOL OR OTHER SUBSTANCES:** I respectfully request that you be free of alcohol or other intoxicants prior to coming in for therapy so that we can have the best chance of being successful in our work together. If, during the session, I come to suspect that your senses are impaired in any way because of substances, then I will address that concern to determine if we can meaningfully continue the treatment session.

If, in fact, you are “intoxicated” for whatever reason, then the session will be ended and I or my office staff will attempt to make arrangements for your safe transportation from my office to your preferred destination. This may involve calling a relative, friend, or emergency contact. If, for some reason, you refuse to cooperate, then I could call the authorities in order to ensure your safety and the safety of others. In the event that a session is ended due to suspected intoxication, the full fee for the session will be due, regardless of the actual duration of the session.

**MEDICATION MANAGEMENT:** If I have prescribed medications, I will provide consent for consultation with my physician. I further understand that Starting Point BHS does not provide medication monitoring as a service and that I should consult my physician with all needs or concerns related to medication.

**STUDENT OBSERVATION:** I give Starting Point BHS permission to allow practicum or intern students to observe sessions.

**RECORDING SESSIONS:** At Starting Point BHS the therapist may need to record sessions for purposes such as training or consulting, but will never proceed without consent from the client. At no time can a client record a session without written consent from Starting Point Behavioral Health Services, PLLC.

**CERTIFICATION/ACCREDITATION REVIEW:** I understand that my records may be reviewed by State agencies, such as The Oklahoma Health Care Authority or ODMHSAS, certifying receipt of services and/or compliance with requirements, and/or accrediting agencies, such as The Joint Commission or ODMHSAS, verifying the quality and completeness of the services I receive.

**TRANSPORTATION:** I give my permission for the staff of Starting Point BHS, PLLC to provide transportation for myself or my child in order to receive services.

**FOLLOW-UP APPOINTMENTS/REFERRALS:** I agree to be contacted after treatment services as follow-up to learn my status, my progress in meeting my goals, my satisfaction with services, and my input about services I received. The services I receive are not dependent on my agreement for follow-up contacts.

**[REMAINDER OF THIS PAGE INTENTIONALLY LEFT BLANK]**

## INFORMED CONSENT FOR TELEHEALTH SERVICES

Telehealth is the practice of providing therapy (or other medical services) using technology-assisted means that allows interactive audio and video capabilities without the client and therapist being in the same physical location. Such services may include, but are not limited to, assessment, diagnosis, and treatment. Conducting therapy via telehealth is similar to using videoconferencing capabilities to conduct virtual meetings.

**RISKS AND BENEFITS TO TELEHEALTH:** In addition to the risks, benefits, and other information we have discussed regarding therapy, there is some information that is unique to conducting therapy via telehealth. Benefits of telehealth include the flexibility and convenience of being able to conduct sessions from your home, office, or nearly any other private location, which can increase access to services. Risks for telehealth include: (1) disruption or distortion of sessions due to technological difficulties, (2) privacy limitations that are beyond my control, but may be within your control such as other individuals that may be in close proximity to you during our session who may overhear parts of our session, and (3) potential limitations on my ability to utilize non-verbal cues or other environmental information in assessment and treatment.

It is also important to understand that telehealth is not appropriate for all clients and situations. If at any point I determine that telehealth is not clinically indicated for your situation, I will discuss with you other options and provide appropriate referrals as needed.

**FEES FOR TELEHEALTH SESSIONS:** My fees for telehealth sessions are the same as my fees for in-person sessions and are set forth in my fee agreement. Telehealth sessions may or may not be covered by your insurance company to the same extent that in-person sessions are covered. It is your responsibility to contact your insurance company to determine whether your policy reimburses for telehealth sessions.

**EMERGENCIES:** When providing services via telehealth, it is important for me to have some additional information from you in case of an emergency. At the beginning of each session, I will request the physical address of your current location. This information is necessary so that I can request appropriate assistance in the case of a medical or mental health emergency. In the event of a clinical emergency (medical or mental health), I will contact appropriate law enforcement and/or medical services to render aid.

**[REMAINDER OF THIS PAGE INTENTIONALLY LEFT BLANK]**

## GRIEVANCE PROCEDURES

**PROCEDURES FOR CLIENT GRIEVANCES AND OTHER ISSUES:** Starting Point Behavioral Health Services, PLLC wishes to maintain an open line of communication, giving the client adequate opportunity to express opinions, recommendations, and complaints.

