



Important Contact Information

Fort Walton Beach

Outpatient Services
137 Hospital Drive
850.833.7500

Guest Services
333 Lewis Street
850.833.9208

Wellness Center- West Campus
333 Lewis Street
850.833.9206

Crestview

Outpatient Services
299 Railroad Ave
850.689.7810

Wellness Center- North Campus
2007 West James Lee Blvd.
850.689-7827

What to expect from Bridgeway Center, Inc., while seeking or receiving services

- You will be treated with courtesy, dignity, and respect at all times and by all staff.
- BCI will provide you with a clean and safe facility, as well as a trained and qualified staff to ensure you receive appropriate care.
- BCI will ensure that you always have ways to communicate with us about your care. We will do our best to accommodate changes to help you feel more comfortable.
- BCI will explain your treatment options to you and answer any questions you have regarding your care. Staff will always ensure that you consent to something before starting a treatment plan.
- BCI will ensure that you understand any of our forms before we ask you to sign them. We will answer any questions if you are confused at all.
- BCI will never collect or use any information about you unless you give consent to do so. Please see Privacy Practices & Confidentiality section of this handbook for more information.

What Bridgeway Center, Inc. will expect from you while you are receiving services

- Honesty- We expect there to be open and honest communication between you and the staff who are helping you. This includes updating us on your condition as it changes.
- Participation- Be an active participant in your treatment planning. Follow the treatment guidelines that you develop with your service provider.
- Follow all medication instructions.
- Be on time all of your scheduled appointments, or reschedule or cancel appointments at least 24 hours in advance.
- Take responsibility for your progress towards your goals.
- Our staff will set limits or guidelines to help keep you safe. We expect that you will follow the directions of our staff.
- Respect the confidentiality of others. You should never discuss what you see or hear about others at BCI with anyone else.
- No possession of alcohol, illegal drugs, or medications that are not prescribed to you while on property.
- No possession of weapons **of any kind** on your person or in your personal belongings while on BCI property. Any person who is found to be in possession of a weapon on BCI property will be informed to leave immediately. Law enforcement will be called if necessary.
- Provide us with accurate financial and insurance information and ensure that all payments are made when services are provided unless prior alternate arrangements have been made.

Your rights while seeking or receiving services

Regardless of who you are, you have the right to be treated with dignity and respect, as well as receive excellent care. BCI will make every effort to ensure that the rights of anyone seeking or receiving services are not violated. As a person seeking or receiving services at BCI, you have the following rights:

- To be treated with courtesy, respect, and dignity at all times, including freedom from humiliation, intimidation, or bullying of any kind.
- Freedom from neglect and abuse, and to have appropriate ways to report concerns, complaints, grievances, or abuse at all times.
- Freedom from discrimination and exploitation of any kind, including financial.
- To communicate freely and in privacy with others.
- To have your confidentiality and privacy protected from unauthorized disclosure.
- To manage personal affairs if legally competent.
- To receive quality treatment in the least restrictive setting possible.
- To be informed about the nature and proposed assessment and treatment, as well as the right to choose or refuse to consent to the proposed assessment and treatment.
- To be informed of any potential risks related to the services provided, as well as the standards of professional conduct related to services.
- To be an active participant in the development of your treatment plan, including discharge and transition planning.
- To have your rights explained to you and any questions answered.
- To make a complaint or file a grievance without any fear of retaliation.

Privacy Practices and Confidentiality

This Notice Describes How Your Medical Information About You May Be Used and Disclosed & How You Can Get Access To This Information :

Your rights under the Health Insurance Portability & Accountability Act of 1996 (HIPAA)

If you have any questions about this notice, please contact Bridgeway Center, Inc.
Safety, Regulatory, and Quality Department at 850-833-7541

PLEASE REVIEW CAREFULLY.

Who Will Follow This Notice: This notice describes Bridgeway Center, Inc.'s practices for:

- Any health care professional authorized to enter information into your Bridgeway Center, Inc. chart
- All departments and units of Bridgeway Center, Inc.
- Any member of a volunteer group allowed to help you while you are receiving services from Bridgeway Center, Inc.
- All employees, staff, agents and other Bridgeway Center, Inc. personnel
- All entities, sites and locations within Bridgeway Center, Inc.'s system will follow the terms of this notice. They also may share medical information with each other for treatment, payment and health care operations purposes.

