

CONSUMER **GUIDE**

family connections

WHERE HOPE MEETS POSSIBILITY

WELCOME

Welcome to Family Connections! Since 1884, Family Connections has proven that communities thrive when everyone is invested in each other's wellbeing. Whether we're working with a toddler, teen, parent, veteran, or older adult – and whether we're delivering mental health care or supportive housing, linkage to concrete services or skills-building education – our success depends on leveraging our core values, our deep empathy, and our application of the best science-based practices. Our highly-trained staff bring their many skills and big hearts to work every day – not only in our offices, but on-site in schools and directly in the home. We work with people as they define their own needs, goals, and plans for better lives, so that children, teens, mothers, fathers, veterans, seniors, and others can heal and succeed in school, work, and life.

HOW TO USE THIS GUIDE

This guide contains important information about all Family Connections services, as well as policies, procedures, and expectations specific to the Family Connections program where you are receiving services. It is important that you review this information carefully and raise any questions you have about it with Family Connections staff. For your convenience, the **Table of Contents** has links to bring you to specific polices and agency information. To jump to a specific page from the Table of Contents, simply click on the page number. Additionally, you will find hyperlinks embedded in this document **indicated by the highlighted text**. **Pages 6-16** of this Guide have information and policies applicable to clients receiving services in all Family Connections programs. **Pages 18 -24** describe specific Family Connections programs. When you read this section for the program(s) at which you are receiving services, you will find **hyperlinks** to all information, policies, and procedures relevant to these programs. Again, please review all this information carefully and raise any questions you have about it with Family Connections staff.

Thank you for giving Family Connections the chance to provide you with services. We appreciate the opportunity to work with you and look forward to helping you achieve your goals!

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OUR **AGENCY**

Our Vision

We see a world where no one faces life's challenges alone—where we all have the opportunities, connections, and resources we need to thrive.

Our Mission

Growth happens here every day. With our counseling, skills-building, training and prevention services, people take control of their own healing and foster connections that make our entire community stronger, safer, and healthier.

Our Values

Strengths-based

Everyone has inherent strengths. By identifying and building on those strengths with us, our clients create their own paths in order to thrive.

Connected

The backgrounds of our staff and the many neighborhoods we serve are varied and complex. By reaching out, connecting and listening to all of their voices, we co-create empathy, solidarity, well-being, and community.

Relationship-driven

We believe that connections—whether to family, friends, or community—are the foundation for the physical, emotional, and psychological health of every person.

Outcome-oriented

We pursue positive outcomes for our clients and are committed to research-based approaches with measured track records of success.

Collaborative

We are at our best when we work together, look after one another, and foster partnerships across sectors to give our greatest to the people around us.

Agency Hours

Family Connections offers program services Monday-Thursday 9am - 8pm, and Friday 9am-5pm. Additionally, some of our programs offer later evening and weekend appointments.

Emergencies

Should you experience a psychiatric emergency outside of agency hours or you are unable to contact your primary clinician, you should call **911** or head directly to the nearest hospital emergency room. Some programs, such as Wellness House, offer after-hours on-call availability to currently enrolled clients; if you enrolled in one of those programs, you will receive the on-call telephone number and procedures from your clinician once admitted.

Inclement Weather

If you have an appointment during inclement weather, please call **(973) 675-3817** to find out Family Connections' operating schedule.

Client Rights and Grievance Procedure

CLIENT RIGHTS - Please note your rights as a consumer of Family Connections Services:

1. You have the right to be informed of these rights and receive a written explanation of these rights.

2. The right to be free from unnecessary or excessive medication (see NJAC 10:37-6.54).

3. The right to not be subjected to non-standard treatment or procedures, experimental procedures or research, psychosurgery, sterilization, electro-convulsive therapy, or provider demonstration programs, without written informed consent, after consultation with counsel or interested party of the client's choice. (see NJAC 10:37-6, Article XV.)

a. If the client has been adjudicated incompetent, authorization for such procedures may be obtained only pursuant to the requirements of NJSA 30:4-24.2(d)2.

4. The right to treatment in the least restrictive setting, free from physical restraints and isolation. NJSA 30:4-24.2d(3). (See NJAC 10"37-6. Article XV.)

5. The right to be free from corporal punishment.

6. The right to privacy and dignity.

7. The right to the least restrictive conditions necessary to achieve the goals of treatment/services.

8. The right to be notified of any rules and policies the program has established governing client conduct in the facility.

9. The right to be informed of services available in the program, the names and professional status of the staff providing and/or responsible for your care, fees and related charges for services not covered by insurance.

10. You have the right to participate in the development of your treatment plan.

11. You have the right to not be discriminated against because of age, race, religion, sex, nationality, sexual orientation, disability (including, but not limited to, blind, deaf, hard of hearing), or ability to pay; or to be deprived of any constitutional, civil, and/or legal rights.

12. You have the right to privileged communications with those who treat you; information you provide may not be disclosed unless you consent. a. Your clinical record shall not be released to anyone outside the program without your written approval to release the information in accordance with the Federal statutes and rules for the Confidentiality of Alcohol and Drug Abuse Client Records at and the provisions of the Health Insurance Portability and Accountability Act (HIPAA), unless the release of information is required and permitted by law, a third-party contract, a peer review, or information needed by DHS for authorized purposes. b. This program may release data about you for studies containing data only when your identity is protected and masked.

13. You have the right to access and obtain a copy of your record, in accordance with agency policies and applicable federal and state laws; you have a right to add to or request a modification of your treatment record.

14. You have the right to be transferred or discharged only for medical reasons, for your welfare, that of other clients or staff upon the written order of a physician or licensed clinician, or failure to pay required fees as agreed at time of admissions (except as prohibited by sources of third-party payment. a. Your transfer and/or discharge, and the reason, will be documented in your clinical record. b. You will receive 10-day advance notice of such transfer/discharge for non-emergency discharges planned by the treatment program.

15. You have the right to be notified in writing, and to have the opportunity to appeal, an involuntary discharge.

16. You have the right to voice grievances or recommend changes in policies and services to program staff, the governing authority; and/or outside representatives of your choice, free from restraint, interference, coercion, discrimination, or reprisal.

Client Rights for Substance Use Treatment Programs

1. The right to be informed of these rights, as evidenced by the client's written acknowledgment or by documentation by staff in the clinical record that the client was offered a written copy of these rights and given a written or verbal explanation of these rights in terms the client could understand;

2. The right to be notified of any rules and policies the program has established governing client conduct in the facility;

3. The right to be informed of services available in the program, the names and professional status of the staff providing and/or responsible for the client's care, and fees and related charges, including the payment, fee, deposit, and refund policy of the program and any charges for services not covered by sources of third-party payment or the program's basic rate;

4. The right to be informed if the program has authorized other health care and educational institutions to participate in his or her treatment, the identity and function of these institutions, and to refuse to allow their participation in his or her treatment;

5. The right to receive from his or her physicians or clinical practitioner(s) an explanation of his or her complete medical/health condition or diagnosis, recommended treatment, treatment options, including the option of no treatment, risks(s) of treatment, and expected result(s), in terms that he or she understands;i. If, in the opinion of the medical director or director of substance abuse counseling, this information would be detrimental to the client's health, or if the client is not capable of understanding the information, the explanation shall be provided to a family member, legal guardian or significant other, as available; ii. Release of information to a family member, legal guardian or significant other, along with the reason for not informing the client directly, shall be documented in the client's clinical record; and iii. All consents to release information shall be signed by client or their parent, guardian or legally authorized representative;

6. The right to participate in the planning of his or her care and treatment, and to refuse medication and treatment;

i. A client's refusal of medication or treatment shall be documented in the client's clinical record;

7. The right to participate in experimental research only when the client gives informed, written consent to such participation, or when a guardian or legally authorized representative gives such consent for an incompetent client in accordance with law, rule and regulation;

8. The right to voice grievances or recommend changes in policies and services to program staff, the governing authority, and/or outside representatives of his or her choice either individually or as group, free from restraint, interference, coercion, discrimination, or reprisal;

9. The right to be free from mental and physical abuse, exploitation, and from use of restraints; i. A client's ordered medications shall not be withheld for failure to comply with facility rules or procedures, unless the decision is made to terminate the client in accordance with this chapter; medications may only be withheld when the facility medical staff determines that such action is medically indicated;

10. The right to confidential treatment of information about the client; i. Information in the client's clinical record shall not be released to anyone outside the program without the client's written approval to release the information in accordance with Federal statutes and rules for the Confidentiality of Alcohol and Drug Abuse Client Records at 42 U.S.C. §§ 290dd-2, and 290ee-2, and 42 CFR Part 2 §§ 2.1 et seq., and the provisions of the Health Insurance Portability and Accountability Act (HIPAA) at 45 CFR Parts 160 and 164, unless the release of the information is required and permitted by law, a third-party payment contract, a peer review, or the information is needed by DHS for statutorily authorized purposes; and ii. The program may release data about the client for studies containing aggregated statistics only when the client's identity is protected and masked;

11. The right to be treated with courtesy, consideration, respect, and with recognition of his or her dignity, individuality, and right to privacy, including, but not limited to, auditory and visual privacy; i. The client's privacy also shall be respected when program staff are discussing the client with others;

12. The right to exercise civil and religious liberties, including the right to independent personal decisions;

i. No religious beliefs or practices, or any attendance at religious services, shall be imposed upon any client;

13. The right to not be discriminated against because of age, race, religion, sex, nationality, sexual orientation, disability (including, but not limited to, blind, deaf, hard of hearing), or ability to pay; or to be deprived of any constitutional, civil, and/or legal rights.

i. Programs shall not discriminate against clients taking medications as prescribed;

14. The right to be transferred or discharged only for medical reasons, for the client's welfare, that of other clients or staff upon the written order of a physician or other licensed clinician, or for failure to pay required fees as agreed at time of admission (except as prohibited by sources of third-party payment);

i. Transfers and discharges, and the reasons therefore, shall be documented in the client's clinical record; and

ii. If a transfer or discharge on a non-emergency basis is planned by the outpatient substance use disorder treatment program, the client and his or her family shall be given at least 10 days advance notice of such transfer or discharge, except as otherwise provided for in N.J.A.C. 10:161B-6.4(c);

15. The right to be notified in writing, and to have the opportunity to appeal, an involuntary discharge; and

16. The right to have access to and obtain a copy of his or her clinical record, in accordance with the program's policies and procedures and applicable Federal and State laws and rules.

Family Connections retains the right to admit and treat only those clients who are appropriate to the agency's mission, capacity and resources.

RESOLVING PROBLEMS

Any problem that may arise between you and your clinician or the agency should be discussed with your clinician. The majority of problems are best resolved this way. However, if you feel this arrangement did not settle the problem you may then call or write the Program Manager who will then discuss the problem with you.

