



TREASURE COAST COUNSELING CENTER, INC
CLIENT HANDBOOK

Welcome to Treasure Coast Counseling Center, Inc, and thank you for choosing us to be your provider for your outpatient treatment. We know and understand this can be a difficult and frustrating time in your life, and our goal is to make this a positive, stress free experience.

Treasure Coast Counseling Center, Inc was established on March 19, 2010 to serve the population of Martin, St, Lucie, Indian River, and Okeechobee Counties as a full service outpatient treatment center dedicated to providing the community with the finest mental health/substance abuse services for those individuals 18 years and older.

Our philosophy supports the idea the client is an integral part of the therapeutic process, from the beginning of development of the treatment plan thru to discharge planning. The outpatient program is designed for individuals and families who want assistance that is minimally disruptive to their work and family life.

It is our position that recovery from chemical dependency is based on the treatment of the individual, whole person to include psychosocial, physical, emotional, and spiritual aspects of their addictive disease process. We firmly support the practice of family treatment and recovery if the client wishes. We also strongly encourage the support of recovery support activities, i.e. AA/NA, Celebrate Recovery, Church, Gym, Meditation, etc.

Our overall goal is to facilitate the development of improved mental health and to help our clients successfully meet the challenges in their lives.

Our overall Mission Statement:

“Life is a journey, embark on the journey of positivity, wholeness, and self discovery.”

So, with that being said, Let Your Journey Begin!

Your experience with Treasure Coast Counseling Center, Inc begins when you enter the office for the first time. You will check in at the receptionist desk for your schedule appointment, and before you are seen you will be asked to fill out some basic paperwork.

You will then see a therapist who will complete an assessment/evaluation on you. The assessment may take anywhere from one (1) to two (2) sessions. The results of your assessment will determine the extent and length of your treatment. It will also assist the therapist and you in developing your treatment plan. The treatment plan will indicate the number of sessions you will be assigned, and also what goals you would like to work towards while you are in treatment. You also have the preference of deciding whether you would like to be seen on an individual basis, group basis, or combination of both. If you choose, members of your family are encouraged to participate in your treatment. Our staff will try to accommodate to the best of their ability. Your sessions will last anywhere from fifty (50) minutes to ninety (90) minutes.

Once this has been completed the next part of your journey is an orientation session which includes going over the rules of the program and signing of paperwork, and also being assigned to a group, if you choose to attend group. The paperwork you will be signing is included in this handbook. We ask that you read the paperwork beforehand, and if you have any questions regarding what you are signing, write them down, and bring them to your first appointment and they will be answered. This is where you will be assigned a primary therapist who will be your main contact while in treatment.

While you are in treatment with us you may experience certain evacuation drills. These drills may be a fire drill, natural disasters, bomb drill, utility drill (power outage), violent/situation drill, medical emergency. If you should experience one of these drills please follow all directions from the individual running the drill. The office is also equipped with both a first aid kit, and a fire extinguisher which are located in the lobby. There are evacuation routes posted in every room.

If a Tornado warning occurs while you are in the office, you will be required to evacuate to the lobby and remain there until the tornado warning has expired. This will also include if the warning happens at the time of the end of your session.

If a Hurricane Warning or Tropical Storm warning is issued all appointments will be cancelled. For those that need to evacuate please let your therapist know where you will be evacuating to. Click this link for a list of Treasure Coast shelters <https://www.tchelpspot.org/wordpress/treasure-coast-hurricane-shelters>

After the Hurricane the on-call number to text for updated agency information is 772-341-4013.

If there is a fire drill please follow the instructors directions, and follow the evacuation routes.

