



**Welcome Guide to  
Mental Health  
Outpatient Services**

*REV. 4.2023*

## **Mental Health Outpatient Clinic Locations:**

625 W. Elm Avenue

Hanover, PA 17331

P: 717-632-4900

F: 717-632-3657

1195 Roosevelt Avenue

York, PA 17404

P: 717-843-0800

F: 717-843-3222

5351C Jaycee Avenue, Suite 1

Harrisburg, PA 17112

P: 717-657-2080

F: 717-657-2290

44 S. Franklin St.

Gettysburg, PA 17325

P: 717-334-9111

F: 717-334-9114

119 Lincoln Way West

McConnellsburg, PA 17233

P: 717-485-3264

F: 717-485-3467

73 E. Forrest Avenue

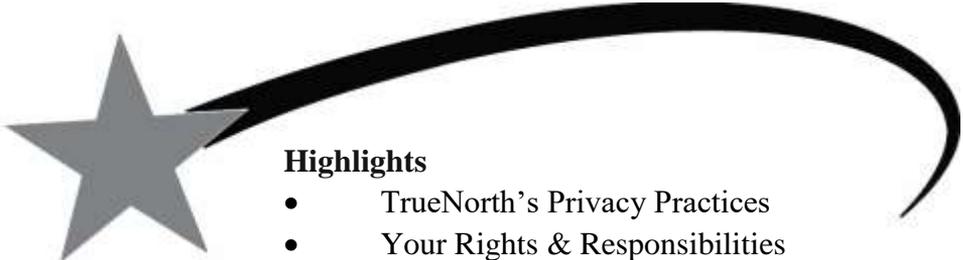
Suite 340, Box 12

Shrewsbury, PA 17361

P: 717-235-0199

F: 717-235-0383

**Website:** [www.truenorthwellness.org](http://www.truenorthwellness.org)



### **Highlights**

- TrueNorth's Privacy Practices
- Your Rights & Responsibilities
- What to Expect During Treatment
- Policies and Procedures

Welcome to TrueNorth Wellness Services Mental Health Outpatient program. We are pleased that you have chosen us to help meet you or your family member’s emotional and behavioral health and wellness needs. This guide contains useful information about policies, procedures, and expectations. Staff may answer questions that you have about anything in this guide. You will be asked to sign a form on the computer that you have been given this guide.

**Important TrueNorth Phone Extensions:**

Customer Service	x1056
Pre-Registration	x1475
Accounts Receivable	x1036
Medical Department	x1097

**Accessing After-Hours Services**

Consumers should use Crisis Intervention for emergency needs after-hours.

Adams & York Counties	800-763-2496
Dauphin County Crisis	717-232-7511
Duncannon Area Crisis	717-834-3326
Eastern Cumberland/Perry Counties	717-763-2222
Western Cumberland County	717-243-6005
Franklin County	717-264-2555
Fulton County	1-866-918-2555

## **What to Expect- Your First Visit & Beyond**

During the first visit, staff will work with you to complete necessary paperwork to begin services. This includes:

- Reviewing forms you have completed on our Client Portal
- Verifying your consent for treatment (or parent/guardian consent for children aged 13 or under);
- Asking you a variety of questions about yourself, including your reasons for coming to treatment, medical history, family and social history, treatment history, legal history, substance use, etc.
- Asking you about your goals and what you would like to achieve from treatment

This information helps us work with you to figure out what the best treatment options may be, to identify other resources or referrals you might need, and to develop a treatment plan focused on your strengths, needs, and goals.

Following the first session assessment, there are several directions treatment may go.

- Continuing outpatient treatment with a therapist within the agency who may have a specialization focused on your needs;
- Referral to a different program within TrueNorth for a more intensive type of treatment (if available);
- Referral to a different program outside of TrueNorth for more appropriate treatment.

Staff will coordinate necessary referrals or will assist you in making contact with other services. Your therapist typically takes the lead in coordinating with other service providers you may have. This may also be initiated by our Customer Engagement or Medical Records staff.

## **What are the Potential Benefits of Therapy?**

There are many possible benefits of participating in therapy, including but not limited to:

- relief from emotional distress or discomfort,
- improved relationships,
- reducing symptoms,
- changing behavior or your lifestyle,
- learning to pay attention to your thoughts and feelings,
- learning how to confront situations that may be difficult

## **What Are the Risks of Receiving Therapy?**

There could be potential risks associated with receiving services. These include, but are not limited to:

- changes in relationships,
- experiencing emotional discomfort,
- periods where emotional discomfort or distress may increase or worsen, or are not responding to the treatment provided

It is important to have open discussion with your therapist about these risks, especially if you find yourself beginning to think of harming yourself or someone else.

