BERKELEY COMMUNITY MENTAL HEALTH CENTER
ORIENTATION INFORMATION
Welcome to the Berkeley Community Mental Health Center!

Hours:
Monday – Friday
8:30am – 5:00pm

Afterhours Emergency:
(843) 761-8282 – or – 911

Deaf/Hard of Hearing:
1-800-647-2066

Phone:
(843) 761-8282,
or 1-888-202-1381

Address:
403 Stoney Landing Rd.,
Moncks Corner, SC 29461

Website:
www.bcmhc.org

Today, your recovery begins!

We are so glad that you chose to receive your specialty treatment from us. The dedicated staff of this Center is committed to helping you achieve every health goal you set for yourself. We can’t wait to meet you and join you on this journey to health and recovery! This packet provides you with some of the basics to get you started, but if you ever need help just ask any member of the staff. We’re here to help!

Our Mission

The men and women of the Berkeley Community Mental Health Center in partnership with patients, families, and their diverse communities, will support the recovery of citizens with mental illness.

Our Values

• Respect for the Individual
• Support for Local Care
• Professionalism and a Commitment to Quality

Our Priorities

The Center will give priority to adults and children with serious mental illnesses and serious emotional disturbances and will fulfill its legislative mandates. We will work cooperatively with other agencies, both public and private, to assure continuity of services based on the needs of the individual.
YOUR TREATMENT

Today, you will participate in an assessment to determine the types of difficulties that you are having and how these things are affecting your life. You are encouraged to invite people important to you to the assessment appointment.

Based on the findings of the assessment, you will be offered a Counselor who will work with you to develop a Plan of Care that lists your goals and the steps we will help you take to accomplish them. You may meet with your counselor for Individual, Family or Group therapy, depending on your needs. We believe a combination of these treatments helps people recover faster.

If you have been court ordered to treatment, we have a legal obligation to report your progress in treatment to the court periodically.

You will be scheduled to meet a Doctor or Nurse Practitioner who will meet with you to determine if medications may help your symptoms. You will meet with a Nurse between Doctor’s visits to make sure your medications are still helpful.

You may also be connected with one of our Care Coordinators, Employment or Peer Support Specialists for extra support during your treatment.

As your symptoms and functioning improves, you will step-down to less intensive services (fewer sessions per week or month) and when your treatment goals are accomplished, your treatment will end.

Of course, if symptoms ever come back, you can return to the center for treatment.

Recovery is possible! Mental Illness can be treated!
PATIENTS’ RIGHTS

1. As an individual receiving mental health services, you are entitled to certain rights as an integral part of the healing process.
2. You have the right to be treated with dignity, consideration and respect and free from exploitation by any employee.
3. You have the right to participate in the formulation of your treatment plan, the right to information concerning treatment including alternatives, and the right to request re-evaluation of treatment.
4. You have the right to refuse treatment to the extent permitted by law after being informed of the consequences of this action.
5. You have the right to have your records treated in a confidential manner except where the laws require disclosure.
6. You have the right to read your records if requested. A professional staff member will be present to interpret and answer questions.
7. You have the right of self-referral. You do not have to be referred to the Center by another agency or person.
8. A single assessment interview with an individual 16 or 17 years old is possible without parental/guardian consent and without cost.
9. You have the right to request an explanation of charges and examine your bill, as well as, request a re-evaluation if there is a change in your financial status.
10. If you feel any of your rights have been violated or have a request/complaint about the Center, it is your right to report the violation and to express the request/complaint.
11. You have the right to make complaints/comments or express your beliefs without fear of losing services or negative reaction from staff.

If you feel your rights have been violated or you have a request/complaint, please contact:
Berkeley Community Mental Health Center
Patient Advocate
P.O. Box 1030
Moncks Corner, SC 29461
Telephone: (843) 761-8282 or 1-888-202-1381
**Confidentiality**

State and Federal laws protect your privacy and the confidentiality of your medical record. The Mental Health Center follows all of these laws to keep your personal information and the things you talk about in treatment safe.

