

Cornerstone Counseling Service, LLC

Consumer Handbook

Dear Consumer,

Thank you for allowing our qualified staff to assist you in your journey to overcome the obstacles to a healthy, happy and productive life. We at Cornerstone Counseling Service, LLC are dedicated to providing you with a comprehensive care plan to meet all of your needs.

It is the mission of Cornerstone Counseling Service, LLC to improve the quality of life for persons in Oklahoma by providing comprehensive behavioral, emotional and substance use services designed to enhance and enrich the lives of children, youth, adults and families.

As part of your Consumer Orientation, many issues will be discussed. A Psychosocial assessment will be performed to determine all of your needs and an appropriate course of treatment. The assessment generally consists of many questions regarding several aspects of your life.

From the information gathered, an individual treatment plan will be developed, with your assistance, to identify specific behaviors that you wish to address with your treatment team. These mutually identified and agreed upon goals and objectives will be addressed in a variety of settings which could include Individual, Family and Group Therapies, Individual and Group Psychosocial Rehabilitation and Case Management to assist with any behavioral, emotional or substance use needs. Please notify our staff if you are in need of a specific service.

Typically, consumers discharge from services when your individual goals are met. Your treatment team will begin discussing discharge criteria with you upon intake so that all involved can remain focused on problem resolution. If at any time during your course of treatment you feel that you would like to discontinue services, please notify someone on your treatment team so that they can inform you of the transition procedures.

Listed below is the contact information for the office location of Cornerstone Counseling Service, LLC. Administrative hours are 9am to 5pm. If have an emergency during non-working hours, call 911 or one of the following Emergency Hotlines:

HOT LINES

*Child or Adult Abuse:	1-800-522-3511
*Missing & Exploited Children National Hotline:	1-800-843-5678
*National Parent Helpline:	1-855-427-2736
*Teen Hot Line:	1-800-522-8336
*Youth Crisis and Runaway Hot Line:	1-800-448-4663
*Suicide Prevention Hotline:	1-800-SUICIDE (784-2433)
*National Certified Crisis Center:	1-800-SUICIDE (784-2433)
*Crisis Intervention Agencies: (missing, abused and exploited children)	1-800-818-4673
*REACH-OUT (Mental Health, Substance Abuse, Domestic/Sexual Violence Hotline):	1-800-522-9054

Hours of Operation: All offices, 9:00am – 5:00pm, Monday-Friday. After hours and weekend appointments are set up to accommodate client's needs and personal schedules between the therapist and client. The office assistant and/or Case Manager can assist in making necessary connections if needed.

212 E. Duke
(Administrative Office)
P.O. Box 61
Hugo, Oklahoma 74743
Phone: 580-326-2200
Fax: 580-326-2201

10 E. Chickasaw Ave.
McAlester, OK 74501
Phone: (918) 426-4841
Fax: (918) 426-4848

4 SE Ave. A
Idabel, OK 74745
Phone: (580) 286-2000
Fax: (580) 286-2002

Revised 08/05/2019

ODMHSAS Standards 450:27-3-2, 27-3-3, 27-3-3.1, 27-3-61, 27-5-41, 27-5-42, 27-5-43, 27-5-45, 18-11-1, 18-11-3, 18-11-4

A. MISSION STATEMENT

It is the mission of Cornerstone Counseling Service, LLC to improve the quality of life for persons in Oklahoma by providing comprehensive behavioral health services designed to enhance and enrich the lives of children, youth, adults and family.

B. CODE OF ETHICS/CONDUCT

Cornerstone Counseling Service, LLC therapists adhere to their Licensing Board Code of Ethics. The Code of Ethics and Standards of Practice of the American Counseling Association is a lengthy document which has been condensed for your information as a summary of ethics with which Cornerstone Counseling Service, LLC will comply. If at any time you would like a copy of the complete Code of Ethics, please contact our office at 580-326-2200 and one will be mailed to you.

- Counselors respect diversity and must not discriminate against consumers for any reason.
- Counselors must make every effort to avoid dual relationships with consumers.
- Counselors must not engage in any type of sexual intimacy with consumers.
- Counselors must take steps to protect consumers from trauma resulting from interactions during group work.
- Counselors must terminate any counseling relationship if it is determined that they are unable to be of assistance.
- Counselors must keep information related to counseling services confidential, except in very specific circumstances.
- Counselors must not disclose information about one family member in counseling to another family member without prior consent.
- Counselors and staff must maintain confidentiality with all records at all times.
- Counselors must obtain permission before recording session or transferring records.
- Counselors must not engage in sexual harassment or receive any unjustified personal gains, goods or services.
- Counselors must communicate to group members that confidentiality cannot be guaranteed in group work.