You may also contact the following at any point in time:

1. The Director of Programs at Family Connections, **(973) 675-3817**
2. The Chief Executive Officer of Family Connections, **(973) 323-3439**
3. The Essex County Mental Health Administrator, Essex County Hospital, 204 Cedar Grove Road, Cedar Grove, NJ 07009, **(973) 571-2821**
4. The Division of Mental Health Services (DMHAS), Northern Region, 100 Hamilton Plaza, Suite 615, Box 4, Hudson United Building, Paterson, NJ 07505, **(973) 977-4397**
5. The DMHAS Ombudsman, 609-438-4321or email **dmhas.ombudsman@dhs.nj.gov**, 5 Commerce Way, P.O. Box 362, Hamilton, NJ 08625
6. NJ Protection and Advocacy, Inc., 210 Broad St. Trenton, NJ 08608, **1-800-922-7233** or **(609) 292-9742**
7. Division of Child Protection and Permanency Essex County 153 Halsey St., 3rd Floor, Newark, NJ 07101, **(973) 648-7275** or **1-800-792-8610**
8. Adult Protective Services, 441 Broad St, Newark, NJ 07102; **(973) 624-2528 ext. 135**
9. Community Health Law Project; 650 Bloomfield Ave, Bloomfield, NJ 07003, **(973) 275-1175**

10. Department of Children and Families Office of Advocacy, **1-877-543-7864**
11. Division of Mental Health Advocacy, **(609) 826-5057**
12. Essex County Division of Senior Services ; County Hall of Records, 465 Dr. Martin Luther King Jr. Blvd., Rm 102, Newark, NJ, 07102, **(973) 395-8375**
13. For Allegations of Non Compliance: Office of the Chief DCF-Office of Oversight and Monitoring; Office of Licensing. P.O. Box 717; Trenton, NJ 08625-0717, **1-877-667-9845**
14. NJ Child Abuse Hotline, **1-877-NJ-ABUSE (1-877-652-2873)**
15. DMHAS Complaint Hotline, **1-877-712-1868**
16. If you believe you have been discriminated against on the basis of race, creed, national origin, age, handicap or sex, you may present a complaint to: The Federal Office for Civil Rights, 26 Federal Plaza, Room 3311 New York, NY 10278

Notice of Privacy Practices (Effective August 1, 2026)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION, HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION. FURTHER IT EXPLAINS HOW YOU MAY ACCESS THIS INFORMATION AND AS SPECIFIED HEREIN YOU HAVE A RIGHT TO RECEIVE A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH OUR PRIVACY OFFICER AT **973-675-3817**, or **HIPAA@FAMILYCONNECTIONSNJ.ORG**. IF YOU HAVE ANY QUESTION. PLEASE REVIEW IT CAREFULLY.

WHO WILL FOLLOW THIS NOTICE:

This Notice of Privacy Practices (hereafter, this "Notice") addresses the use of your health information by **Family Connections** and your licensed healthcare provider (the "Organization," "we" or "us") and its business associates.

We may use your health information, also known as protected health information ("PHI"), for treatment, payment, operations, or research purposes as described in this Notice. All employees of the Organization follow these privacy practices. The practitioners on our staff will also follow this Notice when they provide professional services to you on behalf of the Organization.

ABOUT THIS NOTICE

This Notice will tell you about the ways we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of health information.

We are required by law to:

- make sure that health information that identifies you is kept private;
- give you this Notice of our legal duties and privacy practices with respect to your health information;
- follow the terms of the Notice that is currently in effect; and
- notify individuals, either known or reasonably believed to be affected, following a breach of unsecured protected health information.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures, we will explain what we mean and give examples. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one or more of the categories.

- **For Treatment.** We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to physicians, nurses, technicians, medical students or other Organization personnel who are involved in your care. Different departments and personnel of the Organization also may share health information about you to coordinate the different services you may need, such as prescriptions, lab work and imaging services, treatment alternatives, or other health-related benefits or services that may be of interest to you. We also may disclose health information about you to people outside the Organization who may be involved in your medical care.
- **For Payment.** We may use and disclose health information about you so that we may bill for treatment and services you receive at the Organization and collect payment from you or another party. We may also disclose information about you to other healthcare facilities for purposes of payment as permitted by law.

- **For Healthcare Operations.** We may use and disclose health information about you for operations of the Organization. These uses and disclosures are necessary to run the Organization and make sure that all of our clients receive quality care. For example, we may use health information to evaluate the performance of our staff in caring for you or the outcome of your treatment. We may also combine health information about many clients to decide what additional services the Organization should offer, what services are not needed and whether certain new treatments are effective. We may also combine health information we have with health information from other organizations to compare our performance and to make improvements in the care and services we offer. We may also disclose information to doctors, nurse practitioners, nurses, technicians, medical students, clinicians and other Organization personnel for educational purposes. We may also disclose information about you to other healthcare facilities as permitted by law.
- **Participation in Health Information Exchange Organizations (HIE).** We may participate in one or more health information exchange organizations ("HIEs") to facilitate the secure electronic sharing of your health information for purposes of treatment, payment, and health care operations, as permitted by applicable law. HIEs allow authorized providers and entities to access and share your information to improve care coordination, reduce duplication of services, and enhance client safety. You have the right to opt out of participation in an HIE. If you opt out, your information will not be made available through the HIE, although we may continue to use and disclose your information as otherwise permitted by this Notice and applicable law.

  If your information includes records relating to substance use disorder treatment that are subject to 42 CFR Part 2, we will not use or disclose such information through an HIE without your prior written consent, except as otherwise permitted by law. Any such consent will comply with applicable legal requirements, including required statements regarding redisclosure and the consequences of refusal.
- **Appointment Reminders.** We may use and disclose health information to contact you to remind you that you have an appointment for treatment or medical care.
- **Treatment Alternatives.** We may use and disclose health information to tell you about possible treatment options that may be of interest to you.
- **Health-Related Benefits and Services.** We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you.
- **Individuals Involved in Your Care or Payment for Your Care.** We may release health information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family may be notified about your condition, status and location.
- **Research.** Organization does not routinely participate in research studies. Any disclosure for research purposes shall be based on your written, informed consent, and assurances that the researchers shall comply with ethical standards for ensuring the confidentiality of your information.
- **Fundraising.** We may contact you for fundraising efforts, but you may opt out of such communication by requesting that we do not contact you again. If we intend to use or disclose your substance use disorder treatment records for fundraising purposes, we will first provide you with a clear and conspicuous opportunity to elect not to receive such communications. You may opt out at any time and opting out will not affect your treatment or access to services.
- **As Required by Law.** We will disclose health information about you when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

SPECIAL SITUATIONS

- **State Law.** In certain states, special privacy protections apply to certain information, including genetic, sexually transmitted disease, or mental health information. Some parts of this general Notice of Privacy Practices may not apply to these types of information. If your treatment involves this information, and if applicable state laws govern, such information will be further protected pursuant to applicable state law. For further information, please contact us using the contact information listed on the last page of this Notice.
- **Drug and Alcohol Abuse Information.** The confidentiality of alcohol and drug use disorder client records are protected by Federal law and regulations. Generally, a health care provider may not say to a person outside a treatment program that a client attends a program, or disclose any information identifying a client with a substance use disorder unless:
  - The client consents in writing;
  - The disclosure is allowed by a court order; or

- The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation;

- **Organ and Tissue Donation.** If you are an organ or tissue donor, we may release health information about you to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank.
- **Military and Veterans.** If you are a member of the armed forces of the United States or another country, we may release health information about you as required by military command authorities.
- **Workers' Compensation.** We may release health information about you for workers' compensation or similar programs.
- **Public Health Risks.** We may disclose health information about you to authorized public health or government officials for public health activities. These activities generally include the following:
  - to a person subject to the jurisdiction of the Food and Drug Administration (FDA) for purposes related to the quality, safety or effectiveness of an FDA-regulated product or service;
  - to prevent or control disease, injury or disability;
  - to report disease or injury;
  - to report births and deaths;
  - to report child abuse or neglect;
  - to report reactions to medications and food or problems with products;
  - to notify people of recalls or replacements of products they may be using;
  - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
  - to notify the appropriate government authority if we believe a client has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Health Oversight Activities.** We may disclose health information about you to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request or other legal demand by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement.** We may release health information about you if asked to do so by a law enforcement official:
  - in response to a court order, subpoena, warrant, summons or similar process;
  - to identify or locate a suspect, fugitive, material witness or missing person;
  - about the victim of a crime if, under certain circumstances, we are unable to obtain the person's agreement;
  - about a death we believe may be the result of criminal conduct;
  - about criminal conduct at the Organization or by healthcare providers affiliated with the Organization;
  - in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime; and
  - to authorized federal officials so they may provide protection for the President and other authorized persons or conduct special investigations.
- **Coroners, Medical Examiners and Funeral Directors.** We may release health information about you to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information to funeral directors as may be required to carry out their duties.
- **National Security and Intelligence Activities.** We may release health information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.
- **To a School.** We may disclose information to a school, about an individual who is a student or prospective student of the school, if:
  - The protected health information that is disclosed is limited to proof of immunization;
  - The school is required by State or other law to have such proof of immunization prior to admitting the individual; and
  - The covered entity obtains and documents the agreement to the disclosure from either:
    - A parent, guardian, or other person acting in loco parentis of the individual, if the individual is un-emancipated minor; or
    - The individual, if the individual is an adult or emancipated minor.

DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

In general, we will need your specific written authorization to use or disclose your PHI for any purpose other than those listed above. We will seek your written authorization for at least the following information unless the use or disclosure would be otherwise permitted or required by law as described above.

- **Marketing Purposes.** We will obtain your specific written authorization before we use your PHI to send you marketing materials. However, we may provide you with marketing materials in person without obtaining authorization, in addition to communicating with you about services or products that relate to your treatment, case management, or care coordination, alternative treatments, therapists, providers, or care settings.
- **Activities Where We Receive Remuneration for Exchanging PHI.** For certain activities in which we would receive remuneration directly or indirectly from a third party in exchange for your PHI, we will obtain your specific written authorization before we engage in such activity.
- **Tuberculosis Information.** Your specific written authorization is required before we may disclose any information that would identify you as having or being suspected of having tuberculosis ("TB"). However, we may use and disclose your health information relating the medical history, diagnosis, treatment, evaluation or other health information that would identify you as having or being suspected of having TB, without your authorization where authorized by law, to the New Jersey Department of Health, or as otherwise authorized by court order.
- **Sexually Transmitted Infection Information.** In most cases, your specific written authorization prior is required before we may disclose information that would identify you as having or being suspected of having a sexually transmitted infection (STI), including but not limited to HIV/AIDS. There are certain purposes, however, for which we may be permitted to release your STI information without obtaining your express authorization, such as to comply with a court order or, when otherwise required by law, to the New Jersey Department of Health or other governmental entity.
- **Genetic Information.** Your specific written authorization is required before we may obtain or retain your genetic information, or using or disclosing it for treatment, payment or health care operations purposes. We may use or disclose your genetic information without your written authorization only where it would be permitted by law or otherwise authorized by a court order.
- **Mental Health Information.** Your specific written authorization is required before we may disclose certain mental health information unless otherwise permitted by law.
- **Psychotherapy Notes.** Your specific written authorization that expressly identifies psychotherapy notes as being subject to release is required before we may disclose any psychotherapy notes unless otherwise permitted by law. Where the psychotherapy notes involve family therapy and the records for all participants have been integrated, no single family member shall have access to those records unless all adult participants and the guardians of any minor participants provide a signed authorization form.
- **Drug and Alcohol Abuse Information.** The confidentiality of alcohol and drug use disorder client records is protected by Federal law and regulations. Generally, a health care provider may not say to a person outside a treatment program that a client attends a program, or disclose any information identifying a client with a substance use disorder unless:
  - The client consents in writing:
  - The disclosure is allowed by a court order; or
  - The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

- **Confidentiality for Substance Use Disorder Patient Records**
  - 42 CFR Part 2 generally prohibits disclosing any record that would identify a client as having or having had a substance use disorder, subject to exceptions. Any disclosure made with your consent will include the statement "42 CFR part 2 prohibits unauthorized use or disclosure of these records" and a copy of the consent or a clear explanation of the medical records that may be disclosed. Records disclosed with your consent may not be used to investigate or prosecute you and may not be further redisclosed except as allowed by Part 2. If your records are disclosed for treatment, payment, and health care operations, the recipient may further disclose the records consistent with HIPAA, except for any use or disclosure in civil, criminal, administrative, or legislative proceedings against the client.
    - The disclosure is made to report a crime on program premises or against program personnel or to report suspected child abuse or neglect; or
    - In the event of a breach of your unsecured SUD records, we will notify you in accordance with applicable breach notification requirements under 42 CFR Part 2 and HIPAA.
    - Federal law prohibits the use of substance use disorder patient records to discriminate against you in connection with admission or treatment by any non-federal substance use program receiving federal assistance, in connection with activities of any state or local government, or in any application for a non-federal license, benefit, or privilege.
    - The right to inspect and copy records extends to your substance use disorder treatment records protected under Part 2.
    - When Part 2 records are disclosed pursuant to your consent under HIPAA for treatment, payment, or health care operations, the recipient may further use and disclose such records in accordance with HIPAA, except that such records may not be

used or disclosed in any civil, criminal, administrative, or legislative proceeding conducted by any federal, state, or local authority against you.
- The disclosure is made to a public health authority, provided that the records disclosed are de-identified.
- Minors. Individuals ages 13 and over receiving Substance Use Treatment and individuals ages 14 and over receiving Mental Health Treatment must provide written authorization prior to their information being disclosed, unless otherwise permitted by law.
- Right to Revoke Authorization. You may revoke your authorization, in writing, at any time. Any revocation will be granted except to the extent we may have taken action in reliance upon your authorization.

o You may provide a single written consent for all future uses and disclosures of your substance use disorder treatment records for treatment, payment, and health care operations purposes. The Organization will not make uses or disclosures of your substance use disorder treatment records not described in this Notice without first obtaining your written consent.

