

WELCOME LETTER

Dear Client,

We thank you for selecting Jewish Family & Children's Service (JF&CS) for counseling services for you, your child, and/or your family. For over 140 years, JF&CS has provided families in the St. Louis community with the resources they need to meet the challenges of everyday living. Our counseling services are specifically tailored for children, couples, families, adults, and the elderly who may be experiencing emotional difficulties, as well as those with serious physical difficulties.

Our philosophy is based on recognizing the strengths and resources of each one of our clients, and seeing each client as an equal partner in developing a service plan to meet their needs.

Our staff is committed to providing the highest quality of service, while recognizing the client's right to privacy and confidentiality.

As you begin participating in our services, please provide feedback to your therapist or therapy team regarding your experience. We value your input and suggestions.

If you are registering with us and know that you are being placed on a wait list, our intake staff will call you on a monthly basis to see how you are doing and to determine if you want to remain on the wait list. We have enclosed a list of Emergency Numbers that you can contact should an emergency arise in the meantime.

Our regular agency hours are: Monday 8:30 a.m. – 5:15 p.m.; Tuesday, and Wednesday 8:30 a.m. – 8:30 p.m., Thursday 8:30 a.m. to 5:15 p.m. and Friday 8:30 a.m. – 5:00 p.m.

We look forward to working with you.

Sincerely,

L Louis Albert, MSW, LCSW
Executive Director



Jewish Family & Children's Service – St. Louis, MO

Included in the enclosed packet please find the following forms:

1. *Welcome Letter* – For your information.
2. *JF&CS Client Rights and Responsibilities* – This is for you to read and keep.
3. *24-Hour Emergency Phone Numbers* – For your information.
4. *Notice of Privacy Practices* – This is for you to read and keep.
5. *Confidential Information for Fee Determination* – Mail completed form, along with a copy of your most recent tax return in the enclosed envelope.
6. *Insurance Card(s)* – Please copy the front and back of your insurance card(s) and return to us in the enclosed envelope.
7. *Medicare Signature Form* – If you have Medicare, please complete, sign and return in the enclosed envelope.
8. Please go to the JF&CS website to download and complete *Adult or Child Information Form*. Bring this form to your first session.
www.jfcs-stl.org/our-services/publications

Please call Rochelle Novack, Coordinator Intake Services, at (314) 812 – 9389, if you have any questions about completing the above forms.

10950 Schuetz Road, St. Louis, MO 693146, (314) 993-1000, www.jfcs-stl.org



Jewish Family & Children's Service – St. Louis, MO

Client Rights and Responsibilities

Client Rights

Our Policy

This statement of rights is provided to each client of JF&CS.

Protection of Rights and Ethical Obligations

1. We respect the rights and dignity of all of our clients.
2. Within our agency, you retain all rights, benefits and privileges guaranteed by law.
3. All agency services are offered to you in a non-coercive manner.

Behavior Support and Management

1. We strive to make JF&CS a safe place for all our clients and staff.
2. To assure the safety of clients, JF&CS staff will not use any restrictive behavior management or physical restraint with you or any other clients.
3. We do not abuse or neglect any of our clients. This includes physical abuse, including humiliating, threatening, and exploiting actions. We highly encourage you to report any incidents in which you have been abused or neglected by a JF&CS staff member to Louis Albert, the Executive Director of JF&CS.
4. In the event of unsafe or aggressive behavior on the part of clients, the staff follow established procedures which may involve calling 911 for trained paramedics or police to manage a situation which cannot be managed by verbal interventions of the staff.

Confidentiality

1. All of your service information is held in confidence by all agency staff and released only through procedures consistent with the law and professional ethics.
2. The agency will obtain written consent from you prior to release of information.
3. To provide you with the best services available, your case may be reviewed by designated professional agency staff members to formulate an appropriate service plan.

Discrimination

1. You have the right to receive all JF&CS services regardless of your race, gender, sexual orientation, ethnicity, disability, religion, national origin, age or financial standing.
2. You will not be refused services because of limited financial resources. Fees are based upon a sliding fee scale, and you are expected to pay the agreed upon fee.
3. Services will be accessible to you if you have physical disabilities.