Our Pledge Regarding Medical Information: We understand that medical information about you and your healthcare is personal. We are committed to protecting medical information about you. A record is created of the care and services you receive at Bridgeway Center, Inc. This record is needed to provide the necessary care and to comply with legal requirements. Federal privacy rules require us to maintain the privacy of your medical information and to tell you our duties and practices regarding your medical information. This notice applies to all of the records of your care generated by Bridgeway Center, Inc.

This notice will tell about the ways in which Bridgeway Center, Inc. may use and disclose medical information about you. Also described are your rights and certain obligations we have regarding the use and disclosure of medical information.

The law requires Bridgeway Center, Inc. to:

- Make sure that medical information that identifies you is kept private;
- Inform you of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

HOW BRIDGEWAY CENTER, INC. MAY USE and DISCLOSE YOUR MEDICAL INFORMATION:

The following categories describe different ways Bridgeway Center, Inc. uses and discloses medical information. Each category will be explained. Not every possible use or disclosure will be listed. However, all the different ways Bridgeway Center, Inc. is permitted to use and disclose information will fall within one of these categories.

Treatment. Your medical information may be used to provide you with medical treatment or services. This medical information may be disclosed to physicians, nurses, counselors, therapists, pharmacists, certified behavioral analysts, case managers (social workers), psychiatric assistants or other agents of Bridgeway Center, Inc. who are involved in your care at Bridgeway Center, Inc.

For example: if you come in for counseling services your medical information may be used to:

- a. Review to evaluate the treatment and services performed by our staff in caring for you.
- b. Disclose to doctors, nurses, therapists, and other agents of the Bridgeway Center, Inc. for review and learning purposes.
- c. Disclose to behavioral healthcare students in a master's degree program for: Registered Nurses to be Advanced Registered Nurse Practitioner, Psychology, Sociology, and/or Counseling Services Programs and interns.
- d. Sign-in Sheets: We may use sign-in sheets in our offices and call your name when the doctor is ready to see you.
- e. Appointment Reminders: Your medical information may be used to contact you as a reminder of an appointment you have for treatment or medical care from the Bridgeway Center, Inc.

Individuals Involved in Your Care. With your permission, your medical information may be released to a family member, guardian or other individuals involved in your care. They may also be told about your condition unless you have requested additional restrictions. In addition, your medical information may be disclosed to an entity assisting in a disaster relief effort so your family can be notified about your condition, status, and location.

Treatment Alternatives. Your medical information may be used to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

As Required by Law. Your medical information will be disclosed when required to do so by federal, state, or local authorities, laws, rules and/or regulations such as the Department of Children and Families or law enforcement agencies, or if we suspect you are involved in the abuse or neglect of a child or a vulnerable adult.

Law Enforcement. Your medical information will be released if requested by a law enforcement official:

- a. In response to a court order or when initiating involuntary court proceedings (Baker Act/Marchman Act).
- b. If you commit a crime at Bridgeway Center, Inc.
- c. To stop a serious threat to the health and safety of someone or the public. We have a duty to warn others if we believe you are planning to cause them harm.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, your medical information will be disclosed in response to a court order signed by a judge.

Payment. Consistent with Federal laws, your medical information may be used and disclosed so that the treatment and services received at Bridgeway Center, Inc. may be billed and payment may be collected from you or the insurance company.

For example: The health plan or insurance company may need information about the care you received from Bridgeway Center, Inc. so they can provide payment. Information may also be given to someone who helps pay for your care. Your health plan or insurance company may also need information about a treatment you are going to receive to obtain prior approval or to determine whether they will cover the treatment.

Health Oversight Activities. Your medical information may be disclosed to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Court Order: We may share your medical information when responding to a court order or when initiating involuntary court proceedings (Baker Act / Marchman Act).

Children: If your minor child is receiving services for a Substance Use or Addictive Disorder and is over the age of 12, their records cannot be released to you without their written consent.

Health-Related Benefits and Services. Your medical information may be used to tell you about health related benefits or services that may be of interest to you.

Satisfaction Surveys: We may ask you to complete a satisfaction survey. Your answers are for internal use only and will help us provide better care.

Private Accreditation Organizations. Your medical information may be used to fulfill Bridgeway Center, Inc.'s requirements to meet the guidelines of Bridgeway Center, Inc. for national accreditation.

