



## **EPIC Behavioral Healthcare**

### **Consent for Treatment, Orientation & Rules and Agreement for Persons Served**

**EPIC Main Campus (North)**  
1400 Old Dixie Highway, Suite A  
St. Augustine, FL 32084  
(904) 829-2273

**EPIC Recovery Center (South)**  
3574 US 1 South, Suite 111  
St. Augustine, FL 32086  
(904) 417-7100

### **Program Orientation**

#### ***Welcome to EPIC Behavioral Healthcare!***

Thank you for choosing EPIC as your health care provider. Our staff of qualified providers includes specialists in Substance Abuse disorders, Substance Abuse Detoxification, Family Practice, Youth and Adult Mental Health and Psychiatry. We have the excellence you deserve and the full range of skills you need to ensure your health and wellness!

We provide substance abuse prevention, education and intervention programs, as well as Outpatient Mental Health and Substance Abuse Treatment. Our South campus (the EPIC Recovery Center) also offers inpatient Substance Abuse Detoxification and Residential Treatment, as well as Outpatient Substance Abuse Treatment for adults.

We would like to tell you about our services, your rights and responsibilities. As a participant in our program you have the right to be treated with dignity, sensitivity, courtesy and respect. You should expect freedom from abuse and/or neglect, humiliation, exploitation of any kind and/or retaliation or barriers to service as a result of reporting any issue that concerns you.

Our staff follows a Code of Ethics and is expected to conduct themselves honestly, ethically and professionally in all business performed on behalf of EPIC and you, the person served. If you have questions concerning any of the information provided, please feel free to ask a member of our staff.

### **Participant Responsibilities in all Programs**

In order for EPIC to provide the best possible service you must agree to:

- Actively and earnestly participate in developing your treatment plan and follow that plan;
- Follow rules established by the program and staff;
- Maintain behavior / conduct that assures the safety, comfort and well being of all persons;
- Participate in all program services including compliance with medical protocol, group education programs, counseling services, self-help meetings, and recreational and social activities;
- Pay for services, if applicable, which may be based on a sliding fee schedule in accordance with your agreement with EPIC as determined during your intake appointment or financial assessment;

### **Participant Rights in all Programs**

As a recipient of services from EPIC Behavioral Healthcare, you are guaranteed certain basic rights. It is imperative that you know and understand these rights. Family members who are interested in your treatment will also be informed of these rights, should you so choose.

1. To receive treatment and other program services in quantity and quality that is unaffected by your race, sex, creed, color, handicap, or national origin.
2. To receive services in an environment free of verbal harassment, bullying, teasing, stalking, domestic violence, racism, sexism, financial or other exploitation, retaliation, humiliation, neglect or sexual abuse.
3. To receive treatment at no cost if an inability to pay is demonstrated.
4. To meet with your therapist and other staff members, with reasonable notice, to discuss your treatment plan and rate of progress.
5. To know the potential implications of your treatment regime.
6. To develop the treatment plan conjointly with your therapist.
7. To know the rules and policies that you will be expected to observe.
8. To have all records and other information concerning your participation in the program held in strict confidence, in accordance with federal regulations.
9. To refuse treatment or to leave the program; further, to be advised of possible problems, i.e., medical, legal, or otherwise, that may result from such action.
10. To seek remedial action, if you believe any of these rights have been violated, by following the grievance process as detailed below.

### **Satisfaction with our Services**

Our medical and counseling staff will work closely with you to assist you with the coordination of your services. Please understand that we are constantly striving to ensure that we are providing patients with the best opportunities to achieve their goals through the services we provide directly and the referrals we may recommend. Your feedback about our quality of care and your sense of personal achievement are among the cornerstones by which we measure our success and help guide us in the future to identify things we need to improve. We may from time to time ask you to complete surveys to assist us in this regard, or we may approach you more informally to request your input.

### **You Have the Right to Make Suggestions and Offer Input to our Services**

We want you to be satisfied with the services you receive. If something does not meet your expectations, we encourage you to discuss it promptly with a member of our staff. You may also anonymously make a suggestion using the "Suggestion Form" box in the waiting room(s).

