



## County of San Luis Obispo Behavioral Health

### Drug & Alcohol Services Outpatient Admission Agreement

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Client ID \_\_\_\_\_

## DRUG & ALCOHOL SERVICES OUTPATIENT TREATMENT Admission Agreement

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> San Luis Obispo Clinic<br>2180 Johnson Ave<br>San Luis Obispo CA, 93401<br>(805) 781-4275                | <input type="checkbox"/> Grover Beach Clinic<br>1523 Longbranch Ave<br>Grover Beach, CA 93433<br>(805) 473-7080           | <input type="checkbox"/> Atascadero Clinic<br>3556 & 3500 El Camino Real<br>Atascadero, CA 93422<br>(805) 461-6080 |
| <input type="checkbox"/> Paso Robles Clinic<br>805 E. 4 <sup>th</sup> Street Suite 101<br>Paso Robles, CA 93446<br>(805) 226-3200 | <input type="checkbox"/> South Street Youth Clinic<br>277 South St Suite T<br>San Luis Obispo, CA 93401<br>(805) 781-4754 |  |

By signing this Admission Agreement, I confirm voluntary participation in outpatient Substance Use Disorder (SUD) services through Drug & Alcohol Services Outpatient Treatment. By enrolling in the Drug & Alcohol Outpatient Treatment program, I agree to participate by attending appointments as scheduled and following the program expectations listed below.

#### Services to be Provided:

The length and frequency of Drug & Alcohol Outpatient Treatment services are based on client needs, typically including weekly appointments. Regular appointments shall include one or more of the services listed below:

- Assessment
- Individual Counseling
- Group Counseling
- Education
- Family Sessions
- Care Coordination
- Urine Drug Screens
- Withdrawal Management (WM)
- Medications for Addiction Treatment (MAT)
- Discharge Planning

#### Program Schedule:

Clients enrolled in the Drug & Alcohol Services Outpatient Treatment program will work with their Specialist/Clinician to schedule individual counseling and to identify group counseling meeting times. Group times are pre-determined, and a schedule will be provided to individuals to determine which times they can attend. Any missed appointment times without advance

notice will be considered a “No-Show” and will be documented in the client’s record. Treatment services may be face-to-face in the clinic, by telephone, or by telehealth. Some services, like care coordination, may be provided in the community.

### **Payment for Services:**

There is a charge for every service you receive from Drug & Alcohol Services Outpatient Treatment. This includes your first visit with a Specialist/Clinician, services provided by telephone, and all other scheduled appointments. For substance use treatment services for Drug Medi-Cal Beneficiaries, Drug Medi-Cal funding shall be accepted as payment in full.

Any change in your financial/insurance status should be reported to Drug & Alcohol Services Outpatient Treatment staff as soon as possible. To ensure successful payment for your services please do the following:

- Bring your Medi-Cal Insurance ID card to first appointment;
- Provide a Proof of Eligibility as requested by Drug & Alcohol Services Outpatient Treatment staff for any month in which you receive treatment services;
- If you do not have Medi-Cal for any month, please notify Drug & Alcohol Services Outpatient Treatment staff immediately; and
- Please submit share-of-cost paperwork to Drug & Alcohol Services Outpatient Treatment staff if applicable;
- Notify staff of any other health insurance you may have.

Individuals with Private Insurance coverage will be referred to another SUD provider. The program can assist individuals that need help with applying for Medi-Cal coverage.

### **Refunds:**

Services are billed to Medi-Cal. Because the program does not accept payment from individuals, refunds to clients are not applicable.

### **Recurrence of Use:**

All quality substance use treatment programs will employ some form of testing as part of an outpatient protocol. The reason for testing is to assist in recovery by giving personal accountability to a client. If there were to be a relapse, we know it is best to address it as soon as possible to learn from the relapse and make necessary adjustments. By requiring testing, a client will know there is no point in trying to hide what has happened and encourages honesty. In addition, there can be a motivation for a person to see the tangible results of their success as demonstrated by consistent negative test results. Some clients have told us that the knowledge that they will be randomly tested has made the difference when they were contemplating a relapse.

