T&B Outpatient Client Handbook

Thistle and Bee
The Healing HIVE & Wellness Center

https://www.healinghiveandwellness.com/

Email: Healinghive@thistleandbee.org

Phone: 901-410-1418

Location: 199 Summit Street Memphis TN 38104

T&B Outpatient Client Handbook

Welcome

Welcome to the Thistle and Bee outpatient program, The Healing Hive & Wellness Center. We are your local community mental health agency that provides a wonderful integrated and interprofessional behavioral health experience. If you are reading this, you most likely have accessed our services to meet the needs of a family member, a friend and/or yourself. Someone newly asked for help often has trouble determining what help they need, how it will be paid for and what services are available to them. It can be a scary experience to even make that first phone call. I commend you for making that phone call or for coming in to seek help. The Healing Hive & Wellness Center is committed to providing you with the support you need, while being sensitive to the variety of backgrounds and cultural differences among us. When someone requests help, they often know what the problem is, but are unclear as to how to resolve it. Once you come into the center for care, you will be assigned a direct service provider within one of our programs that best suits your needs. The service provider is there to deliver care, coordinate needed services at the agency, and assist you with any other needs you may have. It's as easy as calling our local telephone number to get assistance. Information about contacting our services program, location of our clinic, and hours of operation will be described below. I hope your experience with us reduces any barriers that you may have and allows you to get care in a way that is helpful to you and your loved ones.

Sincerely,

Susan E. Elswick EdD LCSW RPT-S IMH-E

Thistle and Bee

The Healing Hive & Wellness Center

Clinical Director

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Staff

T&B Clinical Director

Dr. Susan Elswick EdD LCSW LSSW IMH-E RPTS
901.410.1418
901.484.3546 (personal)

T&B Clinical Intake Specialist
Jan Palmer MS
901-338-8299

T&B Program Director
Sam Brown
901-417-3229

T&B Clinicians- 901.410.1418
Dr. Corey Latta LPC
Perpetual Finn LCSW
Elyse Jones LMSW
Ursula Thomas LMSW

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Description of Thistle and Bee, The Healing Hive & Wellness Center

In 2024, Thistle and Bee expanded its mission of hope and healing with the launch of the Healing Hive & Wellness Center. This outpatient service center offers trauma-responsive, holistic care across the lifespan—from infancy to adulthood. Our programs are tailored to support individuals, families, and groups through prevention, intervention, and postvention services.

THE T&B CLINICAL MISSION

Thistle and Bee is dedicated to empowering survivors of adverse life experiences, prostitution, human-trafficking, and addiction. Our mission is to provide a transformative and supportive environment where these individuals can heal and rebuild their lives. Through therapeutic processes focused on prevention, intervention, postvention, and promotion, we will support individuals, families, and the larger community in understanding and implementing effective evidence-based practices for serving this population.

THE T&B CLINICAL VISION

To enhance the physical, mental, emotional, and behavioral health of the urban core and greater Memphis community by serving as community leaders in trauma-based education, practice, and scholarship.

T&B CLINICAL ROLES AND FUNCTIONS

The T&B Healing Hive & Wellness Center will play five essential roles in serving the local, regional, state, and national communities:

1. provide dedicated and high-quality training and promotion services for clinicians and community partners who serve these populations;
2. provide health and wellness services to individuals, groups and families, experiencing personal adjustment, vocational, developmental and/or psychological problems that require professional attention;
3. play a preventive role assisting individuals and families in identifying and learning skills which will assist them to effectively meet their life goals;
4. support and enhance the healthy growth and development of individuals and families through consultation and outreach to the community; and
5. build integrated, multi-disciplinary health and wellness research capacity/output.

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Education and Training

The T&B clinic's educational mission is to engage new clinicians, clinicians in training, non-terminally licensed clinicians, and current students in developing the knowledge, skills, and attitudes to provide excellent urban health and wellness services. Working in interprofessional teams within our organization, students/ clinicians will learn to address health and wellness with diverse peoples. From post-traumatic stress disorder to nutritional training, to life skills training, students/ staff/ clinicians in the T&B clinic will gain real world experience under high quality supervision provided directly by T&B clinical team and director.

- Clinicians and students will get real world experience working with a diverse patient/client population spanning multiple races and ethnicities, are underserved, and have complex health and wellness conditions.
- Clinicians and students will work in a clinic that is one the frontline for healthcare reform and interprofessional care.
- Clinicians and students will learn how to provide care to those who face socio-economic barriers to health and can refer patients/clients to other services on-site and in the community.
- Clinicians and students will learn how to provide care for patients who have limited English proficiency.
- Clinicians and students will train alongside teams of providers who represent multiple disciplines.

Health and Wellness Services

The T&B clinic will provide extensive, multi-layered care coordination to a large number of patients/clients with complex health and wellness needs or conditions as well as for all children and families. We recognize that health and well-being are inextricably linked to a person's social and economic conditions.

Prevention and Health Education Services

The various participating clinical providers offer a multitude of prevention and health education services. We feel it is important to educate others about the issues of human trafficking and the impact that human trafficking has on the individuals, families and community at large. Each of our clinicians provide direct prevention and health education services to a variety of populations in the city, state, and region. We recognize that a core value of wellness is the prevention of illness and that a central means of prevention is direct public health education. These groups will lead a dynamic and community-focused campaign of prevention and health education services under the auspices of the T&B clinic both in the physical facilities and in the communities we serve. T&B clinical provides several community-based training and consultation opportunities.

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Research

An integral responsibility of the T&B as a component of the transparency for our stakeholders, is to conduct both ongoing evaluation and accountability research to determine the effectiveness of and improve the quality of services offered as well as to serve as a site for approved research projects within the field and community. The T&B clinical program should contribute to research and serve to complement and promote the community's overall role in supporting the wellness needs within this community. The T&B clinic will make every effort to contribute to the community through research and other scholarly endeavors. All research conducted by, for, or within the T&B clinic or any constituent element thereof must abide by both the applicable professional ethical standards as well as those established by the T&B internal clinical review board prior to study initiation. Additionally, all research conducted by, for, or within the auspices of the T&B clinic must all meet all applicable accreditor standards as well as all state and federal legislation.

DIVERSITY STATEMENT

The T&B clinical program is committed to embracing diversity in every aspect of our functioning and programming. We understand diversity as the intersection of multiple factors including age, class, color, culture, disability, ethnicity, gender, gender identity and expression, immigration status, national origin, political ideology, race, religion, sex, sexual orientation, and veteran status. We make a concerted and deliberate effort to include a diverse student body. Interns, staff, and faculty across all axes of difference. Additionally, T&B clinical programs will not discriminate against any client population in need of service delivery and we accept client and consumer diversity and needs in practice. We endeavor to create a welcoming environment of inclusiveness and respect for difference not only in background and demographics, but in point of view and opinion.

T&B CLINICAL LOCATION AND HOURS OF OPERATION

The Healing Hive and Wellness Center

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T&B CLINICAL HOURS OF OPERATION

The T&B Clinical hours are typically from 8:00am-6:00pm Monday through Friday. These hours are subject to change according to university scheduling, client needs, and supervisory availability. Appointments must be scheduled during regular office hours. Appointments are scheduled according to the T&B calendar.

The T&B clinical program does not have emergency/crisis services or 24-hour services, and it is typically not open weekends. The T&B clinical is closed on posted holidays, and for several weeks between the Spring, Summer and Fall Semesters. Our clinicians make clients aware of the schedule in order to understand possible breaks in treatment and for them to plan accordingly.*

SERVICES OFFERED BY T&B Healing Hive & Wellness Center

The Healing Hive and Wellness Center provides mental and behavioral health evaluation, screening, direct counseling/ therapy services, and/or may refer the client out to other resources as needed.

In 2024, Thistle and Bee expanded its mission of hope and healing with the launch of the Healing Hive & Wellness Clinic. This outpatient service center offers trauma-responsive, holistic care across the lifespan—from infancy to adulthood.

Our programs are tailored to support individ-uals, families, and groups through prevention, intervention, and postvention services.

INDIVIDUAL THERAPY - Personalized support for behavioral and mental health concerns.

GROUP THERAPY - A supportive environment for shared healing and growth.

FAMILY THERAPY - Strengthen family bonds and improve communication.

INTENSIVE OUTPATIENT - Structured care for mental health and substance use recovery.

CASE MANAGEMENT - Coordinated support to navigate treatment and recovery.

CERTIFIED PEER RECOVERY WORK - Guidance from trained specialists with lived experiences.

THERAPEUTIC VISITATION - Therapeutic visitation services that provide families with structured support for challenging circumstances.

PROFESSIONAL DEVELOPMENT & COMMUNITY TRAININGS - Empower your team with trauma-responsive training and resources.