Please note that there are also limits to confidentiality, which may be found in the Notice of Privacy Practices, and may be discussed further with staff.

## **Transitioning to Other Services**

Discussion of whether outpatient treatment is the right service to meet your individual needs occurs throughout your participation. When appropriate or necessary, staff will discuss transitions to other levels of care. Other levels of care vary, but may include partial or inpatient hospitalization, in home treatment services, residential services. The therapist will coordinate referrals or assist you in making contact with the appropriate service.

## **Discharge from Outpatient Services**

Discharge from our outpatient program can occur for a variety of reasons:

- You've met your goals for treatment;
- Nonattendance as defined by the Attendance Policy;
- Behavior that consistently violates the rights of other individuals,
- becoming aggressive or abusive while in the office, via phone, or other means of communication with us;
- You are in need of a more intensive level of treatment;
- Not being seen or having contact with us for more than 30 days;
- Non-engagement or dropping out of services.

## Outpatient Attendance Policy

It is important to be committed and active in your treatment and recovery process, including attending scheduled appointments and following suggested treatment recommendations.

- If you are unable to attend a scheduled appointment, we ask that you contact our office and give as much notice as possible. If you provide more than 24 hour notice to cancel an appointment, you may immediately schedule another appointment.
- If you cancel an appointment with less than 24 hour notice (late cancellation), you will be given an appointment 2 weeks from the cancelled appointment.
- You may opt to change an in person appointment to a telehealth visit to avoid having to cancel.
- If you miss an appointment without providing notice (no show), you will need to contact our office to reschedule.
- If more than 30 days have gone by since your last appointment, you have not contacted us, and no future appointments are scheduled, you may be discharged.
- An excessive number of cancellations or missing 3 appointments within a 6 month time frame without any notice will result in your discharge from treatment.
- Individuals that are discharged from treatment due to attendance issues will have to wait 3 months before re-entering MHOP treatment with TrueNorth.
- It is important that you are on time for scheduled appointments. We cannot guarantee that you will still be able to be seen if you do not arrive for your appointment on time.

If there is a reason that you may have difficulty remembering or attending appointments, please discuss it with your therapist so they can help you develop a plan of action.

**A special note for clients receiving medication services:** If you miss your appointments with the doctor, you will need to wait for the next available appointment time. Medication refills will not be provided to clients who have missed appointments until they have been rescheduled and attended an appointment with the doctor.

## **Referrals to Medication Management Services**

You have the right to request a referral to see a TrueNorth prescriber. Due to the limited availability of prescriber hours, those who have just been discharged from inpatient treatment or are active in counseling/treatment and attending their appointments at TrueNorth Wellness Services will be scheduled first. As they become available, any remaining appointments will be scheduled for those who are receiving counseling elsewhere, have dropped out of counseling prior to seeing the doctor, or who have missed previous appointments.

Due to the high demand for psychiatric services, it is suggested that you also seek medication services with other providers to determine where you can be scheduled the most quickly.

Our prescribers are unable to write prescriptions for someone who hasn't been seen yet. If you are in need of medication or refills prior to seeing our prescriber, please contact your PCP or the physician who originally prescribed the medication.

## **Prescription Medications**

Any prescription medications brought in to office locations should be in a secured, labeled container, and should be kept on your person during your visit.

## **Just in Time Scheduling & Medication Refills**

TrueNorth Wellness Services uses a Just in Time Scheduling model for adult medication management appointments. Just in Time Scheduling is designed to improve your experience and remove barriers to appointment attendance. In the Just in Time model, you are given a time period to call back and schedule your next visit, which should match with when you will need medication refills. You are then scheduled with your prescriber no more than 10 business days ahead of when you should need refills, with the goal of giving you an appointment within three to five days of calling. If you do not call us to schedule within 10 days of when you should need refills, Registration Specialists follow up with you to schedule your next medication management visit.

Individuals requesting medication refills between appointments or who have run out of medication refills between appointments will need to speak with a member of the Medical Department and will need to have an appointment with a prescriber to obtain a medication refill. If you have an appointment within 72 hours of requesting refills, there is no guarantee that the provider will send refills until you are seen. If you do not show for your scheduled appointment there is also no guarantee that a bridge supply of refills will be sent to get you to your next appointment.

## **Telehealth Services**

Treatment services are available to you via telehealth. You may request to schedule your visits as telehealth at any time. TrueNorth's clinicians reserve the right to make the recommendation that you participate in services in person for clinical reasons, such as the type of treatment being provided, limited participation during telehealth sessions, consistent technology issues, etc. TrueNorth currently uses Doxy.me for telehealth services. A link to your clinician or prescriber's waiting room will be provided to you by Customer Engagement, Medical staff, or your clinician and you will be asked to sign a telehealth agreement. You will also be asked to sign forms on our client Portal verifying each time a visit occurs.