Grievance Procedure

1. You have the right to file a grievance without interference or retaliation.
2. The Grievance Procedure is available to you upon request.

Service

1. You have the right to an individual service plan and a right to participate in the development of the individual service plan.
2. If in the judgment of the agency, an appropriate service plan cannot be developed or implemented, you may be referred to another service provider.
3. You have the right to refuse service or treatment unless your rights have been limited by law.
4. You have the right to know the name and credentials of the therapist providing service.
5. Upon written request a therapist will arrange to review your record with you. You may add an addendum to your record and may review the agency's response to that.
6. You have the right to be informed and given a copy of the relevant professional Code of Ethics that guides your therapist or your therapy team.
7. You have the right to request a change of service provider.

Client Responsibilities

VOLUNTARY SERVICES

The services of Jewish Family & Children's Service are voluntary. Service plans will be a cooperative effort between me (or my family) and my therapist. I agree to keep in regular contact with my therapist by returning phone calls in a timely manner and informing my therapist of any changes to my phone number, address or availability for appointments.

FEES

The full fee to provide counseling, case management, and/or mental health services is \$140 per 60 minute session and \$110 for a 45-minute session. A sliding fee scale is available based upon need should I not be able to meet the full cost. The remainder will be subsidized using funds provided by the United Way, Jewish Federation, St. Louis County Children's Service Fund, and Missouri Foundation for Health. I understand that if I choose to use the sliding scale, it is my responsibility to document my financial situation. If my financial situation changes, I will advise my therapist, and understand that my fee will be adjusted accordingly.

INSURANCE

If I have insurance and it covers JF&CS services, I understand that the agency will file a claim with my insurance company. Unless arranged otherwise, **all insurance payments must be assigned to JF&CS**. I understand that I am responsible for any deductible and co-pay, unless I am a child or parent of a child receiving services under the St. Louis County Children's Service Fund. Combined insurance and sliding scale payments in excess of our full fee will be refunded to me upon the termination of services. If I choose not to use my insurance, I understand that my fee will be \$110 per 45-minute session or \$140 per 60 minute session.

PAYMENT

I agree to pay my co-pay or sliding fee before the start of each appointment, although billing is possible if I have made prior arrangements with JF&CS. If payment is due for more than two sessions, I understand that my therapist will be unable to provide further counseling or other JF&CS services until I bring my account current. If I need to contact my provider by phone to discuss something other than scheduling a visit, JF&CS reserves the right to bill for this time. If the phone call with the provider is at least 15 minutes, but less than 30 minutes, the charge is 1/2 the hourly rate. If the conversation is in excess of 30 minutes, the charge is the full hourly rate. If my insurance prohibits billing for phone sessions, I will be asked to schedule a face-to-face visit with my provider.

CANCELLATIONS

If cancellation of an appointment is necessary, I understand that a 24 hour notice is required so that my appointment time can be made available for another client of JF&CS. Further, I understand that cancellations without adequate notice will be charged at my regular fee with the exception of emergency situations as determined by the Agency. Either way, I agree to call JF&CS, if possible, to let my therapist know about my inability to keep an appointment. I understand that if I miss two sessions without calling ahead to cancel, my services may be stopped. If I cancel five (5) sessions, my services may also be stopped.

CASE RECORD

A case record is assembled documenting the services I receive at JF&CS. I understand that I have the right to access my case record and obtain a copy of its contents. The original case record is the property of JF&CS and will remain secured at JF&CS in accordance with state law and requirements of Council on Accreditation. Whether I request copies of my record for myself or for a third party, I understand I will be charged 15 cents per page plus a \$10 handling fee to cover the costs of copying my case record. If the record copies are for me, I will present myself at the Agency with identification to obtain a copy. The Agency has 30 days to prepare a copy of case records from the date of written request.