### **You Have the Right to File a Grievance**

We expect all staff and guests to treat each other with mutual respect. If you feel your rights, as listed above, have been violated, we encourage you to discuss it promptly with a member of our staff. If after requesting this assistance, you still feel that you have a legitimate complaint, you can have your concerns reviewed by the supervisory and administrative staff.

All persons receiving services have a right to file a complaint as a formal notice of dissatisfaction with the services of our staff. If such an occasion presents itself, please request a Complaint/Grievance form from any EPIC staff member.

We take the problems of our patients very seriously, so be assured that your complaint/grievance will be heard and receive the prompt attention it deserves.

### **Confidentiality of Records**

Federal law and regulations protect the confidentiality of alcohol and drug abuse patient records maintained by EPIC Behavioral Healthcare. Generally, EPIC may not say to a person outside the program that a patient attends the program, or disclose any information identifying the patient as an alcohol or drug abuser unless:

- (1) The patient consents in writing; OR
- (2) The disclosure is allowed by a court order; OR
- (3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for supervision or program evaluation; OR
- (4) The patient commits or threatens to commit a crime either at the program or against any person who works for the program; OR
- (5) In the case of communicable disease reporting; OR
- (6) In the case of child abuse or neglect or elderly abuse reporting; OR
- (7) In the case of harm or injury to self or others; OR
- (8) In the case of third part payers; OR
- (9) An investigation relating to patient's death.

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs.

### **Release of Information (ROI)**

Sometimes other individuals or agencies may have information that give us a more complete picture of you or lend their perceptions to what's happening. Receiving or sharing personal information about you from records with any other party will require your written consent. Should there be a need or potential benefit to sharing information with another party, we will first discuss this matter with you. If your permission is given, we will then assist you with providing written consent.

### **Assessment Process and Developing a Plan**

Each individual entering our program will participate in an assessment process to determine the nature and the extent of the problems you are facing. Your assessment may include a nursing physical screen, a physical examination, lab tests, and a brief biopsychosocial assessment to help us better understand how we might be of assistance. Your honest answers will help us see how you view the situation and will assist us in working together with you to develop a plan that truly addresses your needs and goals. At any point if something is not clear to you, please ask about it. This process helps the clinician and the person served identify the individual's strengths, needs, abilities, and preference for recovery so that an individual treatment plan may be developed.

EPIC provides Person-Centered planning for our participants. When developing an individual's Plan, EPIC seeks to include family and professional collaboration during planning, goal setting, and throughout service delivery. Regular opportunities for individuals to discuss progress towards their goals and provide feedback on their program is an important part of our treatment services.

Person-centered planning involves the development of a "toolbox" of methods and resources that enable people to be involved in the planning process, and to take ownership of their own paths to success. Professionals providing services help them figure out where they are, where they want to go and how best to get there. EPIC also encourages peer-to-peer support and networking among persons served. Our goal is for you to meet your goals!

### **Course of Treatment Services and Activities**

During your stay with us, you will be engaging in a variety of services and activities that may include but not be limited to the following:

- **Outpatient Assessment** – A bio-psychosocial history including behavioral health or substance use history, laboratory testing, and other relevant measures.
- **Inpatient Assessment (South Campus only)** – A bio-psychosocial history supplemented by medical and nursing examinations, laboratory testing, and other relevant measures.
- **Treatment Plan development** – a course of action recommended by EPIC's clinical team with your input to achieve your treatment goals. Activities and target dates will help you on your way.
- **Individual and/or group counseling** – most of our programs include both settings, but your treatment program will be individualized to your needs, abilities and preferences.
- **Detoxification Inpatient program (South Campus only)** – A medical and supportive counseling routine to assist you in managing toxicity and withdrawing from the physiological and psychological effects of your substance abuse impairment.
- **Residential Inpatient program (South Campus only)** – A medical and supportive counseling routine to assist you in maintaining a sober lifestyle and managing the risks and changes needed following detoxification from your substance abuse impairment.
- **Medication treatment** - The use of authorized drugs to treat your dependence on alcohol or other drugs.
- **Clinical services** – The use of supportive counseling, educational groups, self-help meetings, discharge planning and case management.
- **Drug Screens** – EPIC utilizes urinalysis drug screens and quick-response breathalyzer tests in our treatment programs.