- **Other Uses and Disclosures.** Other uses and disclosures not described in this Notice, including all marketing purposes, will be made only with your written authorization. You may revoke such authorization provided under this section at any time, provided that the revocation is in writing, except to the extent that we have taken action(s) in reliance upon your authorization; or if the authorization was obtained as a condition of obtaining insurance coverage.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy health information that may be used to make decisions about your care. Usually, this includes medical and billing records. This right does not include psychotherapy notes, information compiled for use in a legal proceeding or certain information maintained by laboratories. To inspect and copy health information that may be used to make decisions about you, you must submit your request in writing to our Privacy Officer whose contact information is listed at the beginning and end of this Notice. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to health information, you may request in writing that the denial be reviewed. To request a review, contact the Privacy Officer. A licensed healthcare professional will conduct the review. We will comply with the outcome of the review.

- **Right to Amend.** If you believe that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is maintained by, or on behalf of, the Organization. To request an amendment to your PHI that you believe is inaccurate or incomplete, your request must be made in writing and submitted to the Privacy Officer for the location at which you were treated, as listed on the last page of this Notice. Your written request must include the reason that you believe your request is necessary to address an inaccurate or incomplete record of information about you. We may deny your request. if you ask us to amend information that:
  - o was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
  - o is not part of the health information kept by or for the Organization;
  - o is not part of the information that you would be permitted to inspect and copy; or
  - o is accurate and complete.

We will provide you with written notice of action we take in response to your request for an amendment.

- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of certain disclosures we made of health information about you. We are not required to account for any disclosures you specifically requested or for disclosures related to treatment, payment or healthcare operations or made pursuant to an authorization signed by you. To request an accounting of disclosures, you must submit your request in writing to the Privacy Officer. This contact information is listed at the last page of this Notice. Your request must state a time period, which may not be longer than six years. We will attempt to honor your request. If you request more than one accounting in any 12-month period, we may charge you for our reasonable retrieval, list preparation and mailing costs for the second and subsequent requests. Before we fulfill your request, we will notify you of the costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or healthcare operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. Additionally, you may request restrictions on health information disclosed to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, and the information pertains solely to a health care item or service for which you, or person other than the health plan on your behalf, has paid us in full. To request a restriction, you must contact the Privacy Officer. This contact information is listed on the last page of this Notice.

    - **We are not required to agree to your request.** If we agree to your request, we will comply with your request unless the information is needed to provide emergency treatment to you. You may terminate the restriction at any time. If we terminate the restriction, we will notify you of the termination. We are not able to terminate or refuse your request for restrictions to disclosures to health plans if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, and the information pertains solely to a health care item or service for which you, or person other than the health plan on your behalf, has paid us in full.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we only contact you at work or by mail. To request confidential communications, you must submit a written request to the Privacy Officer. This contact information is listed at the end of this Notice. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will attempt to accommodate reasonable requests.

- **Right to a Copy of This Notice.** You have the right to receive a paper or electronic copy of this Notice upon written request to the Organization or at your first treatment encounter with the Organization. You may get an additional copy of this Notice at any time by contacting us. This contact information is listed at the end of this Notice.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information about you that we already have, as well as any information we receive in the future. We will post copies of the current Notice on the Organizations' website. The Notice will indicate the effective date. In addition, each time you register with the Organization for treatment or healthcare services, we will make available copies of the current Notice. Any revisions to our Notice will also be posted on our website.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Organization or with the Secretary of the Department of Health and Human Services, Office of Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. To file a complaint with the Organization, please call or write to the Privacy Officer, whose contact information is listed at the end of this Notice. You will not be penalized for filing a complaint.

OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not described in this Notice or the laws that apply to us will be made only with your written authorization on an Organization authorization form. If you provide us with authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. However, we may continue to use or disclose that information to the extent we have relied on your authorization. You also understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.

HIPAA Notice of Privacy Practices
FOR MORE INFORMATION OR FURTHER QUESTIONS PLEASE CONTACT:
Family Connections Privacy Officer
Contact Information: **Hipaa@familyconnectionsnj.org**
Phone Number: **973-675-3817**

Notification of Health Information Exchange

What is a Health Information Exchange?
Family Connections may participate in one or more Health Information Exchanges (HIE). An HIE is an electronic platform that maintains clients' Protected Health Information (PHI)and can securely share information with the healthcare professionals providing you with care. Information shared is secure and only available for permitted uses to approved providers. Providers can send a client's medical and treatment information to the HIE, as well as query and receive the client's medical information that another provider sent to the HIE. The information shared includes real-time admission, discharge, and transfer information on Emergency Room visits and hospitalizations. This information sharing increases accuracy, efficiency, and cost savings. Family Connections reserves the right to modify and change its participation in HIE platforms. Please contact Family Connections' Privacy Officer for a list of platforms.

What Types of Information Are Shared?
Information exchanged through an HIE is securely transmitted in a Continuity of Care Document (CCD).
A CCD is an electronic report that provides your Name, Gender, Date of Birth, Race, Ethnicity, Marital Status, Language, Phone, Medical Record ID, Referral Reason, Admission and Discharge Dates, Diagnosis, Immunizations, Medications, Services Provided, Treatment Plan, Lab Orders, and Future Appointments. Family Connections also participates in HIE platforms which can send us an alert when you are admitted, discharged, or transferred from a hospital and allows us to coordinate any applicable follow-up care with you. These alerts are transmitted to us securely through direct messaging. To get access to these alerts, Family Connections will provide limited Protect Health Information. Specifically, we will provide the HIE with your Name, Gender, Date of Birth, last four digits of your Social Security Number, Address, Telephone number, and your Family Connections' Medical Record ID.

How to Sign Up?
If you are receiving treatment for a substance use disorder, you will need to sign an authorization for us to share your information in an HIE. If you are not receiving treatment for a substance use disorder do not need to do anything further to have your information shared on an HIE. If you do not want Family Connections to share or access your information on an HIE, you may also choose to opt out of an HIE at any time. If you wish to opt out of an HIE, you must speak with Family Connections staff and complete a Family Connections HIE Opt-Out Form. Opting out does not prohibit Family Connections from otherwise disclosing your health information based on other authorizations and applicable laws, or by other methods.

Should you opt out, any information that has previously been uploaded to the HIE will not be deleted and will continue to be available. If you completed a Family Connections HIE Opt-Out Form and change your mind, you may speak with Family Connections staff and complete a Family Connections HIE Opt-Out Cancellation Form.

Safety Zone Agreement

For Everyone's Safety and Mutual Respect, Family Connections is a:

Gang-Free
Weapons-Free
Violence-Free
Substance-Free
Zone

Both indoors and outdoors on Family Connections' property, all Family Connections' clients must agree to the following policies:

- No gang-related clothing, attire, accessories, hand signs, gestures, walks, dances or other verbal or physical signals of gang affiliation
- No illegal drugs, alcohol, or prescription medication without a prescription
- No one under the influence of legal or illegal drugs or alcohol
- No weapons
- No physical violence or threats of physical violence

All clients must further agree to explain this policy in advance to anyone who comes with them to Family Connections. Anyone who violates this policy may be asked to leave the property and repeat offenders may not be able to get services at Family Connections.



PROGRAMS AND SERVICES

PROGRAMS

Family Connections is a leading New Jersey non-profit that supports children, adults, and families facing many of life's toughest challenges. We change lives with a wide range of programs to counter trauma, mental illness, addiction, domestic violence, child abuse, and more. Family Connections is proud to be a Certified Community Behavioral Health Clinic (CCBHC) and to offer **CCBHC services** to clients in all our service programs. As you begin your journey with Family Connections, please review the information for the program or programs you are receiving services. For your convenience, each program has links that will direct you to additional policies, procedures, and information that are relevant to these programs.

Domestic Violence Services

Dreams

Family Connections provides **assessment**, **therapy**, **case management**, and **social-emotional skills-building** to children and their non-offending parent who have experienced or witnessed domestic abuse. Domestic Violence Services are offered at Family Connections' Dreams Programs. These programs are paid for by the New Jersey Department of Children and Families and are provided at no cost to clients enrolled in the program. To be eligible for this program, clients must reside in Essex County and be separated from the offending individual. The Dreams programs have implemented detailed **policies and procedures** to ensure everyone's safety in the program. Services are provided in-person in a private office space or through **teleservice**.

Early Childhood Services

Parents As Teachers (PAT)

PAT is a **social-emotional skills-building** program that provides in-home education and supportive services to families on important health and parenting issues, including but not limited to; prenatal health, infant/child health and development, positive parenting practices, child safety, employment, and child abuse and neglect prevention. These services are paid for by the New Jersey Department of Children and Families and the South Ward Children's Alliance and provided at no cost to families. This program is only available to Essex County residents who are expecting a baby or have a child under the age of 3. Services are provided in-home or through **teleservice**.

Prepare Preschool Development

Prepare provides **assessment**, **therapy**, and **social-emotional skills-building** to promote the social and emotional development of children attending pre-school and kindergarten at the Clinton Hill Day Care Center. These services are paid for by the South Ward Children's Alliance and provided at no cost to families. This program is only available to children attending the Clinton Hill Day Care Center. Services are provided in-person at the Clinton Hill Day Care Center or through **teleservice**.

Family Support Services

Family Crisis Intervention Program
The Family Crisis Intervention Program (FCIP) provides **assessment** and short-term **counseling** to youth experiencing behavioral difficulties and/or family conflict. These services are paid for by Essex County's Division of Citizen Services and provided at no cost to families. To be eligible for this program, clients must reside in Essex County and be 17 years or younger. Services are provided in-person at a Family Connections' office, or in a school or other community-based location, or through **teleservice**.

In-Home Counseling Programs for Youth and Families Involved with DCP&P
Family Connections provides in-home **assessment** and **therapy** to youth, families, and foster families at the Foster Care Support Services and Youth and Family Support Services Programs. These services are funded by the New Jersey Department of Children and Families and provided at no cost to families. Clients must be directly referred by a DCP&P worker to be eligible for this program. Services are provided in families' homes either in-person or through **teleservice**.

Strengthening Family Bonds
Strengthening Family Bonds provides **social-emotional skills-building** to families with the goal of increasing family communication and decreasing the chances of children experimenting with alcohol, drugs, and other high-risk behaviors. Services are paid for by the New Jersey Division of Mental Health and Addiction Services and provided at no cost to families. Services are provided at community-based locations or through **teleservice**.

Supportive Visitation Program
Family Connections' Supportive Visitation Programs provide **assessment** and safe, **supervised visitation** services along a continuum with the goal of improving permanency outcomes. Services are paid for by the New Jersey Department of Children and Families and provided at no cost to families. In addition to reviewing the links included here for service descriptions, please review the **Supportive Visitation Program Policies and Procedures** to help ensure your success in this program. The Supportive Visitation Programs cannot accept referrals directly from potential clients. All referrals must come directly from DCP&P. Services are provided in a safe community location or through **teleservice**.