LEGAL PROCEEDINGS

On occasion, clients call upon therapists to participate in legal proceedings (e.g., custody, divorce, etc.). It is JF&CS's policy that its staff only involves themselves in legal proceedings when ordered by the court. JF&CS strongly believes that involving its staff in legal proceedings should be avoided because of the potential for it to negatively affect the therapeutic relationship and the potential for opening up the client to unnecessary scrutiny. Other than a mandate from the court, I understand that I will be charged for any time JF&CS uses to respond to legal proceedings.

AUDIT OF RECORDS/OUTCOMES

I understand that if I or my child is receiving services funded by St. Louis County Children's Services that this funding group may audit both the financial and service delivery documentation of the services received. As part of JF&CS's efforts to measure the effectiveness of its services and the progress of clients toward service plan goals, I will be asked to complete some standardized measures (i.e., surveys) regarding me at the beginning and ending of my work with JF&CS. The scores from standardized measures that I complete may be used for research purposes. Use of these scores, not associated with my name, will not violate the confidentiality of my records.

24-HOUR EMERGENCY PHONE NUMBERS
(PLEASE KEEP THIS FOR YOUR OWN RECORDS)

Behavioral Health Response (BHR) 314-469-6644 or 1-800-811-4760
BHR provides free 24-hour emergency counseling by phone

Life Crisis Services 314-647-HELP (4357)
Life Crisis provides free 24-hour emergency counseling and resource referral by phone

Parental Stress Hotline 1-800-632-8188
Parents helping parents work through difficult situations

Kids Under Twenty One (KUTO) 1-888-644-5886
Available after 4 PM. Crisis peer counseling for children and youth.

Missouri Child Abuse and Neglect Hotline 1-800-392-3738
24-hour hotline for reporting suspected child abuse and/or neglect

United Way Help Line 211 (from a landline phone) or 314-421-4636 or 1-800-427-4626

Elderly Abuse & Neglect Hotline 1-800-392-0210
Twenty-four hour hotline for reporting suspected elder abuse and/or neglect

Mental Health Association of St. Louis 314-773-1399
Provides information on community mental health resources including self-help groups

Hunger Hotline 314-726-5355
Hotline will inform caller of the location of the nearest food pantry

Housing Resource Network for St. Louis County and City (Shelters) 314-802-5444

ALIVE (Domestic Violence) 314-993-2777

Safe Connections (Domestic Violence Counseling) 314-646-7500

SECTION A

Client Name		Date of Birth	Social Security Number	
Parent Name, if client is a minor (child)		Date of Birth	Social Security Number	
Mailing Address (Home)		City	State	Zip
Billing Address		City	State	Zip
Name of Primary Insurance Company		ID#	Grp #	
Name of Secondary Insurance Company		ID#	Grp #	
Total # of People in the Home:	Client Employed <input type="checkbox"/> YES <input type="checkbox"/> NO		_____	
Total # of Dependents:	FMHC Client <input type="checkbox"/> YES <input type="checkbox"/> NO (staff to complete)		Therapist Name (staff to complete)	
Are you requesting a reduced fee? <input type="checkbox"/> YES <input type="checkbox"/> NO If "Yes", complete Section B. If "No", our funding sources require that we collect income level of our clients. Please fill in your annual gross income, and proceed to Section C: \$_____.				

SECTION B – Gross Household Income

Are you a client of the JF&CS Financial Assistance Program? <input type="checkbox"/> YES <input type="checkbox"/> NO						
Household Member(s)	Employer	Annual income as reported on IRS form 1040				
Self:		\$				
Significant Other:		\$				
Others (e.g., parents, children, etc.):		\$				
List child support/alimony received annually		\$				
If you <u>did not</u> file a Tax Return, please note Annual Gross Income (before taxes)		\$				
SPECIAL EXPENSES						
Total Medical, Dental, Prescription as noted on IRS form 1040 (i.e., out of pocket expenses)		\$				
MONTHLY EXPENSES						
Child Daycare/Adult Daycare	\$					
Nursing Home/Home Health	\$					
Child Support/Alimony Payments	\$					
Co-Pay Amount (if insurance)(Staff to complete)	\$					
Fee Amount (Staff to complete)	\$					
<i>Directions for clients requesting reduced fee:</i> Please attach copies of... <table style="width:100%; margin-top: 5px;"> <tr> <td style="width:50%;">1. Front and back of insurance/Medicare/Medicaid cards</td> <td style="width:50%;">3. Paycheck</td> </tr> <tr> <td>2. IRS 1040 - Tax Return form</td> <td>4. Social Security or other award letter</td> </tr> </table>			1. Front and back of insurance/Medicare/Medicaid cards	3. Paycheck	2. IRS 1040 - Tax Return form	4. Social Security or other award letter
1. Front and back of insurance/Medicare/Medicaid cards	3. Paycheck					
2. IRS 1040 - Tax Return form	4. Social Security or other award letter					