*Be aware that in some instances, that staff are required by law to release information: Any time someone is in immediate, serious danger, any time a child or a vulnerable person is being abused or neglected, in medical emergencies, and when a court orders us to (this includes if you have been court ordered to treatment.)*

*Please review the HIPAA Notice of Privacy Practices at the end of this packet for more information.*

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**WHAT IS EXPECTED OF YOU AS A PATIENT?**

1. It is important for you to keep your scheduled appointments. If you are unable to keep an appointment, please call the Center to cancel that appointment and reschedule.
2. You will work with your counselor and doctor to meet your goals. We need you and your family to talk openly with us about your problems, ideas, concerns and feelings so we can help you. Participate in your treatment plan and work with your counselor or doctor to get the most out of your treatment.
3. Because we are a full-service Mental Health Provider, you will be able to receive all the services you need from our center. Because of this, we request that you not participate in treatment services with outside providers during your treatment here.
4. Throughout your treatment, you will continually work on a discharge/transition plan with your counselor and/or doctor.
5. Please let staff know if you do not understand something that they are saying.
6. If you are going to run out of medications that we prescribe you, please let the staff know 7 days ahead of time, so we can make sure you don’t run out.
7. Please let the staff know if you need help with physical challenges (wheelchairs, walkers, an interpreter, assistance with hearing, vision, etc.)
8. Treat other people in the Center with dignity and respect.
9. Please tell a staff person if you see anything that could hurt someone while you are at the Center.
10. Be Safe. If your behavior becomes dangerous to the safety of yourself or others, we may need to modify your treatment plan for safety purposes. We want you to be a part of this process, but if you disagree with the treatment plan, you may request that a clinical supervisor review it.
11. Obey the law. Weapons, alcohol and street drugs are prohibited on Center property.
12. If you use tobacco products or e-cigs, they are only to be used in designated areas outside of the building. Talk to your counselor about how we can help you quit tobacco products.

12. You are expected to pay for your services on the day they are provided. We will work with you and your insurance carrier to develop a payment plan if you need it. If your financial situation changes, let us know.

13. Please do not leave children alone in the Center. A responsible adult must supervise children at all times. The staff at the Center is not responsible for supervising children.

14. All Patients and Visitors of the center must be accompanied by a staff member anytime they are not in the lobby.

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### HOW WE BILL OUR SERVICES

<table>
<thead>
<tr>
<th>Service Name</th>
<th>Minutes/Unit</th>
<th>Rate/Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crisis Intervention</td>
<td>15 min</td>
<td>$42.00</td>
</tr>
<tr>
<td>MH Assessment by Non Physician</td>
<td>30 min</td>
<td>$80.00</td>
</tr>
<tr>
<td>Individual Therapy</td>
<td>Encounter</td>
<td>$79.00 - $237.00</td>
</tr>
<tr>
<td>Family Therapy (patient present or not present)</td>
<td>Encounter</td>
<td>$241.00</td>
</tr>
<tr>
<td>Group Therapy</td>
<td>Encounter</td>
<td>$83.00</td>
</tr>
<tr>
<td>Psychosocial Rehabilitation Services (rates based on staff credentials)</td>
<td>15 min</td>
<td>$10.00 - $20.00</td>
</tr>
<tr>
<td>Initial Psychiatric Diagnostic Assessment (PDA) by MD</td>
<td>Encounter</td>
<td>$402.00 - $653.00</td>
</tr>
<tr>
<td>Subsequent PDA – MD</td>
<td>Encounter</td>
<td>$124.00 – $390.00</td>
</tr>
<tr>
<td>Subsequent PDA – APRN</td>
<td>Encounter</td>
<td>$66.00 – $193.00</td>
</tr>
<tr>
<td>Nursing Services</td>
<td>15 min</td>
<td>$55.00</td>
</tr>
<tr>
<td>Injection Administration</td>
<td>15 min</td>
<td>$25.00</td>
</tr>
<tr>
<td>Injectable Medication Administration</td>
<td>Billed by Medication</td>
<td>N/A</td>
</tr>
<tr>
<td>MH Service Plan Development by Non physician</td>
<td>15 min</td>
<td>$125.00</td>
</tr>
<tr>
<td>Service Plan Development/Interdisciplinary Team</td>
<td>Encounter</td>
<td>$39.54</td>
</tr>
<tr>
<td>Care Coordination (in field)</td>
<td>15 min</td>
<td>$37.50</td>
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<tr>
<td>Care Coordination (in BCMHC)</td>
<td>15 min</td>
<td>$35.00</td>
</tr>
<tr>
<td>Peer Support Service</td>
<td>15 min</td>
<td>$5.98</td>
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</table>