ADDITIONAL SITUATIONS:

Other Uses of Medical Information. Other uses and disclosures of medical information not covered by this notice or the laws that apply to this Bridgeway Center, Inc. will be made only with your written permission. If you provide the Bridgeway Center, Inc. permission to use or disclose your medical information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your medical information for the reasons covered in your written authorization. You understand that we are unable to take back any disclosures already made with your permission, and that we are required to retain our records of the care that the Bridgeway Center, Inc. provided to you.

ADDITIONAL INFORMATION CONCERNING THIS NOTICE:

Amendments To This Notice. We reserve the right to amend this notice and make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. Amendments may include new privacy provisions and to make the new notice provisions effective for all protected health information that we maintain. The Bridgeway Center, Inc. will post a current copy of the notice with the effective date. If we make any changes, we will give you a copy of the new Notice the next time you receive services.

Complaints. You will not be penalized for filing a complaint. There will be no retaliation against you for filing a complaint. The quality of the healthcare or services we provide will not be affected in any way because a complaint was filed. If you believe your privacy rights have been violated, you may file a complaint with Bridgeway Center, Inc. or with the Secretary of the Department of Health and Human

Services. We ask that you please give us the opportunity to resolve any issues you have concerning your privacy. Please file a written complaint with the Bridgeway Center Privacy Officer at the address below. If you prefer, we will be happy to assist you in completing a written complaint. You can call us at 850-833-7541 for assistance.

Privacy Officer
Bridgeway Center Inc
137 Hospital Drive
Fort Walton Beach, Florida 32548

You have the following rights regarding medical information the Bridgeway Center, Inc. maintains about you:

**** NOTE: Any of the following requests must be submitted in writing to Bridgeway Center, Inc. Health Information Services.**

Right to Inspect and Copy. You have the right to inspect and copy medical information that may be used to make decisions about your care. To inspect and copy medical information or to receive an electronic copy of the medical information that may be used to make decisions about you, you must submit a written request. If you request a paper copy of the information, we may charge a fee for the cost of copying, mailing or other supplies associated with your request. If Bridgeway Center, Inc. uses or maintains an electronic health record with respect to your medical information, you have the right to obtain an electronic copy of the information if you so choose.

- You may direct Bridgeway Center, Inc. to transmit the copy to another entity or person that you designate provided the choice is clear, conspicuous, and specific.
 - The Bridgeway Center, Inc. may charge a fee equal to its labor cost in providing the electronic copy.
- We may deny your request to inspect and copy in some limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional, other than the person who denied your request, will be chosen by the Bridgeway Center, Inc. to review your request and the denial. The Bridgeway Center, Inc. will comply with the outcome of the review.
 - A licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the individual or another person.
 - The protected health information makes reference to another person (unless such other person is a health care provider) and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person.
 - The request for access is made by the individual's personal representative, and a licensed health care professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to the individual or another person.

Coroners, Medical Examiners, and Funeral Directors. Your medical information may be released to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about clients of the Bridgeway Center, Inc. to funeral directors and executor of your estate as necessary to carry out their duties.

Research: We may share your information for clinical research. If we do this, the law requires us to take extra steps to protect your privacy and tell you why we will be using your information.

Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment to information kept by or for the Bridgeway Center, Inc.

- To request an amendment, you must submit a written request. You must also provide a reason that supports your request. Your request for an amendment may be denied if:
 - The medical information has been reviewed and is determined to be accurate and complete.
 - Your request is not in writing or does not include a reason to support the request;
 - The medical information was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 - The medical information is not part of the medical information kept by or for the Bridgeway Center, Inc.;
 - The medical information is not part of the information you would be permitted to inspect and copy; or

Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures.” This is a list access to information and of the disclosures that we made of your medical information for purposes other than treatment, payment and health care operations. We are required to keep track of your shared information for six years. If your information is used or maintained in an electronic health record, you have a right to receive an accounting during only the three years prior to the date on which the accounting is requested. This right starts on April 14, 2003 and we will not have any information prior to that date.

To request this list or accounting of disclosures:

- You must submit your request in writing.
- Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003.
- Your request should indicate in what form you want the list (for example, on paper, electronically).

The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have a right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member. Consistent Federal Law in Section 13405(a)(2) of HITECH HIPAA, you may restrict certain disclosure of protected health information if the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment) and the protected health information was solely to a health care item or service for which the health care provider involved has been paid out of pocket in full.

To request restrictions, you must make your request in writing. In your request, you must tell us:

- What information you want to limit;
- Whether you want to limit our use, disclosure or both;
- To whom you want the limits to apply, for example, disclosures to your spouse.

