



Client Services Manual  
Revised March 2023

# talk. listen. lead.

Bacon Street Youth and Family Services. We are here to help, free of judgment and full of compassion.

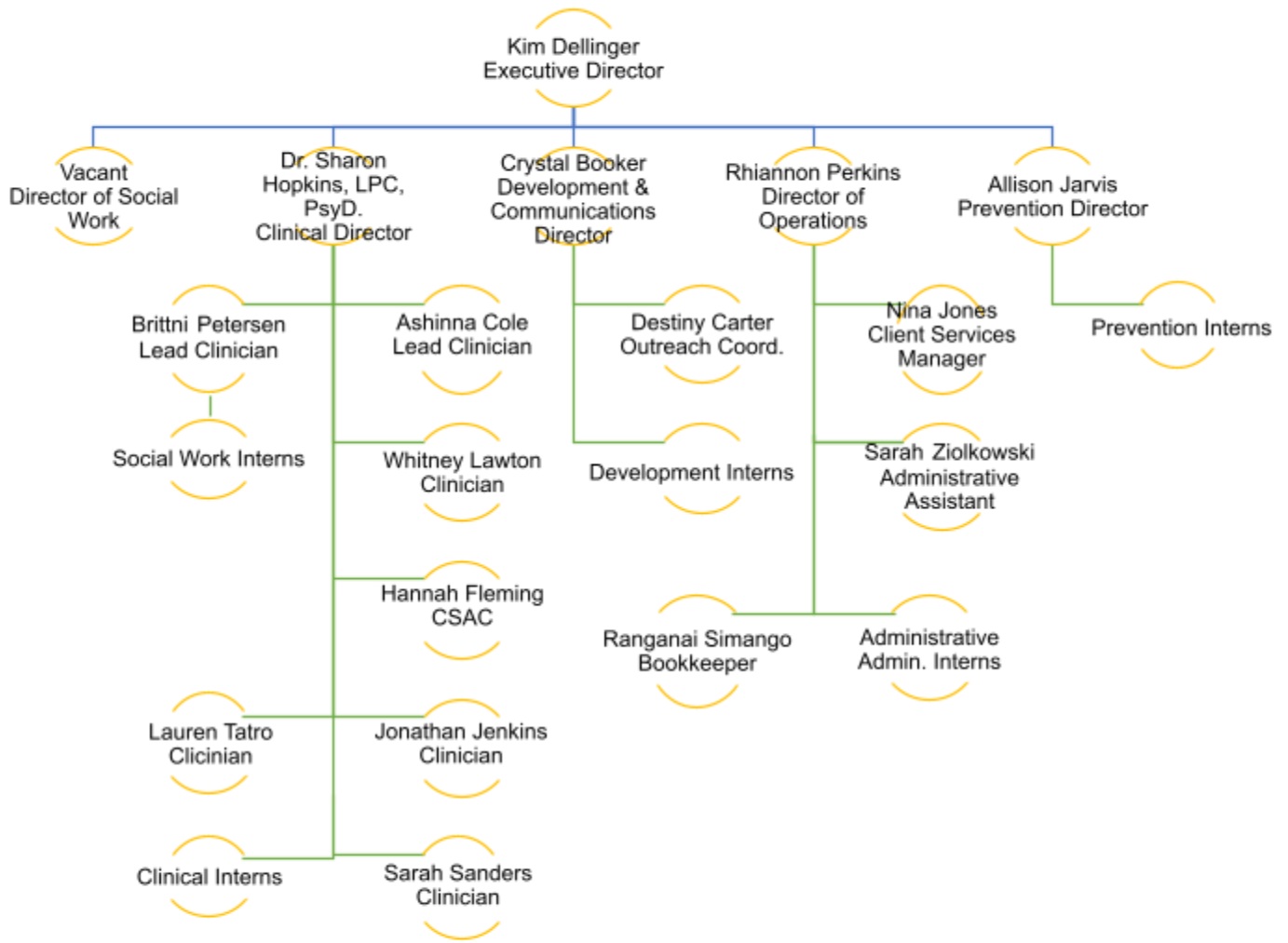
**Our Mission:** Bacon Street Youth and Family Services creates healthier families and more resilient youth through evidence-based behavioral health and substance use services for adolescents, young adults, and their families.

**Our Vision:** Bacon Street Youth and Family Services inspires our community to collaborate and support each other as we provide hope and assistance to youth and families facing mental health and substance use challenges.