C. CONSUMER RIGHTS

SYNOPSIS OF THE BILL OF RIGHTS (OAC 450:15-3-27)
Oklahoma Department of Mental Health and Substance Abuse Services

CONSUMER RIGHTS

Each consumer has the right to be treated with respect and dignity.

Furthermore:

- Each consumer shall retain all rights, benefits, and privileges guaranteed by law except those lost through due process of law.
- Each consumer has the right to receive services suited to his or her condition in a safe, sanitary and humane treatment environment regardless of race, religion, gender, ethnicity, age, degree of disability, handicapping condition or sexual orientation.
- No consumer shall be neglected or sexually, physically, verbally, or otherwise abused.
- Each consumer shall be provided with prompt, competent, and appropriate treatment; and an individualized treatment plan. A consumer shall participate in his or her treatment programs and

may consent or refuse to consent to the proposed treatment. The right to consent or refuse to consent may be abridged for those consumers adjudged incompetent by a court of competent jurisdiction and in emergency situations as defined by law. Additionally, each consumer shall have the right to the following:

- Allow other individuals of the consumer's choice participate in the consumer's treatment and with the consumer's consent;
- To be free from unnecessary, inappropriate, or excessive treatment;
- To participate in consumer's own treatment planning;
- To receive treatment for co-occurring disorders if present;
- To not be subject to unnecessary, inappropriate, or unsafe termination from treatment; and
- To not be discharged for displaying symptoms of the consumer's disorder.
- Every consumer's record shall be treated in a confidential manner.
- No consumer shall be required to participate in any research project or medical experiment without his or her informed consent as defined by law. Refusal to participate shall not affect the services available to the consumer.
- A consumer shall have the right to assert grievances with respect to an alleged infringement on his or her rights.
- Each consumer has the right to request the opinion of an outside medical or psychiatric consultant at his or her own expense or a right to an internal consultation upon request at no expense.
- No consumer shall be retaliated against or subjected to any adverse change of conditions or treatment because the consumer asserted his or her rights.

**ODMHSAS: Office of Consumer Advocacy
and ODMHSAS Inspector General**

**E-Mail: AdvocacyDivision@odmhsas.org
and InspectorGeneral@odmhsas.org**

**Local: (405) 248-9037 ♦ Toll Free: (866) 699-6605
Reach-out Hotline (800) 522-9054**

Outpatient (07/2015)

The above rights are meant as a synopsis of the Mental Health and Drug or Alcohol Abuse Services Bill of Rights. A full copy of the rights, OAC 450:15-3-6 through 450:15-3-27, is available upon request.

Mental Health and Drug or Alcohol Abuse Services Bill of Rights:

General Rights Statement 450:18-11-1(1): Facilities or programs providing mental health and drug or alcohol abuse services either operated by, certified by, or under contract with, ODMHSAS or subcontracting through a facility which is under contract with ODMHSAS [450:15-3-2 (a), (b), & (d)].

- Consumers of mental health or drug or alcohol abuse services shall retain all rights, benefits and privileges guaranteed by the laws and Constitution of the State of Oklahoma and the United States of America, except those specifically lost through due process of law
- Each consumer has the right to be treated with respect and dignity. This shall be construed to protect and promote human dignity and respect.
- Each consumer has the right to a humane psychological environment protecting them from harm, abuse, and neglect.

D. CONFIDENTIALITY OF CONSUMER RECORDS

The confidentiality of consumer records is protected by Federal Law and Regulations and Oklahoma Statutes. Information and/or copies of records concerning past or present treatment or services provided by Cornerstone Counseling Service, LLC to the above referenced consumer will not be disclosed to third parties unless:

1. The consumer, or those authorized by Federal or State law, consents by written authorization to Cornerstone Counseling Service, LLC for the release of such information to a third party.
2. The disclosure is ordered by a court of competent jurisdiction and a copy of said Order is provided to Cornerstone Counseling Service, LLC in advance of the requested disclosure.
3. The clinician has a “duty to warn” in the event there is a dangerous situation, in the opinion of the clinician, and the consumer and/or others are considered to be in danger.