**WHO MAY FILE A GRIEVANCE:** Any client under the care of Starting Point Behavioral Health Services, PLLC or anyone interested in the welfare of a client receiving care at Starting Point Behavioral Health Services, PLLC (e.g. relative, foster parent, DHS Caseworker) may at his/her discretion provide in writing any opinion or recommendation.

**WHAT COMPLAINTS ARE CONSIDERED:** The complaint may be about any rule, policy, action, decision, or condition made or permitted by Starting Point Behavioral Health Services, PLLC.

**WHEN A GRIEVANCE MAY BE FILED:** It is important that grievances be filed as soon as possible. Grievances should be filed within five days of the action grieved.

**HOW TO FILE A GRIEVANCE:** Request a Grievance Form from and write your complaint on the form and include your ideas and a resolution to the problem. Sign the form and return it to the Grievance Coordinator or the Program Director. You may request assistance from Starting Point Behavioral Health Services, PLLC writing and/or filing the grievance.

The client may request a written report from the committee, which shall be provided within thirty days from filing of the grievance or complaint. After your grievance is filed, an attempt will be made, with your participation, to resolve the problem. You have the right to file grievances, to receive a written response to your complaint, and to appeal if you are not satisfied with the response. If any person attempts to deny you these rights or penalize you for filing a grievance, contact the Program Director.

### TO FURTHER PURSUE A GRIEVANCE:

Advocacy Office  
900 East Main Street  
P.O. Box 151  
Norman, OK 73070  
Phone: (405) 573-6605

The Joint Commission  
1-800-994-6610

For more information about Grievance Procedure, contact the Director of Starting Point Behavioral Health Services, PLLC.

Darci Stephenson, M.Ed., LPC

580-505-0465

## NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED**

**AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**(PLEASE REVIEW IT CAREFULLY.)**

Starting Point Behavioral Health Services, PLLC is required by law and our Code of Ethics to maintain the privacy of your protected health information. We do this by the use of written authorization from you or your parent or personal representative for release of information before that information can be released by us, or to us.

**CONSENT FOR TREATMENT:** I voluntarily agree to treatment and services from Starting Point Behavioral Health Services, PLLC. I understand the reasons for this treatment and the services recommended. I have been informed of my right to obtain a copy of the Participant Orientation Manual with my rights, responsibilities, and grievance/Input procedures. Furthermore, I understand that while receiving services I will conduct myself as a responsible person in order to protect myself and others from exposure to contagious or infectious diseases such as acquired immune deficiency syndrome AIDS/HIV, hepatitis, venereal diseases, COVID-19 or any other communicable disease.

**MEDICATION MANAGEMENT:** If I have prescribed medications, I will provide consent for consultation with my physician. I further understand that Starting Point Behavioral Health Services, PLLC does not provide medication monitoring as a service and that I should consult my physician with all needs or concerns related to medication.

**STUDENT OBSERVATION:** I give Starting Point Behavioral Health Services, PLLC permission to allow practicum or intern students to observe sessions.

**RECORDING SESSIONS:** A Starting Point Behavioral Health Services, PLLC therapist may need to record sessions for purposes such as training or consulting, but will never proceed without consent from the client. At no time can a client record a session without written consent from Starting Point Behavioral Health Services, PLLC.

**DURATION:** This consent for treatment ends after my discharge from services except that information necessary for payment for services provided may be provided after discharge from services.

**FOLLOW-UP APPOINTMENTS/REFERRALS:** I agree to be contacted after treatment services as follow-up to learn my status, my progress in meeting my goals, my satisfaction with services, and my input about services I received. The services I receive are not dependent on my agreement for follow-up contacts.

**CONFIDENTIALITY:** I understand my information is confidential. Information is not released to other agencies or persons without my written consent except under a legitimate subpoena; in a medical emergency; to meet the legal requirements of reports of abuse to children or elders; or if I present a danger to myself or others. I have received information on legal requirements and limitations of mental health confidentiality. Starting Point Behavioral Health Services, PLLC will comply with HIPAA, The HIPAA Privacy Rule is composed of national regulations for the use and disclosure of Protected Health Information (PHI) in healthcare treatment, payment and operations by covered PAYMENT SOURCE RELEASE OF INFORMATION: I understand that those agencies or insurance or others paying for my treatment services may review my records or may require my provider to provide information from my client file. I agree and hereby authorize Starting Point Behavioral Health Services, PLLC to release any and all information requested by the agencies or parties paying for my services. I understand this specific consent for release of information ends only after third party payer claims are satisfied.