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DEFINITION OF SERVICES PROVIDED AND ASSOCIATED FEES

Individual counseling services (5yr-65yr)

- Individual Counseling enables people to explore various personal and relationship-oriented challenges. Clients may discuss topics ranging from low self-esteem, sexual orientation, gender identity, depression, anxiety, stress, grief, and wellness improvement.
- Most of these services can be covered by insurance if the client is covered by an MCO with which the T&B clinic is credentialed. The cost of services for insurance claims is based on the contract between the MCO and the T&B clinic. There may be a co-pay requirement for services, and the client will be made aware of that co-pay at the time of intake. Additionally, the cost of services for MCO contracts can range and is based on the MCO's fee schedule. **These covered services can range from $35 to $150 an hour.**
- **Cost for uninsured private pay client is $200 for services offered by an LMSW/ intern and $200 for services offered by an LCSW. A sliding scale and hardship process is available upon need and request.**

Group Counseling

- Group Counseling can offer greater opportunities for feedback and support than individual counseling through obtaining multiple perspectives and a safe space to practice new skills with others.
- Most of these services can be covered by insurance if the client is covered by an MCO with which the T&B is credentialed. The cost of services for insurance claims is based on the contract between the MCO and the T&B clinic. There may be a co-pay requirement for services, and the client will be made aware of that co-pay at the time of intake. Additionally, the cost of services for MCO contracts can range and is based on the MCO's fee schedule. **These covered services can range from $15 to $55 an hour.**
- **Cost for uninsured private pay client is $85 per hour for both counseling and social work clinicians/ interns. Again hardship and sliding scale are available upon request and based on need.**

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Family and Couples Counseling

- Couples and families may seek counseling to work on relationship issues; common foci may include: communication, setting boundaries, establishing family expectations, and parenting concerns.
- Most of these services can be covered by insurance if the client is covered by an MCO with which the T&B clinic is credentialed. The cost of services for insurance claims is based on the contract between the MCO and the T&B clinic. There may be a co-pay requirement for services, and the client will be made aware of that co-pay at the time of intake. Additionally, the cost of services for MCO contracts can range and is based on the MCO's fee schedule. **These covered services can range from $35 to $150 an hour.**
- **Cost for uninsured private pay client is $275 for services offered by an LMSW/ intern and $275 for services offered by an LCSW faculty. Again hardship and sliding scale are available upon request and based on need.**

Psychiatric Evaluation

This is administered by a medical profession who is focusing on supporting your pharmaceutical and medicine management needs. The cost of this service is $400 per hour.

Assessment and Evaluation

- The evaluation process for both the diagnostic services includes:
    - Intake and Interview session
    - Screening and assessment

- **Cost: $300 per hour (includes intake, screening, and feedback session).**

T&B CLINIC BILLING AND INSURANCE

The T&B clinic is now accepting the following insurance plans from several MCOs, and we are continuously adding new insurance plans as we are able. Please check with the T&B clinical intake specialist and billing department for the most updated information.

If your plan is not accepted the client may wish to file a claim themselves (which will be considered out-of-network), we will provide an invoice showing payment has been received, along with other information often required by insurance companies (i.e., diagnostic code(s) and specific dates of service). This request for an invoice to display this information must be provided to the T&B employee prior to the first billing cycle.

The client/ financially responsible party may also wish to simply pay for their sessions on their own at our current rates which can be found in the fees section above.

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CO-PAYs, CO-INSURANCE, and CLIENT FEES

The client will be responsible for any co-pays, co-insurance, or fees for services provided. Once insurance is processed these additional costs/ fees will be invoiced to the client via a secure portal with the noted amount and a link to the portal for payment to be completed. Once the client receives the link and the invoice, they have 30 days to complete the payment on the account before it will move into possible collections. We will also require a credit card to be on file, and will use the card on file monthly to pay any standing invoices. The client will complete a credit card authorization process for paying their fees. This is gathered during intake. The client agrees to these terms and conditions during intake, and consent to this process as part of the informed consent. If for some reason the client is unable to pay the full amount of the related fees, they may be eligible for a payment plan or hardship support. Please refer back to hardship in the handbook.

If you choose not to have us bill your insurance, you must complete a letter indicating this request and that you understand you will take responsibility for the payment. The form for this request is below:

CLIENT FINANCIAL RESPONSIBILITY AGREEMENT

This Client Financial Responsibility Agreement ("Agreement") is entered into by and between:

Provider Name: Thistle & Bee Enterprises; The Healing Hive & Wellness Center
Client Name:
Date:

1. Services Provided

Provider agrees to render professional services to Client as mutually agreed upon. These services may be eligible for insurance reimbursement, subject to the terms of Client's health insurance plan.

2. Insurance and Billing

Client has the option to utilize their health insurance benefits for applicable services. If Client elects not to use insurance or if Provider is not an in-network provider, Client will be responsible for payment in full at the time of service, unless otherwise agreed in writing.

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Client understands and agrees to the following:

- **Opting Out of Insurance**: If Client declines to provide insurance information or requests that Provider not bill their insurance company, Client agrees to be personally responsible for all service fees incurred. If choosing to not bill insurance for these identified services the client is taking full financial responsibility for paying any fees associated with their care. The client also understands by signing this document that Thistle & Bee Enterprises will not, under any circumstance, back bill or attempt to retroactively bill their insurance. If at any time the client is unable to pay the out-of-pocket costs, these costs will be the client's responsibility fully. If these fees are not paid in full, the client also understand services will likely cease, and the claims may go into collections.
- **Denial or Non-Payment by Insurance**: If Client provides insurance information but insurance denies coverage, partially pays, or delays reimbursement, Client remains financially responsible for the full amount or any remaining balance.

3. Fee Schedule and Payment Terms

The current fee schedule is:

- Individual Psychotherapy – $200
- Group Therapy- $
- Individual Psychiatric Services/ Med Management – $300
  (Client will be provided with notice of any changes to these fees.)

Payments are due at the time of service unless a separate written payment plan is in place. Late payments may be subject to a 20% late fee per month after 30 days of non-payment.

4. Cancellation and Missed Appointments

Client agrees to provide at least 24 hours' notice for cancellations. Missed appointments without adequate notice may be billed at the full session rate and are not reimbursable by insurance.

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5. Acknowledgment

By signing below, Client acknowledges that they have read, understood, and agreed to this Agreement. Client accepts full financial responsibility for services provided by the Provider, including any fees not covered by insurance due to opting out, denial, or non-payment.

Client Name: _____

Client Signature: _____ Date: _____

Provider Name: _____

Provider Signature: _____ Date: _____

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POLICY ON REPORTING POSSIBLE INSURANCE FRAUD

T&B clinic works to ensure that they abide by all legal requirements and processes for billing insurance in the State of Tennessee. We also will ensure proper and appropriate reporting of possible insurance fraud. To better understand insurance fraud and reportable offenses, the following information is provided:

DEFINITION OF FRAUD

An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State Law.

DEFINITION OF ABUSE

Provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement of services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the Medicaid/TennCare/Cover TN Program.

TYPES OF FRAUD AND ABUSE

Examples of cases that the Office of Inspector General investigates include unreported income or insurance, TennCare/Cover TN recipients living out of state, drug seeking behavior, incarceration, individuals receiving bills (or EOB statements) for services never provided, provider billing irregularities, over or under utilization of health care services, and misrepresentation of credentials. Provider fraud involves not only doctors, but nursing homes, home health, durable medical equipment, pharmacies, mental health facilities, laboratories, transportation and dentists, to name a few.

Private Pay/Fee for Service Financial Agreement

Some clients and families serviced by T&B clinic will not have insurance coverage or may request to pay privately for services. Additionally, there are a few services we offer in T&B clinic that are not billable under insurance and are a flat rate service training, consultation, etc. For services that are provided as private pay/fee for service, the payment for services is due at the same time that the services are provided. You will be informed of the estimated cost of your visit at the time you schedule your appointment.

The T&B clinic now has the ability to securely save a credit card with your file in our Simple Practice patient record system. This will allow the T&B clinic to conveniently charge your credit card at the time of service. This will be particularly helpful for any services that are provided via

telehealth. Please provide your credit card information below. We accept MasterCard, Visa, Discover, and American Express credit cards and Health Savings Account cards. We do not accept Venmo, Paypal, or other payment apps. We will retain this information until you ask us to update it or delete it.

As a reminder, T&B clinic requires twenty-four hours' notice of any appointment cancellations. Failure to provide twenty-four hours' notice or failure to show may result in a cancellation fee of thirty dollars ($30.00). You consent to the charging of the late cancellation/no-show fee to your credit card on file. Clients must complete and submit the following document if doing private pay/ fee for service model.

This information should be covered with the client in the first session at intake, and this documentation is also available to clients in the T&B clinic Client Handbook. You will complete the following information for us to store your card on file. You can also find this information and a way to submit your card information securely through this intake link: https://form.jotform.com/250076564665160

Credit Card Number:_____
Expiration Date:_____ CVV: _____
Name on Card: _____
Billing Address: _____
City, State, Zip: _____
Email address for receipts: _____
Phone number we can call with billing questions: _____

CLIENT FINANCIAL POLICY

The following is the T&B clinic Client Financial Policy, Processes and Procedures. This should be covered with your client in the first session at intake. Clients and families need to be made aware of T&B clinic service cost, the proposed length of services, boundaries, confidentiality, and information about rights and responsibilities during the onboarding and intake processes. The following information is shared with clients at intake and is also available in the T&B clinic Client Handbook.