**Our Core Values:** We Are...

- **Compassionate:** We are respectful, inclusive, trauma-informed, and non-judgmental in our engagement with youth, families, and the community.
- **Innovative:** We are responsive to the needs of the community as they present themselves, creative in our approach, dynamic and flexible in implementation.
- **Impactful:** We are empowering, resiliency driven, and use a strengths based data driven approach.
- **Holistic:** We are youth centered and family focused, which drives our decisions related to policy and advocacy work, our social services programs, our clinical approach, and our prevention strategies.
- **Collaborative:** We are firm in our resolve that the problems associated with mental health and substance use challenges cannot be addressed in isolation.
- **Accountable:** We are committed to accountability and transparency to our staff, clients, and funders.
- **Culturally Competent:** We are committed to making our agency a more open, respectful, equitable, and inclusive environment for all those we work with and serve in our community.

## Our Organizational Chart – We are here for you!



## Our History

Bacon Street Youth and Family Services was organized in 1971 as the Drug Action Center by citizens of the Virginia Peninsula who were concerned about growing problems of mental health and substance use disorders among youth of the area. In 1974, the trade name Bacon Street was adopted. The agency is a 501-C3 non-profit, is licensed by the Virginia Department of Behavioral Health & Developmental Services, and is governed by a volunteer Board of Directors whose membership is drawn from the area served. In 2015, the agency formally changed their name to Bacon Street Youth and Family Services.

The organization operates administratively out of our main office in James City County, and also has satellite offices in Hampton, Yorktown, and Gloucester. We operate a drop in Day Support Center in Hampton for clients in Hampton and Newport News. Bacon Street has a long history of cooperative partnership with area school divisions, regional juvenile justice agencies, area mental health providers, and the School of Education of the College of William and Mary. We serve the communities of Williamsburg, James City County, York County, Poquoson, Hampton, Newport News, Mathews and Gloucester.

Throughout its history, Bacon Street has endeavored to provide evidence-based services of the highest quality within the constraints of its fiscal capacity. The agency has been a leader in the implementation of family-focused models addressing a range of co-occurring disorders among youth. The organization, and its employees have been recognized for the excellence of its services by the Virginia Legislature, the Virginia Association of Drug and Alcohol Programs, the Williamsburg Health Foundation, and the Center for Substance Abuse Prevention. In its 50 years of service, Bacon Street has worked with more than 15,000 families with children coping with behavioral disorders.

## Days and Hours of Operation

The administrative hours are Monday through Friday, 9:00 am – 5:00 pm. Counseling services are scheduled by appointment.

## How to Access Services After Hours

After hours, non-emergency messages may be left on the agency's voicemail system at (757) 253-0111. Please follow the prompts.

In case of an emergency after hours, access your local emergency room, call 911, or call Emergency Services at Colonial Behavioral Health at (757) 220- 3200.

## Inclement Weather Policy

In case of inclement weather, the staff of Bacon Street will make every effort to contact the client should the agency need to be closed. If there is a question as to whether the agency is open or closed, please call Bacon Street.

## Bacon Street Youth and Family Services Locations

*247 McLaws Circle  
Suite 100-101  
Williamsburg, VA 23185*

*749A Thimble Shoals  
Newport News, VA  
23606*

*4034 George Washington Mem  
Highway, Suite B  
Yorktown, VA 23692*

*6523 Main Street  
Gloucester, VA  
23061*

## Fire Evacuation Plan

### **In the event of a fire:**

TO SOUND THE ALARM: **YELL “FIRE!” AND GIVE LOCATION**

FIRE EMERGENCY NUMBER: **911**

### **TO EVACUATE BUILDING:**

FOLLOW ARROWS SHOWN TO MARKED EXITS

### **TO EXIT THROUGH WINDOWS:**

- Raise the blinds.
- Pull up window release levers.
- Crank open the window.
- Break through screen.
- Step through the window.

## HIPAA Compliance - Notice of Privacy Practices and Confidentiality Policies

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### **Your Privacy is Important**

Bacon Street understands that your privacy is important. We are required by law to maintain the privacy of your protected health information. We are required to provide a notice of our legal duties and privacy practices with respect to your protected health information. We are committed to treating and using protected health information about you responsibly. We strive to safeguard your private health information through administrative, physical and technical means allowed by federal and state laws, agency policy and adherence to the most stringent laws that protect your health information. This notice will also describe your rights related to your protected health information. We are required to abide by the terms of this notice. This notice is effective May 20, 2013 and applies to all protected health information as defined by the regulations.