We are required to charge fees and collect payment for the services we provide. We will bill your insurance carrier for you, but you will be responsible for any deductibles, copayments, or remaining balance. Please talk with one of our account specialists if you would like to discuss a payment plan. Please be aware that South Carolina law demands that if you do not pay your bill with the center, your South Carolina Tax refund can be garnished until your fees are paid.
SAFETY AT THE CENTER

Our first priority is to the safety and comfort of our patients and visitors.

Evacuation Routes are posted and Fire Extinguishers/First-Aid kits are hung throughout the center. In the event of an emergency, staff members will guide you to the nearest exit.

For safety reasons, we may ask to search any of your personal belongings that you bring to the center.

Medications that you bring to the center or that the center provides to you are for your use only. Keep them in a cool, dry, safe place out of the reach of others.

Alcohol, drugs, firearms or weapons of any kind are not permitted on the property. Local law enforcement may be called if weapons or illegal substances are brought to the center. Individuals who are intoxicated will not be eligible to receive counseling services on that date.

If you see something you do not think is safe, please let staff know right away!

Poison Control Hotline: 1-800-222-1222

It is NOT the policy of the Berkeley Community Mental Health Center to seclude or restrain patients. However, in a psychiatric emergency when a person’s behavior may be dangerous to him/herself or someone else, the staff will act to keep everyone safe. Law enforcement may help in these situations. Children may be temporarily held to prevent themselves from harming themselves or others, and we ask for the parent/guardian to be involved in this process. Any questions you have about safety can be answered by a staff member.

The Center is sensitive to the rights of patients to receive services in a safe, dignified environment. We strive to adjust your environment to meet your needs for safety, confidentiality and dignity at all times. You may be restricted from participation in some situations to keep you and others around you safe.

ADVANCE DIRECTIVES

The purpose of an Advance Directive for Mental Health Treatment document is to empower you to make your treatment preferences known should you become incapacitated or otherwise unable to make psychiatric decisions for yourself. It can help to improve communication between you and your doctor, you and other staff, and you and your family members involved in your recovery. Having a psychiatric advance directive may even shorten a hospital stay or help you avoid one altogether. Talk to your Counselor about developing an Advance Directive.
The South Carolina Department of Mental Health (DMH) is required by Law to protect the privacy of your Protected Health Information ("PHI"). PHI identifies you and health care provided to you or payment for your health care, or information about your past, present, or future medical condition. This Notice explains our legal duties and privacy practices concerning your PHI. Identified DMH alcohol and drug Treatment programs usually have much stricter privacy practices and requirements.

We must follow the terms of this Notice and use/disclose PHI only as described in this Notice. We may change the terms of this Notice and make the new Notice effective for all DMH PHI. A current Notice is posted in our service waiting areas and on www.state.sc.us/dmh. You may also get a copy by contacting the office where you were or are receiving services.