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CLIENT FINANCIAL POLICY

Updated as of December 1, 2020

Payment by grant or other funding source

If the services you receive from our clinic are covered by a grant or other funding source, you agree that we may collect and submit to the grant/funding source any required information, including individually identifiable information, such as name, address, date of birth, diagnosis, treatment methodology, and outcomes information.

Payment by Insurance

Please bring your most recent insurance card to each visit. You must inform us of any changes regarding your insurance and provide us with your new insurance card. You must also inform us of any address change, name change, or other change which may affect your insurance billing.

Payment by Government Payor (Medicare/Medicaid/TennCare)

This clinic participates in Medicare, Medicaid, and TennCare. You will be responsible for only the amounts allowed by the applicable program unless you sign an Advance Beneficiary Notice acknowledging that you know a service is not covered and you accept responsibility for the cost.

Medicare as Primary Insurance

It is important for the clinic to know whether Medicare is your primary insurance. There are situations in which you may have Medicare, but it will not be your primary insurance for a particular visit. This may occur if you or your spouse are still employed and a group health insurance plan is available. Medicare will also not be considered your primary insurance if you are eligible for group health insurance as part of your retirement from a private employer or if you are receiving services related to a car accident or a work-related injury. If Medicare incorrectly denies a claim we file because Medicare has information that it is not your primary insurance for the visit, we will inform you of the denial and you will need to call Medicare to rectify the situation.

Unless you have a secondary insurance that covers coinsurance and deductibles, you will be expected to pay your annual deductible for physician services and your 20% co-insurance at each visit.

Medicare with Medigap Insurance

If I am a client with Medicare Insurance along with Medigap, I request that payment of authorized Medigap benefits be made on my behalf to the T&B clinic for the services provided

by the clinic. I authorize the clinic to release the medical information it has about me to Medigap for the purpose of Medigap making its benefit determination.

Medicare Advantage Plans

Please note that Medicare Advantage plans are not the same as traditional Medicare plans and may have additional restrictions on health care. If you have a Medicare Advantage plan, the above information about Medicare as Primary Insurance does not apply to you. You will need to be familiar with the referral and precertification requirements of your particular plan. If you fail to follow the requirements of your Medicare Advantage plan, you may be responsible for any unpaid bills.

Inter-Plan vs. Home Plan

If you have Medicare or Blue Cross, your insurance will be filed based on the state in which the services are provided. This is the "Inter-Plan" system used by Medicare and Blue Cross. Thus, if your health plan is through Blue Cross of Michigan, but you receive health care services in Tennessee, the claim should be filed with Blue Cross of Tennessee. However, there are some exceptions to this policy. For instance, Medicare Railroad and some Blue Cross plans specifically require the filing of claims with the "Home Plan." If your plan requires filing with the "Home Plan," please advise the front desk.

Payment by Private Insurance

If the services you receive from our clinic will be billed to private insurance, we will file your insurance claim for you as a courtesy. However, please understand that as your health care provider, our relationship is with you, not your insurance company. Therefore, if your insurance company does not respond or pay the claim within sixty (60) days, you will be expected to follow-up with your insurance company. You are responsible for any amount your insurance does not pay. If you are uncertain about your health insurance policy benefits, you should contact your health plan to learn the details about your benefits, out-of-pocket expenses, and coverage limits.

All co-payments, deductibles, coinsurance, and any outstanding balance from previous visits are due in full at the time of service. If the clinic is unable to establish the co-payment amount you are required to pay at the time of service, you will be expected to pay Ten Dollars ($10.00). After your insurance company pays its portion of the charges submitted, you will be billed for any additional amounts due.

If you are experiencing significant financial difficulty, you may request a Financial Hardship Application for Waiver of Copay/Deductible from the front desk. After you complete and submit the Financial Hardship Application, it will be reviewed to determine whether you are eligible for a waiver. We offer a hardship opportunity, and a waiver letter but you must request

this before time of service. The financial hardship process, assessment, and letter will be provided to you if warranted for use.

If your insurance company requires a pre-certification/pre-authorization prior to services, it is your responsibility to ensure that the insurance company's requirements are met prior to services being performed. If your insurance company denies charges due to a failure to meet pre-certification/pre-authorization requirements, you will be responsible for the denied charges. If you inform us of the pre-certification/pre-authorization requirements prior to receiving services, we will gladly assist you in obtaining pre-certification/pre-authorization.

Worker's Compensation

If you have a worker's compensation claim, we must receive written authorization from your employer before services can be rendered. You will also need to sign an Authorization to Release Information to allow the release of information about your care to your employer or worker's compensation carrier. We cannot bill your health insurance unless we have received a written denial of the claim from the worker's compensation carrier for your employer.

Uninsured or Self-Pay Patients

A minimum deposit of $200 or the actual charges, whichever is less, is due at the time of service for all self-pay patients. If the actual charges exceed $200 and you cannot pay in full at the time of service, you will need to speak with the billing office to set up a three-month payment plan.

HIPAA Out of Pocket

If you have insurance, but are choosing to exercise your HIPAA right to pay out of pocket, you must complete the HIPAA Restriction Request Form and pay all charges in full at the time of service.

Methods of Payment

For your convenience, we accept: 1) Invoice via Simple Practice client portal system, 2) in Simple Practice clinic via portal system, 3) MasterCard, Visa, Discover, and American Express credit cards, and 4) via saved card on file. We do not accept cash or check in T&B clinic program.

Small Account Balances

Unless a refund is specifically requested, this clinic does not issue refunds for account balances of less than Ten Dollars ($10.00). Instead, the balance will be carried forward and applied to future charges.

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Collections

If you do not make payments to your account and you do not contact our office to make financial arrangements, your account may be assigned to a collection agency after sixty (60) days of no payment on the account. If the account is placed with a collection agency and you do not make any payments within thirty (30) days, your account may be reported to the credit bureaus.

If your account is placed with an outside collection agency, your balance will need to be paid in full with the collection agency before you may receive services from our clinic. Additionally, any costs we incur for collections, including attorney's fees and court costs, will be added to your account and you will be responsible for paying those costs as well. We reserve the right to dismiss you as a patient from our clinic due to unpaid bills.

Cost of Form Completion

Due to the time and complexity of completing various forms, such as Family Medical Leave Act (FMLA) and letters for disability applications, you may need to pay a fee (not to exceed $50.00) for the completion of such paperwork. You will be informed of the cost and the amount must be paid prior to the completion of the paperwork.

Services from Other Providers

You may receive services related to your visit with this clinic that are provided by healthcare providers not employed by the T&B clinic. Such services might include testing services. If you receive these types of services, we will share your insurance information with the providers of those services so that they may bill your insurance. However, you may receive a bill from those providers for the portion of the bill for which you are responsible. If your insurance company requires you to use only certain providers, please inform us of this requirement. Otherwise, you may be responsible for the entire cost of the services if your insurance will not pay.

Phone Consults

In the case that a client needs to communicate with the clinician by phone, the first five minutes are free of charge. For any consultation beyond five minutes, the client is responsible for paying for the phone consult/ contact. Typical session rates apply. Charges will be made to the client's account and due upon receipt of the invoice or during the next session, whichever comes first. If the client's insurance company allows for the billing of phone consults, the T&B clinic will bill the consultation to the insurance company first.

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Services for Minors

For all services rendered to a minor patient (under age 18), the adult accompanying the minor patient is responsible for payment of the charges, unless other arrangements have been made in advance with the billing office.

Non-Covered Services for Medicare Clients

Medicare may not cover some services that your doctor recommends. You will be informed in advance of receiving the service and provided with an Advance Beneficiary Notice (ABN) to read and sign. The ABN will help you decide whether you want to receive the services, knowing you are responsible for paying for those services. You should read the ABN carefully.

Non-Covered Services for Private Insurance Clients

If your health care provider is aware that a service being recommended to you will not be covered by insurance, you will be presented with a Patient Waiver for Non-Covered Services that will explain the estimated costs of the services being recommended by your healthcare provider. However, please be aware that there may be times when your health care provider is not aware that a service will not be covered since each health plan handles coverage for services differently.

Assignment of Benefits and Responsibility to Pay

I hereby assign all medical benefits to which I am entitled and authorize and direct my insurance to issue payment directly to the T&B clinic for health care services to myself and/or my dependents. If any payments are made directly to me instead of the T&B clinic, I will immediately endorse such payment to the T&B clinic. I have read and understood this financial policy and I agree to be bound by its terms. Any questions I had were answered to my satisfaction.

Missed Appointments

If you fail to show for an appointment or fail to give twenty-four (24) hours' notice of your cancellation of an appointment, a charge not to exceed $50.00 may be added to your bill. This charge will not apply to clients with Medicare/Medicaid/TennCare insurance; however, we still request advance notice of any appointment cancellations.