Housing Services

Family Connections provides **supportive housing**, **assessment**, **therapy**, and **case management** to families separated by foster care placement and in need of housing for reunification through the Keeping Families Together program. Additionally, Family Connection's Youth Supportive Housing Program offers supportive housing to youth aging out of foster care placements.

Keeping Families Together

The Keeping Families Together program is offered in partnership with New Jersey's Department of Children and Families, Division of Mental Health and Addiction Services, and Department of Community Affairs. Families are responsible for paying a portion of their income toward rent and adhering to **program policies and procedures** to maintain their housing and program services. Enrolled families are eligible to receive therapy services at no cost to them. Keeping Families Together is unable to accept referrals directly from potential clients. All referrals must come directly from DCP&P. Services are provided in families' homes, either in-person or through **teleservice**.

Youth Supportive Housing

The Youth Supportive Housing Program is offered in partnership with New Jersey's Department of Children and Families and Department of Community Affairs. Clients are responsible for paying a portion of their income toward rent and adhering to **program policies and procedures** to maintain their housing and program services. Enrolled clients are eligible to receive therapy services at no cost to them. This program is unable to accept referrals directly from potential clients. All referrals must come directly from DCP&P. Services are provided in clients' families' homes, either in-person or through **teleservice**.

Mental Health and Substance Use Services

In-Home & In-Community Counseling Programs

Family Connections' Intensive In-Home and In-Community Programs provide short-term **assessment** and **therapy** to youth ages 3 through 21 who are involved with the NJ Children's System of Care. Please review our **Fee Agreement, Billing, and Payment Policies** for information on cost for these services and insurances accepted. Services are provided in clients' homes or another community location, either in-person or through **teleservice**.

In-Home Counseling Programs for Youth and Families Involved with DCP&P

Family Connections provides in-home **assessment** and **therapy** to youth, families, and foster families at the Foster Care Support Services and Youth and Family Support Services Programs. These services are funded by the New Jersey Department of Children and Families and provided at no cost to families. Clients must be directly referred by a DCP&P worker to be eligible for this program. Services are provided in families' homes either in-person or through **teleservice**.

Intensive Outpatient Programs for Substance Use Disorders (IOPs)

Family Connections offers two specialized Intensive Outpatient Programs (IOP), Strong Mothers and Strong Fathers. These programs provide **assessment**, **therapy**, **social-emotional skills-building**, and **case management** to mothers and fathers struggling with substance use and/or addiction. Clients participating in this program receive 9 hours of group therapy each week, participate in weekly individual and/or family therapy, and receive weekly alcohol/drug screens. These services are paid for by the New Jersey Department of Children and Families and available at no cost to eligible clients. In addition to reviewing the links included here for this program's services, please review the **Substance Use Treatment Services Policies** for important notifications, information, and resources to help ensure your success in recovery. Services are provided at Family Connections' offices at 395 S. Center St. in Orange or through **teleservice**. While the services provided in these programs are paid for through state funding, fees may apply if additional services, such as **medication**, are needed for your success. **Fees, Billing, and Payment Policies** will be discussed with you in advance of providing any services where fees may apply.

Outpatient Counseling Programs

The Outpatient Mental Health counseling program provides **assessment**, **therapy**, and **case management** to individuals and families of all ages. **Psychiatry services** are also available at this program for individuals who may need medication. For information on the cost of services and insurances accepted at the Outpatient Mental Health program, please review our **Fee Agreement, Billing, and Payment Policies**. In addition to reviewing the links included here for this program's services and fees, please review this program's **Client Responsibilities Policies and information** on **Mental Health Advance Directives** to help ensure your success in therapy. Services are provided at Family Connections' office at 395 S. Center St. in Orange or through **teleservice**.

Outpatient Substance Use Counseling for Adults

Family Connections' Outpatient Substance Use Program (OSUP) provides **assessment**, **therapy**, and **case management** to adults struggling with substance use and/or addiction. **Psychiatry services** are also available at this program for individuals who may need medication. Clients participating in this program participate in weekly individual and/or family therapy, weekly group therapy, and weekly alcohol/drug screens with the goal of reduced use or abstinence. For information on cost for these services and insurances accepted, please review our **Fee Agreement, Billing, and Payment Policies**. In addition to reviewing the links included here for this program's services and fees, please review the **Substance Use Treatment Services Policies** for important notifications, information, and resources to help ensure your success in recovery. Services are provided at Family Connections' office at 395 S. Center St. in Orange or through **teleservice**.

Outpatient Substance Use Counseling for Teens

Family Connections' Safe Haven Adolescent Recovery Program (SHARP) provides **assessment**, **therapy**, **social-emotional skills-building**, and **case management** to adolescents, ages 13 through 21 struggling with substance use and/or addiction. Clients participating in this program attend group therapy sessions between 1 and 4 times a week, as well as participate in weekly individual and/or family therapy sessions and weekly alcohol/drug screens. These services are paid for by the NJ Children's System of Care and are available at no cost to eligible youth. In addition to reviewing the links included here for this program's services, please review the **Substance Use Treatment Services Policies** for important notifications, information, and resources to help ensure your success in recovery. Services are provided at Family Connections' office at 395 S. Center St. in Orange or through **teleservice**. While the services provided in these programs are paid for through state funding, fees may apply if additional services, such as **medication**, are needed for your success. **Fees, Billing, and Payment Policies** will be discussed with you in advance of providing any services where fees may apply.

Peer Wellness and Counseling Services

Peer Wellness and Counseling Services support professionals who provide Substance Use Treatment, Opioid Use Treatment, Mental Health Services, or Medication to Support Recovery by providing **assessment**, **therapy**, and **social-emotional skills-building**. In addition to reviewing the links included here for this program's services, please review this program's **Client Responsibilities Policies** and information on **Mental Health Advance Directives** to help ensure your success in this program. Services are provided at Family Connections' office at 395 S. Center St. in Orange or through **teleservice**. These services are available at no cost to program participants as they paid for by the Substance Abuse and Mental Health Services Administration (SAMHSA) State Opioid Response Grants Catalogue of Federal Domestic Assistance (CFDA) No. 93.788 and funding for this initiative was made possible by grant no. H79T1083317 from SAMHSA, NJ DHS, and DMHAS.If additional services, such as **medication**, are needed for your success, **Fees, Billing, and Payment Policies** will be discussed with you in advance of providing any services where fees may apply.

Wellness House

Wellness House provides **assessment**, **therapy**, **medication**, **case management**, and **social-emotional skills-building** to adults diagnosed with serious and persistent mental illnesses residing in Essex County. This program offers 9-12 hours a week of individual and group services, as well as on-call services to enrolled clients. For information on cost for these services and insurances accepted, please review our **Fee Agreement, Billing, and Payment Policies**. In addition to reviewing the links included here for this program's services and fees, please review the **Wellness House Rules and Safety Policies**, as well as the information on **Mental Health Advance Directives** to help ensure your success in this program and with managing your illness. Services are provided at Family Connections' office at 395 S. Center St. in Orange or through **teleservice**.

Youth Sex Offender Counseling

Family Connections' Youth Sex Offender program provides specialized **assessment** and **therapy** to youth who have been charged with sexual offenses. These services are only available to youth who are referred directly by DCP&P, New Jersey's Juvenile Justice Commission, or Essex County's Multidisciplinary Team and are paid for by the referral source. In addition to reviewing the links included here for this program's services, please review this program's **Client Responsibilities Policies** to help ensure your success with therapy. Services are provided at Family Connections' office at 395 S. Center St. in Orange or through **teleservice**. While the services provided in this program are paid for by the referral source, fees may apply if additional services, such as **medication**, will be needed for your success. **Fees, Billing, and Payment Policies** will be discussed with you in advance of providing any services where fees may apply.

Older Adult Services

Caregiver Connections

Caregiver Connections provides **assessment** and **counseling** to individuals caring for older adults and grandparents raising grandchildren. This programs is paid for by the Essex County Division of Senior Services. Clients are asked to give a voluntary contribution to support the costs of services; however, no client will be denied services based on their ability to give a contribution. Please review the **Older Adult Program Policies** for specific information on program eligibility, fees, and requirements. Services are provided in clients' homes/in community or through **teleservice**.

Youth Services

Outreach to At-Risk Youth (OTARY)
OTARY provides group-based **social-emotional skills-building** and is designed to prevent crime/juvenile delinquency and deter gang involvement by providing recreation, outreach, vocational, and supportive services to youth. OTARY services are paid for by the New Jersey Department of Children and Families and provided at no cost to youth. This program is only available to youth ages 13 through 18 living in Essex County. The program has the option to serve enrolled youth until the age of 21. Services are provided in-person at Family Connections' offices and other convenient locations throughout the County, especially in communities with demonstrated high-crime and gang violence, or through **teleservice**.

Pride+
Pride+ is a program for LGBTQIA+ Youth in South Orange, Maplewood, and Millburn, providing a safe space for youth anywhere on the LGBTQIA+ spectrum to connect, hang out, get peer support, and plan peer activities. **Assessment**, **therapy**, and **social-emotional skills-building** are also offered if desired. Services are paid for by a grant provided through the Healthcare Foundation of New Jersey and provided at no cost to youth. Services are offered at St. George's Episcopal Church in Maplewood, Family Connections' office in South Orange, or through **teleservice**. Please see the Family Connections website for the specific location schedule.

School-Based Youth Services Programs
School-Based Youth Services Programs provide **assessment**, **therapy**, **academic and employment support case management**, and **social-emotional skills-building** to build on a youth's strength to help them achieve their educational and life goals. These services are paid for by the New Jersey Department of Children and Families and provided at no cost to youth. School-Based Youth Services Programs are offered on-site at the following schools: Bloomfield High School, Columbia High School, Maplewood Middle School, Orange High School, and Orange Preparatory Academy. These programs are only available to youth enrolled in the aforementioned schools. **Teleservice** is also available for youth attending these schools.



FEES, BILLING, INSURANCE AND **PAYMENT POLICIES**

Fees, Billing, Insurance and Payment Policies

Fee Agreement

Family Connections charges fees to cover the cost of services. The fees charged are standard fees for services rendered relating to the type of services being rendered. Family Connections accepts insurance in our outpatient and community-based behavioral health programs. Individuals without insurance may be eligible for state or county funding to pay for services in these programs. Family Connections also has several programs where fees are covered by grants and public funding. Specific information for fees and payment policies for different types of programs are specified below.

You also have the right to choose not to utilize your insurance or other funding sources available to you and pay the full standard fee for services provided.

Insurance

If you have insurance coverage, as a courtesy, we will check with your insurance company to verify your coverage and any co-payments, deductibles, or coinsurance that may be your responsibility. However, we cannot guarantee that the information we receive from your insurance company is correct. Where applicable, we will bill in-network insurance for you.

You are required to present a valid insurance card at each visit and as needed throughout your services. You will be responsible for payment of any co-payments, coinsurance, and deductibles at the time of service. We cannot waive any co-payments, deductibles, or co-insurance defined as patient responsibility and payment for these fees are due at the time the service is provided. Since your agreement with your insurance company is a private one, we do not routinely follow-up on the reason a company has not paid or paid less than anticipated for care. If you are dissatisfied with the rejection of a claim or the amount paid, it is your responsibility to follow-up with your insurance company. Family Connections will work with you to provide any information you need as part of your follow-up. You are ultimately responsible for paying for any services not covered by your plan. Should your income or insurance change while enrolled in services, it is your responsibility to inform us so that we may verify eligibility for services. Please note that changes in your insurance may impact our ability to continue providing services.

Out-of-Network

If Family Connections is not part of your insurance network, you are responsible to pay your fee at the time of service. You may submit your claim to your insurance company for reimbursement. If needed, Family Connections will provide you with service documentation to support your claim.