Federal Laws and Regulations and Oklahoma Statutes do not protect any information concerning suspected child abuse, domestic violence, elder abuse or neglect from being reported under State law to appropriate State or local authorities. In crisis situations in which a consumer is at eminent risk of harming him/herself or others, and a no-harm contract if not feasible, local law enforcement and/or the state contracted gatekeeper for inpatient treatment may be contacted without prior authorization from the consumer.

Violation of the Federal Law and Regulations and/or Oklahoma Statutes is a crime. Suspected violations may be reported to appropriate officials. (See 42 U.S.C. 290 dd-3 and 42 U.S.C. 290 ee-3 for Federal Laws and 42 CFR Part 2 for Federal Regulations.)

Cornerstone Counseling Service, LLC adheres to all governmental requirements. You have the right to privacy and Cornerstone Counseling Service, LLC will safeguard your privacy. Cornerstone Counseling Service, LLC has developed a consumer privacy processes that will guard your personal information. If, for any reason, you believe that Cornerstone Counseling Service, LLC has violated your right to privacy as a consumer you can file a formal complaint to the following:

The Office of Consumer Advocacy
 Oklahoma Department of Mental Health and Substance Abuse Services
 2000 N. Classen, Suite E600 Or P.O. Box 53277
 Oklahoma City, OK 73106 Oklahoma City, OK 73152-3277
 Local (405)248-9037 Toll Free (800)522-9054

Please rest assured that Cornerstone Counseling Service, LLC values you as a consumer and will make every effort to ensure confidentiality in all applicable areas as this is our priority.

E. CONSUMER NOTICE OF HEALTH INFORMATION PRACTICES (HIPAA) AND 42 CFR

THIS NOTICE DESCRIBES HOW MEDICAL AND DRUG AND ALCOHOL RELATED INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

General Information

Information regarding your health care, including payment for health care, is protected by two federal laws:

- The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) 42, U.S.C., § 1320d et. seq., 45 C.F.R. Parts 160 & 164 and the
- Confidentiality Law 42 U.S.C. § 290dd-2, 42 C.F.R. Part 2.

Under these laws, Cornerstone Counseling Service, LLC may not say to a person outside Cornerstone Counseling Service, LLC that you attend the program, nor may Cornerstone Counseling Service, LLC disclose

any information identifying you as an alcohol or drug abuser, or disclose any other protected information except as permitted by federal law.

Cornerstone Counseling Service, LLC must obtain your written consent before it can disclose information about you for payment purposes. *For example*, Cornerstone Counseling Service, LLC must obtain your written consent before it can disclose information to your pay source in order to be paid for services. Generally, you also sign a written consent before Cornerstone Counseling Service, LLC can share information for treatment purposes or health care operations. However, federal law permits Cornerstone Counseling Service, LLC to disclose information without your written permission in the following instances:

1. Pursuant to an agreement with a qualified service organization/business associate;
2. For research, audit or evaluation;
3. To report a crime committed on Cornerstone Counseling Service, LLC's premises or against Cornerstone Counseling Service, LLC personnel;
4. To medical personnel in a medical emergency;
5. To appropriate authorities to report suspected child abuse or neglect;
6. As allowed by a court order.

For example, Cornerstone Counseling Service, LLC may disclose any information without your consent to obtain legal and financial services, or to a medical facility to provide health care to you, as long as there is a qualified service organization/business associate agreement in place.

Before Cornerstone Counseling Service, LLC may use or disclose any information about your health in a manner which is not described above; it must first obtain your specific written consent allowing it to make the disclosure. Any such written consent may be revoked by you in writing.

Consumer Rights Regarding Health Information

Under HIPAA you have the right to request restrictions on certain uses and disclosures of your health information. Cornerstone Counseling Service, LLC is not required to agree to any restrictions you request, but if it does agree it is bound by that agreement and may not use or disclose any information which you have restricted except as necessary in a medical emergency.

You have the right to request that we communicate with you by alternative means or at an alternative location. Cornerstone Counseling Service, LLC will accommodate such requests that are reasonable and will not request an explanation from you. Under HIPAA you also have the right to inspect and copy your own health care information maintained by Cornerstone Counseling Service, LLC, except to the extent that the information contains counseling notes or information compiled for use in a civil, criminal or administrative hearing or in other limited circumstances.

Under HIPAA you also have the right, with some exceptions, to amend health care information maintained in Cornerstone Counseling Service, LLC records, and to request and receive an accounting of disclosures of your health related information made by Cornerstone Counseling Service, LLC during the six years prior to your request. You also have the right to receive a paper copy of this notice.

