

# HANDBOOK FOR PERSONS SERVED



Your behavioral health specialty care provider

EPICBH.ORG
904.829.2273 904.417.7100



## **WELCOME TO EPIC!**

## Thank you for choosing EPIC Behavioral Healthcare as your behavioral health specialty care provider.

Our staff of extremely qualified professionals includes specialists in Substance Use Disorders, Substance Use Detoxification, Prevention & Wellness, 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! Our philosophy is person-centered which means we put you at the center of your treatment and respect your freedom to make your own choices and choose your own direction.

## **INSIDE YOU'LL FIND**

- Treatments, Locations & Contact Info
- Scheduling & Cancelling Appointments
- Payment Options & Policies
- Your Rights as Our Patient
- Patient Responsibilities & Expectations
- Our Facility's Safety Guidelines
- Your Opinion Matters!
- Emergency Phone Numbers

EPIC is a state-licensed and accredited company. We are able to provide care for people who are unable to afford the full cost of behavioral health care services. We accept commercial insurance, private pay and Medicaid. In addition, persons served may be eligible for a sliding scale fee based on their documented income and using the Federal Poverty Guidelines as a reference tool. All persons served receive the same high-quality care, regardless of their ability to pay for services.

## **EMERGENCY PHONE NUMBERS**

Community Access to Health, Social and Human Services 2-1-1 Serving Northeast Florida (Duval, St. Johns, Clay, Baker, Nassau, Columbia, Suwannee, Hamilton, and Putnam counties)

Local Duval County	1-904-632-0600
TTY/Hearing Impaired	1-904-330-3989

Al-anon & Alateen Groups	1-888-425-2666
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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 (904) 819-4300 (24 hours)

Flagler Hospital Mental Health Unit (904) 819-4560

Florida Abuse Hotline 1-800-96ABUSE (962-2873)

Local Law Enforcement 9-1-1

LSF Help Line 1- 877-229-9098

Mental Health Resource Center (MHRC) (904) 642-9100

NAMI (Nat'l Alliance on Mental Illness) 1-800-950-6264

Narcotics Anonymous (904) 358-6262

National Substance Abuse Hotline 1-800-RELAPSE (735-2773)

National Suicide Hotline 1-800-273-TALK (8255)

Poison Control Hotline 1-800-222-1222

## **YOUR OPINION MATTERS!**

EPIC offers random satisfaction surveys each month, as well as a survey at discharge. In addition, there is a "Suggestion Box" available in the waiting rooms of the North and South campuses, and at the nurse's station in the South campus. In order to monitor client satisfaction and improve care, clients will receive surveys, via text, email or in-person, at various intervals during and after treatment.

Please take the short time to complete the sureys to help us improve our services, for you and others we serve.

All surveys are completed confidentially and are processed by our data staff and will not be reviewed by direct treatment staff except in summary forms and reports.

## **OUR VISION**

The primary leader of quality, comprehensive behavioral healthcare in our community.

## **OUR MISSION**

To strengthen our community by providing person-centered care to individuals and families impacted by substance use and mental health disorders, and other behaviors through a comprehensive system of **E**ducation, **P**revention, **I**ntervention, and **C**ounseling.

## **OUR CORE VALUES**

Consumer Focused
Ethical & Confidential
Accessible & Proactive
Dedicated & Responsive
Empathetic & Compassionate
Culturally Competent & Diverse
Demonstrating Dignity & Respect
Committed to Continuous Improvement

## TREATMENTS, LOCATIONS & CONTACT INFO

## **NORTH CAMPUS**

## Adult & Children Mental Health Prevention & Treatment

Intake & Assessment

**Treatment Planning** 

**Psychiatric Evaluations** 

Individual & Group Counseling

**Medication Management** 

**Care Coordination** 

Discharge Planning

Prevention & Wellness

**Parenting Education** 

#### **NORTH CAMPUS**

1400 Old Dixie Highway St. Augustine, FL 3208

904-829-2273

**Mon, Wed, Fri**8:30 AM - 5:00 PM
8:30 AM - 8:00 PM

## **SOUTH CAMPUS**

## Adult Substance Use Inpatient & Outpatient

Intake & Assessment

Treatment Planning

Substance Use Detoxification

**Residential Treatment** 

**Medication Assisted Treatment** 

Individual & Group Counseling

Medication Management

**Care Coordination** 

Discharge Planning

#### **SOUTH CAMPUS**

3574 US Hwy 1 South

St. Augustine, FL 32086 **904-417-7100** 

Inpatient Unit Ste. 111:

24 Hours a Day

## Outpatient Clinic Ste. 107:

**Mon, Wed** 8:30 AM - 8:00 PM Tues, Thurs, Fri 8:30 AM - 5:00 PM

### **NORTH CAMPUS**

## **SOUTH CAMPUS**



10

## **YOUR APPOINTMENT**

#### **OPEN ACCESS / WALK-INS**

EPIC offers an "Open-Access" intake model. We have open enrollment periods during the week where you may come to one of our locations (see below) and sign-in for an intake evaluation. You will be seen in the order of arrival. If the open enrollment time period is booked, our office staff will inform you, and offer to make a scheduled appointment. You may also return during the next open enrollment period.

