



### **Confidentiality-DSHS 448.210:**

Confidentiality means that information you disclose or that is otherwise obtained by treatment provider(s) related to your substance abuse treatment will be kept confidential except as mandated by law. Exceptions to confidentiality include:

- Threat of harm to yourself or others
- Suspected abuse or exploitations of others
- Legal proceedings involving affecting the parent-child relationship
- Cases involving criminal proceedings (in accordance to federal law)

### **Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law 104-191:**

TCC is required to protect the privacy of your health (treatment) information. Although your counseling record is the physical property of TCC, the information contained in your treatment record belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information
- Obtain a copy of your treatment record (fees may apply)
- Amend your health record as provided by regulation
- Obtain an accounting of disclosures of your treatment information as provided by law
- Revoke your authorization to use or disclose treatment information except to the extent that action has already been taken

### **42 CRF Part 2:**

The confidentiality of alcohol and drug abuse client records maintained by this Program is protected by Federal Law and Regulations. Generally, the Program may not say to a person outside the Program that a client attends the Program, or disclose any information identifying a client as an alcohol or drug abuser, **UNLESS:**

- The client consents in writing, or
- The disclosure is made under specific order of a federal court, or
- The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or Program evaluation.

Violation of the Federal Laws and Regulations by a Program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal Regulations.

Federal Laws and Regulations do not protect any information about a crime committed by a client either at the Program or against any person who works for the Program or about any threat to commit such a crime.

Federal Laws and Regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

(See 42 U.S.C. 290dd-3 and 42 U.S.C. 33-3 for Federal Laws and 42 CFR part 2 for Federal Regulations)

(Approval by the Office of Management and Budget under Control No. 0030-0099.)

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**I have read, understand, and received a copy of the Confidentiality-DSHS 448.210, HIPPA, and CRF 42 Part 2 within 24 hours of my admission to the TCC Substance Use Disorder Treatment Program.**

## Client Bill of Rights-DSHS 448.701

- (A) The facility shall respect, protect, implement and enforce each client right required to be contained in the facility's Client Bill of Rights. The client Bill of Rights for all facilities shall include:
- (1) You have the right to accept or refuse treatment after receiving this explanation.
- (2) If you agree to treatment or medication, you have the right to change your mind at any time (unless specifically restricted by law).
- (3) You have the right to a humane environment that provides reasonable protection from harm and appropriate privacy for your personal needs.
- (4) You have the right to be free from abuse, neglect and exploitation.
- (5) You have the right to be treated with dignity and respect.
- (6) You have the right to appropriate treatment in the least restrictive setting available that meets your needs.
- (7) You have the right to be told about the program's rules and regulations before you are admitted, including, without limitation, the rules and policies related to restraints and seclusions. Your legally authorized representative, if any, also has the right to be and shall be notified of the rules and policies related to restraints and seclusion.
- (8) You have the right to be told before admission
  - (A) The condition to be treated
  - (B) The proposed treatment
  - (C) The risks, benefits and side effects of all proposed treatment and medication
  - (D) The probable health and mental health consequences of refusing treatment
  - (E) Other treatments that are available and which ones, if any, might be appropriate for you; and
  - (F) The expected length of stay.
- (9) You have the right to a treatment plan designed to meet your needs and you have the right to take part in developing that plan.
- (10) You have the right to meet with a TCC SUD member to review and update the plan on a regular basis.
- (11) You have the right to refuse to take part in research without affecting your regular care.
- (12) You have the right not to receive unnecessary or excessive medication.
- (13) You have the right to have information about you kept private and to be told about the times when the information can be released without your permission.
- (14) You have the right to be told in advance of all estimated charges and any limitations on the length of services of which the facility is aware.
- (15) You have the right to receive an explanation of your treatment or your rights if you have any questions while you are in treatment
- (16) You have the right to make a complaint and receive a fair response from the facility within a reasonable amount of time.
- (17) You have the right to complain directly to the Texas Commission on Alcohol and Drug Abuse at any reasonable time.
- (18) You have the right to get a copy of these rights before you are admitted, including the address and phone number of the Texas Commission on Alcohol and Drug Abuse.
- (19) You have the right to have your rights explained to you in simple terms, in a way you can understand, within 24 hours of being admitted.

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**I have read, understand, and received a copy of the Client Bill of Rights within 24 hours of my admission to the TCC Substance Use Disorder Treatment Program.**

Client Name: \_\_\_\_\_ Case #: \_\_\_\_\_ MDCD #: \_\_\_\_\_ Date: \_\_\_\_\_

**Client Grievance Policy-DSHS 448.702**

Each client and consenter shall receive a copy of the grievance procedure within 24 hours of admission; this policy shall be explained in clear, simple terms that the client understands.