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_____ _____

Print Name of Patient | Signature of Patient (or responsible party)

_____ _____

Print Name of Responsible Party | Relationship to Patient

_____

Date

CLIENT WAIVER FOR NON-COVERED SERVICES

There are times when a client's healthcare costs and needed services are not considered "covered benefits" under certain healthcare plans, and insurance will not cover the services. The T&B clinic clinician may believe the services are needed or necessary regardless of coverage. If this occurs, the T&B clinician must inform the client of the suggested services, provide a list and description of the services, and provide an itemized cost for these additional services. If once reviewed, the client wants to obtain those additionally suggested services, they must review, agree, and sign the following document. These documents should be uploaded into the clients Simple Practice electronic medical record file, and the original document destroyed. If T&B clinic unit uses or maintains hard copies of these documents, they must be placed in The Healing Hive & Wellness Center 199 Summit location in a locked filing cabinet only accessible the clinicians and program.

Please use the following form for Client Services Not Covered by Insurance.

Client's Name: _____ Date: _____

Your insurance does not pay for all your healthcare costs. Some items and services are not considered "covered benefits" under your health insurance plan and as such, your insurance will not pay for these services.

Your provider believes that the following service(s), although not covered by your health insurance, are an important part of your care and recommends that you receive these services as part of your current treatment plan. However, since the services listed here are not considered to be a covered benefit under your health insurance, should you choose to receive these services; you will be personally responsible for the payment of such services. The purpose of this notice is to help you make an informed choice about whether or not you want to receive these items or services.

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The services recommended by your provider are listed below:

_____ $_____

_____ $_____

_____ $_____

_____ $_____

_____ $_____

The total cost for the services/items recommended by your provider are:

$_____

I acknowledge that I have been informed in advance of receiving these services, that these services are not covered by my health insurance plan. I have chosen to receive these services and understand that I will be financially responsible for the charges indicated above.

_____

Signature Printed name

Date_____

Relationship to Client

This form must be signed by the client or legal guardian PRIOR to receiving any non-covered services or items and must be maintained in the client's medical record.

CLINICAL DOCUMENTS

Consent to Treatment

During the client onboarding and intake process, clients are provided information about services which include consent to treatment, psychosocial intake, demographic information gathering, some screening/ assessment, services offered, rights and responsibilities of the client, grievance processes, satisfaction survey processes, hardship programming, and credit card on file requirements, and fees related to services. The following information is included in our intake process and should be covered with the client. See document for intake, admissions and consent at this link: https://form.jotform.com/250076564665160

If the T&B is unable to offer services, other local treatment options will be discussed.

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The Counseling Process: The counseling process is a partnership between you and an T&B clinician ("clinician") to work on areas of dissatisfaction in your life or assist you with life goals. For counseling to be most effective, it is important that you take an active role in the process. This involves keeping scheduled appointments, listening to the clinician, being honest with the clinician, discussing the counseling process with the clinician, and completing outside assignments agreed upon with the clinician. Counseling can have both benefits and risks. While counseling can be of benefit to most people, the counseling process is not always easy. The counseling process also can evoke strong feelings and sometimes produce unanticipated changes in one's behavior. It is important that you discuss with a clinician any questions or discomfort you have regarding the counseling process or any behavioral changes you may be experiencing. Your clinician may be able to help you understand the experience and/or use different methods or techniques that may be more satisfying.

Confidentiality: The T&B clinic recognizes that confidentiality is essential to effective counseling. We believe that for counseling to work best, you must feel safe about sharing personal information about yourself with your clinician. When you share information about yourself with your clinician, he or she will respect the importance of that information. Counseling records are destroyed after they have been maintained for the time required by the law for medical records. Under most circumstances, all information about you obtained in the counseling process (including your identity as a client) is confidential and will be released to other parties only with your written consent. However, it is because of the strength of our belief in the importance of you feeling safe about sharing information about yourself with your clinician that we want to inform you about the circumstances in which we may be required to or need to share information about you without your consent.

- Information released to other professionals involved in your treatment. Most commonly, this would be the other members of the counseling staff at the T&B clinic.
- If you are under 18, your parent(s) or legal guardian(s) may have access to your records and may authorize their release to other parties.
- If you are reasonably suspected to be in imminent danger of harming yourself or someone else.
- If you disclose abuse or neglect of children, the elderly, or persons with disabilities.
- If you disclose sexual misconduct by a therapist.
- For certain kinds of program audits or evaluations.
- In criminal proceedings.
- In legal or regulatory actions against a professional.
- Upon the issuance of a court order

- Upon the issuance of a subpoena, provided we are given satisfactory assurances that you have been informed of the subpoena and given an opportunity to object to it.
- Where otherwise legally required.

The above is considered to be only a summary. If you have questions about specific situations or any aspect of the confidentiality of T&B records, please ask a member of the counseling staff.

Consultation: Your clinician may discuss information about you with other professionals within T&B for the purpose of diagnosis, treatment planning, or clinician supervision.

Counseling Records: Counseling records are stored in locked files and/or electronically on a secure server that is only accessible by our staff. Upon request, you may review your counseling records. In order to ensure the information contained is clearly understood, you will be asked to arrange an appointment with your clinician or another member of the counseling staff to go over the information. Appropriate fees will be charged for making copies of client records. T&B utilizes a client portal system where these materials and records can be easily accessed without being charged for printing.

Clinician Qualifications: To ensure a high standard of services, clinicians may request that your sessions be recorded or have a supervisor observe in person to be used only in the context of supervision. The T&B will not record your counseling sessions unless you sign a separate consent form authorizing the T&B to record your counseling sessions. Any clinician that may view sessions or session recordings at the T&B is bound by the confidentiality standards detailed in this Informed Consent for Counseling Services form as well as in the Consent to Video/Audio Record Counseling sessions form.

Counseling Decisions: Frequency of sessions, number of sessions, goals, type of counseling and any alternative counseling methods will be discussed and negotiated between you and your clinician. You are encouraged to regularly discuss your progress and review your goals with your clinician. If you have questions about recommendations or the approached used by clinician, please discuss your questions or concerns with the clinician. If you feel these recommendations are not appropriate, you may refuse to accept them. If you feel you are not making satisfactory progress toward your goals, please discuss this with your clinician. If you are unable to resolve questions or concerns you have about the progress of your counseling, you may request to be transferred to another clinician or agency.

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Access to Service: Counseling services are generally available during normal business hours throughout the year. Please call the T&B clinic at (901) 410-1418 for current information about programs in T&B and how to connect to service providers. If it is after office hours and you are in imminent crisis, **please call 911.**

Email: The T&B seeks at all times to maintain and respect the confidentiality of each client, including not only the details of any services rendered, but also the fact that an individual may be in contact with T&B. With this in mind, the T&B wishes to remind each person that email in our program is HIPAA compliant, but we cannot guarantee it is a secure form of communication. Because confidentiality cannot be assured, the use of email is discouraged in regard to DETAILED clinical communications with the T&B. T&B encourages all clients to utilize the client portal for all communication outside of phone contacts with their clinicians. When necessary, email may be used for scheduling appointments but should not be used for counseling purposes. The suitability of any clinical consultations or recommendations can only be determined through counseling sessions. E-mail messages are not appropriate for emergency or time-critical situations. The fastest way to contact the T&B is by phone. Please call your clinician or the office directly if your message is time-critical. **If it is after office hours and you are in imminent crisis, please call 911**.

Counseling Appointments: The clinician can be expected to respect you as an individual and to convey this respect by keeping appointments or contacting you if a change in times is necessary, by giving you his/her complete attention during sessions, and by avoiding interruptions during sessions. On rare occasions however, sessions may be interrupted if the clinician is called to respond to a crisis. If this happens, the clinician will work with you to arrange to make-up the session time that was lost or to discount your charge for the visit. It is also expected that you will be prompt for appointments, and that you will call the center in advance if you will be more than a few minutes late or have to miss an appointment

Fees: Fees are charged for T&B services. Your clinician or other T&B staff will explain to you the fees related to services you will receive at the T&B.

Client Satisfaction Surveys: The T&B will periodically administer satisfaction questionnaires in the course treatment.

Request to not Subpoena Clinician or Records: The T&B supports families in divorce hearings and proceedings once both parties have provided consent for services. However, in order to best serve the needs of the child in the divorce situation, the clinic requests that all responsible caregivers agree to not subpoena the clinician to court for purposes of divorce hearings or custody battles. Having to testify in a legal proceeding places the clinician in a

position that could negatively impact the therapeutic relationship with the child and the client. If for any reason the clinician is subpoenaed to court on a client's case related to custody or divorce, the Clinic reserves the right to terminate the therapeutic relationship. In such a circumstance, the T&B will make an appropriate referral for services to an alternate provider.