### **Understanding Your Medical / Health Record Information**

Each time you receive services from Bacon Street, we make a record of your visit. Typically, this record contains your assessment, service plan, progress notes, diagnosis, treatment, response to medications and plan for future care or treatment. This information is referred to as your health information or medical record.

This record serves as a:

- Basis for planning your care and treatment
- Means of communication among health professional who contribute to your care
- Legal document describing the care you receive
- Means by which you, a third-party payer or insurance company can verify that services billed were actually provided.
- A tool by which we can assess and continually work to improve the care we render and the outcomes we achieve.

### **How Do We Use and Disclose Your Health Information?**

Upon signing Bacon Street’s consent to treatment, you are allowing us to use and disclose necessary information about you within the agency and with our business associates in order to provide treatment, receive payments for services and conduct our day-to-day health care operations. Authorization is needed

from you in order for Bacon Street to use and disclose your psychotherapy notes, and protected health information when used or disclosed for marketing purposes or when the disclosure constitutes a sale of protected health information. Other types of uses and disclosures not described in this Notice of Privacy Practices will be made only with authorization from you, the client.

Listed below are examples of how we use your health information for Treatment, Payment and Healthcare Operations.

**Treatment** - In order to provide treatment, we disclose this information, within the agency, to your case manager/counselor, other service providers and administrative staff in order to meet your needs. For example, your Case Manager/Counselor may consult with the various service providers within the agency. At the time of the consultation, your health information may be shared during treatment planning.

**Payment** - We document the services you receive at each visit so that you, your insurance company or other third-party payer can pay us. For example, we may provide copies of your medical record to your insurance company or tell your health plan about upcoming services or services received that require their approval. We also may send you a bill that may include information that identifies you. However, you have the right to restrict certain disclosures of protected health information to a health plan for services that have been paid for in full out-of-pocket by you or someone else on your behalf.

**Healthcare Operations** – Health information is used to improve services we provide to train staff and students for business management, quality improvement, and for customer service. For example, we may use your health information to review our treatment and services and to evaluate the performance of our staff in caring for you.

**Changes to Privacy Notice**

Bacon Street reserves the right to change privacy practices and makes the new practices effective for all the information we maintain. Revised notices will be posted in our facilities and we will offer you a copy when you receive services.

**If You Have A Complaint**

If you believe that your privacy has been violated, you may file a complaint with the agency Privacy Officer or with the Secretary of Health and Human Services in Washington, D.C. We will not retaliate or penalize you for filing a complaint with the facility or the Secretary.

<p>To file a complaint or receive more information, write or contact:</p> <p>Dr. Sharon Hopkins, Privacy Officer 247 McLaws Circle Williamsburg, VA 23185 757-253-0111 757-253-2884 Fax</p>	<p>To file a complaint with the Secretary of Health and Human Services, call or write to:</p> <p>Region III OCR Health and Human Services 150 S. Independence Mall West, Suite 372 Philadelphia, PA 19106-9111 215-861-4441 Main Line 800-368-1019 Hotline, 215-861-4431 Fax 215-861-4440 TDD</p>
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There are some services provided in our organization through an agreement with business associates. When these services are contracted, we may disclose your health information to our business associates so they can perform the job we have asked them to do. We require business associates to safeguard your information.

- Comply with federal, state or local laws that require disclosure
- Assist in public health activities; for example, required reports for health purposes
- Inform authorities to protect victims of abuse or neglect
- Comply with federal and state health oversight activities such as fraud investigations.
- Report to the Virginia Department of Behavioral Health and Disability Services statistical data elements in our computer system; and upon request, provide and/or allow access to your medical records for oversight review.
- Respond to law enforcement officials or to judicial orders, subpoenas or other processes
- Avert a serious threat to health or safety
- Assist in specialized government functions such as national security, intelligence and protective services
- Inform military and veteran authorities if you are an armed forces member (active or reserve)
- Inform a correctional institution if you are an inmate
- Inform workers' compensation carriers to facilitate processing and payment
- Communicate with other health care providers in an emergency, health plans or their related entities for their treatment or payment activities, or health care operations activities relating to quality assessment, licensing or accreditation.
- Coroners or medical examiners for identification of a deceased person or to determine cause of death.