**CERTIFICATION/ACCREDITATION REVIEW:** I understand that my records may be reviewed by State agencies, such as The Oklahoma Health Care Authority or ODMHSAS, certifying receipt of services and/or compliance with requirements, and/or accrediting agencies, such as The Joint Commission or ODMHSAS, verifying the quality and completeness of the services I receive.

**TRANSPORTATION:** I give my permission for the staff of Starting Point Behavioral Health Services, PLLC to provide transportation for myself or my child in order to receive services.

**LATE AND NO-SHOW POLICY:** I understand that being late or not giving my 24 hours' notice could result in a missed session being billed at \$75.00. A 24-hour notice is appreciated. Multiple no shows could result in referral to another mental health agency.

**GRIEVANCE PROCEDURES:** I understand that I have the right to file a grievance at any point if I feel that I have been treated unethically or unprofessionally.

**COST OF SERVICES:** I understand my insurance will be billed for the costs of my services, and I will pay the necessary copay if applicable. If insurance does not cover, I am responsible for the cost of services rendered by Starting Point Behavioral Health Services, PLLC before the session begins.

**CLIENT RIGHTS:** I have been given my Clients Rights for Outpatient Services form.

**TELEHEALTH SERVICES:** I give my consent to receive services over video conferencing if needed. I understand that the services I receive will become part of the treatment record.

**SUBPOENAED COURT APPEARANCE:** Starting Point Behavioral Health Services, PLLC employees will attend court only after being subpoenaed by a judge at a rate of \$175.00 per hour including travel.

**TREATMENT:** Information sent to OHCA or Gate-keeping entity for Prior Authorization for services will contain certain individually identifiable information (your name, address, age, claim number, etc.). This is sent electronically with a cover fax for security and confidentiality. We take reasonable precautions to assure security and privacy of this information.

**CONTACT:** We may call or contact you or the person you designate as “always knows where you will be” with information about appointments, other services you might be interested in, and to receive follow along or follow up information on “how you are doing”. (As, during times when services are interrupted by holidays or vacations) You have the right to accept or refuse these contacts. Services you receive continue whether or not you accept contacts.

**PAYMENT:** Individually identifiable information considered protected health information may be disclosed for use in determination of eligibility by the Oklahoma Health Care Authority; for payment activities as claim processing, billing information sent to and required by OHCA for Medicaid reimbursements. This information may contain individually identifiable information (name, address, age, claim number, etc.). Information is electronically sent with a fax cover for security and confidentiality.

**HEALTH CARE OPERATIONS:** We are required to meet certain certification, contracting, and accreditation requirements. Persons providing these reviews sign agreements as business associates to assure that they too follow the requirements of privacy and confidentiality of your information.

**SECURITY:** We protect your personal information in a safe place, with locked and monitored access only by people who have the right to know (your treatment team, persons employed or under contract; our Quality Assurance program, auditors and reviewers from OHCA, or certifying agencies). We use safeguards on our computers and electronic equipment. We do not use your personally identifiable information in email communications. Accounting and related functions use only a number code which does not identify you as a person.

**LEGAL EXCEPTIONS:** We comply with Federal and Oklahoma State laws requiring the reporting of abuse, neglect, and harm to children and for the reporting of abuse, neglect, harm, or exploitation of Vulnerable Adults to the Department of Human Services. We must report certain infectious, contagious, or transmissible illnesses or diseases to State authorities. We must report and act on threats to harm other persons, including reporting to law enforcement. We must report specific identifying information if a person commits a crime at or in the facility. We must honor and comply with court orders, subpoenas, and other civil or authorized investigative demands. Consent or authorization is not required when it is not required by law (as, but not limited to a court order, court ordered warrant, subpoena or summons issued by a court, grand jury, a governmental or tribal inspector general, administrative body so authorized to require production of information; civil or authorized investigative demand; Medicare conditions of participation of a health care provider in the program; statutes or regulations of law or for a government program); in a medical emergency or in a disaster or disaster relief. Consent for release of individually identifiable information is not required if a person makes threats or actions presenting a danger to him/her or others. Individually identifiable information may be released to a public health authority that is authorized by law to collect/receive such information for the purpose of preventing or controlling disease, injury, or disability.

**AUTHORIZATIONS:** We ask you or your personal representative to authorize other releases, uses, or disclosures of information about you as these may become necessary. This might be consultation(s) with your own personal physician; your teacher or school counselor; another agency that also provides services to you, or a community

resource for which we act as your advocate to help you receive needed services. You may revoke an authorization given, at any time, except those actions taken while the authorization was in effect are not changed. You are asked to revoke or cancel this authorization in writing.