You also have a right to request that a health care item or service not be disclosed to your health plan for payment purposes or health care operations. We are required to honor your request if the health care item or service is paid out of pocket and in full. This restriction does not apply to use or disclosure of your health information related to your medical treatment.

Right to Request Confidential Communication. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.

To request confidential communications, you must make your request in writing. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice. You have the right to a copy of this notice. You may ask us to give you a copy at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. Bridgeway Center, Inc. will answer any questions you may have regarding our privacy practices. Bridgeway Center, Inc. reserves the right to make changes to this Notice in the future. The current version can be found at www.bridgewaycenter.org.

Complaint & Grievance Procedures

A *complaint* is a statement that a situation is unsatisfactory or unacceptable. A *grievance* is a wrong that is perceived to be unjust or unfair, or believed to cause distress. While receiving services at BCI, you have the right to file either one of these if you are unhappy, if you feel you have been disrespected, or if you feel you have been treated in a manner that is harmful or unethical. If you encounter a problem with your care, we ask that you share with BCI in the following ways:

- Speak with your service provider first.
- If, after speaking with your provider, you do not feel that your concerns are addressed, you may ask to speak with a supervisor.
- If, after speaking with a supervisor, you are still not satisfied, you may file either a complaint or a grievance.
 - To file a complaint or grievance in writing, there are forms available at any of our patient locations.
 - You may also call the complaint and grievance hotline at 314-1215.
 - Please note that this phone number goes directly to a secure and anonymous voicemail that is checked routinely. If you wish to have someone call you back, you will need to leave your contact information on this voicemail.

There is no retaliation to any person who files a complaint or grievance.

There may be a time when you feel that you cannot file the complaint or grievance directly with us and may need assistance from another organization or agency. Several agencies offer a Patient Advocate that can help you navigate the system of filing a complaint or a grievance about the services you receive from BCI. Please see the next section titled “Patient Advocacy” for your options and instructions for contacting those agencies.

Patient Advocacy

An advocate is a person who can provide support or guidance for a specific cause or problem. As a person receiving services at BCI, you have various advocates who can help you, depending on your need.

- Disability Rights of Florida
 - Disability Rights of Florida’s Mission is “To advance the quality of life, dignity, equality, self-determination, and freedom of choice of persons with disabilities through collaboration, education, advocacy, as well as legal and legislative strategies.”
 - If you have a disability and need an advocate to help meet your needs, you can contact Disability Rights of Florida at:
 - 1.800.342.0823
 - www.disabilityrightsflorida.org
- Department of Children and Families Abuse Registry
 - The Florida Abuse Hotline accepts reports 24 hours a day and 7 days a week of known or suspected child abuse, neglect, or abandonment and reports of known or suspected abuse, neglect, or exploitation of a vulnerable adult. To make a report you can –
 - report online at <https://reportabuse.dcf.state.fl.us/>
 - call 1-800-962-2873
 - Florida Relay 711 or TTY 800-955-8771
 - fax your report to 800-914-0004
 - If you suspect or know of a child or vulnerable adult in immediate danger, call 911.

- Okaloosa Walton Mental Health Association Ombudsman
 - What is an ombudsman? The word Ombudsman means “One who speaks on behalf of another.” The purpose of the Ombudsman Program is to help consumers of mental health/substance abuse services maintain or improve their quality of life by helping ensure their rights are not violated.
 - What an advocate from the Mental Health Association can do for you:
 - **Listen and Record**
 - The client advocate will listen to your side of the story and take notes
 - **Research and Investigate**
 - The client advocate will research your particular problem and conduct an investigation to find additional information
 - **Education and Support**
 - The client advocate will help consumer’s access appropriate consumer or family education for the development of coping skills or other community resources.
 - **Represent and Advocate**
 - The client advocate will serve as an advocate for you with service providers.
 - **Resolve and Recommend**
 - The client advocate will do everything possible to resolve your complain or grievance and recommend changes in the mental health system, if warranted.
 - Point of contact:
 - To contact the Mental Health Association Ombudsman Program, please call 850.244.1040
- Department of Children and Families Office of Substance Abuse and Mental Health
 - If you are a recipient of services in a program that is licensed by the Department of Children and Families (DCF) Substance Abuse and Mental Health Office and have a complaint or grievance, or need an advocate to help resolve a problem, you can contact the DCF Substance Abuse and Mental Health office at:
 - 850. 483. 6705
 - 160 Governmental Center, Pensacola, FL 32505-8420
- For Medicaid Recipients
 - If you are a Medicaid recipient and have a complaint, grievance, or need an advocate, you have the option to contact the Medicaid contract manager:
 - 1.866.477.6725
 - 1221 W. Lakeview Ave., Pensacola, FL 32501
- Non-Medicaid, State Funding Recipients
 - If you are not a Medicaid recipient and your services are paid for, in whole or in part, by State funding (also known as SAMH funding), and you have a complaint, grievance, or need an advocate to assist you in resolving an issue, you have the option of contacting the Managing Entity:
 - Big Bend Community Based Care
 ATTN: Janice George, LMHC
 Networks Coordination, Circuit I
 525 N. Martin Luther King, Jr. Blvd
 Tallahassee, FL 32301
 850.830.9058