For more information about our Privacy Practices, Privacy Rights or PHI, including requesting restrictions on its use or disclosure, or to make a Privacy complaint, contact the local Privacy Officer where you are or were receiving services, or the Privacy Officer, South Carolina Department of Mental Health, P.O. Box 485, 2414 Bull St., Columbia, SC 29202, 803-988-9675. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201, 1-877-696-6775, or www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

How We Use/Disclose Your PHI

When we provide Treatment to you, we need to gather, use and share your PHI which may identify you by name, address, date of birth, social security number, photo, etc., and include your diagnosis, and other Treatment or Payment information. After you have the opportunity to review this Notice and object or request some restrictions, we may share your PHI with DMH staff involved in Treatment, Payment and Operations who need to use/share your PHI in their job. We may also share PHI with others involved in your Treatment/Payment outside DMH, including other medical providers, insurance companies, Medicare/Medicaid and other payers.

We may use/share your PHI in an emergency/your incapacity before you have an opportunity to review this Notice, object or request restrictions. You will have that opportunity after the emergency or incapacity is over. We may use sign-in sheets at our service sites and call you by name when your medical provider is ready to see you. We may also share your PHI with Business Associates providing services to DMH by written agreement, such as consultants, and require that they agree to protect your PHI privacy.

When practical and when it will not compromise your Treatment, we will try to accommodate your request to restrict PHI use/disclosure and limit it to the Minimum Necessary to accomplish the purpose for the use/disclosure. Unless permitted in this Notice, we cannot use/share your PHI unless you sign an Authorization. You may cancel an Authorization in writing and we will no longer use/share PHI for that purpose. However, we cannot take back any use/release made with your Authorization and we must keep records of your Treatment.

Definitions Of Terms Used In This Notice:

“Authorization”: Required in writing for use/sharing of PHI for non-Treatment, Payment or Operation purposes, unless otherwise permitted in the Notice. Authorization must describe the PHI shared, name of the person/representative to receive PHI, purpose of use/disclosure, expiration date, statement of right to cancel, that PHl used/shared may be re-disclosed, signature and date, and if signed by Personal Representative, a description of authority, and a copy given to patient/client or his or her Personal Representative.

“Business Associate”: Person or entity, in providing a service to DMH, who may receive PHI (e.g., consulting, computer services), but does not include an entity whose only relationship to DMH is as a Treatment provider.

“Designated Record Set”: Group of Treatment and Payment records containing PHI kept and used by DMH, to be made available for inspecting/copying in accord with the Notice.


“Minimum Necessary”: To use/share PHI only as needed to fulfill the intended purpose and when practical to de-identify information. PHI use/disclosure is not limited when needed for Treatment, by Authorization, access to own PHI, or when required by Law.

“Operations”: Activities of DMH employees, officials or volunteers in carrying out their DMH duties including those related to Treatment or Payment, such as oversight, monitoring and administration of Treatment/Payment. Operations also specifically include DMH offices, programs and activities involving: medical records/health information; billing, reimbursement, accounting or collections; quality assurance, improvement or monitoring; corporate compliance; Client Advocacy, affairs or benefits coordination; information technology; judicial processing; legal; audit; review, monitoring or investigations; medical or other health care student or resident training; and conducting/arranging DMH activities as required by Law. DMH may also sometimes share PHI for Operations of other agencies and organizations that have health care accrediting or licensing authority.

“Payment”: DMH billing/reimbursement, eligibility determination, estate recovery, collections and related activities, and may include Payment activities of other public agency also providing Treatment.

“Personal Representative”: Person authorized to act for patient/client: parent/guardian or custodian of a child; adult acting in place of a parent; person appointed by the probate court as guardian having health care power, or power to act for a deceased individual; or a person appointed by a health care Power of Attorney or court.

“Protected Health Information”, “PHI”: Includes information that identifies a patient/client in any form (electronic, written, oral, etc.) collected, created, maintained or received by DMH relating to past, present or future physical/mental health or condition; health care provided or past, present or future payment for health care. PHI specifically includes information related to a prospective or actual commitment for involuntary Treatment under applicable Law, but normally does not include education or DMH-employment records.

“Psychotherapy Notes”: Therapist’s detailed written notes of conversations during a counseling session, not intended to be shared or kept in a medical record. This does not include information normally kept in a medical record (i.e. most clinical information), such as type of service, date/time/duration or billing code; diagnosis, Treatment plan, medication, progress or assessment results.