Agreement to Terms and Conditions: All client complete the understanding, informed consent document of things described above at this link in intake:
https://form.jotform.com/250076564665160

T&B FINANCIAL HARDSHIP APPLICATION AND PROCESS

CLIENT ASSISTANCE FINANCIAL HARDSHIP APPLICATION

Client/Applicant Name:

Client Name (if different from applicant):

Primary Address:

Phone:

Email:

Date of Application: (dd/mm/yyyy)

To request a service fee waiver, you will need to complete the Financial Hardship Application questions on page 2 and provide documentation of ***one or both of the following***:

1. **Documented proof your total family income** Proof of income can include documents such as:
    a. W-2 withholding statements
    a. Paycheck stubs
    a. Income tax return from the past year
    a. Forms from Medicaid or other state-funded medical assistance
    a. Forms from employers or welfare agencies

T&B will compare your total family income with the most recent federal poverty guidelines to determine if you meet the necessary income requirements. A copy of the federal poverty guideline is listed below. Those requirements take into consideration the number of dependents that live with you.

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0. **Documented proof that you have other circumstances indicating financial hardship.** These can be situations such as:
    a. proof of bankruptcy settlement
    a. catastrophic situations (death or disability in family, divorce)
        a. or other documentation that shows that client would be unable to pay medical bills and still be able to pay for other basic necessary expenses.

Completion of this application does not mean your request will be granted or that you will be relieved of financial responsibility for services rendered.

Please be sure to sign the attached financial statement. Your request will NOT be processed without a signature.

2021 POVERTY GUIDELINES

Persons in family/household	Poverty guideline
For families/households with more than 8 persons, add $4,540 for each additional person.	
1	$12,880
2	$17,420
3	$21,960
4	$26,500
5	$31,040
6	$35,580

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Persons in family/household	Poverty guideline
7	$40,120
8	$44,660

All information relating to financial hardship requests will be kept confidential.Please answer the following questions to the best of your ability. All questions relate to the person who is receiving services.

1. Are you the head of your household?
   - ☐ Yes
   - ☐ No
0. Are you the person responsible for payment of services (if a waiver is not granted)?
   - ☐ Yes
   - ☐ No
0. Have you filed federal taxes in the last two years?
   - ☐ Yes
   - ☐ No
0. Have you ever requested client assistance from T&B clinic in the past?
   - ☐ Yes
   - ☐ No

   If yes, what year was assistance provided and for what previous service?

   _____
0. For all persons living in your household, ***including yourself*** (see first row), please complete the following chart. If you live with more than 10 people, please attach a separate sheet of paper with the same information.

Person	*Name and Relation to You*	*Current Age*	*Estimated Annual Income (in dollars)**	*Source of Income (Job, gov't assistance, child support, alimony, worker's comp, etc.)*
1	Self			
2				

3				
4				
5				
6				
7				
8				
9				
10				

** Income includes all forms of monetary support such as employment, government assistance, child support, alimony, worker's compensation, etc. If the person does not receive any income, write $0.00.*

0. Have any other situations recently occurred that should be considered in reviewing your application, such as recent home foreclosure, bankruptcy, loss of employment, unexpected injury or illness, death of a household provider, reoccurring medical expenses, etc.? Please explain the situation and how it has impacted your ability to pay. If it is a reoccurring expense or medical expense, please indicate that and the monthly cost of those expenses below.

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I HEREBY ACKNOWLEDGE THAT THE INFORMATION GIVEN HEREIN IS TRUE AND CORRECT. I AUTHORIZE THE T&B clinic TO VERIFY ANY INFORMATION CONTAINED IN THIS DOCUMENT FOR THE SOLE PURPOSE OF ASSESSING FINANCIAL NEED. THE PROCESSES FOR CLIENT ASSISTANCE HAS BEEN REVIEWED WITH ME AND I UNDERSTAND THESE PROCESSES.

Applicant Signature Date:

T&B CLINICAL REVIEW ANALYSIS FOR FINANCIAL HARDSHIP

CLIENT ASSISTANCE PROGRAM ANALYSIS OF FINANCIAL NEED

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Client Name: Last First M. Client Number

1. Gross Annual Earnings _____
2. Dependents (do not include self) _____
3. Line 2 times $4,540 _____
4. Medical Expenses _____
5. Other Expenses _____
6. Adjusted Annual Earnings _____
7. Adjusted Monthly Income _____
8. Percent of Recommended Clinical Assistance _____%
9. Percent of Psychological Assessment Service Assistance _____%

Adjusted Monthly Income	Matching Clinical Assistance		Gross Income	One-time Assessment Service Coverage
$0.00 - $1,073	80%		$0.00 - $12,880	80%
$1,074 - $1,452	70%		$12,881 - $17,420	70%
$1,453 - $1,830	60%		$17,421 - $21,960	60%
$1,831 - $2,208	50%		$21,961 - $26,500	50%

$2,209 - $2,587	40%		$26,501 - $31,040	40%
$2,588 - $2,965	30%		$31,041 - $35,580	30%
$2,966 - $3,343	20%		$35,581 - $40,120	20%
$3,344 and above are not eligible for clinical assistance**			$40,121 and above are not eligible for psychological assessment assistance**	

**There may be extenuating circumstances when this requirement may be waived and will be evaluated by the ICHC team for approval.

APPROVALS:

Authorization to Release or Obtain Health Records/Information

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Resident Release of Information

I,_____, SSN_____/_____/_____,
Thistle & Bee Resident Name

Authorize:

Agency/ Organization/ Business/ Person

Contact Person *Phone* *Fax*

Street Address/ City, State/ Zip

To release information about me to/from Thistle and Bee as follows:

Yes	No	INFORMATION TO BE DISCLOSED
☐☐	☐☐	Medical (specify) _____
☐☐	☐☐	Psychiatric/ Psychological (specify) _____
☐☐	☐☐	Legal (specify) _____
☐☐	☐☐	Education (specify) _____
☐☐	☐☐	Other (specify) _____

The purpose of requesting this information is to provide Resident Care. It is understood that the person authorizing release of this information has the right to inspect and copy the information to be disclosed and that this information will not be re- disclosed without proper authorization. I understand that records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that this consent is valid two (2) years from the date of execution and may be revoked at any time except to the extent that action has already been taken.

Client Signature Date

Witness Signature Consent Expiration Date MM /DD/ Y

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MEDICATION MANAGEMENT

The T&B clinic does not administer medications onsite, but we do offer psychiatric assessment nd services. If a client is interested in receiving medication management support, we ca provide that. No controlled substances or meds are kept on premises.

The Healing Hive and Wellness Center at T&B

The T&B clinic is interested in hearing about our areas of need and our areas of strength. Each client in the clinic is asked to participate in an anonymous client satisfaction survey after services are rendered. We offer both a hard copy survey and an electronic survey.

CLIENT SATISFACTION SURVEY

The T&B clinic is asking for your participation in a client/ family satisfaction survey. We aim to provide the community with the best services possible, and we want to know what your experience was like. Please take a few moments to complete the brief survey. The survey information remains confidential unless you choose to provide your contact information below for further follow up. We appreciate your feedback and THANK YOU for allowing us to serve you/ your family!

1. The clinician's name that served you today in T&B clinic was:

   _____

2. Please answer the following questions (0=not at all and 10= best possible):

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	0	1	2	3	4	5	6	7	8	9	10
I liked the services provided to me in the clinic today											
My Clinician was helpful during my visit.											
I would like to use the services again in the future											
I would refer friends and family who needed assistance to the clinic for services in the future											

0. I am concerned about the services I received in the clinic today?
    - Yes
    - No
0. If yes, can you tell us about your specific concern below:

    _____

    _____

    _____
0. I would like to talk to someone about my concerns.
    - Yes
    - No
    - Not applicable
0. If you are concerned with your service delivery in the clinic and would like to be contacted, please leave your name and a good contact below (email or phone number). Otherwise, you can put N/A to skip this question or if you do not want someone to reach out to you.

The university takes client information very seriously. We follow both HIPAA within the clinic, and we utilize and follow the T&B Privacy Policies.

T&B CLINIC WORKFLOWS FOR ENROLLING NEW CLIENTS

Overview of T&B Outpatient Referral Workflow

Thistle & Bee is dedicated to empowering women survivors of prostitution, trafficking, and addiction. Our mission is to provide a transformative and supportive environment where these women can heal and rebuild their lives.

In 2017, We started to offer a free, community-based haven living model for two years, allowing the women to do the inner work needed to break the cycle of poverty, trauma, and multi-system failure. Our goal is to address the unprecedented highs in sex trafficking and prostitution by fostering lasting change and helping these women reclaim their lives. We offer

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personalized services, comprehensive clinical and medical support for the survivors, and we offer social justice enterprise employment opportunities.

In 2024, we realized the needs in the community were larger than just our residential program experience. In 2024, Thistle and Bee expanded its mission of hope and healing with the launch of the Healing Hive & Wellness Clinic. This outpatient service center offers trauma-responsive, holistic care from infancy to adulthood. Our programs are tailored to support individuals, families, and groups through prevention, intervention, and post-vention services. We offer individual, group and family therapy, Intensive outpatient programming (IOP), therapeutic visitation, case management support(including CPRS programming), and we offer consultation and training.