By signing receipt of this Patient and Family Handbook, I attest that I have been given the telephone number for each agency and understand how to contact them if necessary.

Financial Policies

BCI collects information regarding income and insurance for the purpose of determining payer coverage for services. If you wish you use your insurance benefits to pay for your services, you must provide a copy of your insurance card to BCI for verification.

Per F.A.C. 65E-14.018, you are eligible for a sliding scale fee if your household income is less than 150% of the Federal poverty income guidelines and you have no insurance or coverage plan to pay for services at BCI. All persons seeking services will be screened for sliding scale fee eligibility by BCI staff.

Payment for all services is expected at the time they are rendered, including insurance deductible and estimated co-payments. Payments may be made with cash, credit card, or debit card.

All persons receiving services will sign a “Financial Fee Agreement” that outlines the fees for each type of services. Persons receiving services are responsible for notifying BCI of any changes in income or insurance coverage and are responsible for all fees for services not paid for by Medicaid, my insurance carrier, or my guarantor.

Substance Abuse services only: Pursuant with Florida Statute Chapter 397.431, Substance Abuse Services, prior to accepting a client for admission, both the full charge for services and the fee charged to the client must be disclosed. A person seeking services or their authorized personal representative, parent, or legal guardian if a minor, is required to contribute toward the cost of substance abuse services in accordance with their ability to pay.

Abuse Reporting

The Department of Children and Families defines **child abuse and neglect** as follows: “Abandoned” or “abandonment” means a situation in which the parent, legal custodian of a child, or caregiver, while being able to do so, made no significant contribution to the child’s care and maintenance or has failed to establish or maintain a substantial and positive relationship with the child, or both. “Abuse” means any willful act or threatened acts that results in any physical, mental, or sexual abuse, injury, or harm that causes or is likely to cause the child’s physical, mental, or emotional health to be significantly impaired. Abuse of a child includes acts or omissions. “Neglect” occurs when a child is deprived of, or is allowed to be deprived of, necessary food, clothing, shelter, or medical treatment or a child is permitted to live in an environment when such deprivation or environment causes the child’s physical, mental, or emotional health to be significantly impaired or to be in danger of being significantly impaired.

The Department of Children and Families define **abuse, neglect, or exploitation** of a vulnerable adult as follows:

A “Vulnerable Adult” is a person 18 years or older who ability to person the normal activities of daily living or to provide for their own care or protection is impaired due to mental, emotional, long-term physical, or developmental disability or dysfunction, or the infirmities of aging. “Abuse” means any willful act or threatened act by a relative, caregiver, or household member which causes or is likely to cause significant impairment to a vulnerable adult’s physical, mental, or emotional health. Abuse includes acts of omission. “Exploitation means a person who: Stands in a position of trust and confidence with a vulnerable adult and knowingly, by deception or intimidation, obtains or uses, or

endeavors to obtain or use, a vulnerable adult's funds, assets, or property with the intent to temporarily or permanently deprive a vulnerable adult of the use, benefit, or possession of the funds, assets, or property for the benefit of someone other than the vulnerable adult, or; knows or should know that the vulnerable adult lacks the capacity to consent, and obtains or uses, or endeavors to obtain or use, the vulnerable adult's funds, assets, or property with the intent to temporarily or permanently deprive the vulnerable adult of the use, benefit, or possession of the funds, assets, or property for the benefit of someone other than the vulnerable adult. "Neglect" means the failure or omission on the part of the caregiver of a vulnerable adult to provide the care, supervision, and services necessary to maintain the physical and mental health of the vulnerable adult, including but not limited to food, clothing, medicine, shelter, supervision, and medical services, which a prudent person would consider essential for the well-being of a vulnerable adult. The term "neglect" also means the failure of a caregiver to make a reasonable effort to protect a vulnerable adult from abuse, neglect, or exploitation by others. "Neglect" is repeated conduct or a single incident of carelessness which produces or could reasonably be expected to result in serious physical or psychological injury or a substantial risk of death.