For individuals receiving MAT, all drug screening results will be shared with the prescriber. Non-compliance with prescribed medications will be addressed on an individual basis with the prescriber as agreed upon in the Medication Consent agreement.

*If you are at risk of relapse because you are experiencing triggers and/or a strong desire to use drugs or alcohol, we recommend that you utilize your relapse prevention plan that you have developed while in treatment. Contact those people in your life that are of support to you and get in touch with your Specialist/Clinician as soon as possible. If it is after business hours or on the weekend, contact the County's Behavioral Health toll-free crisis phone number at: (800) 838-1381.*

Should an individual experience a relapse during treatment, it is important that they contact their Specialist/Clinician right away. Your Specialist can provide assistance during an individual counseling session to help with understanding the circumstances that led to relapse. This is called a Relapse Analysis. Based upon individualized needs, the program may discuss a Behavioral Intervention Agreement – a contract that asks the client to complete specific actions to help them comply with their Treatment Plan and to provide the safest care possible. We can also help you walk through other steps that might be necessary on your part should there be other agencies involved in your treatment such as Probation, Parole, or Child Welfare Services. Being honest about the relapse is the best approach so that the various people involved in your care can adequately support you.

#### **Attending Services Under the Influence:**

All Drug & Alcohol Services Outpatient Treatment sites are drug and alcohol-free environments. Clients agree not to attend services while under the influence of alcohol or other drugs. If staff determine that a client is under the influence, the following actions apply:

- Client will be asked to leave group sessions to meet individually with a counselor;
- Safety will be assessed and the Emergency Contact and / or legal guardian may be notified;
- Client may be asked to leave the premises;
- If applicable, car keys will be confiscated, and individual will be supported in arranging for safe transportation;
- If driving away under the influence, law enforcement will be called; and
- Client may be required to agree to follow a Behavioral Intervention Agreement prior to returning to the program.

#### **Termination:**

Drug & Alcohol Services Outpatient Treatment program has the right to terminate services for any individual not complying with program requirements. Reasons for termination may include the following but are not limited to:

- Any form of violence, threats of violence, property destruction or breaking the law while on premises.
- The possession of any type of weapon.
- Verbally abusive language.

- Possession of drug/alcohol/illegally obtained prescription drugs while on the premises.
- Persistent failure to appear at program sessions.
- Alteration of a drug test or use of a cheating device.
- Theft of any program property or the property of another client.
- Not adhering to program rules, your treatment plan, or any other condition.

Prior to termination, or for behavior resulting in immediate termination, individuals will be given a Notice of Adverse Benefit Determination (NOABD).

### **Client Rights:**

All clients receiving Drug & Alcohol Services Outpatient Treatment services have the following rights to receive quality services without discrimination:

- Receive medically needed services.
- Confidentiality and privacy as provided for in HIPAA and Title 42, Code of Federal Code of Regulations, Part 2.
- Be treated with personal respect and dignity.
- A safe and comfortable treatment environment.
- Be free from verbal, emotional, physical, and sexual abuse.
- Be free from discrimination due to ethnicity, religion, age, gender, race, sexual orientation, or disability.
- Receive information about treatment choices and services in a way that you can understand.
- Free oral interpreter when needed.
- Participate in decisions about your health care, including the right to refuse treatment.
- Receive a copy of your medical records and ask us to amend (correct) them or allow you to add to them.
- Receive a copy of the Beneficiary Handbook, which describes our services and your rights.
- Receive materials in other formats (large print, audio, or other language) upon request within 5 working days.
- Receive services from us that meet the requirements of our contract with the State and the law.
- File a Grievance, either verbally or in writing, about us or the care you receive.
- File an Appeal, either verbally or in writing, when we give you a Notice of Adverse Benefit Determination.
- Request a State Fair Hearing or expedited State Fair Hearing if we don't agree with your Appeal.
- Request a second opinion from us at no cost to you.
- Be free from any form of restraint or seclusion used to coerce, discipline, retaliate against you in any way.
- Access Minor Consent Services, if you are a minor.

- Be free to use these rights without fear that we will retaliate or change how we treat you.
- Take medications prescribed by a licensed medical professional for medical, mental health, or substance use disorders.

