

NAME: _____

DOB: _____ ID #: _____

Clinical Policies

Please Initial All Policies

SCOPE OF SERVICES: SWFGC has offices in 5 cities in New Mexico, including: Albuquerque, Corrales, Los Lunas, Santa Fe, and Las Cruces, and provides services to neighboring communities in those areas. SWFGC offers the following types of services (*varies by location*).

- Individual and family therapy for children and adults
- Group therapy
- School-based services (*approved schools only*)
- Multisystemic Therapy (MST) and Multisystemic Therapy for Problem Sexual Behaviors (MST-PSB)
- Substance-abuse treatment
- Suicide and crisis assessments for Albuquerque Public Schools Students
- Youth Support Services/Life Skills Coaching

TIMETABLES (from the time of referral):

- SWFGC will contact client within 48 hours to schedule an intake
- SWFGC will schedule an intake appointment within 5 business days
- Post-intake, the assigned therapist will contact client within 48 hours to schedule first session
- SWFGC has an on-call therapist available 24/7 for non-life threatening, mental health emergencies
- Sessions usually last 45 minutes, but sessions may be longer if clinically appropriate.

LEGAL RIGHTS All clients have the legal right to:

- Refuse services.
- Seek alternative mental health services elsewhere.
- Address needs/complaints via appropriate channels listed in the Complaints/Grievances section of this document.
- Ask your therapist about their training and their therapeutic approach.
- All Consumers have the right to choose an authorized representative to assist in their treatment decisions.

PARENTAL INVOLVEMENT: Parent involvement is critical to therapeutic success. If parental rights have been modified or severed, documentation of current custody status will be required. Otherwise, your therapist will attempt to engage with both parents in the therapeutic process, except as otherwise provided by law.

CONFIDENTIALITY: Discussions between client and professionals at Southwest Family Guidance Center are confidential. No client information will be released unless the client or guardian provides written consent. Possible exceptions to releasing confidential information include but are not limited to the following situations:

- Imminent danger or threat to self or others.
- Abuse or neglect of a child or vulnerable adult.
- Legal matters in which information is subpoenaed by a court of law.
- Information requested by an insurance carrier responsible for providing mental health coverage and payment for those services.

TREATMENT OF MINORS: SWFGC will not treat a minor (14 years of age and under) without legal guardian's consent. Treatment of minors 14 years of age and over is reviewed on a case-by-case basis and in compliance with applicable law.

EMERGENCY MEDICAL CARE: In the event of an emergency I give SWFGC consent to seek emergency medical care on my behalf including, but not limited to: administering first aid, CPR, medication and contacting/informing emergency personal including 911 operators, ambulance, physician and/or law enforcement.

_____ **EMERGENCIES:** In the event of an emergency where there is imminent risk of danger, please call 911 immediately. Once Emergency services have been contacted and the situation has been defused, please contact your assigned therapist to inform them about the situation. If you are having a critical, clinical emergency and your assigned therapist is not available, please contact the NM State Crisis Line 1-855-662-7474 and/or SWFGC main office number (505) 830-1871 where the on-call therapist will immediately assist you.

_____ **TELEPHONE CONTACTS:** Therapists encourage communication from clients or guardians, but if a phone call is longer than 5 minutes, the therapist may ask that you make a face-to-face appointment.

_____ **TEXT MESSAGING CONTACTS:** SWFGC does not permit text messaging communication with your therapist except for purposes of appointment scheduling. **DO NOT** text message your therapist about clinical issues.

_____ **EMAIL:** SWFGC does not permit email communication between you and your therapist for any reason.

_____ **WAITING ROOM ETIQUETTE:** Due to therapy sessions taking place in and around our building, we ask that our waiting room and building remain respectfully quiet.

- We encourage our clients to bring quiet entertainment while occupying the waiting room.
- We ask that there be no food or drink in our waiting room.
- Please check in with the office staff when you arrive for your session.
- If your child is under 14 years of age and receiving services, SWFGC requires that you remain in the waiting room the entire length of your child's session. Guardians/Parents are not allowed to drop-off a child or leave at any time during a child's session if the child is under age 14. If the child is over age 14, you may leave the premises during the session time.
- Please do not go into therapy rooms or allow children to go into therapy rooms without SWFGC personnel.

_____ **PAYMENT POLICY:**

- Payment for services must be arranged prior to the start of services.
- If you are without insurance, private pay rates vary and are available. These rates are also available to individuals who are no longer eligible for Medicaid or those with Native American benefits.
- Payments and co-payments are due at the time of service. When paying cash, please be prepared to pay the exact amount, as SWFGC does not keep cash on the premises. SWFGC accepts credit card payments (Visa, MasterCard, and Discover only).

_____ **INSURANCE:** When services are paid for by an insurance company, it is the client's responsibility to provide current policy information for SWFGC to bill the insurance carrier directly. Clients are responsible for paying all outstanding co-pay/deductible/co-insurance balances, private pay balances, and balances not billable to insurance due to Client's failure to provide current policy information, communicate policy changes to SWFGC, or maintain insurance coverage. Payment plans may be available in the case of undue financial hardship.

- By initialing the Clinical Policies, SWFGC is authorized to process a claim and receive payment of mental health benefits for services provided.

_____ **CANCELLATION POLICY:** SWFGC requires 24 hours' notice if canceling or rescheduling an appointment. If an emergency arises and a client is unable to attend the scheduled appointment, please contact your therapist as soon as possible.

_____ **GRIEVANCES/COMPLAINTS:** You have the right to be treated ethically, professionally and with respect by all SWFGC staff members. If you have any questions or concerns, please call Dr. Craig Pierce, Chief Clinical Officer, at (505) 830-1871. If you feel that SWFGC has not addressed the situation to your satisfaction, you may contact CYFD's Behavioral Health Division at 1-505-827-4538 or the Fair Hearings Bureau at 1-800-432-6217 (opt 6). If you are a Molina consumer (1-800-723-7762), United Health Care consumer (1-877-236-0826), Presbyterian consumer (1-888-872-7568) or Blue Cross Blue Shield consumer (1-866-689-1523), or Optum consumer, (866-660-7182) you can contact them directly at their respective phone numbers.

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_____ **ENDING THERAPY:** SWFGC believes that ending treatment is an important aspect of therapy. If a client decides to end services prior to meeting treatment goals, it is asked that at the beginning of the final session that the therapist be informed in order to ensure closure between therapist and client.

_____ **DISCONTINUATION OF SERVICES:** The following circumstances, including noncompliance with SWFGC Policies, may result in the discontinuation of services:

- **Late cancellations:** If there are more than 3 missed appointments or 3 late cancellations with less than 24 hours' notice, your therapist has the right to assess the situation and discontinue services as well as to refuse future services.
- **Inappropriate behaviors:** These include, but are not limited to: harming, threatening, or harassing SWFGC staff or fellow clients; vandalism, theft, or destruction of SWFGC or other client property; accessing or attempting to access confidential information to which you are not entitled.

CONSENT FOR TREATMENT: I voluntarily agree to receive Mental Health/Support Services and authorize SWFGC and its associated staff to collaborate internally and to provide services that are considered necessary and advisable. I understand and agree that I will participate in the planning and treatment of these services and that I may stop such services at any time. By signing below, I acknowledged that I have read, understood, and agree to the Clinical Policies stated above.

PRINT NAME

SIGNATURE

RELATION TO CLIENT

DATE