While every person has a responsibility to report suspected abuse or neglect, **all staff at BCI are mandated reporters**. Our staff are required by Florida Statute to submit an abuse report for any suspicion or reported abuse, neglect, or exploitation of a child or vulnerable adult. Abuse reports are confidential and the contents of such, including date of report and name of reporter, cannot be divulged to anyone who does not work for the Department of Children and Families.

If you suspect or know of any abuse, you are encouraged to file an abuse report in any of the following ways:

- By Telephone at 1.800.96ABUSE (1.800.962.2873)
- BY Fax: 1.800.9140004
- By TDD: 1.800.453.5145
- Online: <http://reportabuse.dcf.state.fl.us>

Information Regarding Mental Health Advance Directives

A Mental Health Care Advance Directive is a document in which you give instructions about your mental health care if, in the future, you cannot speak for yourself. You can give someone your power (your "agent" or "proxy") to make decisions for you. You can also give them instructions about the kind of care you do or do not want.

A Mental Health Care Advance Directive helps you keep control over her mental health care decisions that are important to you. In your Mental Health Care Advance Directive, you state your wishes about your care, including decisions about treatment, and choose a person to make and communicate these decisions for you.

Appointing an agent before you need one is particularly important. At the time a decision needs to be made, your agent can participate in discussions with our treatment staff and weigh the pros and cons of treatment decisions based on your wishes. Your agent can decide for you whether you cannot decide for yourself, even if your decision-making ability is only temporarily affected.

Unless you formally appoint someone to decide for you, many mental health care providers and institutions may make critical decisions for you that might not be based on your wishes. Incentive situations a court may have to appoint a guardian unless you have an advance directive.

An advance directive also can relieve family stress. By expressing your wishes in advance, you help family or friends who might otherwise struggle to decide on their own what you would want done.

What Does A Mental Health Care Advance Directive Say?

1. The most important part of the advanced directive is the appointment of someone to make mental health care decisions for you if you cannot decide for yourself. You can define how much or how little authority you want your agent have. You also can name persons to act as alternate agents if your primary agent cannot ask for you, and disqualify specific persons whom you do not want to make decisions for you.
2. If there is no one home you trust fully to serve as your agent, then you should not name an agent. Instead, you can make your wishes known in the second part of the advance directive by providing specific instructions about your mental health treatment.

What Do I Need to Consider Before Making A Mental Health Care Advance Directive?

There at least for important questions to ask yourself:

1. What are my preferences about psychiatric medications?
2. What I want to be part of an experimental drug study or drug trials?
3. Would I want ECT?
4. What other instructions about my mental health directive do I want known?

If you choose to use this form, please complete and give one copy to your doctor, once your agent, one for your health information record, and keep the original to present should you be admitted to a mental health unit. If you need copies of this document, any of our staff would be happy to do that for you. If you need assistance in completing this document, please notify any of our staff. Someone from our case management or doctor services programs can assist you.

Legal Guardianship Guidelines

We understand that there are instance where someone who is not the legal guardian or custodian of a minor child or vulnerable adult may bring that person to BCI for services. This can include but not limited to, foster parent, step-parent or parent's significant other, court appointed plenary guardian, or familial guardian not appointed by the courts but between private parties. Before we can establish services, BCI must be able to verify that the person who will be signing consent for the minor child or vulnerable adult has the legal authority to do so. This can be established in various ways:

- A legal document that establishes who has authority to consent for behavioral health treatment, including but not limited to the prescribing of psychotropic medications. These can include:
 - Health Care Proxy
 - Health Care Surrogate
 - Durable or Specific Power of Attorney
 - Court Order granting plenary guardianship

- Court Order stating the primary guardian of a person adjudicated as incompetent
- For minors, a Shelter Petition/Order that is signed by a judge and names the custodian of the child(ren).