We may also use or discuss your personal health information for the following operational purposes to enhance your health care. We may contact you to provide.

- Appointment reminders by mail or phone
- Information about treatment alternatives
- Information about health-related benefits and services that may be of interest to you

You may tell your primary care providers that you do not want us to use or disclose your information for the above three activities. All other uses and disclosures for reasons other than treatment, payment or health care operations not previously described may only be done with your written authorization. You may revoke your authorization; however, this will not affect prior uses and disclosures. Requests to revoke your authorization must be done in writing.

### **Your Rights Defined By Federal And State Law**

Although your medical record is the property of Bacon Street, the protected health information belongs to you. You have the RIGHT TO:

- Inspect or request copies of your medical records. The right is not absolute. In certain situations, if accessing your information would cause harm, we can deny access. If you are denied access, you will receive a written notice of decision and reason. If you receive copies of your medical records, we can charge a reasonable fee for the copying.\*◇
- Request amendment of your medical records if you believe information in the record is inaccurate or incomplete. We may deny the request for certain reasons but you will be provided with a written explanation of the denial.◇
- Obtain an account of disclosures of your medical record information made after April 14, 2003 that were not for the purpose of treatment, payment, health care operations or that were not authorized by you.◇
- Be notified if there has been a breach of unsecured protected health information.
- Request that we communicate with you about your health information/medical matters in a certain way or at a certain location. For example, specific telephone number and/or address.◇
- Request a restriction with regard to use and disclosure of your protected health information. You will be informed promptly whether we will be able to honor the request restriction. We will still offer effective services, receive payment and maintain health care operations. We are not required to agree to any

restrictions that you request. However, once an agreement is made, we are bound by that agreement except under certain emergency circumstances.◇

- Obtain a paper copy of this Privacy Notice at any time upon your request.
- Revoke any authorization to disclose confidential information except to the extent that action has already been taken.◇

***Requests followed by a diamond (◇) must be in writing. Fees may apply to requests followed by an asterisk (\*). Contact your primary care provider if you wish to exercise your rights.***

#### **IF YOU NEED MORE INFORMATION**

- Call or write the Privacy Officer, as above

#### **Confidentiality Policies**

Each individual is entitled to have all information that the Program maintains or knows about him remain confidential. Each individual has a right to give his authorization before the provider shares identifying information about him or his care unless another state law or regulation specifically requires or permits the Program to disclose certain specific information.

Bacon Street will maintain the confidentiality of any information that identifies an individual receiving service from the Program.

If an individual's services record pertains in whole or in part to referral diagnosis or treatment of substance abuse, the Program shall release diagnosis or treatment of substance abuse, the Program shall release information only according to applicable federal regulations 42CFR, Part 2.

Bacon Street staff, at the time of admission, will tell each individual, and his authorized representative, if applicable, about the individual's confidentiality rights. This will include how information can be disclosed and how others might get information about the individual without consent. If a disclosure is not required by law, staff will give strong consideration to any objections from the individual or his authorized representative in making the decision to disclose information.

Bacon Street will prevent unauthorized disclosures of information from services records and will maintain and disclose information in a secure manner.

If consent to disclosure is required, Program staff will get the written consent of the individual or the legally authorized representative, as applicable, before disclosing information.

A minor individual or his authorized representative must authorize the release of information from his outpatient substance abuse treatment service records in this Program as governed by 42 CFR Part 2.

A full copy of the Bacon Street Human Rights Plan and Confidentiality Policies is available for viewing upon request.



## Treatment Procedures

### Description of the Outpatient Treatment Program

Bacon Street's Outpatient Emotional, Behavioral, and Substance Abuse Treatment Program provides services for people living with their families and under the age of 26 who may be experiencing problems. The program seeks to achieve the following goals for enrolled clients:

1. Through screening and assessment services, provide the individual with determination of the nature and severity of their problems.
2. Through treatment planning services, develop a plan of action jointly with the individual to address their mental health and substance abuse issues.
3. Through counseling and education services, provide structure, guidance, and information to support the individual's achievement of goals of their treatment plan.
4. Through case management and referral services, assist the individual in accessing services of other agencies and organizations appropriate to their needs.