## **Client Portal**

A Client Portal is a secure online website that gives you access to your health record at TrueNorth anytime and anywhere you have an internet or data connection. Customer Engagement staff can help you register to use the Client Portal. The Portal can be accessed at [www.truenorthwellness.org/credibleclientportal](http://www.truenorthwellness.org/credibleclientportal)

## **Children in Waiting Room**

Young children should not be unsupervised in our waiting areas. Registration staff are not responsible for providing childcare and supervision to children in the waiting room. If you have a young child that must accompany you during your visit, please make arrangements for another responsible adult to come with you to provide supervision of your child.

## **Service Animals**

TrueNorth allows consumers to bring a service dog that is trained to assist the individual with their specific disability. No other service or companion/emotional support animals will be permitted at TrueNorth.

## **Court Mandated Treatment**

Staff communicates with courts and legal entities as needed within standards of confidentiality. If you are court ordered for treatment, you must provide a copy of the court order at the start of services.

## **Court Testimony**

From time to time, TrueNorth Wellness Services receives requests that staff provide court testimony. If we receive a subpoena, we will communicate with whomever sent the subpoena to acknowledge the request. However, due to confidentiality regulations, we may not release information about you or your treatment without your written consent or a court order to do so.

Below are key points for you to know regarding our ability to provide court testimony:

- We do not provide evaluation or testimony related to child custody under any circumstance;
- We do not provide evaluation or testimony related to disability claims or cases under any circumstance;
- Our clinical staff will only provide information related to your reasons for treatment, any diagnoses assigned, your goals for treatment, and progress toward those goals if called to testify

There is a fee for court testimony. Please refer to the Fee Schedule posted in each location, or contact Customer Engagement staff to determine applicable fees.

## **Tobacco Use, Illicit & Illegal Substances, & Weapons**

TrueNorth Wellness Services is a tobacco-free agency. We kindly ask individuals not to use any tobacco products (smoking, smokeless tobacco, vaping) within 25-feet of our offices. In addition to tobacco, the following items are off limits within our locations: illegal or illicit substances, any possible weapon, including but not limited to guns, knives, and pepper spray.

## **Use of Seclusion or Restraint**

TrueNorth Wellness Services does not use seclusion or restraints while providing services to consumers in our outpatient programs.

## **Providing Feedback**

TrueNorth values feedback about the services we provide. Boxes are located in each waiting room with a short survey that you can complete at any time. In addition, we conduct program-specific satisfaction surveys annually.

## **Safety Drills**

In an effort to enhance consumer and staff safety, random safety drills occur within our offices. It is possible that a random drill could occur while you are in our offices. Your participation and cooperation are appreciated.

## **Complaints and Grievances**

TrueNorth is committed to ensuring that your rights and those of others are safeguarded and that the treatment we provide is of the highest quality. From time to time, complaints or concerns may come up.

The following steps should occur if you find yourself needing to express a concern or complaint:

1. Discussion with your primary staff person. If the issue cannot be resolved at this level, you may opt to move to step 2.
2. You may choose to file a formal complaint or grievance at any time, which will be reviewed by the Program Manager and the Chief Operations Officer (COO).
3. If you are not satisfied with the Program Manager's decision, you may submit a written appeal to the COO. This appeal must be made within 10 days of receiving the response from the Program Manager. The COO will investigate the complaint and provide a response within five business days.
4. If you are dissatisfied with the COO's decision, you may submit an additional appeal in writing within 10 days of the decision to the Chief Executive Officer (CEO). The CEO will investigate and provide a decision within five days.
5. If you complete the above steps and your complaint has not been resolved to your satisfaction, you may notify the appropriate outside party verbally or in writing. Staff can assist you in identifying the appropriate place for your complaint (County Administrator, appropriate department of your insurance).