Medical Emergencies: At the beginning of group, the group instructor will designate a group member to retrieve the first aid kit if there is a medical emergency. If a medical emergency does occur the group instructor will contact 911, and group designee will retrieve First Aid Kit if necessary. If another client is bleeding DO NOT TOUCH this client, unless you have medical training to do so, and please inform the group leader of your medical training, i.e. CPR, First Aid, EMT, MD, or a nurse. You are required to provide Treasure Coast Counseling Center, Inc with emergency contact information. If your emergency contact information changes while you are in treatment, please let us know.

While you are in treatment you will be given an entrance survey, satisfaction survey, and a discharge survey. These surveys are to help us improve our services, and your input is important to use. These surveys are confidential, and your name will not be on them.

There is no smoking allowed in the building

Illegal substances are not allowed in the office. If illegal substances are brought into the office your referral source will be called, the police will be notified. You are not allowed to come to the office under the influence of any mind-altering medication. If you are on prescription medication you will be asked to bring in a copy of your prescriptions. You will be required to sign a release for your prescribing doctor. We ask you do not take any mind-altering medication prior to your appointments.

For those who have medical marijuana cards you will need to sign a release for the prescribing doctor. You will be required to the Florida Medical Marijuana Registry, print out your profile and prescription and bring it with you on your 1st appointment. <https://mmuregistry.flhealth.gov>

Treasure Coast Counseling Center does not utilize the use of seclusion or restraints.

Treasure Coast Counseling Center is a violence and weapons free organization. Violence will not be tolerated of any sort to include verbal, or physical violence. Weapons of any sort are not allowed into any office of Treasure Coast Counseling Center, Inc, weapons include guns, knives of any kind including pocket knives, box cutters, carpet cutters. If you work in construction, and these types of knives are for your work, please refrain from bringing them in the office.

If you have a formal grievance against the organization it must be submitted in writing. The grievance will be filed with the Executive Director. Within 72 hours the Executive Director will meet with you to brainstorm on how to resolve the grievance. If you are unsatisfied with the outcome of the grievance we encourage you to contact the Department of Children and Families Southeast Region @ 561-227-1895. You may also contact Florida Disability Rights office @ 1-800-342-0823. You will find the grievance form at the end of your handbook.

Our staff has ethical codes of conduct to adhere to. They can be viewed at
<https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>

naadac.org/code-of-ethics

There will be no reprisal for reporting any violations of any unethical behavior, or any misconduct by a staff towards a client.

The confidentiality of our client is of the utmost importance to use. We are bound by the HIPPA laws. For more information on HIPPA visit: <https://www.hhs.gov/hipaa/index.html>.

If you are referral source from The Department of Corrections, CORE or Drug Court you will be required to sign a release for those referral sources.

TCCC in general may not say to a person outside the program that a client attends the program, or disclose any information identifying a client unless:

- a. The client consents in writing
- b. The disclosure is allowed by court order
- c. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation
- d. In the event client discloses harmful intent to others or self

With the ongoing opioid crisis occurring nationally, and in the State of Florida, you will be asked if you have an **advanced directive** and be educated on the importance of what advance directives are. For information on Florida's Law on advance directives:

http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&URL=0700-0799/0765/0765.html

If you or a family members is suffering from opioid addiction it is important to know the warning signs of an opiate overdose <https://www.narcan.com/patients/what-is-an-opioid-overdose-emergency/>

It is important if you or a family member is suffering from opioid addiction, or you are caring for someone who is prescribed opioids to have Narcan available. Narcan can be purchased at any pharmacy.

Treasure Coast Counseling Center, Inc does have policy and procedures for infection control. During this time of **COVID-19** the office is taking extraordinary measures to keep all staff and clients safe. All staff and clients are required to wear mask, no exception. The office is disinfected between each visit.

For the Jensen Beach office please text 772-341-4013 and someone will let you in the office. **DO NOT TOUCH THE JENSEN BEACH OFFICE DOOR, WAIT UNTIL SOMEONE LETS YOU IN.**

The Florida Statues Chapter 397 Substance Abuse Services Rights of Individuals is as follows:

397.501 Rights of individuals.—Individuals receiving substance abuse services from any service provider are guaranteed protection of the rights specified in this section, unless otherwise expressly provided, and service providers must ensure the protection of such rights.