- **Medical services** - Including a medical history, nursing assessment, physical examination, laboratory tests, and tests for contagious diseases, and other related diagnostic tests.
- **Psychiatric Evaluation** – An Adult or Child Psychiatrist will perform an evaluation to help determine any mental health or psychiatric diagnoses and any recommended treatment, including therapy and/or medication administration.
- **Psychiatric Medication Management** – An Adult or Child Psychiatrist will monitor a Medication Management program, where the person served will meet and discuss with the Psychiatrist the effects and outcomes of any prescribed medications.

We ask that you participate fully in each activity as it will enhance its meaning to you as an individual. Our goal is ultimately to help you achieve goals that you identify as important.

### **Case Management and Transition / Discharge Planning**

Your primary counselor and/or case manager will work with you to develop a plan that will assist you to achieve the goals on your personalized Treatment Plan. Transition / Discharge plans will help you to meet your goals and target dates, and keep you informed of your progress towards completion of your program. Your Discharge Plan will help you continue your success upon discharge from our care. This plan may include strategies to continue with your treatment for your substance use disorder, living arrangements that include safe and sober housing, employment options and/or continuing education, and additional services for your family. At your discretion, family members can participate in your discharge planning and will be invited to attend a discharge session at the Center.

### **Transition and Discharge Criteria**

#### **Discharge Criteria:**

Patients are successfully discharged when all treatment goals have been met. Examples include but are not limited to:

- Patient has been successfully detoxified or medical risks and is stable.
- Patient has accepted his/her addiction and/or mental health concern and commits to recovery in order to expect maintenance of a self-directed recovery plan.
- The patient has been successfully referred for follow-up care with the Care Coordinator.
- The patient's social support system and significant others are supportive of recovery to an extent that the patient can follow a self-directed recovery plan without substantial risk of relapse.

Other discharge circumstances may include:

- The patient has consistently failed to achieve essential treatment objectives despite revisions to the treatment plan and no further progress is likely to occur.
- Patient needs to be transferred to higher level of care, or is stable and able to be transferred to a lower level of care.
- The patient decides to no longer participate in the program.

#### **Transition Criteria**

A patient can be transferred to another program service when it is determined by the Treatment Team that the patient would benefit from a higher or lower level of care, or a different program. A Transition Plan is developed by the primary therapist with the patient. When it is deemed appropriate for a patient to be discharged from a program, either successfully or not, a discharge summary is completed, sent to appropriate referral source, and placed in the patient's record.

## **Expectations of Persons Served with Legally Required Appointments, Sanctions or Court Responsibilities**

In order for EPIC to provide the referred services you must agree to:

- Maintain an active Release of Information to your referral source in order for EPIC to continuously report your program status and progress to your referral source, regardless of discharge outcome.
- Legally required appointments or enrollments are expected to follow all of EPIC's rules and guidelines. Failure to do so will result in reports to your referral source.
- EPIC will make treatment recommendations only. EPIC will not make any legal recommendations to your referral source. If your behavior results in EPIC terminating your treatment program, you are solely responsible for any actions taken by your legal referral source.

### **Access to After Hours Care and Emergency Information**

If you have an urgent problem during normal business hours, please call the office and ask to speak with a counselor or nurse. Every effort will be made to accommodate you. If you have an urgent problem after normal business hours, please call the South Campus office at (904) 417-7100. In an actual emergency, it is best to call 9-1-1 or go directly to the nearest hospital Emergency Room, where the physician on duty will begin treatment and contact our staff if necessary.

### **EMERGENCY NUMBERS**

Alcoholics Anonymous	(904) 829-1737
Anonymous Crime Tip Hotline	1-888-277-TIPS (8477)
Detox (EPIC Recovery Center)	(904) 417-7100
Domestic Violence Hotline	(904) 824-1555
Flagler Hospital Emergency Room (24 hours)	(904) 819-4300
Flagler Psychiatric Center	(904) 819-4560
Florida Abuse Hotline	1-800-96ABUSE (962-2873)
Mental Health Resource Center (MHRC)	(904) 642-9100
Narcotics Anonymous	(904) 358-6262
National Substance Abuse Hotline	1-800-RELAPSE (735-2773)
Poison Control Hotline	1-800-222-1222
St. Augustine Police/St. Johns County Sheriff's Office	9-1-1
National Suicide Hotline	1-800-273-TALK (8255)

### **Voluntary Surrender of Personal Medications**

As a participant in an EPIC program, you will be asked to inform your intake counselor of all medications you are currently taking. In the event these medications need to be verified or counted for program participation, you will be required to demonstrate and surrender all medications to the staff for such verification while on campus. Once your visit has completed, your medications will be returned to you to depart the facility.

