



EPIC Behavioral Healthcare
Think for Success!
Client Information

Personal Info:

Student Name: _____ Date: _____

Address: _____
Street City, State Zip County of Residence

Cell Phone: _____ Home Phone: _____

Date of Birth: _____ Race: _____ Sex: _____ Resides with: _____

Student's Mother: _____ Student's Father: _____

Main Contact and Best Phone Number: _____

Will your Student be driving themselves or riding with someone other than a legal guardian?
_____ If yes, who? _____

Home Zone School: _____ Grade Level: _____

Relevant Medical and Disability Information regarding student and parent:
(Needed in case of emergency or for special accommodations.)

Referral Information:

Referred by: State Attorney's Office St. Johns County School District Civil Citation (SJSO)
 Teen Court Other

Reason for Referral:

Emergency Contact:

Name: _____ Relationship: _____

Address: _____
Street City, State Zip

Phone: _____



Student Assistance Overlay Services

CONFIDENTIALITY OF CLIENT RECORDS

The confidentiality of client information obtained by EPIC Community Services, Inc. is protected by federal law and regulations. Generally, EPIC Community Services, Inc. may not say to a person outside the program that a client attends the program, or disclose any information identifying the client unless:

1. The client 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. In the case of harm or injury to self or others: OR
5. The client commits or threatens to commit a crime either at the program or against any person who works for the program: OR
6. A child or dependent adult is abused: OR
7. An unreported communicable disease.

(See 423 U.S.C. 290dd-4 and 290ee-3 for Federal laws and 42 CFR Part 2 for Federal regulations).



**ABSTINENCE CONTRACT & CONSENT
FOR URINALYSIS/BREATHALYZER
ADOLESCENT PROGRAM - THINK! for SUCCESS**

I, _____ will remain free from all mood altering drugs, including alcohol, while I am enrolled in THINK! for SUCCESS at EPIC Behavioral Healthcare. This abstinence contract begins today with my signature and will continue until I complete the program.

In addition, I agree to provide urine samples/breathalyzer analysis upon request as long as I am enrolled in the program at the time the request is made. This is done in order to determine if I am using mood-altering chemicals and to evaluate my progress and my commitment while in THINK! for SUCCESS.

It is further agreed that I recognize the need of EPIC Behavioral Healthcare to charge \$20.00 per screen for the process of collecting urinalysis/breathalyzer. I agree to pay the additional fees today for urinalysis/breathalyzer testing. If I choose to contest the results of my drug screen, I agree to pay the additional cost of \$25 to send my sample to Redwood Toxicology Laboratory Detection Specialists, Santa Rosa, CA, for verification.

If I should breach this agreement, EPIC shall be entitled to terminate my relationship with this program and refer me for treatment services.



EPIC BEHAVIORAL HEALTHCARE THINK! for Success Student Agreement/Consent for Services

I agree to remain alcohol and drug free while participating in THINK! for Success. I further acknowledge I may be dismissed from this program if I do not uphold this commitment.

I agree to participate in THINK! for Success and to cooperate in all activities which includes:

- Eight (8) weekly groups, 1 ½ hours each.
- One (1) Teen Individual Counseling Session
- One (1) Family Counseling Session (Teen and Parent)
- One (1) Family Exit Session
- The development of my Prevention Plan

I agree to do my best and demonstrate a positive attitude in all sessions.

I agree to be courteous and speak politely while participating in group and/or individual counseling sessions.

I agree to respect the rights, property and privacy of others at all times.

I agree to have a statement of program completion submitted to My Referral Source ('s) upon my completion of THINK! for Success.

I understand failure attend appointments without 24 hours notice can result in extension of services as well as termination and feedback to the referral source.

I understand that my failure to successfully complete the program will result in referral to My Referral Source ('s) District and possible consequences to be added by my referral source.

I understand that my participation in the program is confidential and private. Information may not be given to people outside of this program without my written permission, except for matters regarding abuse, neglect, or intentions to harm myself or others.



EPIC BEHAVIORAL HEALTHCARE
THINK! for Success
Parent Agreement/Consent for Services

I agree to support my son's/daughter's choice to remain alcohol and drug free while participating in THINK! for Success; I further acknowledge he/she may be dismissed from this program if he/she does not uphold his/her commitment.

- I agree to attend and participate in:
 - Two (2) Parent to Parent Drug Information classes
 - One family session
 - One family exit interview
 - Cooperate with other recommendations

I agree to ensure transportation from my teen to and from group sessions (drop off no earlier than 15 minutes before group and pick up no later than 15 minutes after group)

- Eight (8) weekly groups, 1 ½ hours each
- One (1) Teen individual counseling session

Failure to inform 24 hours prior to missed group or session may result in feedback to client's referral source and delay program completion. Excused absences include death in the family and serious illness with a doctor's note.