SECTION C

READ CAREFULLY BEFORE SIGNING

I understand that all payments and co-payments are due at time of service. I understand that if I cancel less than 24 hours before my appointment, I am responsible for the full fee.

I authorize release of any medical or other information necessary to process the claim. I authorize that payment from my insurance company, Medicare, or Medicaid be made on my behalf to Jewish Family & Children's Service for any services furnished to me by that agency. I also request payment of government benefits to the party who accepts assignment.

This consent remains in my file and can be revoked by me at any time upon written request by me to my therapist.

If my particular insurance carrier conducts random site reviews, I understand that insurance representatives may review the contents of my file.

My signature indicates I have read and understand all of the above.

Client Signature _____
Signature of parent if client is minor (child) Date

****Staff to Complete****

(1) Fee Determination Update (Date _____)

**Has anything changed regarding your current financial situation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	} Staff: If "yes", client to sign Insurance and/or Medicare signature form.
Have you become eligible for insurance or disability since you became a client? Specify: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Has your income or employment status changed since you became a client? Specify: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	} Staff: If "yes", ask client to provide pay stub or tax return.
FMHC clients: Are you still being seen at the clinic? When was your last visit? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
How much did you pay during that visit? \$ _____			
Other changes? If yes, please specify... _____			

Client Signature **Therapist Signature**

(2) Fee Determination Update (Date _____)

**Has anything changed regarding your current financial situation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	} Staff: If "yes", client to sign Insurance and/or Medicare signature form.
Have you become eligible for insurance or disability since you became a client? Specify: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Has your income or employment status changed since you became a client? Specify: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	} Staff: If "yes", ask client to provide pay stub or tax return.
FMHC clients: Are you still being seen at the clinic? When was your last visit? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
How much did you pay during that visit? \$ _____			
Other changes? If yes, please specify... _____			

Client Signature **Therapist Signature**

Jewish Family & Children's Service – St. Louis, MO

MEDICARE SIGNATURE FORM

Last Name (Please print)

First Name

Home Address

Medicare ID Number

Birth date

I authorize release of any medical or other information necessary to process the claim. I authorize that payment from Medicare be made either to me or on my behalf to Jewish Family & Children's Service for any services furnished to me by that agency. I also request payment of government benefits either to myself or to the party who accepts assignment.

Client Signature

Name of Supplemental Insurance Company*

Address of Supplemental Insurance Company

Insurance Policy #

***Please bring your MEDICARE card with you so we can make a copy.**



Notice of Privacy Practices
Effective Date: September, 2013

Jewish Family & Children's Service (JF&CS) collects specific information about you in order to provide you the services you need. The information we collect about your mental and physical health is considered "private," and is protected by state and federal laws. We refer to this information as "Protected Health Information" or "PHI."

JF&CS staff follows all state and federal laws protecting your PHI and we limit and protect any sharing of information about you to the minimum that is necessary to do our jobs. We expect all of our employees, volunteers and business partners to respect your privacy and abide by the same laws.

A record of your care is created at JF&CS in order to provide you with quality care and to document our services for legal and billing purposes. This notice informs you of the ways that we may use this information, to whom and how we may share it, and also what rights you have regarding your PHI.