#### **OUTPATIENT SUBSTANCE USE EVALUATIONS - ADULTS ONLY**

## **Monday - Friday**

First come, first serve. Please arrive by 8:30am. South Campus. Suite 107

If the open enrollment periods do not fit your schedule, please call our supportive front desk staff to help find the earliest available appointment.

## **EMERGENCY APPOINTMENTS or "CRISIS INTERVENTIONS"**

These appointments are available on a daily basis. We will put you in-touch with one of our qualified crisis counselors. Any time you are experiencing a mental health or substance-related emergency, please do not hesitate to call our offices at 904-829-2273.

We realize that your time is valuable and we strive to keep your wait time to a minimum. Your patience when emergencies or scheduling conflicts arise is appreciated.

#### YOUR FIRST APPOINTMENT

On your first visit, we will ask you to complete registration forms and a brief medical history. Please bring a current list of the medications that you are taking and any insurance cards, including Medicaid. For parents bringing their children in for services, we need you to bring the child's birth certificate or proof of Legal Guardianship. If you wish to be considered for the sliding fee program, you must provide proof of income. Please arrive 30 minutes early for your first visit. We will ask you to sign a form to request a copy of your medical records if you have been under the care of another provider.

#### **CANCELLING AN APPOINTMENT**

Please notify us as soon as possible if you will arrive late or unable to keep your scheduled appointment. If you are not able to cancel with at least 24 hours notice, or if you "no show" for a scheduled appointment, EPIC's policy is to charge a \$25 No Show fee. If you have three consecutive no shows or cancellations, you will receive a letter from our Office Manager that your case will be immediately closed.

## **OUR FACILITY'S SAFETY GUIDELINES**

EPIC is a professional place of business that serves all members of the community, including adults, teens, families & children. Please help us to keep EPIC a safe, confidential and welcoming environment for ALL of our visitors and staff.

We occasionally hold Fire Drills during office hours. While we try to minimize this impact on persons served, please follow all staff directions during these drills, and we appreciate your participation and patience!

Please review our "Emergency Maps and Procedures" during your orientation to familiarize yourself with our Safety Zones and emergency exits.

#### **FACILITY GUIDELINES**

All persons served, their companions, and other visitors are expected to obey the following guidelines:

- No drugs or alcohol are allowed on our property.
- All EPIC campuses are smoke free and tobacco free. Please refrain from smoking any form or use of tobacco products while on our property, including electronic cigarettes.
- Weapons (including guns, knives, tools of any type, etc.) are not allowed on our property.
- For the safety of clients and staff, if there is suspicion of weapons or illegal substances being brought on campus we maintain the right to search your person and belongings. Failure to submit to search could lead to immediate dismissal from current services.
- No personal electronic devices are allowed while in treatment. To protect the
  privacy of clients, visitors, and staff, the use of recording devices are not
  permitted without consent.
- We cannot allow any threatening comments or aggressive behavior, including yelling or foul language.
- Shirt and shoes must be worn while visiting EPIC facilities.
- No food or drink is allowed in EPIC waiting rooms.
- Please do not leave minors unattended anywhere on our property. If you need to bring your child(ren) with you to your appointment(s), please be prepared to have someone with you to supervise them while in your appointment.
  - \*EPIC Behavioral Healthcare is not responsible for unattended minors anywhere in the facility.
- Please be respectful of the confidentiality of all other persons served, both during and after receiving services.
- Many EPIC programs have privileges (i.e. field trips, visits, etc.) as part of the
  program operations. Failure to abide by group/program rules may lead to a
  revocation or suspension of these privileges. At the time of revocation,
  reasonable steps or actions needed to regain privileges will be discussed.

## **PATIENT RESPONSIBILITIES & EXPECTATIONS**

As a patient or client of EPIC Behavioral Healthcare, **the following are responsibilities and expections of our company** so that we will be better able to assist you properly:

- To provide EPIC, to the best of your knowledge, with accurate and complete information about present complaints, past behavioral and primary hospitalizations, medications, and other matters relating to your health.
- To report unexpected changes in your condition to EPIC immediately.
- To let us know if you understand a contemplated course of action and what is expected of you.
- To follow the treatment plan recommended by our behavioral health care treatment team.
- To keep appointments and, when you are unable to do so for any reason, notify EPIC within 24 hours of your scheduled appointment.
- To understand that you are responsible for your actions if you refuse treatment or do not follow the treatment instructions.
- To understand that you are responsible for assuring that the financial obligations of your care are fulfilled as promptly as possible.
- To understand that you are responsible for following EPIC's facility guidelines and regulations affecting patient care and conduct.
- To understand and abide by your attendance expectations for your program. A schedule will be included in your program orientation session. Attendance expectations are specific to each program.