**YOUR PRIVACY RIGHTS:** You have the right to request restrictions on certain uses and disclosures of protected health information. You have the right to request confidential communications. You have the right to request a written list or “accounting” of disclosures of your protected health information. You have the right of access; to

review with your therapist or counselor the contents of your protected health information. You have the right to amend or make corrections to that record. If we disagree and believe the record is incorrect, we will still attach your amendment to it. You have the right to make a complaint or grievance or to make suggestions and recommendations.

The grievance and complaint procedures are posted for your use.

Starting Point Behavioral Health Services, PLLC reserves the right to make changes or modifications to its practices, and to make changes or modifications of its policies and procedures as required by changes in law or regulation. Changes in policy or procedures will be made available to you by posted Notice, with a copy given to you within 60 days of any material revision.

Any additional questions, comments, or concerns about client care can be directed to the main office of

Starting Point Behavioral Health Services, PLLC

1116 19th Street

Woodward, OK 73801

580-505-0465

This notice is effective 2/1/2022

[REMAINDER OF THIS PAGE INTENTIONALLY LEFT BLANK]

### CLIENT RIGHTS FOR OUTPATIENT SERVICES

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 the due process of law by a court of competent jurisdiction. Each facility by, or certified by, or under contract with DMHSAS providing outpatient mental health and/or substance abuse services shall insure clients have the rights specified as follows:

(1) Each consumer shall retain all rights, benefits, and privileges guaranteed by law except those lost through due process of law.

(2) Each consumer has the right to receive services suited to his or her condition in a safe, sanitary and humane treatment environment regardless of race, religion, gender, ethnicity, age, degree of disability, handicapping condition or sexual orientation.

(3) No consumer shall be neglected or sexually, physically, verbally, or otherwise abused.

(4) Each consumer shall be provided with prompt, competent, and appropriate treatment; and an individualized treatment plan. A consumer shall participate in his or her treatment programs and may consent or refuse to consent to the proposed treatment. The right to consent or refuse to consent may be abridged for those consumers adjudged incompetent by a court of competent jurisdiction and in emergency situations as defined by law. Additionally, each consumer shall have the right to the following:

(A) Allow other individuals of the consumer's choice to participate in the consumer's treatment and with the consumer's consent;

(B) To be free from unnecessary, inappropriate, or excessive treatment;

(C) To participate in consumer's own treatment planning;

(D) To receive treatment for co-occurring disorders if present;

(E) To not be subject to unnecessary, inappropriate, or unsafe termination from treatment; and

(F) To not be discharged for displaying symptoms of the consumer's disorder.

(5) Every consumer's record shall be treated in a confidential manner.

(6) No consumer shall be required to participate in any research project or medical experiments without his or her informed consent as defined by law. Refusal to participate shall not affect the services available to the consumer.

(7) A consumer shall have the right to assert grievances with respect to an alleged infringement on his or her rights.

(8) Each consumer has the right to request the opinion of an outside medical or psychiatric consultant at his or her own expense or a right to an internal consultation upon request at no expense.

(9) No consumer shall be retaliated against or subjected to any adverse change of conditions or treatment because the consumer asserted his or her rights.

(10) All adult mental health consumers being served by a licensed mental health professional shall be informed by the LMHP or the mental health treatment facility that the consumer has the right to designate a family member or other concerned individual as a treatment advocate.

(a) The consumer shall not be coerced, directly or indirectly, into naming or not naming a Treatment Advocate or choice of Treatment Advocate or level of involvement of the Treatment Advocate. Any individual so designated shall at all times act in the best interests of the consumer and comply with all conditions of confidentiality.

(b) No limitation may be imposed on a consumer's right to communicate by phone, mail or visitation with his or her Treatment Advocate, except to the extent that reasonable times and places may be established.

(c) The Treatment Advocate may participate in the treatment planning and discharge planning of the person being served to the extent consent to by the consumer and permitted by law.

(d) The consumer and Treatment Advocate shall be notified of treatment and discharge planning meetings at least 24 hours in advance.

(e) The consumer may change or revoke the designation of a treatment advocate at any time and for any reason.

(f) A copy of the completed form shall be given to the consumer and the treatment advocate. The original shall be maintained in the consumer's record.

(g) The Treatment Advocate form shall be reviewed with the consumer at each point of treatment planning and treatment planning review to afford the consumer an opportunity for review and amendment.