Duties of the Organization

Cornerstone Counseling Service, LLC is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. Cornerstone Counseling Service, LLC is required by law to abide by the terms of this notice. Cornerstone Counseling Service, LLC reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains. Such changes will be communicated to

present consumers through provision of a copy of the revised notice. Former consumers making appropriate requests will be provided a copy of the updated notice at the time of request.

Reporting Complaints and Violations

You may complain to Cornerstone Counseling Service, LLC and the Secretary of the United States Department of Health and Human Services if you believe that your privacy rights have been violated under HIPAA. Such complaints should be pursued through the established Cornerstone Counseling Service, LLC Grievance Procedure. You will not be retaliated against for filing such a complaint.

Violation of the Confidentiality Law by a program is a crime. Suspected violations of the Confidentiality Law may be reported to the United States District Attorney in the district where the violation occurs. For further information, you may contact an administrator for Cornerstone Counseling Service, LLC at 580-326-2200.

F. Oklahoma Department of Mental Health and Substance Abuse Services - Notice of Privacy Practices

Effective Date: 04/14/03

THIS NOTICE DESCRIBES HOW MEDICAL, MENTAL HEALTH, ALCOHOL, AND OTHER DRUG RELATED INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

General Information: Information about your health care, including payment, is protected by State and Federal Law¹. Under these laws, the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) may not say to any person outside the ODMHSAS that you receive services from us without your consent. Generally, ODMHSAS must get your written consent before we can release information about you.

EXAMPLE: We must get your written consent before we can release information to your health insurer for payment.

You may cancel your consent in writing at any time. You cannot cancel consent for information that has already been released. Federal law **allows** us to release information without your written permission:

- 1. If ODMHSAS has an agreement with an outside organization known as a qualified service organization or business associate to provide services to the Department or to our consumers;**
- 2. For research, audit, or evaluations;**
- 3. To report a crime committed on ODMHSAS property or against ODMHSAS staff;**
- 4. To medical personnel in a medical emergency;**
- 5. To report suspected child abuse or neglect; or**
- 6. As allowed by a court order.**

EXAMPLE: ODMHSAS can release information without your consent to an outside organization that provides services to ODMHSAS or to our consumers, such as data processing, laboratory, or financial services or to another medical facility to provide healthcare to you, as long as we have a proper business associate/qualified service organization agreement in place.

¹ The Health Insurance Portability and Accountability Act (HIPAA) of 1996, 42 U.S.C. 1320d et seq., 45 C.F.R. Parts 160 and 164, and the Confidentiality Law, 42 U.S.C. 290dd-2, 42 C.F.R. Part 2.

Your Rights Regarding Your Medical Information

Request Restriction: You may ask us to limit certain uses or disclosure of your health information. ODMHSAS will consider your request, but does not have to agree. If your request is granted, ODMHSAS will comply except in emergency situations. We cannot agree to limit uses or releases that are required by law.

Request Confidential Communications: You may let us know how and where you would like to be contacted. For example, you can ask that we contact you by phone rather than mail or at work rather than home. Your request must be in writing. We will go along with reasonable requests. We will not ask you for a reason.

Inspect and Copy: In most cases, you have the right to see or get copies of your records. You must make your

request in writing using the “ODMHSAS Consent for Release of Confidential Information” form. You may be charged for copies of your records.

Amend/Correct: You may ask us to change information in your records if you think there is a mistake. However, we will not erase the original information. You must make a written request that explains your reason(s). We do not have to agree to your request for changes if we determine, among other things, that the current information is correct and complete.

An Accounting of Disclosures: You may ask for a list of persons to whom your health information has been released since April 14, 2003. The first list will be free. We may charge for additional lists. We will tell you about any charges and allow you to withdraw or change your request.

A Paper Copy of this Notice: You may ask us for a copy of this notice at any time.

ODMHSAS Duties

State and Federal laws require ODMHSAS to keep your health information private and to give you this notice of our legal duties and privacy practices. By law, we will follow the terms of this notice. ODMHSAS has the right to change this notice. Any changes will apply to information we already have about you, as well as any future information. The notice contains an effective date. We will post a copy of the current notice in each facility and on our web site, <http://www.odmhsas.org>. In addition, we will offer you the current notice each time you are admitted.

Complaints and Reporting Violations

You may complain to ODMHSAS and the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated under state or federal law. You will not be penalized for filing a complaint. To file a complaint with ODMHSAS contact:

(405) 248-9037 or (866) 699-6605 (Statewide)

Office of Consumer Advocacy
2000 N. Classen, Suite E600
Oklahoma City, OK 73106

Violation of confidentiality laws by ODMHSAS is a crime. Suspected violations of the confidentiality law may be reported to the United States Attorney.