## **DID YOU KNOW?**

#### RELEASING YOUR INFORMATION

Following federal laws concerning client confidentiality, we require a signed, effectively dated Release of Information (ROI) for all disclosures of information regarding your treatment progress reports. Mental Health services can only provide certain records. For access to your records, contact our office at 904-829-2273 to make a request. The Medical Records Office will process your request with the clinical team and respond to your request upon approval.

## **PAYMENT OPTIONS & POLICIES**



It is the policy of EPIC Behavioral Healthcare to assess and collect fees for the provision of treatment services. **Each person participating in an EPIC program has a financial responsibility to pay for services provided.** Persons served are obligated to pay for services at the time they are rendered unless other financial arrangements have been made. This includes a co-payment requirement for commercial insurance carriers or Medicaid.

It is the purpose of this policy to hold persons served accountable for their financial obligations, but to offer flexibility and understanding to each client's unique financial situation.

#### **COMMERCIAL INSURANCE**

EPIC participates in most health insurance plans including Florida Blue, UHC, Aetna, Medicaid, etc. Insurance coverage is an arrangement between you and your insurance company, and your insurance plan may not provide full payment for your visit costs. If your insurance plan will only allow you to see providers that are members of their network, please verify that EPIC is a participating provider with your particular plan.

Please contact your insurance company with any questions regarding your plan or coverage.

8 5

## **PAYMENT OPTIONS & POLICIES (cont.)**

#### **PROOF OF INSURANCE**

All persons served must complete the information registration forms. A copy of your driver's license and valid insurance card will be needed to provide proof of insurance. If you fail to provide the correct insurance information in a timely manner, then you may be responsible for payment of your visit costs.

#### **CO-PAYMENTS AND DEDUCTIBLES**

All co-payments and deductibles must be paid at the time of service. Federal regulations require EPIC to collect co-payments and deductibles. Please help us to comply by paying your co-payment at each visit. Cash, checks, money orders, MasterCard, Visa, AMEX or Discover charge cards are accepted as forms of payment.

#### **CLAIMS SUBMISSIONS**

EPIC will submit your claims and assist in getting them paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their requests. Please be aware that the balance owed to EPIC is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; EPIC is not a part of that contract.

#### **CHANGES IN YOUR INSURANCE COVERAGE**

If your insurance changes, please notify EPIC before your next visit so that our staff can make the necessary changes to help you receive your maximum benefits. If your insurance company does not pay your claim within 90 days, the balance will be automatically billed to you.

#### **SLIDING SCALE FEES**

A person's fee may also be determined utilizing Federal Poverty Guidelines. Almost all of EPIC's services are available on sliding scale to qualifying participants based on proper documentation of income, household size and other extenuating circumstances causing financial hardship. Please talk with your counselor or customer service representative for more information on how you may qualify.

#### **NON-PAYMENT**

If your account is over 90 days past due, you will receive a letter stating that you have 20 days to pay your account. Please be aware that if the balance remains unpaid, your account may be referred to a collection agency.

#### **FINANCIAL COUNSELING**

Our dedicated staff members are available to answer your questions about payment arrangements, insurance coverage, Medicaid, Sliding Scale fees and other inquires.

## **YOUR RIGHTS AS OUR PATIENT**

EPIC values a welcoming environment of mutual respect in order to ensure a quality behavioral healthcare system for persons served, staff, and visitors. Our staff are trained to provide excellent customer service, focused on meeting the individual mental health or substance abuse needs of each person served, from your first visit to your continued care throughout your treament episode. Please feel free to express any questions or concerns you have to any available EPIC staff. If we don't know the answer, we will find it for you!

#### **BILL OF RIGHTS**

As a recipient of services from EPIC, every person served is guaranteed certain basic rights. Family members will also be informed of these rights, should they so choose. Each person served will receive a copy of their Rights and EPIC's Grievance Policy.

## **These Individual Client Rights are:**

- To receive treatment and other program services in quantity and quality that is unaffected by your race, sex, color, religion, national origin, disability, age, or marital status. Deaf or hard-of-hearing persons served will be provided with a certified interpreter at no cost.
- To be treated with courtesy and respect, with appreciation of your individual dignity, and with protection of your need for privacy.
- 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.
- To receive services at no cost if an inability to pay is demonstrated.
- To meet with your therapist / counselor and other staff members, with reasonable notice, in order to discuss your treatment / prevention plan and rate of progress.
- To know the potential implications of your treatment program.
- To develop the treatment / prevention plan conjointly with your clinician.
- To know the guidelines and policies that you will be expected to observe.
- To have all records and other information concerning your participation in the program held in strict confidence, in accordance with federal regulations.
- 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.
- To seek remedial action, if you believe any of these rights have been violated by following the process for filing a formal complaint, as detailed in your intake packet.