Uninsured

If you do not have insurance, you may be eligible for state or county funding or NJ Medicaid to pay for your services. If you would like to receive any of this funding, you will be asked to complete Presumptive Eligibility for NJ Medicaid and, if you are not eligible for Medicaid, we will review your eligibility for state or county funding. If you receive this funding and then get insurance, you are responsible for immediately informing us. If you are not eligible for Medicaid or any other funding, you are responsible for the full fee for services rendered.

Payment

Client balance statements will be sent monthly. Please pay balances received by statement within 15 days to keep your account in good standing. If you experience a financial hardship, you may contact our billing department to discuss payment options. Unpaid balances may jeopardize your standing as a client and your case may be closed. Family Connections accepts cash, checks, and credit cards as payment. A $25 fee will be charged for all checks returned for insufficient funds. Family Connections reserves the right to use legal means to obtain payment from you, which may involve a collections agency or small claims court. You will be responsible for any fees incurred as part of collections.

Outpatient and Community-Based Behavioral Health Programs

Family Connections' **Outpatient Mental Health Counseling Program**, **Outpatient Substance Use Program for Adults**, **Wellness House Program**, and **Intensive In-Home and Intensive In-Community Programs** are programs where clients are charged for each service provided, and accept Medicaid, some private insurance plans, and Medicare (Medicare is based on provider availability). Individuals without insurance may qualifyfor state or county funding to pay for services.

Grant and Public-Funded Programs

Services in the following programs are paid for via contracted agreement with either the Essex County Department of Citizen Services, New Jersey Department of Children & Families, New Jersey Division of Mental Health and Addiction Services, Substance Abuse and Mental Health Service Administration, or private foundations to individuals meeting program-eligibility requirements.

- **Dreams Domestic Violence Services**
- **Family Crisis Intervention Program**
- **Foster Care Support Services Program (In-Home Counseling for DCP&P Involved Youth and Families)**
- **Keeping Families Together**
- **Outreach to At-Risk-Youth (OTARY)**
- **Older Adult Services**
- **Parents As Teachers (PAT)**
- **Peer Wellness Counseling**
- **Prepare Preschool Development**
- **Pride+**
- **Supportive Visitation Services**
- **School-Based Youth Service Programs**
- **SHARP Adolescent Recovery***
- **Strengthening Family Bonds**
- **Strong Fathers Intensive Outpatient Program***
- **Strong Mothers Intensive Outpatient Program***
- **Youth and Family Support Services (In-Home Counseling for DCP&P Involved Youth and Families)**
- **Youth Sex Offender Counseling***
- **Youth Supportive Housing**

**Some services in these programs charge fees or bill insurance for individual services provided outside of the scope of contracted funded agreements; any potential charges for these services will be discussed with you prior to providing services.*



TREATMENT PROVIDED

Treatment Provided

Family Connections has many programs to assist people in improving their lives and will also refer you to other agencies that may have services that will assist you. Please speak with Family Connections staff if you have needs for other services beyond what is being provided in your program.

Certified Community Behavioral Health Clinic Services (CCBHC)

Family Connections is proud to be a Certified Community Behavioral Health Clinic! A CCHBC is a model of care designed to ensure that clients have access to coordinated, comprehensive behavioral healthcare so that clients do not need to piece together behavioral health support across multiple providers. All Family Connections' CCBHC clients are assigned a Care Coordinator to help direct them to the services that best meet their individual needs and help them navigate all the behavioral health care, physical health care, social services, and other systems in which they are involved. All Family Connections clients are eligible for CCBHC Services. Please speak with your Family Connections worker at your service program to learn more about how you can access CCBHC services.

Assessment

Most Family Connections programs will complete an assessment during your initial appointment(s). The purpose of an assessment is to collect information about you to determine if or how the program can best meet your needs and identify any other services or resources that you may need.

Assessment is provided at the following Family Connections Programs:

- Dreams Domestic Violence Services
- Family Crisis Intervention Program (FCIP)
- Foster Care Support Services (In-Home Counseling for DCP&P Involved Youth and Families)
- Keeping Families Together
- In-Home and In-Community Counseling Programs
- Older Adult Caregiver Connections
- Outpatient Mental Health
- Outpatient Substance Use Program (OSUP)
- Peer Wellness Counseling
- Prepare Preschool Development
- Pride+
- Supportive Visitation Services
- School Based Youth Services Programs
- SHARP Adolescent Recovery
- Strong Fathers Intensive Outpatient Program
- Strong Mothers Intensive Outpatient Program
- Wellness House
- Youth Sex Offender Counseling
- Youth Supportive Housing

Therapy

Therapy (often referred to as psychotherapy, counseling therapy, or counseling) is a treatment that helps people cope with distressing emotions or life circumstances while providing the tools and support needed to make improvements in their lives. Clients share their experiences with a caring professional (therapist, counselor, clinician) weekly for 30-45 minutes for help understanding and managing reactions to stressful or painful situations. Together, the client and therapist work to develop coping skills and strategize solutions.

Therapy may be provided:

- Individually
- In groups with people who share similar problems and could benefit from mutual support and problem-solving under the guidance of the therapist
- With partners or other family members participating some or all of the time

When problems involve a child or adolescent, some level of family participation is recommended.

What You Can Expect from Therapy:

- It may take time to feel completely comfortable talking about your problems.
- You and your clinician will develop a personalized treatment plan defining your treatment goals.
- Attendance is important. The more consistently you attend appointments, the better your chances of achieving your treatment goals.
- You will be asked to apply the coping strategies you learn during therapy between sessions.
- It is time-limited. The length of therapy varies based on your motivation, number and severity of issues to resolve, and the effort you put in outside of sessions.
- Change in some, but not all, of your problems. You can use what you learn in therapy to address future problems.
- Confidentiality. No information about you may be given out without your consent unless allowed or required by law

Risks and Limitations of Therapy:

- A "cure" is not guaranteed. For services to be successful, you will need to work on things discussed in your sessions on your own.
- Therapy can involve discussing uncomfortable and unpleasant aspects of your life and you may experience uncomfortable feelings.
- If you are not able to follow program policies, or we cannot help you with a problem because our training or skills are not appropriate to your specific issues, your case will be closed and you will be referred to another program which may better meet your needs.

Therapy is offered at the following Family Connections Programs:

- **Dreams Domestic Violence Services**
- **Family Crisis Intervention Program (FCIP)**
- **Foster Care Support Services (In-Home Counseling for DCP&P Involved Youth and Families)**
- **Keeping Families Together**
- **Intensive In-Home and In-Community Counseling Programs**
- **Older Adult Caregiver Connections**
- **Outpatient Mental Health**
- **Outpatient Substance Use Program (OSUP)**
- **Peer Wellness Counseling**
- **Prepare Preschool Development**
- **Pride+**
- **School Based Youth Services Programs**
- **SHARP Adolescent Recovery**
- **Strong Fathers Intensive Outpatient Program**
- **Strong Mothers Intensive Outpatient Program**
- **Wellness House**
- **Youth and Family Support Services (In-Home Counseling for DCP&P Involved Youth and Families)**
- **Youth Sex Offender Counseling**
- **Youth Supportive Housing**

Medication

At times, medication can help people manage moderate to severe emotional distress. Medication management services at Family Connections may be provided by a Medical Doctor (Psychiatrist) or an Advanced Practice Nurse (APN). Please note the following:

- Before any medication is prescribed, an evaluation with the medical provider will be conducted and options discussed with you.
- When medication is deemed appropriate, it is prescribed in small and non-refillable amounts, for limited periods of time, and in the smallest dosage required to help you.
- It is not our policy to prescribe or refill medication over the telephone. It is extremely important that you keep your appointments to avoid running out of medication.
    - o **You are required to attend therapy sessions as scheduled in between psychiatric appointments to continue medication monitoring services.**
- The decision to take a medication is ultimately yours. Our duty is to assist you in making an informed choice and only prescribe medication if it is likely to benefit you.

Risks and Benefits of Medication:

The benefits and risks of medication vary by the type of medication prescribed. Your provider will discuss these with you when prescribing medication.

Medication Management is offered at the following Family Connections Programs:

- **Outpatient Mental Health**
- **Outpatient Substance Use Program (OSUP)**
- **Wellness House**

Case Management

Case Management services (also known as Care Management) can assist you with non-therapeutic needs you may have such as: housing, legal, medical, welfare services, employment, education, financial, etc. Your case manager's ultimate goal is to point you in the direction of the right services, organization, or agency that will meet your needs.

Limitations and Risks of Case Management:

- You may need to provide personal information and documents as part of determining your eligibility for a service or to enroll in a service. If this other organization needs this information for this purpose, it will be sent with your written consent. Once sent, Family Connections cannot ensure the privacy and confidentiality practices of another organization.
- You may need to do additional follow-up or attend appointments on your own. The times and locations for needed follow-up may be determined by another organization and may or may not have flexibility to accommodate your personal schedule.
- Family Connections cannot guarantee that you will receive all the services you need or would like. These decisions may be contingent on legal requirements or organizations outside of Family Connections' control.

Case Management is offered at the following Family Connections Programs:

- **Dreams Domestic Violence Services**
- **Keeping Families Together**
- **Outpatient Mental Health**
- **Outpatient Substance Use Program**
- **School-Based Youth Service Programs**
- **SHARP Adolescent Recovery**
- **Strong Fathers Intensive Outpatient Program**
- **Strong Mothers Intensive Outpatient Program**
- **Wellness House**
- **Youth Supportive Housing**

Social-Emotional Skills-Building and Education

Social-emotional skills-building and education uses evidence-based interventions to provide information and support to individuals so that they have the tools needed to address life's challenges. Most Family Connections services include components of social-emotional skills-building and education. The specific goal and focus for each service is dependent on the program in which you are receiving services.

Limitations and Risks of Social-Emotional Skills-building and Education:

- You will need to practice the skills you learn in your personal life for them to be effective. You may be assigned "homework."
- Depending on the specific skill(s), Social-Emotional Skills-Building and Education services may involve recognizing or discussing uncomfortable and unpleasant aspects of your life and you may experience uncomfortable feelings.
- While Social-Emotional Skills-Building & Education services are often provided in a group setting, it is not therapy. If you discover a need for therapy, and your program does not offer therapy, speak with your group facilitator to learn more about a referral.
- Your success in developing or mastering a specific skill is largely based on you. Consistent program attendance, regular practice, and completion of homework are needed for success.

Formal, curriculum-based skills-building and/or psychoeducation is offered at the following Family Connections Programs:

- **Dreams Domestic Violence Services**
- **Outreach To At-Risk Youth (OTARY)**
- **Parents As Teachers (PAT)**
- **Peer Wellness Counseling**
- **Prepare Preschool Development**
- **Pride+**
- **School-Based Youth Service Programs**
- **SHARP Adolescent Recovery**
- **Strengthening Family Bonds**
- **Strong Fathers Intensive Outpatient Program**
- **Strong Mothers Intensive Outpatient Program**
- **Wellness House**

Supportive Visitation Services

Supportive Visitation Services provides services for families with children in out-of-home placement, with a permanency goal that are directly referred by the NJ Division of Child Protection & Permanency (DCP&P).

Supportive Visitation Services offer supervised visitation along a continuum. The goal of the program is to improve permanency outcomes, and provide safe, and effective visits with collaborative planning.

Level of supervision required will change as the family's needs change over time, and services will adjust accordingly based on assessment and visitation plan.

Therapeutic Supervised Visits: This level of supervision is arranged when a significant level of intervention and support is needed, and when therapeutic goals should be established for the family. This level is supervised by a Master's level Visitation Specialist. Parents meet with their Visitation Specialist before and/or after each visit to process feelings about and plan activities for the visits, as well as reviewing the goals established for the visit. Therapeutic interventions will be utilized before, during, and after the visits, which include aspects of family counseling, play therapy, art therapy, and/or individual therapy -- all focused on improving parenting skills, attunement, and communication within the family.