## **Client Bill of Rights**

1. You have the right to be treated with dignity and respect. You will not be subjected to harsh or unusual treatment, nor be neglected. You will retain all civil rights throughout treatment, unless rights are reduced by order of Court.
2. You have the right to be treated in a non-discriminatory manner. TrueNorth Wellness Services is committed to non-discrimination. The agency does not discriminate against clients based on age, ancestry, color, disability, national origin, race, religious creed, marital status, gender or sexual orientation.
3. You have the right to file a complaint of discrimination should you have a grievance. You may either file the complaint with TrueNorth Wellness Services' Compliance Officer (who can be reached at 717-632-4900) or you may file a complaint with the relevant government agency. Your program staff or the County can identify the relevant government agency for you.
4. You have the right to be informed about your treatment and possible side effects. You have the right to withdraw from services and/or refuse treatment at any time. You have the right to ask questions about your treatment and get more information in sufficient time to make decisions about your treatment.
5. You have the right to see the staff psychiatrist. Your opinions and reactions to medication are respected. Medications, reviews and adjustments are provided under the direction of the psychiatrist. If you can fulfill your activities of daily living without medication, you will be offered assistance in learning to live purposely without medications. You have the right to refuse medications.
6. You have the right to assist in the development and review of an individual treatment plan that meets your needs. You have the right to know your progress and receive help to improve your situation throughout your treatment.
7. You have the right to express concerns and make suggestions to the staff. Contact your primary worker or follow the agency/program grievance procedure if you have concerns.
8. You have the right to express concerns/grievances to outside entities, including your insurance carrier. Compliant and grievance forms can be located on most insurance company websites, or by calling member services (located on the back of most insurance cards). Medical assistance websites are - PerformCare: [pa.performcare.org](http://pa.performcare.org); CCBH: [ccbh.com](http://ccbh.com).
9. You have the right to request a change of your individual provider. To do this, speak to a staff member in your current program. You also have the right to change to a different agency for services.

10. You shall have the right to privacy and confidentiality of information about your treatment offered or given, per the HIPAA policy that was provided to you. You have the right to view your clinical record in accordance with the agency HIPAA policy.

## **Client Responsibilities**

TrueNorth Wellness supports the philosophy that your recovery journey is unique and you are responsible for its success. In addition to the rights listed above, you have certain responsibilities as well.

### The Client's Responsibilities

1. For providing accurate and complete information concerning your present concerns, current and past medical conditions, past/present use of any/all medications, past/present use of substances, and other matters relating to your current situation.
2. Reporting any changes regarding your symptoms or demographic information.
3. For reporting any condition that puts you at risk, including allergies, use of over the counter medications or substances that may interfere with prescription medications.
4. Guiding, engaging in, and participating in your treatment by collaborating with your provider to develop a treatment/goal plan and after care plan that you will be able to follow.
5. Attending appointments on time or notifying the office in a timely manner if you are unable to do so.
6. Recognizing responsibility for your actions if you refuse treatment.
7. Being respectful of the rights of other clients and agency staff.
8. Respecting the confidentiality of others.
9. Assuring that the financial obligations of your care are met, regardless of insurance. Payment (including co-payment) is due at the time of service, unless arrangements have been made.
10. Supporting TrueNorth's philosophy of wellness by adhering to the agency policy of not smoking within 25 feet of an entrance and not attending services under the influence.
11. Promoting a safe environment, which is free of illegal substances, weapons, and threats of any type.

## **Financial Policy & Patient Responsibility**

Your share of the cost of our services will be discussed with you by Pre-Registration staff prior to your first appointment. They will conduct a brief financial assessment and ask you to provide insurance information. The Registration Specialist will copy your identification and insurance cards when you arrive at each appointment. If the information is significantly different from our computer records, you may need to speak with a Pre-Registration staff again prior to being seen. It is important that we also have your correct address information on file. Please advise us anytime there is any change to your address or phone information.

**Methods of Payment:** The Registration Specialist will let you know if there is an outstanding balance on your account at each visit. Payment is expected in full at time of service. We accept cash, debit and major credit cards. Personal checks are not accepted for Substance Abuse Treatment Services. A \$30 service charge will be assessed for any checks returned by a bank for insufficient funds. You are (or parent/legal guardian in the case of minors) considered the responsible party for payment of professional fees. If you do not have insurance, you are required to pay in full for the service rendered at the time of the appointment. If known, payment of copays, coinsurance and deductibles are expected to be paid in full at the time of service.

**Payment Plans:** If you are unable to pay your balance in full, you will need to make prior arrangements with our Billing Office. We offer a payment plan option without interest. All payment plans must be agreed upon and documented in writing.

**Sliding Scales:** There are certain situations in which an agency or County sliding scale fee may be offered. Using a sliding scale, we will initially set the fee based on income and number of dependents. An adjustment to the assessed fee may be considered upon your request when additional supporting financial documentation is provided.

**Insurance:** Our prescribers and clinicians are network providers with most major insurance companies. Your health insurance policy is a contract between you and your insurance company or employer. You are responsible for providing accurate information about your insurance benefits and are responsible for notifying us of any changes. You are also responsible for timely completion of insurance Coordination of Benefits questionnaire submitted to you by your insurance company, as this will result in delays of claims processing if you don't complete it and send it back to them. You **MUST** present a current insurance card at each visit. When we contact your insurance carrier to verify benefits or authorization on your behalf, we are not responsible for inaccurate information provided to us by your carrier. The information about your plan that we relay to you is in good faith. If you are uncertain about your current health insurance policy coverage/benefits, you should contact your

plan to learn the details about your benefits, out-of-pocket fees and coverage limits.