Services of the Outpatient Treatment Program are available to individuals who reside in the cities of Williamsburg, Poquoson, Hampton, Newport News and the counties of James City, York, Mathews, and Gloucester. The program is designed for individuals under the age of 26 whose behaviors are defined as problematic by themselves, their family, their school, their employer or a court of law. Services are provided without regard to race, color, national origin, sex, or sexual preference of an individual.

Individuals referred are screened at the time of referral to ascertain their eligibility for the program and to make an initial determination of whether their presenting problems and needs may be appropriately served by the program. If age and residence requirements are met and the presenting problems and needs are appropriate to the program, an assessment interview will be scheduled as soon as possible. Individuals who do not meet eligibility requirements or whose problems and needs do not appear to be appropriate to the program will be referred to agencies and organizations who can serve them.

It is expected that clients referred to the program may have co-occurring physical and emotional treatment needs. These may include substance abuse, mental retardation, physical disabilities, and psychiatric disabilities that are dually diagnosed. Individuals whose behavior presents a danger to themselves or others shall be referred to the Emergency Services of Colonial Behavioral Health for evaluation and shall not be admitted into the program until such evaluation is complete. Where Individuals have been assessed as a danger to themselves or others or moderate to severe mental retardation, services will be provided only with approval of a primary care provider in the appropriate discipline. Treatment plans developed for such clients shall include the concurrent services of appropriate outside professional providers and gradually shall focus on direct services to parents or guardians of the client. Clients may also be served at different sites to facilitate the delivery of the program's services. Regardless of circumstances the program will try to meet the treatment needs of the client.

The assessment interview routinely involves the individual referred and their parents or guardians. Other family members and significant others such as service providers with custodial authority over the individual may also be a part of the assessment process. The interview is normally completed in a single session and includes the completion of appropriate screening inventories. A urine sample may be collected and submitted to a laboratory to ascertain the presence of alcohol or other drugs and the concentration of these substances in the individual's body.

## Participation in Treatment and Discharge Planning

It is the policy of Bacon Street that the process of accessing and coordinating services for clients in the Outpatient Treatment Program shall be documented in the client's record. Transitions in the service delivery process such as involvement in other components of the program or referral to services of other agencies or organizations shall be accomplished with the client's participation and in consultation with other clinical stages. Documentation of such transitions shall include a description of the service transition, necessary modifications to the service plan and initialing and dating by the client to acknowledge their participation.

It is the policy of Bacon Street that the discharge of clients from the Program shall be documented in the client record within 30 days of discharge. Documentation shall be accomplished through a written discharge summary which shall include: reason for admission and discharge; individual's participation in discharge planning; individual's level of functioning or functional limitations, if applicable; recommendations on procedures, activities, or referrals to assist the individual in maintaining or improving functioning and increased independence and the status, location and arrangements for future services that have been made; progress made achieving the goals and objectives identified in the individualized services plan and summary of critical events during service provision; discharge date; discharge medications, if applicable; date the discharge summary was actually written/documented; and signature of person who prepared the summary.

Discharge from the program shall routinely be accomplished either when the client no longer desires to receive services or when all objectives of the treatment plan have been achieved. Decisions regarding such a discharge will be made jointly by the client and the primary counselor and will be based on client needs. The provider shall make appropriate arrangements or referrals to all services identified by the discharge plan prior to the individual's scheduled discharge date.

In deference to the complex needs of adolescents and young adults, individuals admitted to the programs will not be terminated against their will. Violation of program rules or failure to make progress toward completion of the treatment plan may result in modification of the service plan but are not grounds for termination. Discharge planning and discharge shall be consistent with the individualized services plan and the criteria for discharge.

Clients who do not participate in services for a period of 30 days or more may be discharged from the program. Individuals who are discharged as a result of non-participation may be readmitted at any time so long as eligibility criteria are still met. Decisions regarding such discharges shall be made by the primary counselor in consultation with the Clinical Director. Documentation of such discharge shall include a description of the program efforts to contact the client.

## Client Rights and How to Report Violations

Your rights are protected by the United States Constitution, state laws, the Department of Mental Health, Mental Retardation and Substance Abuse Services and Regulations to assure the Rights of Clients in Community Programs. You, your family or another person you name may receive a copy of Bacon Street's "Human Rights Policy and Procedures" by asking any employee. The Bacon Street staff will help you if you have any questions.

### **IT IS YOUR RIGHT:**

- To not be denied treatment or services on the basis of race, national origin, sex, gender or sexual orientation, age, religion, handicap or ability to pay.
- To be treated with dignity and respect.