A general or generic Power of Attorney that does not include language that speaks to behavioral health, mental health, or psychological health care are not valid for services received at BCI and therefore cannot be accepted. If you need assistance with determining if a document is valid, please ask a staff member. We can advise which forms to use and can help you with getting the forms notarized.

Electronic Communication and Survey

Bridgeway Center, Inc. can provide electronic courtesy reminder notifications for upcoming appointments including phone calls, text messages, and email. If you choose to have an electronic courtesy reminder, you will sign consent to this when you provide your contact information. Please read the following notices about electronic communications and surveys:

Bridgeway Center, Inc. offers reminder notifications as a courtesy. It is understood that BCI guarantees reminder notifications will be made except in instances of unplanned software malfunctions. Failure to receive reminder notifications for any reason does not release me from my obligation to cancel appointments with at **least 24 hours' notice**. If you choose a phone call appointment reminder, you are granting permission for BCI to leave a message on the voicemail at the phone number you provided. Patients should notify Bridgeway Center, Inc., anytime that there are changes to contact information to continue to receive electronic communications.

Bridgeway Center, Inc. utilizes electronic surveys through a third party site called **SurveyMonkey.com**. With your permission, a link to survey upon admission, at intervals during your treatment, at discharge from treatment, and approximately 6 months post-discharge will be sent to your personal communication device via text message or email. Your survey answers will be sent to a link at **SurveyMonkey.com** where data will be stored in a password protected electronic format. Survey Monkey does not collect identifying information such as your name, email address, or IP address. Therefore, your responses will remain anonymous. No one will be able to identify you or your answers, and no one will know whether or not you participated in the survey.

If you choose text messaging or e-mail notification, it is with the understanding that Bridgeway Center, Inc. *cannot* fully protect your information in the messages, as these methods have some risk of disclosure from your personal Internet enabled communication device that is beyond BCI's control*. **Bridgeway Center, Inc. does not charge for this service, but standard text messaging & data rates may apply as provided in your wireless plan.**

If, at any time after consenting to an electronic communication or survey, you wish to revoke that authorization, you may do so without retaliation or impact your treatment or access to services. Please speak with any staff member to revoke this authorization.

Voter Registration Information

As a person seeking or receiving services at BCI, you have access to assistance in regards to your registration to vote. BCI staff can assist you with creating your initial registration and requesting changes to your existing registration.

Deaf and Hard of Hearing Rights And Procedures

As a person receiving services at BCI, you have rights and access to services that can assist you in your treatment if you are Deaf or Hard of Hearing. Our staff will over screening for these services during admission and you will have the opportunity to request specific needs.

Infection Control Protocol & Information on HIV/AIDS

BCI will never discriminate against you or refuse you treatment because of any contagious diseases. We offer testing and education on HIV/AIDS. Please ask the customer access staff if you are interested in being tested for HIV/AIDS. Acquired Immune Deficiency Syndrome (AIDS) is a complex illness that reduces the body's ability to fight disease, and eventually results in death from various infections the body cannot fight off. Human Immunodeficiency Virus (HIV) is the virus that causes AIDS. It destroys white blood cells, which guard the body from infection. HIV is carried in blood, semen, and vaginal fluids. It is spread only through cross contamination with infected bodily fluids. It cannot be spread through kissing, shaking hands, coughing, or sneezing.

Emergency Medical Treatment Procedures

If, at any time, you have a medical emergency while on BCI property, BCI may call 911 to request emergency medical services (EMS). BCI staff are trained in basic First Aid procedures and will consult with EMS for your safety. We encourage you to provide us with the name and contact information of a local family member or friend who can be your emergency contact. Providing this information implies consent that we disclose your name and presence at one of our facilities in the event of an emergency.

Our ultimate goal is for the safety of you and the community. We may have to take measures to ensure safety which may include the following:

- Obtaining an order for involuntary examination pursuant to Florida Baker Act laws.
- Use of the *Non-Violent Crisis Intervention* model.

Pursuant to BCI policies, at no time will any person seeking or receiving services be placed in involuntary seclusion or restraint. A restraint is defined as a physical device, method, or drug used to control dangerous behavior with or without the individual's permission to restrict their freedom of movement. BCI requires that no mechanical, medical, or physical restraints are to be used. Staff may employ the techniques of the *Non-Violent Crisis Intervention* including verbal de-escalation, redirection, alternate care environment, voluntary time out, or development of safety plan at the discretion of a clinician who assesses an individual. Briefly holding a person served, without undue force, for the purpose of comforting them or to prevent self-injurious behavior or injury to others, or holding a person's hand or arm to safely guide them from one area to another is not a restraint. Separating individuals threatening to harm one another, without implementing restraints, is not considered restraint.