### **Client's Bill of Rights:**

- To be treated for the life-threatening, chronic disease of substance use disorder with honesty, respect, and dignity, including privacy in treatment and in care of personal needs.
- To be informed by the treatment provider of all the aspects of treatment recommended to the client, including the option of no treatment, risks of treatment, and expected result or results.
- To be treated by treatment providers with qualified staff.
- To receive evidence-based treatment.
- To be treated simultaneously for co-occurring behavioral health conditions, when medically appropriate and the treatment provider is authorized to treat co-occurring conditions.
- To receive an individualized, outcome-driven treatment plan.
- To remain in treatment for as long as the treatment provider is authorized to treat the client.
- To receive support, education, and treatment for their families and loved ones, if the treatment provider is authorized to provide these services.
- To receive care in a treatment setting that is safe and ethical.
- To be free from mental and physical abuse, exploitation, coercion, and physical restraint.
- To be informed of these rights once enrolled to receive treatment, as evidenced by written acknowledgment or by documentation by staff in the clinical record that a written copy of these rights were given.
- To be informed by the treatment provider of the law regarding complaints, including, but not limited to, to be informed of the address and telephone number of the Department of HealthCare Services.
- To receive ethical care that covers and ensures full compliance with the requirements set forth in Chapter 5 (commencing with Section 10500) of Division 4 of Title 9 of the California Code of Regulations and the alcohol and other drug program certification standards adopted in accordance with Section 11830.1, if applicable.

We are required to:

- Make sure we provide you with information about our services.
- Have enough staff or providers to make sure that you get services as quickly as you need them.
- Arrange or pay for medically necessary services for you if we don't have a provider within our network to treat you. Out-of-network services are free to you.
- Make sure our providers are qualified to treat you.
- Make sure that we provide enough kinds and amounts of service for enough time to meet your needs.

- Make sure that we fully assess your needs.
- Coordinate the services we provide with your other providers (your Doctor or other community services).
- Have emergency/crisis services available 24 hours a day, 7 days a week, when you need them.
- Provide services that respect the cultural and language differences and needs of all San Luis Obispo County residents.
- Make sure that we never retaliate or charge your services because you stood up for your rights.

We are required to follow other State and Federal laws, including, but not limited to:

- Title VI of the Civil Rights Act of 1964 as implemented by regulations at 45 CFR part 80
- Age Discrimination Act of 1975; 45 CFR part 91
- Rehabilitation Act of 1973
- Americans with Disabilities Act (ADA)

To file a complaint or grievance, contact the County of San Luis Obispo Patients' Rights Advocate:

Patients' Rights Advocate  
Behavioral Health Services  
2180 Johnson Avenue  
San Luis Obispo, CA 93401  
Telephone: (805) 781-4738  
Fax: (805) 781-1232

To file a complaint directly with the Department of Health Care Services:

Department of Health Care Services  
Licensing and Certification Division  
P.O. Box 997413, MS 2601  
Sacramento, CA 95899-7413  
Telephone: (877) 685-8333  
Fax: (916) 440-5094

You can also file a Civil Rights Complaint with the U.S. Department of Health and Human Services, office for Civil Rights, electronically through the Office of Civil Rights Complaint Portal, available at:

- <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>
- By mail or phone at:  
U.S. Department of Health and Human Services  
200 Independence Avenue  
SW Room 509F

HHH Building  
Washington, D.C. 20201  
1 (800) 368-1019, 1 (800) 537-7697 (TDD)

- Complaint forms are available at:  
<https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>

To request a State Fair Hearing conducted by the California Department of Social Services:

- Write to:  
State Hearings Division  
California Department of Social Services  
P.O. Box 944243, Mail Station 19-3  
Sacramento, CA 94244-2430
- Call:  
1 (800) 952-5253 or 1 (800) 952-8349 (TDD)

**Conditions Under Which the Agreement May be Terminated:**

- This agreement will be terminated should the certification by the Department of Health Care Services (DHCS) be suspended or revoked for Drug & Alcohol Services Outpatient Treatment program.
- This agreement will be automatically terminated should a client receiving services pass away.

By signing below, I agree to the terms outlined in this Admission Agreement.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Name: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_