Supportive Supervised Visits: This level of supervision is arranged when a lower level of intervention and support is appropriate, and is supervised by a Bachelor's level Visitation Specialist. Interventions might include parent coaching or mentoring, without the therapeutic process. Intervention would occur when a safety issue is apparent, as in any type of visit.

Family/Collateral Supportive Visits: For families with family or community partners able and willing to supervise visits, and when DCP&P and SVS determine that family or collateral supervision is the most appropriate, SVS will serve as an occasional monitor for the visits. SVS will conduct the initial and subsequent assessments and maintain contact with family and those responsible for overseeing the visits. Once monthly, or more often as required, SVS staff will observe a visit, and process with the parties before and after the scheduled monitored visit.

Unsupervised Visits: When it is determined that it is safe and appropriate to have unsupervised visits, SVS will serve as an occasional monitor for the visits. Specifically, SVS will conduct the initial and subsequent assessments and maintain contact with family regarding the visits. Once monthly, or more often as required, SVS staff will observe a visit, and process with the parties before and after the scheduled monitored visit.

Overnights: For families where there is a concrete plan for reunification, DCP&P may request an overnight visit by completing and submitting a separate Special Approval Request (SAR). Families may have one or more overnight supervised visits at a Family Connections site, from 5 pm Friday to 12 Noon Saturday.

Aftercare: When a family has reached reunification, SVS Visitation Specialists will continue to serve the family through this transition by making home visits for up to 6 months.

Limitations and Risks of Supervised Visitation:

- Visitation may bring up difficult memories or uncomfortable feelings.
- Your attendance and the content of your visits are reported to DCP&P and may be used to inform your court proceedings.

Supportive Visitation Services are provided by Family Connections' in Essex, Morris, Passaic, and Sussex counties.

Supportive Housing

Supportive Housing is provided through Family Connections' **Keeping Families Together** and **Youth Supportive Housing Programs**. Supportive Housing programs are only available for clients directly referred by the NJ Division of Child Protection & Permanency (DCP&P).

Supportive Housing provides affordable housing with onsite, voluntary support services, such as therapy and case management, to help individuals and families maintain their housing and live in the community.

Limitations and Risks of Supportive Housing:

While the services offered in supportive housing programs are voluntary, as part of maintaining your housing subsidy voucher, you must allow your Family Connections Case Manager to visit your home for an inspection at least once a month.

- You must know and follow all the requirements of your lease and subsidy voucher to maintain your housing.
- While services are not mandated, if Family Connections staff cannot make contact with you for an extended period of time outside of monthly housing inspections, a wellness check may be initiated with local police to ensure your well-being.
- Your ability to receive the range of services available through supportive housing is contingent on your maintaining your housing. If you lose your housing, you may be discharged from the program.



TELESERVICES

Teleservices

Teleservice is the use of technology to provide services when a provider and client are in different locations. Any of Family Connections' services can be provided via teleservice, as permitted by the entity paying for the service (e.g., insurance, government funding, etc.) and/or federal or state laws regulating the service. Family Connections offers teleservices via secure, HIPAA-compliant software platforms that can be accessed through your PC, tablet, or smartphone. Our staff takes all steps reasonably necessary to maximize your privacy and confidentiality. Your services cannot be seen or overheard by others at staff's location.

In addition to the service benefits and risks described for each service outlined above, there are additional risks and benefits associated with receiving teleservice.

Teleservice Benefits include:

- The ability to connect with Family Connections and receive services from a distanced location.
- Added time and convenience of not having to travel to or from an appointment.
- Ability to give staff more context in describing your home environment.

Teleservice Risks include:

- Technology interruptions (e.g., dropped calls, poor internet service, etc.)
- Potential privacy and security risks resulting from services being provided remotely (e.g., an unintended third party intercepting electronic communication, the conversation being overheard by others at your location).
- Planned services may need to be rescheduled due to technology issues or if you are receiving services at a location, or in the presence of others, that may be detrimental to your care.
- Services involving multiple people at different locations (e.g., group or family services) pose additional privacy and security risks as others participating may not have taken all of the steps needed to maximize privacy and security and minimize risks. Family Connections cannot guarantee that everyone attending is participating from a private and secure location.
- Services involving multiple people at different locations (e.g., group or family services) may involve interruptions if any privacy or security risks are discovered.

To minimize these risks, Family Connections has established procedures to maximize security and confidentiality, as well as provide you with optimal care. Staff take all steps reasonably necessary to maximize security and confidentiality, including enabling all security features available on the agreed-upon communication platform and ensuring that your conversation cannot be seen or overheard by others at their location. You are encouraged to take similar precautions as part of receiving services. Staff will discuss procedures for informing you of upcoming appointments and communicating between appointments. At the start of each teleservice session, staff will discuss a technology interruption plan with you and also obtain your physical location and a contact phone number so that we can direct any services that may be needed in the event of an emergency.

To minimize technology disrupting your services, Family Connections has established the following technology interruption plans:

- Individual and Family Services: All parties will attempt to reconnect to the appointment using the same technology. If all parties cannot connect after 5 minutes, Family Connections staff will call you at the phone number you provided at the start of the appointment.

- Group Services: You will attempt to reconnect to the appointment using the same technology for at least 5 minutes. If you are unable to reconnect, Family Connections staff will contact you via phone, email, or text within 2 hours with information on your next group session.

By consenting to receive teleservices, you:

- Agree to participate in Family Connections services through the technology that provides the most security to protect your privacy and is mutually available to you and Family Connections.
- Understand that Family Connections staff will review how you will be informed of upcoming appointments and procedures for communicating between appointments. If you need assistance between appointments, you may contact Family Connections staff during their office hours but understand that staff may not be immediately available due to their schedule. You further agree to contact 911 or your nearest emergency room should you experience a true emergency between appointments.
- Agree to provide Family Connections staff with your location and a contact phone number at the start of each appointment in the event of an emergency.
- Understand that you have a responsibility to take the privacy and security precautions similar to those outlined above and, if you are unable to do so, we may reschedule a service if proceeding with the service could be detrimental to you.
- Understand that the privacy laws that protect the confidentiality of your Protected Health Information (PHI) also apply to teleservice, unless an exception applies as outlined in Family Connections' Notice of Privacy Practices.
- Acknowledge that Family Connections' staff can only control technology security settings on their side of the communication, can only manage privacy in their environment, and are not responsible if your Protected Health Information is seen/overheard by others at your location, or if you have not maximized the security features of our agreed-upon communications.
- Understand that if participation includes group services or services involving multiple people at different locations, this poses additional privacy and security risks as other participants may not have taken the full steps necessary to help ensure confidentiality. Family Connections' staff will review group privacy and security requirements with all participants at the start of each group session and remove members who cannot adhere to these requirements if this information becomes known. However, staff may not know of all potential risks at each group member's location.
- Understand that teleservices may only be permissible as determined by the entity paying for your services (e.g., insurance, government funding, etc.) and/or federal or state laws regulating your services. You further understand that services may transition to in-person as authorized or required by any of these entities.



ADDITIONAL PROGRAM-SPECIFIC NOTIFICATIONS, POLICIES AND PROCEDURES

Additional Program-Specific Notifications, Policies and Procedures

In addition to all the policies, procedures, and information already described in this guide, several Family Connections programs have policies and procedures that clients enrolled in must know. It is important that you review these policies for all programs in which you are receiving services.

Dreams Domestic Violence Services

In order to ensure the safety of all the families served in the Dreams program, the location of our program is not advertised publicly. Please make sure that you do not reveal the location to your abuser as it may compromise the safety of those attending the program. Sharing the location of Dreams with your abuser could result in you no longer being eligible for services.

To protect everyone's confidentiality, we ask you not to bring friends or guests into our waiting room. If someone is escorting you to your appointment, he or she is welcome to wait in the lobby area on our first floor or in their car until you are ready.

If you are aware that your abuser is in the vicinity of your home when expecting your child to be picked up or dropped off by Dreams transportation, please call a Dreams case manager at **973-323-3565** or **973-323-3564** to inform them so we can safety plan with our drivers.

As a client receiving services in the **Dreams Domestic Violence Services** programs, it is important that you understand these policies. Please speak with staff if you have any questions.

Keeping Families Together

The housing subsidy voucher provided through the Keeping Families Together requires you to pay a percentage of your adjusted gross income towards your rent. This percentage is determined by the type of voucher you receive. Details of your voucher, along with your required share of the rent are reviewed with you by Family Connections program staff at admission and every year thereafter.

Keeping Families Together Participant Requirements

- In order to be eligible to enroll into Keeping Families Together, you must meet the following criteria:
  - DCP&P Involvement
  - Homelessness and/or housing instability
  - Persistent co-occuring challenges

- You must follow and abide by the rules and regulations stated by DCA in accordance with your KFTRAP voucher. Failure to do so may result in termination of your voucher as well as termination from Keeping Families Together.

- You must agree to abide by the rules stated in your lease agreement. Please understand the lease will be in your name and you have all the rights and responsibilities assigned to being a good tenant.

- You must agree to abide by the DCF Keeping Families Together (KFT) Rental Subsidy Program Policy and Consumer Agreement. Your child must remain in your care and custody to continue to be eligible for supportive housing.

As a client receiving services in **Keeping Families Together** it is important that you understand these policies. Please speak with staff if you have any questions.

Older Adult Services: Caregiver Connections

SERVICE REQUIREMENT

For the Older Adults Caregivers Program, the person being cared for **MUST** be 60 years of age or older. **Therefore, all clients agree to show proof of age before receiving services. If Clients REFUSE to show proof of age, they will be DENIED services.**

For the Older Adults Grandparents Program, persons must be 60 years and older. The grandparent must also have custodial, legal, sole or joint custody of the biological grandchild in their care. **Therefore, all clients agree to show proof of age and custodianship before receiving services. If Clients REFUSE to show proof, they will be DENIED services.**

DISRUPTIVE CLIENT POLICY

1. Family Connections' Older Adult Services shall:

a. Follow and adopt this disruptive client policy.

b. Post this disruptive client policy in a conspicuous space so it is viewable whenever clients come into our offices. It will be easily accessible as appropriate, considering the service being provided. During home visits staff will review policy with clients, provide clients with a copy, and request client's signature, for receipt of policy and their understanding.

c. Inform clients of their right to file a grievance and how to do so if they are denied or terminated from services.

2. Services may be denied or terminated for reasons including but not limited to:

a. Based on reassessment, less services or no service is needed.

b. The client exhibits disruptive behavior, including but not limited to:

1. Physical abuse including inflicting harm or intent to harm peers or agency staff.
2. Verbal abuse toward peers or agency staff
3. Emotional Abuse towards agency staff or peers including name calling and belittling.
4. Violating posted service location rules
5. Shouting that cannot be de-escalated by staff
6. Threatening or intimidating behavior or language
7. Stealing or damaging service location property
8. Any crime, misdemeanor or violation.
9. Consuming alcohol or illegal drugs in the service location.
10. Being under the influence of alcohol or drugs, except as prescribed by a physician.
11. Smoking or vaping on premises
12. Harassing or discriminating against anyone based upon race, creed, color, national origin, sex, sexual orientation, age or disability.

3. Procedure:

a. All clients will be given a copy of the disruptive client policy and procedure.

b. Staff will review policy with clients to ensure understanding.

c. Client's will sign and date signature page of the policy.

d. If there is a disruptive client at the site, client will be informed they need to leave area immediately.

e. If a client becomes disruptive during a home visit staff will end visit and leave the home immediately.

f. An incident report will be prepared by staff and recommendations for termination will be discussed with Care Manager and the Manager of Older Adult Services. The manager will discuss with the Director of Programs to determine next steps. Once a decision is made about the client's status, Essex County Division of Senior Services will be notified within 48 hours about the Incident.

g. Written notification will be sent to the client of termination or readmittance to the

h. program within 5 business days.

i. A copy of the Policy Background and Participant Grievance form must be sent with the written notice of termination.