1) Complete the online referral form online: Referral link: https://form.jotform.com/250076564665160

2) Intake Specialist will call you back for more information

3) She will assess insurance needs, and report what insurance we currently take (4 currently), and get needed information.

4) If you are in agreement with co-pay costs, enter them into Simple Practice as a new client, upload referral form into the forms section, and fill out their profile in the system. We will also upload a credit card to your file and you will complete a consent for this.

5) You will be assigned a clinician.

6) To refer them out to other providers, you can provide them with this link: https://mhamidsouth.org/local-resources/ where they can look up a provider based on need and call for services. If they want an EMR therapist, they will look at this directory: https://www.emdria.org/find-an-emdr-therapist/ If they want a play therapist they will look at this directory: https://www.a4pt.org/search/custom.asp?id=3571 If they want PCIT they will look at this directory: https://www.pcit.org/find-a-provider.html *We cannot guarantee they will find a provider nor can we confirm they accept their insurance or type of payment.*

8) Services run around 12 weeks in duration but can go longer if needed. Their therapist will complete treatment plans, scheduling for future sessions, diagnosis, and future case notes in the system.

9) If we do not accept your insurance, the out of pocket cost for services is $150 an hour for terminally licensed and $65 for non-terminally licensed individuals, and $45 per person per group intervention, if the client cannot pay that you will ask them to complete a hardship

application document for sliding scale fee. They will submit to you the completed hardship application and needed docs, and you will use the process provided for completing hardship analysis and review. You will email info and call to discuss.

POLICY ON CANCELLATIONS AND MISSED APPOINTMENTS

Missed Appointments

If you fail to show for an appointment or fail to give twenty-four (24) hours' notice of your cancellation of an appointment, a charge not to exceed **$30.00** not to exceed $50 may be added to your bill. This charge will not apply to clients with Medicare/Medicaid/TennCare insurance; however, we still request advance notice of any appointment cancellations.

There are times when clients are not covered by insurance, or they must pay out of pocket for services rendered. The T&B clinic program does have documentation and client information about fee for service processes.

T&B EMERGENCY PLANS AND PROCEDURES

The T&B follows the University processes for fire evacuation and natural disaster emergencies.

Fire Evacuation

In case of fire, in the T&B clinic Building, Everyone should follow the fire evacuation plans posted in hall and in all rooms. You should remain a minimum of 100 feet from the building. There are fire extinguishers in the building if needed.

In the event of a fire:

- Remain calm and activate a fire alarm
- Call 911
- If the fire is small, attempt to put it out with a fire extinguisher if you can do so safely.
- Never allow the fire to come between you and an exit path
- If the fire involves electrical equipment that is active, attempt to unplug the device.
- If you are unable to put the fire out, evacuate by the nearest emergency exit.
- Notify the Floor Warden(s) and Emergency Coordinator
- Support the safety team's instructions
- Touch closed doors with the back of your hand prior to opening them. If it is hot or if smoke is visible, do not open that door. Seek another exit path.
- If cool, exit carefully
- If there is smoke, crouch near the floor upon exit

- If there is fire, confine it as much as possible by closing doors and windows (do not lock the doors).
- Never use an elevator during a fire evacuation
- Evacuate downstairs, or as a last resort, to the roof
- Do not wear high heel shoes or carry liquids, beverages, or water bottles into the stairwell (fall and slip hazards)
- Do not re-enter building until authorized by emergency personnel
- Wait for the Fire Department to declare the building safe to re-entry.
- Use extinguishers on small fires ONLY if safe to do so – use the P-A-S-S method
    - Pull the pin in the handle
    - Aim at the BASE of the fire
    - Squeeze the nozzle, while employing a o Sweeping motion

Natural Disaster

If a tornado warning is given in Shelby County, T&B personnel will be notified via civil defense sirens. In the event of a tornado warning, the T&B will be required to evacuate T&B building to the center of the building where it is the most secure on the first floor.

Power Outage

IF A POWER FAILURE OCCURS:

- Remain calm.
- We have flashlights
- Provide assistance to visitors and other staff members in your area.
- If you are in an area with no lights, proceed cautiously to an area that has emergency lights.
- Use flashlights to search for guests or staff members caught in unlit areas.
- In public areas, assist guests and escort them to the exits.
- If you are in an elevator, remain calm and press the button with the phone receiver icon at the bottom of the elevator panel.
- Stand-by for instructions from emergency personnel to evacuate the building in the event that the power cannot be restored in a timely manner.
- Wait for instructions, be patient
- Do not open the doors of refrigerators and freezers unless absolutely necessary so that they will maintain their temperature for longer periods
- Most power outages are resolved quickly
- Evacuation is unlikely

CRISIS SUPPORT WHILE AT CLINIC

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If a client is determined to be an imminent threat to themselves or others after the above processes are administered, the T&B clinic and staff are trained to contact the State of Tennessee Mobile Crisis hotline for assistance, assessment, and support.

Call 855-CRISIS-1 (855-274-7471) and you will be routed to a trained crisis specialist in your area.

ADULT SERVICES

Alliance Healthcare Services

951 Court Avenue

Memphis, TN 38103

901-577-9400 or 901-577-9400

Counties: Shelby

CHILD AND ADOLESCENT SERVICES

Youth Villages

(866) 791-9226 (Memphis Region)

TO REPORT AN EMERGENCY:

Police, Fire,
Ambulance:.....911

*****All T&B staff are trained annually in verbal de-escalation and crisis prevention and intervention tactics.***

POLICY FOR REPORTING SUSPECTED ABUSE

The T&B clinic requires that all staff, clinicians, and interns complete a Tennessee Mandated Reporter Training annually. This training covers the TN requirements for reporting suspected abuse. It is the policy and the responsibility of T&B clinic to report all allegations of abuse/neglect and deaths to the Tennessee Department of Children Services (DCS) for child and youth cases, and to the Tennessee Department of Adult Protective Services for young adult and adult cases.

TN Department of Children Services

Report Child Abuse: 877-237-0004

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TN Adult Protective Services

Report Adult Abuse: 1-888-APS-TENN (1-888-277-8366).

Additionally, the university processes and procedures for minors on campus and on campus abuse reporting will be followed.

IN THE EVENT OF A MEDICAL EMERGENCY

- Call 911 for assistance
- Notify a Service Desk Coordinator and other key personnel
- Administer first aid ONLY if trained to do so
- Do not attempt to move a seriously injured person
- **TO REPORT AN EMERGENCY:**
- Police, Fire, Ambulance:..... 911

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Information released to other professionals involved in your treatment. Most commonly, this would be the other members of the counseling staff at the T&B clinic.

If you are under 18, your parent(s) or legal guardian(s) may have access to your records and may authorize their release to other parties.

If you are reasonably suspected to be in imminent danger of harming yourself or someone else.

If you disclose abuse or neglect of children, the elderly, or persons with disabilities.

If you disclose sexual misconduct by a therapist.

For certain kinds of program audits or evaluations.

In criminal proceedings.

In legal or regulatory actions against a professional.

Upon the issuance of a court order

Upon the issuance of a subpoena, provided we are given satisfactory assurances that you have been informed of the subpoena and given an opportunity to object to it.

Where otherwise legally required.

The above is considered to be only a summary. If you have questions about specific situations or any aspect of the confidentiality of T&B records, please ask a member of the counseling staff.

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Counseling Decisions: Frequency of sessions, number of sessions, goals, type of counseling and any alternative counseling methods will be discussed and negotiated between you and your clinician. You are encouraged to regularly discuss your progress and review your goals with your clinician. If you have questions about recommendations or the approached used by clinician, please discuss your questions or concerns with the clinician. If you feel these recommendations are not appropriate, you may refuse to accept them. If you feel you are not making satisfactory progress toward your goals, please discuss this with your clinician. If you are unable to resolve questions or concerns you have about the progress of your counseling, you may request to be transferred to another clinician or agency.

Access to Service: Counseling services are generally available during normal business hours throughout the year. Please call the T&B clinic at (901) 410-1418 for current information about programs in T&B and how to connect to service providers. If it is after office hours and you are in imminent crisis, please call 911.

Email: The T&B seeks at all times to maintain and respect the confidentiality of each client, including not only the details of any services rendered, but also the fact that an individual may be in contact with T&B. With this in mind, the T&B wishes to remind each person that email in our program is HIPAA compliant, but we cannot guarantee it is a secure form of communication. Because confidentiality cannot be assured, the use of email is discouraged in regard to DETAILED clinical communications with the T&B. T&B encourages all clients to utilize the client portal for all communication outside of phone contacts with their clinicians. When necessary, email may be used for scheduling appointments but should not be used for counseling purposes. The suitability of any clinical consultations or recommendations can only be determined through counseling sessions. E-mail messages are not appropriate for emergency or time-critical situations. The fastest way to contact the T&B is by phone. Please call your clinician

or the office directly if your message is time-critical. If it is after office hours and you are in imminent crisis, please call 911.