(1) **RIGHT TO INDIVIDUAL DIGNITY.**—The dignity of the individual served must be respected at all times and upon all occasions, including any occasion when the individual is admitted, retained, or transported. Individuals served who are not accused of a crime or delinquent act may not be detained or incarcerated in jails, detention centers, or training schools of the state, except for purposes of protective custody in strict accordance with this chapter. An individual may not be deprived of any constitutional right.

(2) **RIGHT TO NONDISCRIMINATORY SERVICES.**—

(a) Service providers may not deny an individual access to substance abuse services solely on the basis of race, gender, ethnicity, age, sexual preference, human immunodeficiency virus status, prior service departures against medical advice, disability, or number of relapse episodes. Service providers may not deny an individual who takes medication prescribed by a physician access to substance abuse services solely on that basis. Service providers who receive state funds to provide substance abuse services may not, if space and sufficient state resources are available, deny access to services based solely on inability to pay.

(b) Each individual in treatment must be afforded the opportunity to participate in the formulation and periodic review of his or her individualized treatment or service plan to the extent of his or her ability to so participate.

(c) It is the policy of the state to use the least restrictive and most appropriate services available, based on the needs and the best interests of the individual and consistent with optimum care of the individual.

(d) Each individual must be afforded the opportunity to participate in activities designed to enhance self-image.

(3) RIGHT TO QUALITY SERVICES.—

(a) Each individual must be delivered services suited to his or her needs, administered skillfully, safely, humanely, with full respect for his or her dignity and personal integrity, and in accordance with all statutory and regulatory requirements.

(b) These services must include the use of methods and techniques to control aggressive behavior that poses an immediate threat to the individual or to other persons. Such methods and techniques include the use of restraints, the use of seclusion, the use of time-out, and other behavior management techniques. When authorized, these methods and techniques may be applied only by persons who are employed by service providers and trained in the application and use of these methods and techniques. The department must specify by rule the methods that may be used and the techniques that may be applied by service providers to control aggressive behavior and must specify by rule the physical facility requirements for seclusion rooms, including dimensions, safety features, methods of observation, and contents.

(4) RIGHT TO COMMUNICATION.—

(a) Each individual has the right to communicate freely and privately with other persons within the limitations imposed by service provider policy.

(b) Because the delivery of services can only be effective in a substance abuse free environment, close supervision of each individual's communications and correspondence is necessary, particularly in the initial stages of treatment, and the service provider must therefore set reasonable rules for telephone, mail, and visitation rights, giving primary consideration to the well-being and safety of individuals, staff, and the community. It is the duty of the service provider to inform the individual and his or her family if the family is involved at the time of admission about the provider's rules relating to communications and correspondence.

(5) RIGHT TO CARE AND CUSTODY OF PERSONAL EFFECTS.—An individual has the right to possess clothing and other personal effects. The service provider may take temporary custody of the individual's personal effects only when required for medical or safety reasons, with the reason for taking custody and a list of the personal effects recorded in the individual's clinical record.

(6) RIGHT TO EDUCATION OF MINORS.—Each minor in a residential service component is guaranteed education and training appropriate to his or her needs. The service provider shall

coordinate with local education agencies to ensure that education and training is provided to each minor in accordance with other applicable laws and regulations and that parental responsibilities related to such education and training are established within the provisions of such applicable laws and regulations. This chapter does not relieve any local education authority of its obligation under law to provide a free and appropriate education to every child.