**Insurance Claims:** If TrueNorth Wellness Services' providers participate with your insurance, as a courtesy and for your convenience, we will bill your insurance company for each service provided to you. You are responsible for annual deductibles, copayments and coinsurance, and any uncovered services and payment is expected in full at the time of service. Termination of insurance or addition of insurance coverage **MUST** be reported at the time of the appointment. Registration Specialists will copy new insurance cards and contact Pre-Registration staff for a financial re-evaluation. Pre-Registration will verify coverage and determine if TrueNorth Wellness Services' current provider is in network with the new insurance. If this is not the case, you may have a choice of continuing with the current provider by waiving your insurance and paying out-of-pocket OR transferring to a network provider.

**Medical Forms and Patient-Requested Letters:** There are administrative fees to complete medical forms, (i.e., physical forms, FMLA, leave of absence, etc.) and patient-requested letters. Fees vary according to the length and complexity of the form or patient requested letter.

TrueNorth Wellness Services' providers will not complete the following types of letters:

- Social Security Disability Forms
- Emotional support animal letters
- Medical marijuana certification

With your permission, copies of your record will be submitted. Payment is due prior to picking up or mailing the requested documents. Please allow 7-10 working days for processing.

**Billing/Refunds:** We will bill you monthly for outstanding balances to keep you up-to-date regarding the status of your account. Overpayments will be applied as credits to your account while you are still in treatment. Unless requested, the credit will be used for future copayments and coinsurance or for any patient responsibility amounts. Upon discharge from services, all claims will be submitted to your insurance company for processing and any overpayments will be issued as refunds to you. Refunds are processed on the 15th and end of the month. Patients should allow for 3-4 weeks for processing.

**Past Due Accounts:** We urge you to keep your account current. Account balances past due over 90 days will be sent to an independent collection agency after the third/final statement has been sent.

## NOTICE OF PRIVACY PRACTICES

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

### **Our Duty to Safeguard Your Protected Health Information**

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for the health care is considered “Protected Health Information” (“PHI”). We are required to extend certain protections to your PHI, and to give you this Notice about our privacy practices that explains how, when and why we may use or disclose your PHI. Except in specified circumstances, we must use or disclose only the minimum necessary PHI to accomplish the intended purpose of the use or disclosure.

We are required to follow the privacy practices described in this Notice, though we reserve the right to change our privacy practices and the terms of this Notice at any time. You may request a copy of the notice from the front desk of a TrueNorth Wellness office, by contacting Customer Service Staff at 1-800-315-0951, or on our website at [www.truenorthwellness.org](http://www.truenorthwellness.org).

### **How We May Use and Disclose Your Protected Health Information**

We use and disclose PHI for a variety of reasons. We have a limited right to use and/or disclose your PHI for purposes of treatment and payment. For uses beyond that, we must have your written authorization unless the law permits or requires us to make the use or disclosure without your authorization. If we disclose your PHI to an outside entity in order for that entity to perform a function on our behalf, we must have in place an agreement from the outside entity that it will extend the same degree of privacy protection to your information that we must apply to your PHI. However, the law provides that we are permitted to make some uses/disclosures without your consent or authorization. The following offers more of a description of our potential uses/disclosures of your PHI.

**For treatment:** We may disclose your PHI to psychiatrists, nurses and other health care personnel who are involved in the coordination of your care.

**To obtain payment:** We may use/disclose your PHI in order to bill and collect payment from third party insurers (insurance companies, County funders, Medicaid, Medicare, and managed care organizations) for your health care services.

**For health care operations:** We may use/disclose your PHI in the course of operating our programs/agency. For example, we may use your PHI in evaluating the quality of services we are providing, or disclose your PHI to our accountant for audit purposes, or attorneys for commitment hearings. Since we

are an integrated system, we may disclose your PHI to designated staff in our other facilities, programs, and support services departments. Release of your PHI might also be necessary to determine your eligibility for publicly funded services.

**Appointment reminders:** Unless you provide us with alternative instructions, we may send appointment reminders via mail or email, or contact you by phone at home to remind you of your appointment.

**Uses and Disclosures Requiring Authorization:** For uses and disclosures beyond treatment, payment and operation purposes, we are required to have your written authorization, unless the use or disclosure falls within one of the exceptions described below. Authorizations can be revoked at any time to stop future uses/disclosures except to the extent that we have already undertaken an action in reliance upon your authorization.