G. COMPLAINT/GRIEVANCE/APPEALPROCEDURE

Cornerstone Counseling Service, L.L.C. wants to be responsive and sensitive to your problems and needs. If you feel the services do not meet your expectations or if you feel your rights have been compromised in any way, follow this procedure to report the problems/complaints:

- Discuss your dissatisfaction with your clinician or the **Clinical Director, Jessica Mathews, 580-326-2200**. If you so choose, other options for resolution include:
 - **Facility Local Advocate, Suzanne Martin, Human Resource Manager, 580-326-2200** (see availability days below) - (Hugo office: Mondays, Thursdays, Fridays - Idabel office: Tuesdays - McAlester office: Wednesdays)
 - **Facility Local Advocate, Susan Payne, Site Director, 580-326-2200**
 - The facility’s local advocate(s) will be available to serve as the on-sight advocate for you. You will have unimpeded and confidential access to the local advocate. Duties of the local advocate may include, but are not limited to:

clinician to pick up and transport their children to and from school in order to receive services at a different location.

Use of Tobacco

It is the policy of the agency to maintain a tobacco free environment. Smoking and/or the use of smokeless tobacco is not permitted in the Cornerstone Counseling Service, LLC office or any vehicle during normal work hours or when used to transport a consumer. Failure on the part of staff members to comply with these standards may result in disciplinary action. The prohibition of tobacco applies to consumers and visitors, as well. The agency's interest in establishing these policies are not based on moral judgments, or with the specific intent to deny one group of staff members their rights over other staff members. In workplace conditions, however, Cornerstone Counseling Service, LLC claims a greater right, and that is to establish such controls and safeguards as deemed in the best interests of the agency.

Cornerstone Counseling Service, LLC shall always inquire of the consumers' tobacco use status and be prepared to offer treatment upon request of the consumer by ruling per Oklahoma Department of Mental Health Substance Abuse Services 450:27-3-5.

Seclusion and Restraint

Cornerstone Counseling Service, LLC does not use any methods of seclusion, restraint, restriction of rights or special treatment interventions of any kind under any circumstances, including emergency holds.

Weapons Policy

Weapons of any sort are prohibited inside any building or any property owned, leased or rented by Cornerstone Counseling Service, LLC. This policy applies to all personnel, consumers served and visitors, and will be strictly enforced. Employees found in violation of this policy are subject to disciplinary action. Consumers or visitors found in violation will be asked to leave the premises. In the event a situation involving an individual with a weapon should suddenly escalate to a threatening point, the police will be called immediately and the building will be evacuated to the extent possible. Whoever is trying to talk to the person posing the threat, and those who are not allowed to leave will stay only as long as they are required to stay. As soon as they are allowed to leave, or able to escape undetected, they should leave the building immediately.

Health, Safety and Licit/Illicit Drugs

The health and safety of the staff, consumers and visitors of Cornerstone Counseling Service, LLC is an issue of ongoing concern for the management. So that you may further your safety should you receive counseling services at the office location, it is important that you are aware of certain precautions.

1. Cornerstone Counseling Service, LLC has a map by the door that shows the closest exit as well as the location of the fire extinguishers and the first aid kit. These maps also show the area to go to in the event of severe weather when there is no time to evacuate to a shelter. You should be aware of these maps and the information that they provide.
2. The staff of Cornerstone Counseling Service, LLC has primary responsibility for the safety and well-being of all consumers, co-workers and the public and will work towards maintaining a safe and healthy environment. If at any time you see or feel that there is something that is unsafe, please inform someone and it will be taken care of as soon as possible.
3. It is the intent of Cornerstone Counseling Service, LLC to address the needs and protect the rights of the consumers, staff and visitors with regard to infectious disease. To this end it is of the utmost importance that everyone be familiar with the Universal Precautions to prevent the spread of infectious disease.

4. In order to control the spread of infectious disease we ask that all consumers, staff and visitors wash their hands; after eating, using the restroom, or smoking; and as often as necessary to keep hands clean.
5. If it becomes apparent that a consumer is under the influence of drugs or alcohol, they will be asked to leave Cornerstone Counseling Service, LLC property. If anyone comes onto the Cornerstone Counseling Service, LLC property with licit or illicit drugs, the police will be called immediately.