CONTRIBUTION POLICY

Purpose:

To allow clients the opportunity to help cover the cost of their services and to help them feel like they are making a difference.

Note: Contributing is strictly voluntary and services will not be withheld if participants cannot or do not contribute. Also contributing or not contributing will not affect the quality of services given.

Procedure:

1. At the conclusion of the in-home visit staff will either present the attached letter or make request verbally. This letter may also be mailed to the client(s). Staff will emphasize that the donation is voluntary, and that services will continue to be free of charge regardless of the decision to make this contribution.
2. If staff receives a contribution in person or via the mail, a receipt will be completed.
3. Make a copy of check, money order or cash and attach to receipt, along with the original check or money order.
4. Complete the program income list. (On computer).
5. Keep a copy of documents for records.
6. Then submit original check or money order and receipt to Fiscal Department.
7. Keep a copy of contribution and receipt for your records.

GRIEVANCE PROCEDURE

Policy: The Senior Program staff at Family Connections is happy to have you as a client and hope that you are finding your experience with us helpful and pleasant. If for some reason you are not satisfied with the services rendered to you by the Senior Program at Family Connections or if you have been denied services, you may telephone the *care manager/support counselor/peer leader* assigned to you to discuss the matter and/or the manager of Older Adult Services. If you are still not satisfied, you may write to the Director of Programs. Please see information below.

Monique Roumo, Director of Programs
Family Connections
7 Glenwood Ave, Suite 101
East Orange, New Jersey 07017
973-675-3817

Remember, we are here to discuss any concerns or problems that you may have with the Senior Program service. If you do not agree with our response you may then call or write to:

Essex County Division of Senior Services
County Hall of Records
465 Dr. Martin Luther King Jr. Blvd, Room 102
Newark , New Jersey 07102
973-395-8375

Normally, they will respond to your letter or call within a reasonable amount of time after conferring with the above staff from Family Connections. If you do not agree with their response, you may write to:

Department of Health and Senior Services
369 South Warren Street
P.O. Box 360
Trenton, NJ 08625-0360

As a client receiving services in the **Caregivers** programs, it is important that you understand these policies. Please speak with program staff if you have any questions.

Outpatient Mental Health Services, Veteran Services and Youth Sex Offender Counseling

CLIENT RESPONSIBILITIES

1. Attendance

Attending every appointment, on time, is vital to the success of your therapy. It is expected that you call 24 hours in advance if you need to re-schedule, or within 24 hours after missing an appointment due to an emergency. Cancelling an appointment with less than 24 hours of notification may be considered a 'no show.'

Repeated missed or cancelled appointments diminish the effectiveness of therapy and prevent others from receiving services. If you miss two consecutive appointments, or frequently miss or cancel your appointments, your case will be reviewed for closure. Please note that psychiatric services are only available to those clients who consistently attend therapy sessions.

2. Full Information

You have the responsibility to provide, to the best of your ability, accurate and complete information about your presenting problem(s), past medical and psychiatric treatment, medication and other matters relating to your physical and emotional health.

3. Participation

You are expected to actively participate in the planning of your treatment and to follow its recommendations. You are responsible for your actions if you refuse to comply with the treatment provided by your clinician or psychiatrist.

4. Respect

You are responsible for being considerate of the rights and the property of other consumers and Agency personnel.

CALLING YOUR CLINICIAN

Calls should be limited to situations such as communicating a worsening of your condition or reporting an unexpected or severe side effect of a medication. Other concerns can be handled during your session. Appointments may be scheduled with front desk/reception staff.

As a client receiving services in the **Outpatient Mental Health**, **Peer Wellness** and **Youth Sex Offender Counseling** programs, it is important that you understand these policies and responsibilities. Please discuss any questions or concerns with program staff.

Supportive Visitation Services

Supportive Visitation Services provide visits to parents and their children in foster placement. The programs provide visits in the least restrictive, safe environment for families. Individual family visitation plans will help to strengthen the family bond, increase positive interactions, and achieve family goals. In order for us to help you begin achieving these goals, it is very important for you to attend your weekly scheduled visits.

What You Can Expect from Staff

- The visitation specialist will provide visitation services to you and your family.
- The visitation specialist will work towards strengthening positive interactions, while demonstrating and assisting with parenting techniques for positive communication and bonding.
- The visitation specialist will provide feedback to client/clients each week before and/or after visitation time to process feelings, thoughts, and concerns.
- In the event of an excused cancellation, efforts will be made to reschedule the visit.
- The visitation specialist will confirm your visit with your child(ren)'s caregiver, each week after you confirm your visits, to help ensure consistent visitation.

What Staff Can Expect from You

- A confirmation call to your visitation provider by 12pm on the day prior to your visit. Your visitation provider's name and phone number is listed below for confirmation calls.
- It is understood that more than one unexcused absence from a visit may result in your case being returned to the Division of Child Protection and Permanency (DCP&P). Visits are an important part of the larger case plan for your family, so consistent attendance is necessary.
- As part of the larger case plan for your family, the Supportive Visitation Services Program documents the content of your visits and your attendance for DCP&P. Consistent attendance and participation in the program helps to strengthen the bond with your child(ren) and may benefit your ongoing court proceedings.
- Any behavior that results in an unsafe environment for the children or visitation provider, may result in the visit being ended, and a re-evaluation of the ongoing visitation plan.
- Please understand that you may not bring children who are not in your care/custody, to your visits. Please call at least 1 day prior to your visit to discuss any request for additional family members to attend the visit, as this needs to be planned with your visitation provider and approved by DCP&P.

As a client receiving services in the **Supportive Visitation Services Programs**, it is important that you understand these policies and responsibilities.

Substance Use Treatment Services: Outpatient Substance Use Program, SHARP Adolescent Recovery, Strong Fathers, Strong Mothers

NOTICE OF CONFIDENTIALITY OF SUBSTANCE USE TREATMENT RECORDS

Federal laws safeguard your legal and human rights pertaining to alcohol and drug use patient records (42 USC. 290dd and 42, USC 290ee-3 and 42 CFR Part 2). No information will be given to anyone without your specific written consent prior to the request for information unless court ordered by a Judge in accordance with specific procedural requirements outlined in confidentiality regulations.

The only exceptions to keeping your information confidential are:

1. In medical emergencies (only to qualified personnel),
2. To qualified personnel for research, audit, or program evaluation. All clients have the right to refuse to participate in research studies without negative consequence,
3. In the event we have knowledge that you may harm yourself and/or others,
4. If we have knowledge or suspicion of child abuse/neglect or elder abuse/neglect, it is mandatory that we report any suspicion to the Division of Youth and Family Service (child abuse/neglect) or Adult Protective Services* (for elder abuse/neglect) for evaluation,
5. In the event of criminal behaviors toward our staff or on our premises.

Violation of federal law and regulations governing drug or alcohol records is a crime. Suspected violations may be reported to: United States District Attorney's Office, Newark, NJ, 973-645-2700 OR Substance Abuse and Mental Health Service Administration Center for Substance Abuse Treatment 240-276-2700. Please see 42 U.S.C. § 290dd-2 for federal law and 42 C.F.R., Part 2 for federal regulations governing confidentiality of alcohol and drug abuse patient records.

**In the event it is necessary to file a report with Adult Protective Services, information related to your substance use diagnosis or your participation in a substance use treatment program will not be disclosed as part of this report. For all other exceptions, your substance use diagnosis and/or participation in a substance use treatment program may be disclosed if it is relevant to the disclosure, but only to the minimum extent necessary to achieve the purpose of the disclosure.*

CHARITABLE CHOICE LAW NOTIFICATION

Appendix-Part 54a Model Notice of Individuals Receiving Substance Use Services
No provider of substance use services receiving Federal funds from U. S. Substance Abuse and Mental Health Services Administration, including this organization, may discriminate against you on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to actively participate in religious practice.

If you object to the religious or non-religious character of this organization, Federal law gives you the right to a referral to another provider of substance use services. The referral, and your receipt of alternative services, must occur within a reasonable period of time after you request them. The alternative provider must be accessible to you and have the capacity to provide substance use services. The services provided to you by the alternative provider must be of a value not less than the value of the services you would have received from this organization.

RANDOM DRUG AND ALCOHOL TESTING

Random drug testing will be conducted as a component of on-going treatment and the screens will be submitted to Family Connections' contracted laboratory for analysis. The Laboratory may bill your insurance for all routine testing. A refusal to participate in requested testing procedures will be understood as an acknowledgement of drug or alcohol use and will be considered "positive." If you are found or appear to be under the influence of drugs or alcohol while at Family Connections, staff will take appropriate steps to ensure the safety of all people concerned.

HIV TESTING AND REFERRAL RESOURCES

St. Michael's Medical Center
306 Martin Luther King Jr. Blvd.
Newark, NJ 07102
973-877-5525

RWJ Barnabas Health
166 Lyons Avenue
Newark, NJ 07112
973-926-5197 OR 973-926-8474

Planned Parenthood of Metro NJ
606 Central Avenue
East Orange, NJ 07108
973-674-4343

University Hospital
65 Bergen Street, Room GA 134
Newark, NJ 07107
973-972-8216

Empire Medical Associates
372 Valley Road
West Orange, NJ 07052
973-669-0010

Hyacinth AIDS Foundation
194 Clinton Avenue, Lower Level
Newark, NJ 07108
862-240-1461

Zufall Health Center
95 Northfield Avenue, Suite 2
West Orange, NJ 07052
973-325-2266

Premier Family Medical
73 Bloomfield Avenue
Caldwell, NJ 07006
973-403-3200

Mountainside Medical Group
622 Franklin Avenue
Nutley, NJ 07110
973-661-1900

Smith Center for Infectious Disease and Urban Health
310 Central Avenue, Suite 309
East Orange, NJ 07019
862-772-7822

East Orange Health Department & Human Services
143 New Street
East Orange, NJ 07017
973-266-5454

African American Office of Gay Concerns
877 Broad Street, Suite 211
Newark, NJ 07102
973-639-0700

North Jersey Community Research Initiative
393 Central Avenue
Newark, NJ 07103
973-483-3444

Newark Department of Health & Community Wellness
110 William Street
Newark, NJ 07102
973-648-2227

Newark Community Health Centers, Inc.
Locations in Newark, Orange, East Orange,
and Irvington
800-994-6242

TUBERCULOSIS TESTING AND REFERRAL RESOURCES

Newark Department of Health & Community Wellness
110 William Street
Newark, NJ 07102
973-648-2227

East Orange Health Department & Human Services
143 New Street
East Orange, NJ 07017
973-266-5454

First Choice Women's Resource Centers-Newark
35 Halsey Street
Newark, NJ 07102
973-856-6658

First Choice Women's Resource Centers-Montclair
180 Bloomfield Avenue
Montclair, NJ 07042
973-655-9806

CLIENT RESPONSIBILITIES

1. Attendance

Attending every appointment, on time, is vital to the success of your therapy. It is expected that you call 24 hours in advance if you need to re-schedule, or within 24 hours after missing an appointment due to an emergency. Cancelling an appointment with less than 24 hours of notification may be considered a 'no show.'

Repeated missed or cancelled appointments diminish the effectiveness of therapy and prevent others from receiving services. If you miss two consecutive appointments, or frequently miss or cancel your appointments, your case will be reviewed for closure. Please note that psychiatric services are only available to those clients who consistently attend therapy sessions.

2. Full Information

You have the responsibility to provide, to the best of your ability, accurate and complete information about your presenting problem(s), past medical and psychiatric treatment, medication and other matters relating to your physical and emotional health.

3. Participation

You are expected to actively participate in the planning of your treatment and to follow its recommendations. You are responsible for your actions if you refuse to comply with the treatment provided by your clinician or psychiatrist.

4. Respect

You are responsible for being considerate of the rights and the property of other consumers and Agency personnel.