In the event that a person served or seeking services may be harmed or may harm others, de-escalation techniques are to be used and Law Enforcement is to be summoned pursuant to BCI Procedure CSA 40-15 Non-Violent Behavior Management.

Psychiatric Appointment Confirmation

If you are scheduled with a prescriber in our doctor services program, you must confirm your scheduled appointment no later than 2:00pm the business day before an Initial Psychiatric Evaluation or your appointment will be cancelled. All applicable fees must be paid prior to rescheduling an appointment.

I understand that:

- I am responsible to confirm my scheduled appointment no later than 2:00pm the day before my appointment by any one of the following methods:
 - Calling the Customer Access desk directly, or
 - Responding to the automated email reminder, or

- Responding to the automated text message reminder, or
- Responding to the automated telephone reminder call.
- If I do not confirm my appointment, it will be cancelled.

Signing receipt of this patient handbook is acknowledging that I have had the opportunity to read and ask questions regarding the above information and that I agreed to them as written.

Medication Policies

Minors must be accompanied by a parent or legal guardian for medications to be prescribed.

Please note: Bridgeway Center prescribers are prohibited from writing prescriptions for any of the following:

- | | |
|-------------------|---|
| ● Xanax | ● Ambien |
| ● Valium | ● Medical Marijuana or any Cannabis Products |
| ● Klonopin | |
| ● Restoril | |

No-Notice Administrative Discharge From Services

Regular and active participation in Behavioral Healthcare Treatment is a vital component of achieving positive life outcomes.

You will be administratively discharged from services, without further notice, if your Healthcare Provider observes that you are not participating in services.

The following schedule will be applied for no notice Administrative Discharges:

- 30 Days – Group Therapy**
- 60 Days - Individual Therapy**
- 150 Days – Psychiatric Medication Services**

Discharge Planning

If for some reason you discontinue services abruptly without planning your discharge with your provider, you are encouraged to do the following:

- Return to BCI to restart services as your need arises
- Seek support through local consumer support groups
 - Information can be obtained through the Mental Health Association by calling (850) 244-1040
- Utilize the local Services Information Line by dialing 2-1-1
- Speak with your primary care provider to seek additional behavioral health support
- Go to the nearest emergency room if you experience any thoughts of hurting yourself or others.

If you desire to re-engage in treatment please call to schedule an administrative intake to resume services.

- 850-833-7500 in Fort Walton Beach**
- 850-689-7810 in Crestview**

Signing receipt of this patient handbook is acknowledgement of BCI's Discharge Planning policies.

Mobile Response Team

If you or someone you know are in crisis Okaloosa and Walton Counties have a 24/7 Mobile Response Team that is available and can be contacted at 866.517.7766.

Please ensure that you sign the cover page of your Patient & Family Handbook and return it to the staff that provided your orientation.

Again, thank you for choosing Bridgeway Center and welcome!

WHEN SHOULD I CALL?

CALL MRT IF:

- An individual is experiencing out of control behaviors that place him at risk of harming self or others.
- An individual is expressing thoughts of suicide.
- An individual is experiencing severe stress that results in a significant decline in daily and/or family functioning.
- When you just don't know what else to do.

CALL 911 IF:

- An individual has attempted or is in immediate risk of attempting or completing suicide.
- An individual is at immediate risk for aggression, violence or has committed a crime.
- An individual is in need of medical attention.

IMPORTANT REMINDERS:

- MRT will respond within 60 minutes.
- Basic demographic and history information is needed for dispatch of team.

Lakeview Center



BAPTIST HEALTH CARE

Mobile Response Team

1304 West Avery St • Pensacola, FL 32501

24/7 Mobile Response Team Line: **866.517.7766**

Fax: **850.469.3876**

Counties served:

Escambia / Santa Rosa / Okaloosa / Walton

LAKEVIEW CENTER

MOBILE RESPONSE TEAM

*Serving Adults, Children and Families in Escambia,
Santa Rosa, Okaloosa and Walton Counties*



Help for you on the phone or in-person
24 HOURS A DAY, 7 DAYS A WEEK

866.517.7766

eLAKEVIEWCENTER.ORG

Lakeview Center



BAPTIST HEALTH CARE