If required to take drug test via urinalysis, I agree to pay for all drug testing before receiving the completion certificate. I understand that our participants in the program is confidential and private. Information may not be given to people outside of this program without written permission, except for matters regarding abuse, neglect or intentions to harm myself or others.



THINK! for Success!

GROUP RULES

1. Be on time

- 3 tardies (less than 10 minutes late) constitute one unexcused absence and may result in discharge from program
- Arrival to group more than 10 minutes late will not be permitted (per agency policy) and will constitute an unexcused absence
- 1 unexcused absence may result in discharge from this program

2. Come to each group ready to participate.

- Alert and Attentive
- Participation is mandatory

3. Distractions or disruptions will not be permitted.

- Respectful behavior at all times (language, physical, etc)
- **No Cell Phones, Tablets or Headphones** in group setting
- No distractions in group setting (side conversations, purses, backpacks, etc)

4. Respect Confidentiality.

- Everything said in group stays in group

5. Break time.

- Use of restroom will only be permitted before or after group (not during group)

6. Appropriate attire must be worn at all times. (shirts, pants, shoes, etc)

- No hats, visors, sunglasses or beach attire (swimsuit tops/bottoms, halter tops, etc)
- No clothing with provocative language, style, gang affiliation, profanity, or pro-drug/alcohol text or graphics
- No bedtime attire (slippers, pajamas, etc)

NO WEAPONS OR VIOLENCE ARE PERMITTED ON EPIC PROPERTY

THE POSSESSION OF OR BEING UNDER THE INFLUENCE OF ALCOHOL OR ILLEGAL DRUGS WILL NOT BE TOLERATED ON EPIC PROPERTY



1400 Old Dixie Highway
St. Augustine, FL 32084
Phone (904) 829-2273
Fax (904) 824-0724
epic@epicbh.org

EMERGENCY NUMBERS

Alcoholics Anonymous	(904) 829-1737
Anonymous Crime Tip Hotline	(904) 824-9099
Detox (EPIC Recovery Center)	(904) 417-7100
Domestic Violence Hotline	(904) 824-1555
Flagler Hospital Emergency Room (24 hrs)	(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 Department/St. Johns County Sheriff's Office	911
National Suicide Hotline	1-800-273-TALK (8255)

*If you have concerns about your rights:

Florida Advocacy Council or	1-800-342-9152
Department of Children and Families (substance abuse)	1-904-723-2133

or call your EPIC Counselor for assistance at 829-2273



Client Bill of Rights

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.

Grievance Process

Any individual receiving services from EPIC Behavioral Healthcare who feels his/her rights (see Client Rights) have been violated shall have the right to file a grievance. EPIC affirms that there will be no retaliation against any person because he/she participates in any manner in an investigation or hearing under State and Federal Civil Rights Law. The grievance shall be filed in writing, with The Grievance Officer or his/her designee within seven (7) days of the alleged violation.

The Grievance Officer shall investigate any grievance filed, said investigation to include a personal interview with the respective client. He/she shall respond, also in writing and the response shall be forwarded to the Quality Assurance Committee for its review. If the individual filing the grievance is dissatisfied with the response of The Grievance Officer he/she may then follow up by requesting a review by the Executive Director. The second step in this process shall be completed and contact made within ten (10) days of receiving the response from the Director. The Executive Director shall have ten (10) days to respond to the grievance, in writing.

Any individual who is unable to read and write shall be provided staff assistance in writing and filing his/her grievance. Under no circumstances shall any disciplinary action or other adverse actions be taken as a result of or in response to the filing of said grievance. However, the filing of a grievance shall not interfere with the enforcement of normal program procedures or rules.

I have read the rules and policies of EPIC Behavioral Healthcare as described above. I understand these rules and policies and agree to adhere to them. I have also read my rights and the grievance procedure and had the opportunity to have them explained to me. I fully understand these rights and procedures.



**EPIC BEHAVIORAL HEALTHCARE
CIVIL RIGHTS COMPLAINT & GRIEVANCE PROCEDURES**

CLIENT COPY

Procedures for resolving complaints of discrimination filed against EPIC Community Services, Inc., applying directly to staff, applicants for employment, clients and potential clients who allege discrimination by reason of race, sex, color, religion, national origin, disability, age, or marital status.