### **Weapons and Illicit or Licit Drugs**

Weapons and Illicit or Licit drugs (prescription and over-the-counter medications) are not allowed on EPIC property. Any weapons or drugs will be confiscated and/or reported to law enforcement.

### **Consent to Drug Screening**

Drug Screens may be utilized in your program to monitor and enhance the therapeutic process. By entering into EPIC's program, you agree to remain free from all mood-altering drugs, including alcohol, while enrolled in the program. In addition, you agree to provide urine samples/ breathalyzer analysis upon request as long as you are enrolled, at the time of the request. If you breach this agreement, EPIC is entitled to terminate your participation in the program.

### **Consent for Reporting Communicable Disease**

If you are found to have evidence of a communicable disease, EPIC is authorized to disclose such information as necessary to the Department of Health as required by Chapters 381 and 384 Florida Statutes, known as "Report of Communicable Diseases to Department".

### **Policy Concerning Child and Adult Abuse**

As a recipient of services at the EPIC Behavioral Healthcare, you are required to be familiar with the Florida Statutes regarding Child and Adult Abuse. It is imperative that you know and understand these Statutes.

Chapter 415, Florida Statutes, protects children and disabled or aged adults from abuse and/or neglect. Section 415 provides for a central abuse registry in the Department of Children and Families services to receive reports of abuse and neglect and defines who must report abuse. The law assigns to DCF all responsibility for receiving, investigating and acting upon such reports.

Abuse is defined as including any non-accidental injury, sexual battery, financial or sexual exploitation or injury to the intellectual or psychological capacity of a person by the parents or other persons responsible for the child's or adult's welfare. Neglect is failure to provide adequate food, clothing, shelter, health care, or needed supervision.

Anyone who suspects child or adult abuse is ethically obligated to report that abuse. The report can be made to the Abuse Registry toll-free line (1-800-96-ABUSE) operated 24 hours per day or to the appropriate local DCF Intake Office.

### **Seclusion and Restraint**

We do not utilize seclusion or restraint in any of our programs. We expect everyone on EPIC property to maintain themselves in a law-abiding manner and respect the rights and property of others. However should circumstances arise where this is not the case, law enforcement will be contacted.

### **Education regarding Advanced Directives**

During the Intake/Evaluation process, the clinician will inform all participants of their opportunity to be educated on Advanced Directives. Once educated, participants may be provided with forms on Advanced Directives. While EPIC staff can educate or assist with Advanced Directives, it is the responsibility of the patient to complete and submit any Advanced Directives as appropriate.

### **Program Rules / Standards of Conduct**

EPIC serves all members of the community, including families and children. Please help us to keep EPIC a safe, confidential and welcoming environment for ALL of persons served as well as visitors and staff. We expect you to obey the following guidelines:

**Services Schedule:** EPIC is open Monday – Friday 8:30 am – 5:30 pm. Depending on the group schedule for the week, the Administrative office may be open later than 5:30 in order to sign in group participants.

**Smoking and other Tobacco Products:** Cigarette smoking is not allowed anywhere at the Facility. Tobacco products are not permitted inside the building and may be confiscated.

**Automobiles:** You may park your vehicle in the EPIC parking lot. Parking in the neighboring business's parking lot is not allowed, and you will be solely responsible for any violations or consequences for trespassing.

**Clothing:** No inappropriate or revealing clothing. Shirt and shoes must be worn while visiting EPIC facilities. Out of respect for our patients, guests, and staff, please wear appropriate clothing at all times while at EPIC. You may be asked to change, to leave, or to wear an EPIC t-shirt if your dress is considered inappropriate.