Counseling Appointments: The clinician can be expected to respect you as an individual and to convey this respect by keeping appointments or contacting you if a change in times is necessary, by giving you his/her complete attention during sessions, and by avoiding interruptions during sessions. On rare occasions however, sessions may be interrupted if the clinician is called to respond to a crisis. If this happens, the clinician will work with you to arrange to make-up the session time that was lost or to discount your charge for the visit. It is also expected that you will be prompt for appointments, and that you will call the center in advance if you will be more than a few minutes late or have to miss an appointment

Fees: Fees are charged for T&B services. Your clinician or other T&B staff will explain to you the fees related to services you will receive at the T&B.

Client Satisfaction Surveys: The T&B will periodically administer satisfaction questionnaires in the course treatment. Your input is important to our progress. Please use the QR code below and hard copies are also available at the clinic office.

The Outpatient clinic satisfaction survey can be found here:

Grievance Process:

Statement of Clients Grievance Procedures

The following is a statement of rights and responsibilities of all residents and Client of Thistle & Bee:

Clients have the right to:

Thistle&Bee

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- Receive humane care and treatment, with respect and consideration by qualified clinicians or clinicians in training under the supervision of qualified clinicians
- Be provided information about all the services offered by the Thistle and Bee program
- Be informed of research projects or programs that are being utilized under the Thistle and Bee umbrella that may affect treatment
- Be a participant in all treatment decisions and programming within the Thistle and Bee. If the client is a minor, or unable to participate in those decisions, the clients' rights will be exercised by the client's legal guardian or caregiver.
- Refuse services being offered at Thistle and Bee and request external services. There are requirements that all participants, clients and resident must be in treatment and adhering to medication regiments prescribed as well as follow resident rules set forth in the handbook;
- Receive accurate information concerning diagnosis, treatment, risks, and prognosis of an illness or health condition
- Ask about reasonable alternatives to care at Thistle and Bee or outside facilities
- Request a second professional opinion regarding diagnosis or treatment
- Participate actively in decisions regarding one's healthcare and treatment
- Be informed about any legal reporting requirements regarding any aspect of screening or treatment
- Obtain a copy of your medical record, upon request
- Have their records maintained in a HIPPA compliant manner, whether via an Electronic Medical Record (EMR) or locked files within the Clinic
- Privacy and confidentiality when seeking or receiving care, except for life threatening situations or conditions (i.e. if someone is harming you; if you threaten to harm someone else; or if you threaten to harm yourself)
- Privacy and confidentiality of all client information and records, except as otherwise provided by law (i.e. if someone is harming you; if you threaten to harm someone else; or if you threaten to harm yourself) or as required by third party payment contracts

- Request to amend your medical record if you believe any information in the record is incorrect
- Revoke a previously signed authorization to release medical records, except to the extent that action has already been taken pursuant to the authorization

Clients have a responsibility to:

- Provide complete information about one's condition/problem, to enable proper evaluation and treatment
- Ask questions to ensure an understanding of the condition or problem
- Show respect to health care personnel and other clients
- Reschedule/cancel an appointment in advance so another person may see the clinician
- Pay bills or file health claims in a timely manner
- Use recommended interventions for oneself only
- Inform the practitioner(s) if one's condition worsens or an unexpected outcome occurs due to an intervention

You have the Right to Make a Complaint and/or File a Grievance

If you are dissatisfied with a service, feel you have not been treated fairly, or that any of your rights have been violated, you have the right to make a complaint at any time. You may ask anyone you choose to help you make a complaint.

If you feel like your PHI was violated or mishandled or HIPAA violations were noted, you can file a complaint with the Clinic Director/HIPAA Compliance Officer for Thistle and Bee regarding any concerns related to the privacy, confidentiality or security of your medical record. Clients can make a complaint to the Thistle and Bee HIPPA Compliance Officer, Clinical Director, Dr. Susan Elswick, by emailing: selswick@thistleandbee.org

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In order to file a formal grievance for any violation of patient rights, dissatisfaction regarding services received, or any other concerns regarding the services provided. Clients should follow the process outlined in the Client Grievance Process indicated below:

We request that you take the following steps if you have a complaint:

1. Try to talk about your problem first with the staff/ clinician from whom you receive services and give them a chance to help solve the problem.
2. If step one is unsuccessful, you can report your concern to the Thistle and Bee Satisfaction Survey through QR code or link below (if you prefer to remain anonymous do not enter your name but this will make it difficult to resolve). The link is available in client handbook. A member of the Thistle and Bee clinical staff will reach out to discuss your concern if you provide your contact information and details in the complaint:

Satisfaction Survey code:

3. If you are not satisfied after speaking with your staff person/ clinician, Thistle and Bee staff, then contact the Thistle and Bee Clinical Director, (selswick@thistleandbee.org) to report the issue. The Clinic Director will review the concern and connect with the resident.
4. If after talking with the Clinic Director, resolution is not obtained or you are not satisfied, you may file a formal, written grievance with the Thistle and Bee Executive Director, Autumn Chastain (achastain@thistleandbee.org). In your written grievance, please

include the actions or inactions you feel are wrong and what you would like to see done to address the issue. Also, please include your name, the name of the staff person/clinician you see, and your contact information for the best way to reach you if the Clinic Director of Executive Director has any questions for you. You can either mail or email the formal, written grievance to the following:

ATTN: Autumn Chastain

via email

(achastain@thistleandbee.org)

5. You will receive a response to the formal, written grievance within 72 hours of its receipt by the Executive Director. If you are not satisfied with the response from the Executive Director, you may request to have the written grievance appealed to the Thistle and Bee Board of Directors. The Thistle and Bee Board of Directors will review the grievance and respond to the client within 1 week of receipt of the grievance.

******The Thistle and Bee Grievance Review Committee consists of the following staff and personnel: Board of Directors, Executive Director, Clinic Director, the clinical lead, and other staff and personnel as deemed necessary for the review.***

Request to not Subpoena Clinician or Records: The T&B supports families in divorce hearings and proceedings once both parties have provided consent for services. However, in order to best serve the needs of the child in the divorce situation, the clinic requests that all responsible caregivers agree to not subpoena the clinician to court for purposes of divorce hearings or custody battles. Having to testify in a legal proceeding places the clinician in a position that could negatively impact the therapeutic relationship with the child and the client. If for any reason the clinician is subpoenaed to court on a client's case related to custody or divorce, the Clinic reserves the right to terminate the therapeutic relationship. In such a circumstance, the T&B will make an appropriate referral for services to an alternate provider.

Agreement to Terms and Conditions: All client complete the understanding, informed consent document of things described above at this link in intake:
https://form.jotform.com/250076564665160

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POLICY ON PHYISCAL RETRAINT AND CRISIS DE-ESCALATION

The University of Memphis ICHC **does not use** any physical restraint processes within their programming. All ICHC faculty, staff, temporary employees, and interns are trained annually in verbal de-escalation practices and non-violent interventions for working with clients. If a client becomes a threat to themselves or others while on site for services with ICHC, the ICHC program will utilize least restrictive interventions to address the behavioral needs, and if these least restrictive interventions are not successful, the ICHC program will contact the on-campus policy for support by calling 911. The clinicians are trained in non-violent crisis prevention

programming which includes blocking and other safety measure in the case that the client becomes combative.

POLICY ON REPORTING AN INCIDENT

After an incident with a client occurs, if interventions beyond least restrictive verbal de-escalation tactics are utilized, the U of M ICHC will report all incidents to the Office of Licensure through the Tennessee Department of Mental Health and Substance Abuse Services on the assigned Reportable Incident Report Form (noted below). The document will be submitted the same business day of the event to the Regional TDMHSAS Office: West Tennessee Phone: 901-543-7442 Fax: 844-844-5538 Email: LicensureWest.fax@tn.gov

The clinic takes client information very seriously. We follow both HIPPA within the clinic, and we utilize and follow the T&B Privacy Policies.

Privacy Notice

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.

This notice describes how we may use and disclose your protected health information (PHI) for purposes of treatment, payment, health care operations, and for other purposes that are permitted or required by law.

OUR RESPONSIBILITIES

The clinic is required to:

- Maintain the privacy of your Protected Health Information
- Provide you with a copy of this Notice describing our duties and privacy practices as to the information we collect and maintain about you
- Abide by the terms of our current Notice
- Notify you if we cannot accommodate a requested restriction or request

• Accommodate reasonable requests to communicate with you about your Health Information
• Obtain written permission from you for any uses and disclosures not mentioned in this Notice

We reserve the right to change, amend or eliminate provisions in our privacy practices and to make the new provisions effective for all Health Information we keep. Should our privacy practices change, we will amend our notice. You are entitled to receive a copy of the amended notice by calling and requesting a copy of the amended notice or by visiting our office and picking up a copy.

We will not use or disclose your Private Health Information without obtaining a signed authorization from you except as described in this Notice or as otherwise permitted or required by law, for example, in emergency treatment situations.

To Request Information or to File a Complaint

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact: The Privacy Officer, 199 Summit Street Memphis TN 38104, Dr. Susan Elswick.