**Uses and Disclosures of PHI from Mental Health Records Not Requiring Consent or Authorization:** The law provides that we may use/disclose your PHI from mental health records without consent or authorization in the following circumstances:

**When required by law:** We may disclose PHI when a law requires that we report information about suspected abuse, neglect or domestic violence, or relating to suspected criminal activity, or in response to a court order. We must also disclose PHI to authorities that monitor compliance with these privacy requirements.

**For public health activities:** We may disclose PHI when we are required to collect information about disease or injury, or to report vital statistics to the public authority, such as County Administrators or other designated officials auditing the services we provide.

**For health oversight activities:** We may disclose PHI to our central office, the protection and advocacy agency or another agency responsible for monitoring the health care system for such purposes as reporting or investigating unusual incidents, and monitoring of the Medicaid program.

**To avert threat to health or safety:** In order to avoid a serious threat to health or safety, we may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

**Uses and Disclosures of PHI from Alcohol and Other Drug Records Not Requiring [Consent or] Authorization:** The law provides that we may use/disclose your PHI from alcohol and other drug records without consent or authorization in the following circumstances:

**When required by law:** We may disclose PHI when a law required that we report information about suspected child abuse and neglect, or when a crime has

been committed on the program premises or against program personnel, or in response to a court order.

**Relating to decedents:** We may disclose PHI relating to an individual's death if state or federal law required the information for collection of vital statistics or inquiry into cause of death.

**For research, audit or evaluation purposes:** In certain circumstances, we may disclose PHI for research, audit or evaluation purposes.

**To avert threat to health or safety:** In order to avoid a serious threat to health or safety, we may disclose PHI to law enforcement when a threat is made to commit a crime on the program premises or against program personnel.

### **You Have the Following Rights Relating to Your Protected Health Information:**

**To Request Restrictions on Uses/Disclosures:** You have the right to ask that we limit how we use or disclose your PHI. We will consider your request, but are not legally bound to agree to the restriction. To the extent that we do agree to any restrictions on our use/disclosure of your PHI, we will put the agreement in writing and abide by it except in emergency situations. We cannot agree to limit uses/disclosures that are required by law.

**To Choose How We Contact You:** You have the right to ask that we send you information at an alternative address or by an alternative means. We must agree to your request as long as it is reasonably easy for us to do so.

**To Inspect and Request a Copy of Your PHI:** Unless your access to your records is restricted for clear and documented treatment reasons, you have a right to see your protected health information upon your written request. We will respond to your request within 30 days. If we deny your access, we will give you written reasons for the denial and explain any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed, depending on your circumstances. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying.

**To request Amendment of Your PHI:** If you believe that there is a mistake or missing information in our record of your PHI, you may request, in writing, that we correct or add to the record. We will respond within 60 days of receiving your request. We may deny the request if we determine that the PHI is: (i) correct and complete; (ii) not created by us and/or not part of our records, or; (iii) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have request and denial, along with any statement in response that you provide, appended to your PHI.

**To Find Out What Disclosures Have Been Made:** You have a right to get a list of when, to whom, for what purpose, and what content of your PHI has been

released other than instances of disclosure: for treatment, payment, and operations; to you, your family, or pursuant to your written authorization on or after April 2003. We will respond to your written request within 60 days. Your request can relate to disclosures as far back as six years. There will be no charge for up to one such list per year. There may be a charge for more frequent requests.

**To Receive This Notice:** You have a right receive a paper copy of this Notice and/or an electronic copy by email upon request.

**How to Complain About Our Privacy Practices:** If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the TrueNorth Wellness compliance officer (see below). You also may file a written complaint with the Office for Civil Rights of the U.S. Department of Health and Human Services at 200 Independence Avenue SW, Washington D.C., 20201, online at [hhs.gov](http://hhs.gov), or call 1-800-368-1019, TDD: 1-800-537-7697. We will take no retaliatory action against you if you make such complaints.

**Contact Person for Information, or to Submit a Complaint:**

If you have questions about this Notice or any complaints about our privacy practices, please contact the TrueNorth Wellness Compliance Officer at 625 West Elm Avenue, Hanover, PA 17331 or by phone, (717) 632-4900.

This notice last updated 2/25/21

**SUBJECT:** Nondiscrimination Policy Statement

**TO:** Clients/Consumers

**FROM:** Garrett Trout, CEO

Admissions, the provisions of services, and referrals of clients shall be made without regard to race, color, religious creed, disability, ancestry, national origin, age, gender, sexual preference or sexual orientation.

Program services shall be made accessible to eligible persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, the provision of aides, and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among available methods.

