



# Columbia Addictions Center

Eileen Dewey, LCSW-C, SAP, Director

## PROGRAM POLICIES AND INFORMED CONSENT

### I HIPAA

Notice of privacy practices is included in this package.

### II. Patient Bill of Rights / Informed Consent

As a client of CAC, it is important to realize that you have both rights and responsibilities. You are entitled to:

#### A. Respect

- be treated with respect and courtesy
- receive safe, considerate, and ethical care
- have your individual cultural, spiritual and psychological needs respected
- have your privacy and personal dignity maintained
- be free from all forms of abuse, neglect and harassment
- expect that information regarding your care will be treated as confidential

#### B. Treatment

- receive treatment regardless of race, religion or any other discrimination prohibited by law
- expect reasonable continuity of care and to be informed of available and realistic care options when outpatient treatment is no longer appropriate

#### C. Information

- understand your treatment plan, as well as the possible outcomes, risks and benefits of your care, and be informed of any unanticipated outcomes.
- be advised of program policies, rules and regulations
- be aware of your program expectations
- know the names and titles of your counselors
- see your medical records and have the information explained or interpreted as necessary, except when restricted by law.
- review your bill and to have any questions or concerns adequately addressed
- be informed of the charges for services and available payment methods

#### D. Involvement

- be involved in decisions concerning your care
- choose to have your family members and/or others involved in decisions about your care



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- choose to exclude your family members and/or others from participating in decisions about your care
- discuss any treatment planned for you
- give your informed consent or informed refusal for treatment

### III. Transmitting Confidential Information

While we take all precautions to protect confidentiality, we are required by HIPPA to inform you about inherent limitations of confidentiality when using technology.

Computers and e-mail communication can be relatively easily accessed by unauthorized parties and can thus compromise the privacy and confidentiality of such communication. Please notify our administrative staff if you decide to avoid or limit the use of email or fax communication. If you communicate confidential or private information via e-mail, your counselor will assume that you have made an informed decision and will honor your desire to communicate electronically.

### III. Treatment Services

#### A. Individual Counseling

- If you cannot attend your scheduled appointment, please contact us at least 24 hours in advance. Someone else may be grateful to fill your slot! If you do not get in touch with us to cancel your appointment, we will charge you the full fee for your session.

#### B. Group Attendance, Punctuality, and Cancellation

- Please be considerate of your fellow group members and arrive on time. If you arrive more than ten minutes late for your group, you will not be permitted to attend. Keep in mind that it may take up to fifteen minutes to check in. Plan accordingly!
- If you cannot attend your scheduled session, please contact us in advance using the contact information on the first page of this document. You will incur a \$40 missed group charge for any session that you fail to attend without advance notice.

#### C. Abstinence

- This is an abstinence-based program. It is expected that you stay clean for the duration of your treatment. We will administer random urine screens throughout your treatment program. The fee for each lab test is \$40.
- Breathalyzers are also administered randomly with no fee.
- If you are struggling with sobriety, please talk to us. We can connect you with supportive resources, including acupuncture, medication assisted therapy, and



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12 step meetings. We are here to help and these conversations are confidential.

## IV. Communication

### A. Internal

- Our administrative and clinical staff is here to support you. Please contact us with any questions, concerns, or emergent issues with your treatment program. Our official Client Grievance Procedure are included at the end of this document.

### B. External

- If you would like us to communicate your progress with lawyers, employers, probation officers, or insurance companies, HIPPA requires your written and signed authorization. Please fill out a “Correspondence Needed” form and provide accurate contact information for all recipients. We try to complete these requests as soon as possible, but you should allow us a full week to fully research and document your progress.

### C. Record Transfer

- Maryland State law outlines strict protocol for the release and transfer of medical records. Please request a copy of the policy from the administrative staff.

## V. Professional Fees and Payment Methods (all fees are non-negotiable)

### A. Our standard fees are as follows:

Initial Evaluation	\$175	Suboxone Induction	\$325
Other Evaluations	\$250	Suboxone Maintenance	\$135
Group Session	\$50	SAP Program	\$450
Operation Breakthrough	\$350	Insurance Forms or Pre-Authorizations	\$25
Anger Management	\$135	Returned Check Fee	\$35
Anger Management Seminar	\$225	Urinalysis (standard)	\$40
Counseling (individual, couple, family)	\$135	Urinalysis (special tests)	Varies
Re-evaluation	\$75		



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B. We accept payments by cash, check, and debit/credit cards. Please note that we do not accept online or phone transactions. All credit and debit card transactions are subject to a 2% processing fee. Checks can be made to Columbia Addictions Center.

C. Medical Insurance

Because we would rather spend time treating clients than battling insurance companies and managing paperwork, Columbia Addictions Center does not participate in any insurance plan. Most plans, however, offer out-of-network benefits. As a courtesy, the administrative staff at CAC will provide upon request an itemized bill that you can submit to your insurance company. It is your responsibility to handle all communication with your insurance provider. This might include verifying out-of-network benefits, obtaining pre-authorization before treatment is initiated, and handling all claim submissions.

VI. Termination of Care

We reserve the right to terminate care for any of the following reasons:

- Invalid/falsified/positive drug screen
- Failure to follow treatment recommendations
- Outstanding balance
- Pharmacy notification of multiple prescriptions
- No contact for the past 30 days or more
- Inconsistent attendance
- Dishonesty/misrepresentation of self

Should we terminate care, we will provide you with alternative treatment sources.

VII. Emergencies

Please note that our practice is not structured in a way to provide emergency services or crisis response. In a life-threatening emergency, call 9-1-1 for immediate assistance. In urgent but non-life-threatening situations, contact Grassroots Crisis Intervention at 410-531-6677.





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## CLIENT CONSENT

Your signature below indicates that you

- Have reviewed the Columbia Addictions Center Program and Policies
- Agree to abide by the terms outlined therein
- Acknowledge review of HIPAA, Client Grievance Procedure, and HIV/Infectious Disease Fact Sheet
- Consent to substance abuse or mental health treatment

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
DATE

\*\* If you would like a physical copy, please print from our website [www.columbiaaddictions.com](http://www.columbiaaddictions.com) under Forms.