As a client of the TCC Addiction Treatment Program you have the following rights without fear of retaliation:

- To file a grievance about any violation of client rights or Commission rules
- To submit a grievance in writing and get help writing if you are unable to read or write, and
- Request writing materials, postage and access to a telephone for the purpose of filing a grievance.

You further have the right to submit a complaint directly to the Commission at any time by contacting:

**Patient Quality Care**  
**Texas Department of State Health Services**  
**P.O. Box 149347**  
**Austin, TX 78714-9347**  
**1.800.832.9623**

You also have the right to submit a complaint to the TCC Client's Rights Officer:

**TCC Client's Rights Officer**  
**315 W. McLain**  
**Sherman, TX 75091**  
**903.957.4874**

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I have read, understand, and received a copy of the Grievance Policy within 24 hours of admission to the TCC Substance Use Disorder Treatment Program.

## Program Rules

- I agree to attend treatment services as explained to me by my primary counselor; I understand that failure to adhere to my required attendance may be cause for discharge from the Program.
- I understand that as a part of my course of treatment, the State of Texas requires some mandatory educational sessions, I agree to attend as scheduled unless I have made prior arrangements and make-up plans with my primary counselor.
- I understand the importance of protecting the confidentiality of all information I may here in group sessions and agree not to share any information outside of group except with my primary counselor, as needed.
- I understand that physical or verbal aggression and/or disruptive behavior is not tolerated and I will be asked and agree to leave immediately if I engage in these behaviors.
- I understand that I am responsible for signing in for each group session attended and if I need a verification sheet signed, it must be signed at the time of group. No late signatures will be given.
- I agree to never come to the Center under the influence of any drugs or alcohol; I further agree to notify my primary counselor within 24 hours if I have had a lapse or a relapse.
- I understand that no alcoholic beverages, or illicit or illegal drugs are allowed on campus at any time. All prescription medications must be secured while in the Center and may only be taken in a secured, private location (i.e. restroom or counselor's office).
- I understand that no cell phone use is allowed during any treatment session and that if I bring a cell phone with me it must be turned off during all sessions.
- I understand that I am responsible for being in group at the start time and that group room doors may be locked within 5 minutes after start time. I further understand that if I arrive late I may not be admitted to group and will not receive credit for that session.
- I agree to clean up after myself each time I am in the Center.
- I understand that random UA's and breathalyzer alcohol screenings are a part of my treatment program and that if I am on supervision with probation, parole, or CPS my officer/caseworker may be notified of my UA and/or breathalyzer results.
- I understand that if I am utilizing TCC transportation services, I am responsible for calling the transportation department anytime I need to cancel a ride prior to the scheduled appointment. I further understand that transportation services may be discontinued at any time for negative behaviors and/or for "no shows" at scheduled pick-up times.
- I understand that if I see any TCC SUD team member in a public place, they will purposefully ignore me to protect my confidentiality as a client.
- I understand that TCC SUD team members are not allowed to engage in social media or personal contact with any current or former clients (including but not limited to: Facebook, Twitter, Instagram, personal email, or personal cell phones).

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**I have read and received a copy of the Program Rules within 24 hours of my admission to the TCC Substance Use Disorder Treatment Program. I understand that any violation of any of the above stated program rules may result in my discharge from the treatment program.**

**Consent to Treatment—DSHS 448.802**

The facility shall obtain written authorization from the consenter before providing any treatment or medication. The consent form shall be dated and signed by the client, the consenter, and the TCC SUD team member providing the information, and shall document that the client and consenter have received and understood the following information:

- The specific condition to be treated
- The recommended course of treatment
- The expected benefits of treatment
- The probable health and mental health consequences of not consenting
- The side effects and risks associated with the treatment
- Any generally accepted alternatives and whether an alternative might be appropriate
- The qualifications of the TCC SUD team that will provide the treatment
- The name of the primary counselor
- The client grievance procedure
- The client bill of rights as specified in §448.701 of this title
- The program rules, including rules about visits, telephone calls, mail, and gifts, as applicable
- Violations that can lead to disciplinary action or discharge
- Any consequences or searches used to enforce program rules
- The estimated daily charges, including an explanation of any services that may be billed separately to a third party or to the client, based on an evaluation of the client's financial resources and insurance benefits
- The facility's services and treatment process
- Opportunities for family to be involved in treatment

The name of your primary counselor is: \_\_\_\_\_

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**I have read, understand, and received a copy of the Consent to Treatment-DSHS 448.802 within 24 hours of my admission to the TCC Substance Use Disorder Treatment Program.**

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

\_\_\_\_\_  
Client Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Consenter Signature

\_\_\_\_\_  
Consenter Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
TCC SUD team Signature

\_\_\_\_\_  
TCC SUD team Printed Name/Title/Credentials

\_\_\_\_\_  
Date

\_\_\_\_\_  
QCC Signature (If Applicable)

\_\_\_\_\_  
QCC Printed Name (If Applicable)

\_\_\_\_\_  
Date