Any client/consumer who believes they have been discriminated against, may file a complaint of discrimination with:

**CEO**

TrueNorth Wellness Services  
625 W. Elm Avenue  
Hanover, PA 17331

**Department of Human Services**

Bureau of Equal Opportunity  
Room 223, Health & Welfare Building  
625 Forester Street  
Harrisburg, PA 17120

**U.S. Dept. of Health and Human Services**

Office for Civil Rights  
Suite 372, Public Ledger Building  
150 S. Independence Mall West  
Philadelphia, PA 19106-9111

**Pennsylvania Human Relations Commission**

Harrisburg Regional Office  
333 S. Market Street, 8<sup>th</sup> floor  
Harrisburg, PA 17101

## **Mental Health Advance Directives**

From [www.disabilityrightspa.org](http://www.disabilityrightspa.org)

“A Mental Health Advanced Directive is a document that allows a person to make preferences regarding mental health treatment known in the event that a person is incapacitated by their mental illness. In effect, the person is giving or withholding consent to treatment in advance of when treatment is needed. This allows a person to make more informed decisions and communicate their wishes more clearly.”

“Pennsylvania law allows for three types of mental health care advance directives: a declaration, a power or attorney, or a combination of both.”

The Mental Health Association of Pennsylvania has developed a guide to creating mental health advance directives that can be found at this link: <http://www.mhapa.org/index.php/mhad>

Additionally, you may contact any of the following organizations with questions or assistance in completing an advance directive:

### **MHAPA**

1-866-578-3659

717-346-0549

[info@mhapa.org](mailto:info@mhapa.org)

### **Disability Rights Network of Pennsylvania**

1-800-692-7443

717-236-8110

1-877-375-7139 (TDD/TTY)

### **Pennsylvania Mental Health Consumers' Association**

1-800-88PMHCA

[pmhca@pmhca.org](mailto:pmhca@pmhca.org)

## **Assurance of Freedom of Choice**

I have been given freedom of choice in selecting available providers and realize that I may choose to receive treatment at any agency approved through my insurance company. I am aware that I have a right to choose my provider and treatment options. If I wish, alternate providers will be made available to me through my insurance company's Member Services department.

I am also aware my Provider will discuss with me all treatment options and what the treatment options involve, including advantages and/or disadvantages of each type of treatment. My family and significant others will be included in treatment if I wish them to be.

### **For those with PerformCare insurance, Member Services can be reached at the following phone numbers:**

Capital Region - Dauphin, Cumberland, Lancaster, Lebanon, and Perry  
1-888-722-8646

Franklin/Fulton Region  
1-866-773-7917

### **For those with Community Care Behavioral Health (CCBH) insurance:**

Adams County: 1-866-738-9849

York County: 1-866-542-0299

En español: 1-866-229-3187

**For all other insurances:** please contact the Behavioral Health number on the back of your insurance card.

## **Recovery & Resiliency**

TrueNorth embraces the philosophies of recovery and resiliency. The term ‘recovery’ is often used when referring to adults living with mental health or substance abuse issues. ‘Resiliency’ is often used with children who are living with mental health issues. Recovery can be defined as “a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to achieve their full potential (SAMHSA). Helping individuals achieve a life in recovery involves providing support in four areas: helping individuals make informed choices about their health and well-being, individuals having a home or a safe place to live, helping individuals find purpose—engaging in meaningful activities, working for independence, income, or other resources to participate in society, and helping individuals build relationships that provide support. (From [www.mentalhealth.gov/basics/recovery](http://www.mentalhealth.gov/basics/recovery)).

Resiliency is defined as “the capacity to face and overcome adversity, to bounce back from difficulties or challenges, to cope and adapt to change ([www.psychiatry.org](http://www.psychiatry.org)).” Areas that support resilience in children and teens include self-esteem and awareness of one’s own strengths and limits, having a supportive family, having a positive school experience.

## Medication Guide

In an effort to assist you with any medication questions or concerns we have compiled this medication guide that answers many of the common questions or concerns.

**Each Medication:** It is important for you to understand the purpose for each medication, the symptoms it is meant to address and reasons for which it is prescribed.

**How the Medication Works:** For some people, it takes several weeks to feel the effects of certain medications because a certain level needs to build up in your system over time. If you stop taking these medications within the first few weeks, you will not know how they will affect you. Sometimes it takes several trials of different medications to find the one that works for you. Not every medication works the same for every person.

**Intended Benefits, as Related to the Behavior or Symptom Targeted by the Medication:** Your improvement may be gradual. The first pill may not give you the results you want. Please remain mindful that not all medications make symptoms disappear immediately and completely.

**Self-Administration Instructions:** Make sure you understand how and when to take each of your medications and follow those instructions. Know the time of day to take your pills, whether you should take them with/without food, and how many times a day you should take each pill. Use of a med box might be helpful if you have a hard time remembering if you took your pills. If you vomit after taking meds, don't assume that you must take another pill. Check with a pharmacist or prescriber before taking an additional dose.