If you have any questions, concerns or comments regarding this information, please contact the Safety Officer at 580-326-2200.

I. AMERICANS WITH DISABILITIES ACT OF 1990

You have rights as addressed under the Americans with Disabilities Act of 1990. Under Title 11 and 111 of the ADA, Cornerstone Counseling Service, L.L.C shall comply with the "Accessibility Guidelines for Buildings and Facilities (ADAAG) for alterations and new construction." Cornerstone Counseling Service, L.L.C. assumes responsibility for verification of all applicable requirements and comply with the most stringent standards. If you fall under the protection of the Americans with Disabilities Act of 1990, you will have services arranged to meet your needs while on the premises of any Cornerstone Counseling Service facility. Specific areas of focus are Parking and Accessibility to the agency, as well as bathroom accommodations.

J. CONSUMER EXPECTATIONS

Due to the importance and need for the full allotted time in quality health care it is necessary to keep regularly scheduled appointments. In order for your time services to be as productive as possible, it is asked that you agree to these stipulations:

- Keep scheduled appointments with all our Clinicians.
- Be prompt for your appointments.
- If you cannot make an appointment, give at least 24 hour notice.
- If you fail to show up or call for scheduled appointments more than 3 times, it will be assumed that the services we are providing are not appropriate or effective for you and we may refer you to another agency or discontinue services.

Other expectations:

- Upon termination we need at least one session to discuss that decision.
- If you have not seen your family doctor, or had a physical checkup in the last year, it is recommended that you do so.
- You may be asked to participate in surveys periodically. This information will be utilized to ensure quality of care, achievement of outcomes, and to measure consumer satisfaction. Your participation is greatly appreciated but not required.

K. DISCHARGE

Typically, consumers discharge from services when individual goals are met. Discharge criteria are discussed with the consumer beginning at intake so that you and the treatment team can focus on problem resolution. When you attain the level of functioning determined in the treatment planning phase, procedures will begin to discharge the consumer.

On occasion, a discharge will occur for a reason other than completion of the treatment plan. In the event you are not offered certain services, you have the right to know why a particular service might be refused. Should you ever be refused treatment from Cornerstone Counseling Service, LLC, you will be provided with a written explanation concerning the reason you were refused certain services. You as a consumer will not be subjected to any unnecessary, inappropriate or unsafe termination from treatment. Discharge will not take place as punishment for displaying symptoms of a disorder.

THIS PAGE IS TO BE RETAINED BY CORNERSTONE COUNSELING SERVICES, LLC AND PLACED IN THE CONSUMER RECORD.

L. CONSENT FOR FOLLOW-UP

Upon termination of services from this program, we may want to contact you regarding your status and for you to answer some questions concerning satisfaction regarding services received. The purpose of this information is to assure the continuity of care to provide Cornerstone Counseling Service, LLC with pertinent statistical information. You may revoke permission for follow-up at any time by giving this agency a written notice or by refusing to participate in any follow-up questionnaire. Follow-up will be the same with all persons served regardless of referral status.

CONSENT: I hereby _____ **GIVE** _____ **DO NOT GIVE** (Please select one option) permission to Cornerstone Counseling Service, LLC to contact me by telephone or letter for follow-up and to answer questions concerning my satisfaction with services and my current status.

M. ACKNOWLEDGEMENT OF RECEIPT OF CONSUMER HANDBOOK

Please initial to verify receipt of the following:

- _____ Code of Ethics
- _____ Consumer Rights
- _____ Confidentiality of Consumer Records
- _____ Oklahoma Department of Mental Health and Substance Abuse Services – Notice of Privacy Practices
- _____ Complaint/Grievance Procedure
- _____ Orientation Information
- _____ Consumer Expectations
- _____ Discharge Information

Is consumer under the age of 21? Yes No

If yes, does Cornerstone Counseling Service, LLC have permission to see him/her at school? Yes No

Does Cornerstone Counseling Service, LLC have permission to transport child for the purpose of receiving services?
Yes No

Cornerstone Counseling Service, LLC is a Medicaid fee for service provider and all fees are covered by Medicaid if consumer is eligible.

The undersigned acknowledges that he/she has received a copy of the Consumer Handbook which has been communicated to him/her in a meaningful way. Furthermore, he/she has read and understands this document in its entirety and further certifies that he/she agrees to the terms and provisions stated herein.

Consumer Name: _____

Medicaid #: _____

Signature of Consumer

Date

Signature of Parent or Guardian

Date

Witness

Date