- To be told about your treatment.
- To confidential treatment and maintenance of your records with confidentiality.
- To inspect, copy and correct your records.
- To speak to others in private.
- To have your complaints resolved.
- To state your preferences concerning treatment.
- To receive fair compensation for the work you perform (exclusion: personal maintenance, personal housekeeping and work performed as part of your plan of treatment).
- To ask questions and be told about your rights.
- To get help with your rights.
- If you feel that you need outside assistance, call your regional Advocate at (757) 253- 7061.

#### **YOU:**

- Keep all rights when you enter this program. You can receive help with them if you feel that they are not being respected.
- Will not be discriminated against because of age, ethnicity, race, religion, sex, sexual orientation, physical ability or ability to pay.
- Have a voice in treatment / service planning.
- Help make decisions with staff about your program. If you are unable to do so, someone will be appointed by a Judge or the Program to do this for you. (if you disagree, you can object).
- Will not receive any treatment unless you, or someone on your behalf, gives permission after hearing the risks and benefits.
- Will have as much freedom as possible. If your freedom is restricted, you will have a part in the decision and will know how to regain the freedom. Freedom will only be restricted for the safety or treatment needs of clients / residents.
- Will have information about you kept private, It will not be shared with anyone without your permission, unless there is an emergency, or the law or regulations require or allow it to be shared.
- Can see and get copies of records. If you are not allowed to see part of your record, you can have it sent to someone else (lawyer, physician, psychologist).
- If there are any mistakes in your record, you can have them corrected.
- Will be paid fairly if you do work for which you should be paid. (Personal housekeeping and work that helps you improve and does not produce money for the program does not apply).
- Can communicate confidentiality with any person by mail or phone.
- Will be free from seclusion, restraint and intrusive aversive therapy.
- **CAN COMPLAIN, WITHOUT FEAR, IF YOU FEEL YOUR RIGHTS HAVE BEEN OR WILL BE VIOLATED. TO DO SO, TALK WITH A STAFF MEMBER. WE WANT TO HELP YOU WITH YOUR CONCERN.**

**IF YOU FEEL THAT YOU NEED OUTSIDE ASSISTANCE, CALL THE REGIONAL ADVOCATE AT (757) 253 – 7061. The person will help you with staff or, if necessary, the Local Human Rights Committee to look into your complaint and try to get it settled.**

### **Records Management**

It is the policy of Bacon Street that a system of documentation be maintained to support the provision of services to clients and provide for accountability in the operation of its Outpatient Treatment Program. The primary mechanism for this documentation shall be the recording of information in an individual client record.

A separate record shall be maintained for each client admitted to the program. Where family services are provided, each family member shall be given the option of having an individual client record opened. Whenever a family member comes to be dealt with as a separate individual apart from the family or requests that information is kept confidential from the rest of the family, a separate client record shall be opened for that individual.

Information recorded in the client record shall be current, indicate the date of the entry and bear the signature of the staff recording the information. Errors in the record shall be corrected by striking through the incorrect information. Corrections shall bear the initials of the staff making the correction. All entries in the client record shall be made in permanent black ink.

The maintenance of individual client records shall be the responsibility of the staff designated as the primary service provider for that client. The management of the record system shall be the responsibility of the Clinical Director. At the time of admission, all clients shall be oriented to the record system, the maintenance of their record and their confidentiality.

Client records will be stored and located within the primary program facility. Records of active clients shall be stored in a file cabinet in the office of the Administrative Assistant. This office shall be locked at the close of business each day. Records of clients discharged from the program will be stored in locked file cabinets in the records' maintenance office.

Client records will be accessed and handled within the primary program facility by any staff member. Records removed from their storage location shall be returned to that location immediately after the activity for which they were removed is completed. Records may be removed from the primary facility only for the transportation to other service sites.

Staff transporting records outside the primary facility shall secure them in a covered container such as a briefcase and return them to the primary facility before the end of their working day. Written information at other service sites that is part of the client record shall be placed in the record by the staff recording it by the end of the workday.

Information recorded or stored electronically that is part of a client record or includes client-identifying information shall be stored in electronic programs that have coded security access function. Any information stored on removable cartridges or discs shall be treated and handled as a client record stored in the appropriate secured location.