**Taking Medications as Prescribed is important:** Not taking every dose when it is supposed to be taken can decrease its effectiveness.

- Pick a regular time and stick to it as close as possible.
- Adhere to your dosing instructions.
- Don't add doses.
- Don't skip doses.
- Please follow your doctor's instructions if you happen to miss a dose. Make-up dosing is different for all meds.
- A sudden change in symptoms and/or effectiveness may indicate a lack of compliance.

- Don't cut pills that are meant to be taken whole.
- Do not restart a medication that you haven't taken for a while without speaking to your doctor.

**Side Effects:** Side effects often appear fairly quickly after starting a new medication. Inform your doctor if they don't go away. They may be able to help by adding another medication, changing the dose, or changing to a different medication.

**Risks Associated with Each Medicine:** Certain medications can be addictive for some people so it is important to closely follow your doctor's orders. Some medications cannot be stopped immediately without your prescriber developing a plan to decrease them. It can be dangerous to discontinue some medications on your own.

**Contraindications:** It is important to tell your doctor about all of the medications you are taking. This includes any medical, psychiatric and over-the-counter medications. Not everything is safe to take together and some pills will make others not work as well. Before buying any over-the-counter medication, talk to the pharmacist about possible interactions. Some medications have dietary restrictions, so always read the information included with your prescription when you pick it up or ask the pharmacist.

**Potential Drug Reactions when Combining Prescription & Nonprescription Medications:** Alcohol, tobacco, caffeine, illegal drugs and supplements can quickly interfere with the effectiveness of your medications. Some of these are very dangerous in combination with your meds. Make sure your doctor is aware of all substances you are ingesting. Even nicotine can negatively impact the effectiveness of your medications.

**Potential Implications Between Medications, Diet & Exercise:** Some medications may cause weight gain, so it is important to closely monitor your diet and participate in an exercise regimen. Some medications may cause morning drowsiness, so it is important to get up and move. Ask your doctor about the importance of diet and exercise related to your particular medication.

**Early Signs of Relapse Related to Medication Effectiveness:** It is important for your prescriber to see you when providing a refill, so that they can assess any issues of which you may not be aware. If you feel your symptoms are returning

or increasing, contact your doctor right away. The sooner you notify your prescriber, the sooner they can help.

**Risks Associated with Pregnancy:** Immediately inform your prescriber if you plan to or have become pregnant or are breast feeding, as some medications can significantly impact the baby.

**Wellness Management & Recovery Planning:** It is important to attend all of your appointments. Continue with preventative care, prescription refills, medication administration, etc. Even when you are feeling well, maintain healthy eating and exercise and keep taking your medications to prevent relapse. Your prescriber may decrease the frequency of your appointments when you remain stable. Symptoms are rarely ‘cured,’ but can be managed with the assistance of treatment and medications. Utilize recovery tools in combination with medications. Recovery tools include personal medicine, wellness recovery action plans, relapse prevention plans, peer support services, and psychiatric advance directives.

**Financial Supports & Resources:** If you can’t afford your medication, consult with your doctor right away. Do not stop taking your medication as you may experience unwanted symptoms. If you are unable to afford your medications, we may be able to help by providing samples, referral to a patient assistant program and/or partial prescriptions refills.

**Safety Precautions:** Please use the medication take backs offered in your community to discard of any unused medications safely.

**Always be sure to contact your doctor or your pharmacist with any questions or concerns regarding your medications.**



**Vision Statement:** TrueNorth Wellness Services strives to create a safe environment of trusting relationships and a culture of hope and healing where all will thrive.

The experience of trauma has widespread impacts on a person's life; often leading to or exacerbating mental health issues, substance use, and physical health conditions. Approximately 90% of consumers seeking behavioral health services have experienced some form of trauma in their lives. Unfortunately, despite best efforts, the very services and systems designed to help people become healthy can be re-traumatizing.

Trauma informed care (TIC) involves shifting our perspective to be more aware of the impact that trauma has on an individual, in order to develop a more compassionate understanding of ourselves and each other. The hope is to develop insight that we are who we are as a result of our significant life occurrences that have shaped and molded us, our families and communities.

TIC has been compared to putting on a pair of glasses that allow us to look more deeply and see

life and the people in it, as it actually is, instead of what it appears to be. Trauma-informed care improves service quality, increases safety, enhances consumer engagement, improves consumer satisfaction, encourages hope and wellness and creates a strong and resilient workforce.

If there is anything else we can do to make your experience more comfortable, please let us know.



A community where everyone has a path to wellness.

[TrueNorthWellness.org](http://TrueNorthWellness.org)