**Contraband:** Use or possession of contraband materials by patients or visitors, such as drugs, alcohol, drug related paraphernalia, weapons, cigarettes, lighters, or other prohibited items and materials are not acceptable at this facility and may result in an administrative discharge.

**Finance:** A financial assessment is conducted on each patient on an individual basis. Fees for services are fully explained to the patient by an EPIC staff member.

**Confidentiality:** Federal confidentiality laws prohibit us from releasing information about our patients without written consent from the patient. If you choose to sign a release of information, which authorizes us to communicate with other about you, we can communicate with those people that may call to see how you are doing. If you choose not to, we cannot give any information to anyone. Phone messages can be left for the patient if they are urgent in nature.

**Food and Beverages:** Food and Beverages are not allowed in EPIC waiting rooms or program service areas, including individual and group meetings.

**Inappropriate Social Behavior:** Violence, destruction of property, threats of harm to other patients or staff and any sexual involvement or sexual contact between patients while on campus is strictly prohibited. Patients and their guests will be held financially responsible for destruction of property. Violation of this policy is grounds for an immediate discharge.

**Media/Electronics:** Personal computers, cell phones, iPads, etc. are not permitted during program services. Use of such equipment in the waiting rooms is allowed as long as it is done with respect to the others in the area. EPIC staff may ask you to discontinue your use if it is inappropriate.

**Random Urine Drug Screening and Blood Alcohol Sensor Levels:** Random urine drug screening and Alco Sensor testing may be done at intervals on any patient upon staff discretion. Failure to cooperate with testing procedures may result in a positive result, or program discharge.

**Visitors:** Any companions, drivers, friends, etc. are not allowed to stay on the property during your program services. As a consideration of all patients' right to confidentiality, your companions are expected to leave the property and return at the time of your completion of each

service. EPIC staff will approach any unknown visitors and ask their purpose for being on the property, and request they leave. Refusal may result in a call to law enforcement.

*If you choose to not abide by these Program Rules, your continued participation in the program will be reviewed and may result in an administrative discharge.*

### **Reinstatement in EPIC Programs**

If you are involuntarily discharged from EPIC's programs for violation of any of EPIC's rules or policies, you have the right to ask for reinstatement. To do so, you will need to contact the Clinical Director or Director of Nursing directly by phone or mail. EPIC will take your request into consideration, research your case history including staff input and the reason for discharge. EPIC's Clinical team and/or Management Team will meet to review your eligibility for reinstatement. If you are approved, you will be contacted by the Program Director with any required sanctions or guidelines to your reinstatement.

### **Facility Orientation and Emergency Procedures**

EPIC posts an Emergency Procedures and Evacuation Map at the entrance to each suite. During your intake and orientation, you will be shown the nearest map. If you have any questions regarding the map or its contents, please ask an EPIC staff at any time. The map in each suite will display the locations of the following:

- Emergency Exits
- Storm Shelter areas
- 1st Aid kits
- Fire suppression equipment.

## EPIC Behavioral Healthcare

### Informed Consent for Treatment and Participant Agreement

By my signature, I understand and agree to the following:

- ✓ I have read, understand, and have been offered a copy of this Informed Consent for Treatment and Participant Agreement, which includes but is not limited to an explanation of my rights and responsibilities, complaint/grievance procedure, and confidentiality of my patient record.
- ✓ I agree to participate in the intake and assessment process, and to receive services, which could include assessment, stabilization, detoxification, medication treatment, clinical and medical services, drug screens, discharge planning, and case management services.
- ✓ I agree to follow the Program Rules as discussed.
- ✓ I was informed that this consent could be revoked by me verbally or in writing, before or during the period in which I receive services, except to the extent that action has been taken on reliance on it.
- ✓ I acknowledge that there have been no guarantees or assurances made to me as the results of services rendered by EPIC, or its employees.
- ✓ I give permission to contact me for the purposes of obtaining follow up information concerning my progress after completing services.

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Signature of Person Served

Date

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Guardian or Legal Custodian Signature, if applicable

Date

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Staff Signature and Title/Credential

Date

- Participant Agreement provided to patient.
- Signature Page placed in patient record.