“Treatment”: Provision, coordination or management of health care and related services, by DMH or other health care providers, including when needed, for consultation or referral, case management and consultation/referral with/to other Treatment or care providers.
We may phone and/or mail you reminders for appointments, need for our services, or of your rights. You have the right to request a paper copy of this Notice at any time by contacting our Privacy Officer.

We may share PHI with a public health authority such as the State of South Carolina Department of Health and Environmental Control related to: prevention/control of disease, injury or disability; births/deaths, or disease/condition. DMH may share your PHI with the S.C. Department of Social Services, law enforcement or other agency authorized to receive abuse/neglect reports. We will normally let you know unless it would place you or others at risk. We may share PHI with the Food and Drug Administration to report adverse events. We may also share PHI with agencies authorized to receive reports for health oversight activities (such as HHS and S.C. Attorney General) for audits, inspections and investigations.

Lawsuits, Disputes or other Legal Proceedings: If you are involved in a legal proceeding, we may share PHI by a court order pursuant to §44-22-10(4A)(2), S.C.Code when disclosure is necessary for the proceeding and failure to disclose is against public interest. Without a court order however, a subpoena or other lawful process alone, normally does not permit PHI disclosure, unless from another public agency assuring that disclosure is necessary and that it has attempted to notify you or obtain an order protecting the subpoenaed PHI.

Law enforcement: We may share PHI with law enforcement if required by Law, such as reporting abuse/neglect; by court order, subpoena, warrant or other lawful process; to identify/locate/identify a suspect, fugitive, witness, missing person or crime victim; suspicion as to cause of death; crime on our premises; or a serious/imminent threat.

Research: We may share PHI for research (for example, a medication study) approved by an institutional review board after review of the research rules to ensure privacy of your PHI.

Serious Threat to Health or Safety and Disaster Relief: We may use or share PHI if needed to prevent a serious/imminent threat to your or another person’s health or safety. We will share PHI only to persons able to lessen/prevent the threat and limited to PHI necessary to lessen or prevent the threat. We may use/share PHI with a public or private entity authorized to assist in disaster emergency relief efforts.

Coroners/Medical Examiners, Funeral Directors and Organ Donation: We may share PHI with a coroner/medical examiner to identify the deceased/determine cause of death and share PHI with funeral directors as needed to carry out their duties. If you are an organ donor, we may share PHI with applicable organizations.

Correctional Institution: If you are an inmate or otherwise under law enforcement custody, we may share PHI with the correctional institution or law enforcement as needed for your health care, your or other’s health or safety, or institution’s safety/security.

National Security and Protection for the President: We may share PHI with authorized federal officials for intelligence, counterintelligence and other national security activities authorized by Law. DMH may also share your PHI with authorized federal officials to provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

Military and VA: If you are in the military, we may share PHI as required by military command authorities, including foreign military authority. We may release PHI for VA determination of veteran’s benefit eligibility.

Court Ordered Treatment/Evaluation or Emergency Admission: We may use/share your PHI as needed for your emergency admission, judicial admission or commitment, or other court ordered Treatment or evaluation. We may share your PHI as needed for participants in such proceedings upon evidence of their appointment/authorization, including judge, designated examiners, your attorney, and guardian ad litem.

By Law: We will share your PHI when otherwise required by Law.

De-Identified Information: We may share information that does not identify you (i.e., is not PHI).

Public Health and Health Oversight: We may share PHI with a public health authority such as the S.C. Department of Health and Environmental Control related to: prevention of disease, injury or disability; births/deaths, or disease/condition. DMH may share your PHI with the S.C. Department of Social Services, law enforcement or other agency authorized to receive abuse/neglect reports. We will normally let you know unless it would place you or others at risk. We may share PHI with the Food and Drug Administration to report adverse events. We may also share PHI with agencies authorized to receive reports for health oversight activities (such as HHS and S.C. Attorney General) for audits, inspections and investigations.

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