Additionally, if you believe that your privacy rights have been violated, you may file a written complaint with The Privacy Officer. You may also file a complaint by mailing it to the Secretary of Health and Human Services, 200 Independence Avenue SW, Washington DC 20201.

• We cannot and will not require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from this clinic.
• We cannot and will not retaliate against you for filling a complaint with the Secretary of Health and Human Services (HHS).

HOW IS YOUR MEDICAL INFORMATION USED

Each time you visit the Interprofessional Community Health Clinic a record of your visit is made. This information is commonly called your Medical Record; this and other information regarding your care is referred to in this Notice as Protected Health Information (PHI).

Your insurance company may request information that we are required to submit in order to provide and bill for your care, such as procedure and diagnostic information.

PHI is a valuable tool used by University researchers in finding the best treatment for communication problems. Your record may be used for such research, or for contacting you to participate in research studies, after protocols have been approved by the University committee for the protection of human research participants. Information that may identify you will not be

released for research purposes to anyone outside the Interprofessional Community Health Clinic without your written authorization.

SPECIFIC EXAMPLES OF HOW YOUR MEDICAL INFORMATION MAY BE USED FOR TREATMENT, PAYMENT OR HEALTHCARE OPERATIONS

- Medical information may be used to justify needed patient care services.
- We may use your PHI to establish a treatment plan
- We will submit claims to your insurance company containing PHI
- We may contact your health insurance carrier to certify that you are eligible for benefits and to determine the range of benefits
- We may contact you to remind you of your appointment or need to make an appointment by calling you or mailing a postcard
- We may use your PHI to evaluate the quality of care you receive from us, train our students or to make business plans for our clinic
- Being an educational institution involved in teaching and research, we may use your PHI for research purposes and/or request your participation in research projects as a research participant.
- In consideration of our educational function, sessions or services may be observed or videotaped by faculty, staff, and graduate students for research or educational purposes. It is understood that these observers will consider any information revealed during such session or services confidential and will not be published or distributed in any form in which you could be identified. Your case may be discussed as part of the educational process in classroom settings. In these cases, only limited information will be used which could lead to your identification.
- We may use certain demographic information such as name, address, telephone number, age and gender to contact you to raise funds for our Foundation. If you do not wish to be contacted for fundraising efforts, please contact: The School Development officer at 901-678-5800

YOUR HEALTH INFORMATION – PATIENT RIGHTS

- You may request a copy or summary of your PHI, or you may inspect it
- You may request an amendment to you PHI if you feel there is an error
- You have the right to ask questions and receive answers
- You have the right of refusal to sign an authorization and it is not held against you
- You may change your mind and revoke your authorization, except where actions have already been taken by us relating to that authorization
- You have the right to an accounting of all entities with whom we have shared or disclosed you PHI unrelated to treatment, payment or healthcare operations.

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• You may request a restriction on certain uses of your PHI (we will consider reasonable, appropriate requests but are not obligated to agree to them)
• You have the right to obtain a paper copy of this Notice of Privacy Practices
• You may file a complaint if you believe that your **privacy rights** have been violated

Any requests or other communications about the rights listed above should be directed to: The Privacy Officer

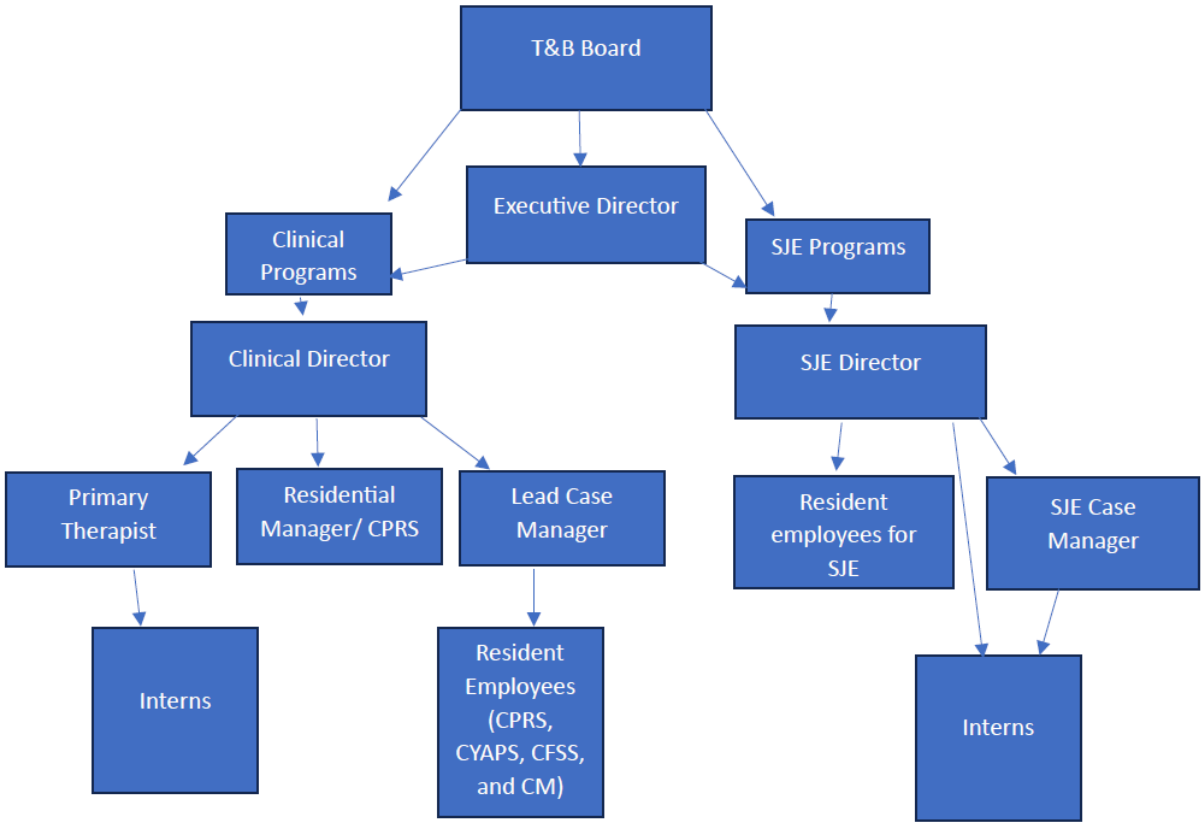
Organizational Chart

T&B CLINIC ORGANIZATIONAL CHART

The T&B clinical program is one of the programs offered through Thistle and Bee enterprises. T&B Healing Hive and Wellness Center is organized by service provided. The T&B organizational structure can be viewed in the graphic below.

Thistle&Bee

T&B Outpatient Client Handbook



MEDICATION MANAGEMENT

The T&B clinic does not administer medications onsite, but we do offer psychiatric assessment and services. If a client is interested in receiving medication management support, we can provide that. No controlled substances or meds are kept on premises.

The Healing Hive and Wellness Center at T&B

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The T&B clinic is interested in hearing about our areas of need and our areas of strength. Each client in the clinic is asked to participate in an anonymous client satisfaction survey after services are rendered. We offer both a hard copy survey and an electronic survey monthly to active clients.

The Healing Hive and Wellness Center Client Grievance Process

You have the Right to Make a Complaint and/or File a Grievance

If you are dissatisfied with a service, feel you have not been treated fairly, or that any of your rights have been violated, you have the right to make a complaint at any time. You may ask anyone you choose to help you make a complaint.

We request that you take the following steps if you have a complaint:

- Try to talk about your problem first with the staff/ clinician from whom you receive services and give them a chance to help solve the problem.
- You can report your concern to the T&B clinic Satisfaction Survey (if you prefer to remain anonymous).
- If you are not satisfied after speaking with your staff person/ clinician, contact the UofM T&B Clinical Director 901.410.1418 to report the issue. The Clinical Director will review and follow up.
- You will receive a response to the formal, written grievance within 72 hours of its receipt by the Faculty Director. If you are not satisfied with the response from the Faculty Director, you may request to have the written grievance appealed to the T&B Executive Director and board review Committee. The committee will review the grievance and respond to the client within 1 week of receipt of the grievance.

POLICY ON REPORTING POSSIBLE INSURANCE FRAUD

T&B clinic works to ensure that they abide by all legal requirements and processes for billing insurance in the State of Tennessee. We also will ensure proper and appropriate reporting of possible insurance fraud. To better understand insurance fraud and reportable offenses, the following information is provided:

DEFINITION OF FRAUD

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An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State Law.

DEFINITION OF ABUSE

Provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement of services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the Medicaid/TennCare/Cover TN Program.

TYPES OF FRAUD AND ABUSE

Examples of cases that the Office of Inspector General investigates include unreported income or insurance, TennCare/Cover TN recipients living out of state, drug seeking behavior, incarceration, individuals receiving bills (or EOB statements) for services never provided, provider billing irregularities, over or under utilization of health care services, and misrepresentation of credentials. Provider fraud involves not only doctors, but nursing homes, home health, durable medical equipment, pharmacies, mental health facilities, laboratories, transportation and dentists, to name a few.