CALLING YOUR CLINICIAN

Calls should be limited to situations such as communicating a worsening of your condition or reporting an unexpected or severe side effect of a medication. Other concerns can be handled during your session. Appointments may be scheduled with front desk/reception staff.

As a client receiving services in the **Outpatient Substance Use Treatment Program (OSUP)**, **Strong Father Intensive Outpatient Program (IOP)**, **Strong Mothers Intensive Outpatient Program (IOP)**, and SHARP Adolescent Recovery, it is important that you understand these policies and responsibilities. Please discuss any questions or concerns with program staff. Clients receiving services for SHARP Adolescent Recovery should continue to read on for more program-specific policies.

FAMILY INVOLVEMENT EXPECTATIONS FOR SHARP ADOLESCENT RECOVERY

Family Connections is committed to helping teenagers and their families to use their strengths to:

1. Increase their understanding of substance use and other high-risk behaviors
2. Develop positive activities and roles to replace high-risk behaviors.

Research has repeatedly proven that teenagers in SHARP Adolescent Recovery Services have a much better chance of success if family members, guardians and/or adult mentors take an active role in the treatment process. Therefore, we ask participating adults to agree to the following treatment contract:

1. Encourage abstinence from alcohol/other drugs and from other high-risk behaviors.
2. Inform staff if your child engages in any high-risk behaviors.
3. Participate in the initial assessment process and attend individual and/or family counseling sessions as needed.
4. Participate in treatment planning.
5. Attend and participate in Family Nights to the best of your ability.

As a client receiving services in **SHARP Adolescent Recovery**, it is important that you understand these policies. Please speak with staff if you have any questions.

Wellness House

WELLNESS HOUSE RULES AND SAFETY POLICIES

The following safety rules must be followed upon entering Wellness House:

1. If you are suicidal and/or homicidal while at Wellness House, let a staff member know of your thoughts and feelings.
2. No weapons, or objects that could be used as such, can be brought to the program.
3. Anyone under the influence of alcohol or drugs in the program will be asked to leave. Do not attend, and call your therapist, if you are under the influence.
4. Phones:
   a. Please do not charge phones during group time.
   b. Please turn phones off and put them away during a session, if a phone becomes a distraction you will be asked to leave.
5. Any client that is five minutes late will not be allowed to enter group.
6. Be mindful of others around you and please do not use offensive language.

7. There is zero tolerance for bullying at Wellness House, such as:
- **a.** Talking about others
- **b.** Confidentiality-if a person is not here, do not speak about them.
- **c.** No Threats. These will be taken seriously.
- **d.** Wellness House computers cannot be used to bully.

8. Relationships interfering with treatment:

a. If interactions outside of program interfere with treatment, then it will be addressed: such as by separating days of participation or discharging both parties.

b. Absolutely no dating while both individuals are attending the program. This is similar to having relatives in treatment together, which has been proven to negatively impact treatment success.. This limits everyone's ability to speak freely within the groups and limits the ability to progress therapeutically.

9. Wellness House is not responsible for any lost or stolen property. We encourage you not to bring valuables to the program and to keep your belongings with you at all times.

10. The Wellness House emergency hotline number is **973-666-1908**, and can be used after hours.

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NOTICE OF CONFIDENTIALITY OF SUBSTANCE USE TREATMENT RECORDS

Federal laws safeguard your legal and human rights pertaining to alcohol and drug use patient records (42 USC. 290dd and 42, USC 290ee-3 and 42 CFR Part 2). No information will be given to anyone without your specific written consent prior to the request for information unless court ordered by a Judge in accordance with specific procedural requirements outlined in confidentiality regulations.

The only exceptions to keeping your information confidential are:

1. In medical emergencies (only to qualified personnel),
2. To qualified personnel for research, audit, or program evaluation. All clients have the right to refuse to participate in research studies without negative consequence,
3. In the event we have knowledge that you may harm yourself and/or others,
4. If we have knowledge or suspicion of child abuse/neglect or elder abuse/neglect, it is mandatory that we report any suspicion to the Division of Youth and Family Service (child abuse/neglect) or Adult Protective Services* (for elder abuse/neglect) for evaluation,
5. In the event of criminal behaviors toward our staff or on our premises.

Violation of federal law and regulations governing drug or alcohol records is a crime. Suspected violations may be reported to: United States District Attorney's Office, Newark, NJ, 973-645-2700 OR Substance Abuse and Mental Health Service Administration Center for Substance Abuse Treatment 240-276-2700. Please see 42 U.S.C. § 290dd-2 for federal law and 42 C.F.R., Part 2 for federal regulations governing confidentiality of alcohol and drug abuse patient records.

**In the event it is necessary to file a report with Adult Protective Services, information related to your substance use diagnosis or your participation in a substance use treatment program will not be disclosed as part of this report. For all other exceptions, your substance use diagnosis and/or participation in a substance use treatment program may be disclosed if it is relevant to the disclosure, but only to the minimum extent necessary to achieve the purpose of the disclosure.*

CHARITABLE CHOICE LAW NOTIFICATION

Appendix-Part 54a Model Notice of Individuals Receiving Substance Use Services
No provider of substance use services receiving Federal funds from U. S. Substance Abuse and Mental Health Services Administration, including this organization, may discriminate against you on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to actively participate in religious practice.

If you object to the religious or non-religious character of this organization, Federal law gives you the right to a referral to another provider of substance abuse services. The referral, and your receipt of alternative services, must occur within a reasonable period of time after you request them. The alternative provider must be accessible to you and have the capacity to provide substance use services. The services provided to you by the alternative provider must be of a value not less than the value of the services you would have received from this organization.

RANDOM DRUG AND ALCOHOL TESTING

Random drug testing will be conducted as a component of on-going treatment and the screens will be submitted to Family Connections' contracted laboratory for analysis. The Laboratory may bill your insurance for all routine testing. A refusal to participate in requested testing procedures will be understood as an acknowledgement of drug or alcohol use and will be considered "positive." If you are found or appear to be under the influence of drugs or alcohol while at Family Connections, staff will take appropriate steps to ensure the safety of all people concerned.

As a client receiving services in **Wellness House**, it is important that you understand all program notifications and policies. Please speak with staff if you have any questions.

Youth Supportive Housing

The housing subsidy voucher provided through the **Youth Supportive Housing Program** requires that you pay 30% of your adjusted gross income towards your rent. This percentage is determined by the New Jersey Department of Community Affairs (DCA). Details of your voucher, along with your required share of the rent are reviewed with you by Family Connections program staff at admission and every year thereafter.

YOUTH SUPPORTIVE HOUSING PARTICIPANT REQUIREMENTS

In order to be eligible to enroll in Youth Supportive Housing you must meet the following criteria:

- A young adult being served by DCP&P local offices in Union County
- Homelessness and/or housing instability
- Experience in Foster Care
- Meet at Least One of the following:
- Current or recent documented mental health diagnosis/disorder
- Mental or behavioral health challenges
- Developmental, learning or physical disability
- Chronic medical condition
- History of or ongoing domestic violence
- Parenting or expecting
- History of or current juvenile incarceration
- You must follow and abide by the rules and regulation stated by DCA in accordance with your project/tenant-based voucher. Failure to do so may result in termination of your voucher as well as termination from the Youth Supportive Housing Program.

- You must agree to abide by the rules stated in your lease agreement. Please understand the lease will be in your name and you have all the rights and responsibilities assigned to being a good tenant.

- You must agree to abide by the Youth Supportive Housing Consumer Agreement. If there are any changes to custody of minor children, it should be reported to Youth Supportive Housing staff.

As a client receiving services in the **Youth Supportive Housing Program**, it is important that you understand all these requirements. Please speak with staff if you have any questions.



INFORMATION ON MENTAL HEALTH ADVANCE DIRECTIVES

Information on Mental Health Advance Directives

MENTAL HEALTH ADVANCE DIRECTIVES IN NEW JERSEY

An Advance Directive is a Wellness Tool
Taking charge of your recovery from the symptoms of a mental illness can be empowering. Completing an Advance Directive will assure that even when your symptoms are severe the choices that are made about treatment are those you want.

Who needs a Mental Health Advance Directive (AD)?
Anyone can be rendered unable to make decisions because of a mental illness. Although anyone can develop a mental illness at any time, those most likely to need care when they cannot make decisions for themselves are people already diagnosed with a mental illness. Current and likely future consumers of mental health treatment can give comfort and security to their families and friends, and direct their own treatment no matter what their future decision-making capacity by completing an Advance Directive (AD) when they are capable of making decisions.

Who can execute an AD?
Any competent adult can execute an AD. In New Jersey, that means a person over 18 who does not have a guardian or a minor who has been emancipated by a court order or another event that establishes financial independence from his or her parents.

Is there a special form?
No, any form will do, but a hospital or agency can supply a form if you need one, and a member of the treatment team or a peer advocate can help you complete the form. You can also download a form at the DMHAS website (see back of brochure), sign and date your AD in front of a witness, or take a form from one of the other websites that give information about ADs. The requirements are that it be in writing, signed and dated, and there be one witness.

What should be included in an AD?
An AD can provide for a substitute decisionmaker, or proxy, who will only be called upon if you become unable, according to at least 2 clinicians, to make a particular decision. It can also state the person's preferred treatment including:

- religious preferences
- choices of medications
- crisis interventions
- peer support
- dietary preferences
- 12-step programs
- comfort interventions
- safety plans
- people who should or should not be called
- choice of doctor or hospital

It can also say what treatments are not acceptable and under what conditions some might be, in which case the proxy will have to follow the person's wishes as much as possible.

What is a Proxy?
A person appointed by a consumer to make decisions for him/her in the event that he/she becomes incompetent to make those decisions.

Do I have to carry it with me?
No, you can register the AD with the Division of Mental Health and Addiction Services by filling out a simple form and sending a copy to DMHAS. Then you, your proxy, or a mental health professional can get it in an emergency from Centralized Admissions at 609.777.0317. It's also a good idea to give a copy to a relative or friend, and to your chosen proxy.

Can I change or revoke my AD?
Yes, at any time, either by making a new AD or by telling a member of your treatment team, your proxy, or your doctor or lawyer that you want to change or revoke it. If you have registered the AD with DMHAS, you should also notify DMHAS that you have changed your AD. If you are an inpatient in a psychiatric facility, you can change or revoke your AD if your doctor says you are competent to change your mind at that time.

Will the hospital or agency honor the AD?
The hospital or agency will follow the AD if you have become unable to make decisions. The hospital or agency will attempt to transfer you for treatment if services are not available where you are. If the treatment you want is unavailable even with a transfer, or is not medically sound in your case, or would violate a court order or law, or if it would harm you or someone else, the hospital or agency will not honor the AD. Otherwise, the hospital or agency and your proxy have to follow your AD. Of course, in a life-threatening emergency there may not be time to provide the treatment you have chosen or to contact a proxy, but as soon as the emergency is resolved the hospital or agency will honor the AD.

DMHAS Website for the Advance Directive is:
https://www.state.nj.us/humanservices/dmhas/resources/mental/pad/FAQs%20June%2017.pdf
Available in English or Spanish

Other useful resources:
National Resource Center on Psychiatric Advance Directives: **www.nrc-pad.org**
Temple University Collaborative on Community Inclusion: **www.tucollaborative.org**
The Bazelon Center for Mental Health Law: **www.bazelon.org**
Disability Rights New Jersey: **www.drnj.org**

New Jersey Division of Mental Health and Addiction Services
222 South Warren Street
PO Box 700
Trenton, NJ 08625-0700
800-382-6717

All clients enrolled in the **Outpatient Mental Health** and **Wellness House Programs** will be asked if they would like to create and/or update a Mental Health Advanced Directive periodically at each treatment plan review.

WHERE HOPE MEETS POSSIBILITY

family connections

familyconnectionsnj.org
Phone: (973) 675-3817
Fax: (973) 266-1041