(7) RIGHT TO CONFIDENTIALITY OF INDIVIDUAL RECORDS.—

(a) The records of service providers which pertain to the identity, diagnosis, and prognosis of and service provision to any individual are confidential in accordance with this chapter and with applicable federal confidentiality regulations and are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution. Such records may not be disclosed without the written consent of the individual to whom they pertain except that appropriate disclosure may be made without such consent:

1. To medical personnel in a medical emergency.
2. To service provider personnel if such personnel need to know the information in order to carry out duties relating to the provision of services to an individual.
3. To the secretary of the department or the secretary's designee, for purposes of scientific research, in accordance with federal confidentiality regulations, but only upon agreement in writing that the individual's name and other identifying information will not be disclosed.
4. In the course of review of service provider records by persons who are performing an audit or evaluation on behalf of any federal, state, or local government agency, or third-party payor providing financial assistance or reimbursement to the service provider; however, reports produced as a result of such audit or evaluation may not disclose names or other identifying information and must be in accordance with federal confidentiality regulations.
5. Upon court order based on application showing good cause for disclosure. In determining whether there is good cause for disclosure, the court shall examine whether the public interest and the need for disclosure outweigh the potential injury to the individual, to the service provider and the individual, and to the service provider itself.

(b) The restrictions on disclosure and use in this section do not apply to communications from provider personnel to law enforcement officers which:

1. Are directly related to an individual's commission of a crime on the premises of the provider or against provider personnel or to a threat to commit such a crime; and
2. Are limited to the circumstances of the incident, including the status of the individual committing or threatening to commit the crime, that individual's name and address, and that individual's last known whereabouts.

(c) The restrictions on disclosure and use in this section do not apply to the reporting of incidents of suspected child abuse and neglect to the appropriate state or local authorities as required by law. However, such restrictions continue to apply to the original substance abuse

records maintained by the provider, including their disclosure and use for civil or criminal proceedings which may arise out of the report of suspected child abuse and neglect.

(d) Any answer to a request for a disclosure of individual records which is not permissible under this section or under the appropriate federal regulations must be made in a way that will not affirmatively reveal that an identified individual has been, or is being diagnosed or treated for substance abuse. The regulations do not restrict a disclosure that an identified individual is not and has never received services.

(e)1. Since a minor acting alone has the legal capacity to voluntarily apply for and obtain substance abuse treatment, any written consent for disclosure may be given only by the minor. This restriction includes, but is not limited to, any disclosure of identifying information to the parent, legal guardian, or custodian of a minor for the purpose of obtaining financial reimbursement.

2. When the consent of a parent, legal guardian, or custodian is required under this chapter in order for a minor to obtain substance abuse treatment, any written consent for disclosure must be given by both the minor and the parent, legal guardian, or custodian.

(f) An order of a court of competent jurisdiction authorizing disclosure and use of confidential information is a unique kind of court order. Its only purpose is to authorize a disclosure or use of identifying information which would otherwise be prohibited by this section. Such an order does not compel disclosure. A subpoena or a similar legal mandate must be issued in order to compel disclosure. This mandate may be entered at the same time as, and accompany, an authorizing court order entered under this section.

(g) An order authorizing the disclosure of an individual's records may be applied for by any person having a legally recognized interest in the disclosure which is sought. The application may be filed alone or as part of a pending civil action or an active criminal investigation in which it appears that the individual's records are needed to provide evidence. An application must use a fictitious name, such as John Doe or Jane Doe, to refer to any individual and may not contain or otherwise disclose any identifying information unless the individual is the applicant or has given a written consent to disclosure or the court has ordered the record of the proceeding sealed from public scrutiny.

(h)1. For applications filed alone or as part of a pending civil action, the individual and the person holding the records from whom disclosure is sought must be given adequate notice in a manner which will not disclose identifying information to other persons, and an opportunity to file a written response to the application, or to appear in person, for the limited purpose of providing evidence on the statutory and regulatory criteria for the issuance of the court order.