A written complaint should be filed with EPIC within 7 days of the alleged discriminatory act with:

Brandon Colee, Equal Opportunity Employment Coordinator and Grievance Officer
1400 Old Dixie Highway, Suite D, St. Augustine, FL 32084

Complaint should include name, address and phone number of complainant, basis for complaint, description and date(s) of alleged discriminatory act(s) and be signed by complainant.

Upon receipt of complaint, the Equal Opportunity Employment Coordinator will send written acknowledgement of the complaint to the complainant and the CEO.

Complaint will be investigated and written investigative report prepared with 10 days of receipt of complaint.

Based on the investigative report, findings and recommendations, the CEO will determine EPIC's position and consult with the Chair of the Executive Committee. EPIC's final determination will be made within five days of the receipt of the investigative report.

If determination finds "no reasonable cause", complaint will be dismissed, file closed, and complainant notified. If there's a finding of "reasonable cause", conciliation will be initiated by the CEO, the E.E.O. Coordinator and the complainant.

EPIC affirms that there will be no retaliation against any person because he/she participates in any manner in an investigation or hearing under State and Federal Civil Rights Law.

YOU MAY ALSO CONTACT:

- Department of Children and Families, District 12 Alcohol, Drug Abuse and Mental Health Program office at **1-386-254-3744**
- Human Rights Advocacy Committee, Local Advocacy Council: **1-407-245-0981**
- **ABUSE HOTLINE: 1-800-962-2873**

Customers (Clients), potential customers, and companions who believe they have been the victim of discrimination by reason of a disability in the provision of benefits or services may file a written complaint of discrimination within 180 days of the alleged discriminatory act(s) with:

<p>(1) Human Resources Administrator Department of Children and Families (DCF) Human Resources - Office of Civil Rights 1317 Winewood Boulevard, Bldg 1, Room 110 Tallahassee, Florida 32399-0700 (850) 487-1901; or TDD (850) 922-9220; or Fax (850) 921-8470</p>	<p>(2) United States Dept of Health and Human Services (HHS) Attention: Office for Civil Rights Atlanta Federal Center, Suite 3B70 61 Forsyth Street, SW Atlanta, Georgia 30303-8909 (404) 562-7888; TDD/TTY (404) 331-2867; or Fax (404) 562-7881</p>
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Prevention Center Services: "THINK" For Success

A Prevention Program for Adolescents

Education. Prevention. Intervention. Counseling.

WHO: The **THINK! For Success** program is designed for those adolescents who are experimenting with alcohol and other drugs, and who need to learn about the legal, social and personal implications of their drug-using behavior and of choices made at home, at school and in the community.

WHAT: The **THINK! For Success** is a substance abuse education and counseling program for adolescents, who have been referred by St. Johns County School District (SJCS), SJCS Athletic Code of Conduct, St. Johns County Law Enforcement, State Attorney's Office Diversion Program, Teen Court, Self-referral and Department of Juvenile Justice. EPIC provides this program in partnership with St. Johns County for all eligible youth grades 6-12.

The program includes the following minimum required components:

- 1 Enrollment/Assessment Session** *(adolescent and parents)*
- 8 Weekly Group Sessions** *(adolescents only)*
- 1 Individual Session** *(adolescent only)*
- 1 Family Session** *(adolescent and parents)*
- 2 Parent-To-Parent Group Sessions** *(parents only)*
- 1 Exit Session** *(adolescent and parents)*
- Drug Screening** *(based on referral source)*

WHERE: EPIC Behavioral Healthcare provides this program at our North Campus location, 1400 Old Dixie Highway, Suite C, St. Augustine FL 32084.

WHEN: The **THINK! For Success** program is offered on an appointment basis, or for those that have been referred to us from outside sources such as law enforcement or local school districts. For more information, or to schedule your first intake appointment, please call (904) 829-2273.

COST: EPIC is pleased to offer this program **at no cost to participants.**

STAFF:

Kimberly Garces	Prev. Team Lead/Parenting Counselor	KGarces@epicbh.org
Zachary Lumpkin, MA	Prevention Counselor	Zachary@epicbh.org
Jackie Werboff, MA	Prevention Counselor	JWerboff@epicbh.org
Darrin Marshall, MA	Prevention Counselor	Darrin@epicbh.org

GET HELP NOW!

(904) 829-2273

**1400 Old Dixie Hwy.
St. Augustine, FL 32084**

We accept most commercial insurances, Medicaid, self-pay with sliding scales, Visa & MasterCard.
Accommodations are available for disabled or deaf/hearing-impaired. For assistance, use x7016