PERMITTED USES AND DISCLOSURES

1. Upon your signing of this notice, JF&CS is permitted to use and share with others involved in your care your protected health information for treatment, payment and health care operations, as described in the following examples:
 - a. For treatment – A doctor or nurse you are seeing may need to consult with your psychologist or social worker to provide the best care.
 - b. For payment – Our staff member who does our billing needs to provide information to your health insurance company so we can receive payment for our services. If, however, you request restriction on a disclosure to a health plan, for purposes of payment or healthcare operations (not for treatment), we must grant the request if the health information pertains solely to an item or service for which we have been paid in full.
 - c. For health care operations – We may use information in your record to review the quality of our care and the performance of our staff.
2. JF&CS is permitted or required, under specific circumstances, to use or share protected health information without your written authorization. For example, we are obligated by law to report suspected abuse of a child or a vulnerable adult, notify a person exposed to a communicable disease, disclose health information to federal and state government oversight committees, disclosed information in response to law enforcement's official request regarding a crime against a person, for purposes of research, to avoid harm to another person, for worker's compensation purposes, for appointment reminders, and to contact you to raise funds for us to continue or expand our services. You have the right to opt out of receiving communications regarding fundraising.
3. Other uses and disclosures will be made only with your written authorization, and you may revoke such authorization.
4. JF&CS may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. If we contact you to provide marketing information for other product or services, you have the right to opt-out of receiving such communications.
5. You have the following rights regarding protected health information:
 - a. The right to request restrictions on certain uses and disclosures of protected health information. JF&CS is not required to agree to a requested restriction, however.
 - b. The right to receive confidential communications of protected health information, as applicable.
 - c. The right to inspect/copy protected health information, as per the Privacy Regulation.
 - d. The right to amend protected health information, as provided in the Privacy Regulation.

- e. The right to receive an accounting of disclosures of protected health information. The accounting must include the following information:
- Date of each disclosure.
 - Name and address of the organization or person who received the protected health information.
 - Brief description of the information disclosed.
 - Brief statement of the purpose of the disclosure that reasonably informs you of the basis for the disclosure or, in lieu of such statement, a copy of your written authorization or a copy of the written request for disclosure.
- f. The right to obtain a paper copy of JF&CS Notice of Privacy Practices upon request.
- g. The right to obtain within 30 days of a written request a summary of your protected health information. We may charge a fee for copying or preparing a summary for you.

6. In addition to providing you your rights as detailed about, JF&CS is required to:

- Maintain the privacy of your health information, including implementing reasonable and appropriate physical, administrative and technical safeguards to protect the information.
- Provide you this notice as our legal duties and privacy practices with respect to individually identifiable health information that we collect and maintain about you.
- Abide by the terms of the Notice currently in effect.
- Train our personnel concerning privacy and confidentiality.
- Implement a sanction policy to discipline those who breach privacy/confidentiality or our policies with regard thereto.
- Mitigate (lessen the harm of) any breach of privacy/confidentiality.
- Under some circumstances, notify you of any breach or the privacy or security of your health information.

JF&CS will not use or disclose your health information without your consent or authorization, except as described in this notice or otherwise required by law. These include most uses or disclosures of psychotherapy notes, marketing communications, and sales of PHI. Other uses and disclosures *not described in this notice* will be made only with your written authorization.

7. JF&CS reserves the right to change the terms of this Notice. The new Notice provisions will be effective for all protected health information that it maintains.
8. JF&CS will provide individuals or patients with a revised Notice by mail or e-mail.

Individuals may complain to JF&CS or to the Secretary of the Department of Health and Human Services, without fear of retaliation by JF&CS, if they believe their privacy rights have been violated. Complaints may be made in person to any JF&CS staff member who will then forward the complaint to the appointed Privacy Officer. You may file a complaint directly with the Privacy Officer (listed below) in person, by telephone, or in writing. Please remember to include details of the exact nature of your complaint, the names of any staff persons involved, your name and a daytime phone number.

Martha Kreipke, Privacy Officer; (314) 993-1000;
Jewish Family & Children's Service; 10950 Schuetz Road, St. Louis, MO 63146