2. Applications filed as part of an active criminal investigation may, in the discretion of the court, be granted without notice. Although no express notice is required to the agents, owners, and employees of the treatment provider or to any individual whose records are to be disclosed,

upon implementation of an order so granted, any of these persons must be afforded an opportunity to seek revocation or amendment of the order, limited to the presentation of evidence on the statutory and regulatory criteria for the issuance of the order.

(i) Any oral argument, review of evidence, or hearing on the application must be held in the judge's chambers or in some manner which ensures that identifying information is not disclosed to anyone other than a party to the proceeding, the individual, or the person holding the record, unless the individual requests an open hearing. The proceeding may include an examination by the judge of the records referred to in the application.

(j) A court may authorize the disclosure and use of records for the purpose of conducting a criminal investigation or prosecution of an individual only if the court finds that all of the following criteria are met:

1. The crime involved is extremely serious, such as one which causes or directly threatens loss of life or serious bodily injury, including but not limited to homicide, sexual assault, sexual battery, kidnapping, armed robbery, assault with a deadly weapon, and child abuse and neglect.

2. There is reasonable likelihood that the records will disclose information of substantial value in the investigation or prosecution.

3. Other ways of obtaining the information are not available or would not be effective.

4. The potential injury to the individual, to the physician-individual relationship, and to the ability of the program to provide services to other individuals is outweighed by the public interest and the need for the disclosure.

(8) RIGHT TO COUNSEL.—Each individual must be informed that he or she has the right to be represented by counsel in any involuntary proceeding for assessment, stabilization, or treatment and that he or she, or if the individual is a minor his or her parent, legal guardian, or legal custodian, may apply immediately to the court to have an attorney appointed if he or she cannot afford one.

(9) RIGHT TO HABEAS CORPUS.—At any time, and without notice, an individual involuntarily retained by a provider, or the individual's parent, guardian, custodian, or attorney on behalf of the individual, may petition for a writ of habeas corpus to question the cause and legality of such retention and request that the court issue a writ for the individual's release.

(10) LIABILITY AND IMMUNITY.—

(a) Service provider personnel who violate or abuse any right or privilege of an individual under this chapter are liable for damages as determined by law.

(b) All persons acting in good faith, reasonably, and without negligence in connection with the preparation or execution of petitions, applications, certificates, or other documents or the apprehension, detention, discharge, examination, transportation, or treatment of a person under the provisions of this chapter shall be free from all liability, civil or criminal, by reason of such acts.

Admission Criteria

The following admission criteria is to assure that only those clients who's identified clinical needs can be appropriately addressed are admitted to Treasure Coast Counseling Center, Inc..

1. Client must be deemed by the Clinical Director as being emotionally, mentally and physically appropriate in order to receive services, whether those services consist of , outpatient treatment.
2. Client must have a minimum diagnosis of a substance abuse disorder as delineated by the DSM V or reports life consequences as the result of a family members alcohol abuse or substance abuse.
3. Client must be free of acute medical complications that require detoxification or other intensive medical/nursing care.
4. Client must have sufficient support system, i.e., family intact or at least satisfactory living arrangements, etc.
5. Client is capable of self-preservation.

Discharge Criteria

Discharge with approval occurs when one or more of the following has been accomplished:

1. Client has made sufficient progress in achieving the goals of the initial, individualized treatment plan, intervention plan, and/or aftercare plan.
2. Client has remained abstinent from alcohol and other mood altering chemicals.
3. Client demonstrates an understanding of the disease of chemical dependency and relates to the consequences of the disease on his/her life.
4. Client has developed significant sober support system in the community.
5. Clients identified clinical needs can be more appropriately addressed by another treatment provider, e.g. mental health or other treatment modality.

Discharge without approval occurs when:

1. Client fails to adhere to program rules.
2. Client demonstrates an inability to remain abstinent from alcohol or other mood altering chemicals and refuses the recommendations for continued treatment or referral to outside treatment.
3. Clients attitude and/or behavior is disruptive to program milieu and is not willing to modify.
4. Client has had three unexcused absences from program treatment services.