Information contained in client records shall be available only to persons who are legally authorized to have access to such records by federal or state laws. Disclosure of information from a client record shall be accomplished only with the informed written consent of the client or under a lawful order. Information released to third parties shall include a written statement of the confidential nature of the information and the legal responsibility of the third party for the maintenance of confidentiality. Staff of the program shall be informed upon employment of the policy of confidentiality.

It is the policy of Bacon Street that records of clients admitted to the program shall be reviewed for their completeness and accuracy within thirty days of the date of admission. All client records shall subsequently be reviewed every three months and evaluated as to their completeness, accuracy and timeliness. A quantitative review of each record shall be conducted by administrative support staff utilizing a checklist of all required entries to ascertain the completeness of the record. A qualitative review of each record shall be conducted every six months by the Clinical Director to ensure that entries are appropriately made and consistent with the service plan. All reviews shall be documented in the client record indicating the type of review, person conducting the review, date of review and findings of the reviewer.

The Clinical Director shall issue a list of records to be reviewed each month to all clinicians. The list shall be generated based on the client's date of admission to the program. The date the review is to be conducted shall be indicated on the list. Clinicians with responsibility for records on the list are responsible for the availability of their records on the Deficiencies noted on the results of the review will be corrected within one week of the review and re-submitted to the appropriate reviewer. Findings of the second review shall be noted with the date and the initials of the reviewer. It shall be the policy of Bacon Street that a clinical record shall be maintained in its entirety for a period of at least six years after the date of discharge. Individual client records retained for a period greater than six years from date of discharge shall be subject to destruction by shredding. Shredding of records shall be accomplished only by designated Bacon Street staff who shall ensure the chain of confidentiality and no identifying information remains of the record.

A permanent record of all clients shall include the client's name, social security number, date of birth, date of admission, date of discharge, name and address of legal guardian.

## General Rules of Conduct

**I understand that my participation in the Bacon Street Program is dependent on my complete control over the following behaviors:**

**Attendance:** I will attend programs and services as scheduled in my plan of care. If I plan to be absent, such as for a medical appointment, I will notify my program staff in advance. If absent for unexpected reasons, I will notify program staff as soon as possible. Some referring agencies, such as court services, have specified requirements regarding attendance; I will comply with these requirements if it applies to me.

**Respect for Property:** I will respect the property of other clients, staff and the agency.

**Personal Hygiene and Attire:** I will present myself with appropriate hygiene and attire consistent with the activities of the programs in which I participate. If I need assistance regarding my hygiene or attire, I will discuss it with program staff.

**Sexual Behavior:** I will not engage in sexual behavior within or during the program activities or operations.

**Harassment:** I will refrain from harassment, including sexual harassment, which is prohibited by the Human Rights Policy.

**Violence:** I will refrain from violence, threats and coercion, which are prohibited by the Human Rights Policy.

**Confidentiality:** I will respect the confidentiality of all other clients.

**Smoking and Possession of Tobacco Products:** I will not smoke or possess tobacco products on the grounds nor inside program facilities.

**Medications:** As necessary by daily dosage schedule, I will inform program staff if I need to bring medications to programs and services as scheduled in my plan of care.

**Contraband:** I will refrain from bringing contraband to the agency. Contraband includes illegal drugs, alcohol, weapons, unreported/unsecured medications and other material which may be harmful or dangerous to others. I understand that contraband will be confiscated and illegal contraband will be reported to the police.

**Guests and Visitors:** I understand that I may have guests visit the program only when appropriate to a specified activity.

**Respect for staff:** I will respect the services the staff are providing, and refrain from verbal confrontation and/or confrontational behavior towards staff, whether on the phone, in a session, after a session or on the premises on BSYFS.

**Personal Contact with Staff and Gifts:** I will refrain from personal contact with staff after program hours at their home or by home telephone. I will not give personal gifts to staff. I understand that staff will refuse personal contacts and return personal gifts. I understand that gifts may only be accepted on behalf of the agency.

**Infectious Disease:** If I am ill with an infectious disease, I will notify program staff and not attend program activities until I am medically cleared. If it is known that I have been exposed to infectious diseases within programs in which I participate, I understand that staff will notify me of the potential health risk and advise me to seek medical attention.

I also understand that if verbal or physical threats, abuse or attacks occur, the police may be called to assist and the victim has the right to file a warrant for assault. Whether or not police intervention occurs, immediate suspension from some activities of the program may occur. After any suspension, I will meet with staff to address the cause of the suspension and to plan ways to assist me in controlling my behavior before I return to the activity. This meeting will occur within five working days of any suspension. If property damage occurs, the program may ask for assistance in paying for repairs.