Transfer Criteria:

1. Client will be transferred from one component of treatment to a higher level of care if deemed appropriate by the primary counselor. For example, if the client has difficult remaining abstinent, or the client voluntarily seeks a higher level of care.
2. A client may be transferred to Treasure Coast Counseling Center, Inc. from another agency, and Treasure Coast Counseling Center, Inc. may transfer a client to another agency.

WHAT ARE MY RIGHTS AND RESPONSIBILITIES?

As a client of TCCC you have the right to:

- Be treated with respect
- Receive services in a safe & clean place
- Receive services no matter what your race, religion, sex, age or disability
- Expect the people working with you to never physically or sexually abuse you or say hurtful things to or about you
- Have a treatment plan, made by you and the clinician that you agree to work on
- Refuse to participate in any kind of survey or research
- Expect all information to be kept confidential unless you agree to release it
- Have your opinions about your care heard and used to improve our services
- Receive help if you do not believe you are being treated fairly

As a client TCCC, Inc you have a responsibility to:

- Be courteous to other consumers and staff
- Relate your strengths, needs, abilities and preferences to your clinician as honestly and completely as possible
- Ask questions about anything you do not understand
- Inform your clinician should you have any special needs
- Actively participate in your treatment and in meeting your goals
- Inform your clinician if you wish to discontinue therapy
- Attend services alcohol and drug free
- Violence of any form is not tolerated
- Weapons free environment

- Be on time for all scheduled appointments
- Be respectful and protect the confidentiality of all individuals being served by Treasure Coast Counseling Center, Inc
- Pay for Services when services are rendered.

Hours of Operation:

PSL: Monday: 9-5pm
Tuesday: 9-5pm
Wednesday: 9-5pm
Thursday: 9-5pm
Friday: 9-5pm

JB: Monday: 9-5pm
Tuesday: 9-5pm
Wednesday: 9-5pm
Thursday: by appointment only
Friday: by appointment only

After hours operations: If it is an emergency contact 911, if not leave a voicemail message at 772-3335-9808 and your called will be returned the next business day

Treasure Coast Counseling Center, Inc

PROGRAM PARTICIPANT'S RIGHTS AND RESPONSIBILITIES ACKNOWLEDGMENT

Name: _____

ID# _____

Every program participant at Treasure Coast Counseling Center, Inc has human/civil/personal rights to be respected and honored. In addition, it is the responsibility of all program participants to act in a manner that respects the rights of others. Treasure Coast Counseling Center, Inc is committed to the protection of individual rights and to providing services within an environment that is characterized by dignity and respect of all persons, and is responsive to the unique needs, abilities, and characteristics of each person served by the organization.

Program Participant Rights: As a participant in outpatient treatment at Treasure Coast Counseling Center, Inc, you have the right to:

- Be fully informed about the course of your care and decisions that may affect your treatment
- Revoke your consent for treatment at any time
- Timely and accurate information to assist you in making sound decisions about your treatment
- Be fully involved as an active participant in decisions pertaining to your treatment
- Have an individual identified in writing that will direct and coordinate your treatment
- Request a change in individual directing and coordinating our treatment, if you so desire
- Receive services in an environment that is free of all forms of abuse, including, but not limited to, (a) financial abuse, (b) physical abuse and punishment, (c) sexual abuse and exploitation, (d) psychological abuse including humiliation, neglect, retaliation, threats and exploitation, and (e) all forms of seclusion and restraint
- Have information about your treatment and your confidentiality protected to the greatest extent allowed by federal and state confidentiality laws and regulations
- File a grievance or complaint about the services you receive without fear of retaliation or reprisal of any sort
- Have family members, friends or others involved in your treatment with your consent and approval
- Receive services that comply with all applicable federal and state laws, rules and regulations
- File a grievance with an outside third party if you feel that the organization has not satisfactorily addressed any concerns you have or, does not adequately address any formal grievance you submit
- To request a transfer to another program if you believe you are not receiving care that is meeting your needs and preferences.
- You may also have additional rights afforded to you based on federal, state, and local regulations. Your service coordinator will advise you of any additional rights that you may have.

Treasure Coast Counseling Center, Inc

PROGRAM PARTICIPANT’S RIGHTS AND RESPONSIBILITIES ACKNOWLEDGMENT

Name: _____

ID# _____

Program Participant Responsibilities: As a program participant of Treasure Coast Counseling Center, Inc you have the responsibility to:

- Refrain from all forms of physical violence or abuse toward other program participants, staff, or visitors
- Refrain from abusive language, disruptive behavior or overt sexual conduct
- Refrain from loitering outside the organization’s facilities
- Refrain from bringing any type of weapon into the organization’s facilities or property
- Refrain from bringing any illicit (illegal) drug or alcohol onto the organization’s property
- Refrain from using illicit drugs or alcohol while participating in services provided by the organization
- Use tobacco only in designated areas
- Attend all services required by the organization to meet agreed upon goals.
- Notify any outside treatment provider (Physician, case worker, counselor, etc.) of participation in services, should your treatment impact, or compromise, the provision of those services
- Treat other program participants, staff, and visitors in a respectable manner.
 - Pay for services at the time services are rendered

By my signature below, I acknowledge that I have read and understand my rights and responsibilities as a participant in services at Treasure Coast Counseling Center, Inc

Client Signature/Date

Therapist Signature/Date

GIVE COPY TO CLIENT: _____(CLIENT TO INITIAL)

Treasure Coast Counseling Center, Inc

Program Rules

1. Clients are required to refrain from alcohol, narcotic, and other non-prescribed mood altering substances.
2. Clients who appear to be under the influence of alcohol/drugs are not allowed to participate in treatment.
 - a. Clients may be required to submit to a urine test
 - b. Clients under the influence will need to leave the premises and make arrangements for transportation.
 - c. The referring agency will be notified of this incident
3. Clients need to attend treatment once per week unless otherwise indicated by the counselor. Treatment may consist of either group or individual sessions. In the event of an emergency, you may be excused, documentation will be required
4. Clients who miss 2 or more sessions may either be discharged for non-compliance or start the treatment process over
5. Client who miss 2 sessions in a row and do not inform their primary counselor will be discharged for non-compliance
6. If discharged for non-compliance will need to pre-pay to re-enroll in treatment
7. All appointments must be cancelled or rescheduled during business hours*at least **24 hours in advance.** Failure to properly reschedule or to attend an Individual appointment will result in a **\$55.00 NO SHOW FEE.**
8. Clients who arrive more than 10 minutes late will not be seen and will be charged a **\$55.00 NO SHOW FEE.**

CLIENT RULES OF CONDUCT

1. Clients are to respect others as you would like them to respect you.
2. Cell phones must be turned off when entering building
3. Respect confidentiality of others
4. Clients are to demonstrate appropriate behavior (courteous)

CLIENT FEES:

Psychosocials:	\$85
Individual Appointments.	\$55
Group Session	\$35
No Show-Group	\$35
No Show-Individual	\$55
Reschedule Fee	Cost of Appointment

Print Clients Name

Client Signature

Date



GRIEVANCE FORM

You have the right to file a complaint with us about our practices or our compliance with standard operating procedures, or our Privacy Policies and Procedures. To exercise this right, please complete, sign and date the following form, then submit this complaint to us at:

Treasure Coast Counseling Center, Inc
Elizabeth Bennett
Lizlbpooh66@aol.com

Client Lodging Complaint

Name: _____ Address: _____ Zip: _____

Telephone: _____ E-mail: _____

Social Security Number: _____

Client's Complaint

Please provide a detailed description of your complaint.

Please tell us what resolution you are seeking for this complaint.

Name of Client

Date