## Bacon Street Financial Policies and Fees

As a licensed facility for the treatment of adolescents and young adults, Bacon Street requires the payment of fees for its treatment services. As a non-profit agency, no individual will be denied service because of an inability to pay a fee.

Fees for treatment services are payable in cash, by check, credit card, or by third payer (insurance carrier). Bacon Street will provide a statement of account and will assist with billing of third parties when there is applicable insurance coverage. FEES FOR URINE DRUG SCREENS MUST BE PAID PRIOR TO SUBMISSION.

The satisfaction of pre-authorization and physician referral requirements of certain insurance carriers is the responsibility of the insured. In the event that an insurance carrier provides coverage for behavioral health services, but will not authorize payment to Bacon Street, clients will be expected only to satisfy their copay and deductible amounts, as well as charges for initial assessment and urine drug screens. In the absence of any third party coverage, fees will be assessed on a sliding scale based on family income and number of dependents.

### Fee Schedule is as follows:

Bacon Street Youth and Family Services provides services to clients, regardless of their ability to pay. In order to ensure that we “keep our doors open” we work with our clients to find the most reasonable financial situation available to them and to allow for the agency to operate. We accept insurance payments from most third party payers, and for those without insurance, we offer a financial assistance program that can be applied for and is based on the income of the client and their family. Below is the cost we charge for clients and non-clients.

Type of Service Provided:	Fee Schedule for Clients	Fee Schedule for Non-Clients
Assessment	\$200	N/A
Individual Counseling:	\$200	N/A
Group Counseling:	\$200	N/A
Family Counseling:	\$200	N/A
8 Panel Urine Drug Screen:	\$25	\$40
8 Panel Urine Drug Screen + ETG:	\$50	\$75

Other Fees can be assessed depending on the treatment plan outlined as a part of the Assessment process. All clients will have an opportunity to discuss the fee schedule and potential financial assistance availability with their therapist.

**Late policy:** We want to make sure that we are being good caretakers of your time, our time, and of the time of others who are visiting our agency. Therefore, the following late policy is in effect:

If a client is more than 15 minutes late for a scheduled appointment, the client may need to reschedule with the clinician. The client will be billed for the missed appointment, per the missed appointment policy guidelines.

**Missed appointment policy:** We understand that things come up, we just need you to let us know. We want to make sure that we are there for you, and for all of our clients. Therefore, we reserve the right to charge a \$50.00 missed appointment fee for all clients who do not call at least 24 hours in advance if they need to reschedule or cancel their scheduled appointment.

**Billing:** Have questions or concerns regarding your statement or account? Please feel free to reach out to Medical Practice Consulting Services via phone 844-321-1156 or fax 844-314-9910.

### Influenza and COVID-19 Policies

Due to Influenza and COVID-19 we are taking extra precautions to keep everyone healthy and safe. Therefore, the following new policies have been put in place:

1. Our lobby doors are locked at this time. When you arrive for your appointment, please ring the doorbell! We will come and get you for your appointment.
2. Please make sure that you activate your client account on our portal, so that you can easily schedule appointments, make payments, and communicate with your counselor or administrative staff.
3. Please make sure that your paperwork is completed ahead of your appointment, if you did not receive everything please give us a call at 757.253.0111 and we will be happy to assist you!
4. If you need to make a payment, please make sure that you have an updated credit card and insurance information on file. It's easy to make a contactless payment online via the client portal!

All of our clinicians are able to provide counseling via in person sessions OR telemedicine, whichever is your preference.

## Treatment Program Orientation Checklist

- Mission of Bacon Street Youth and Family Services
- Days and Hours of Operation
- How to Access Services After Hours
- Inclement Weather Policy
- Building Layout, Fire and Emergency Procedures
- HIPAA Notice of Privacy Practices and Policies on Confidentiality
- Description of the Outpatient Treatment Program
- Participation in Treatment and Discharge Planning
- Client Rights and How to Report Violations
- Records Management
- General Rules of Conduct
- Financial Policies and Fees
- Influenza and Covid-19 Policies

I, \_\_\_\_\_, hereby acknowledge that I have received the above information and it has been read and explained to me.

Bacon Street Staff \_\_\_\_\_ Date \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_