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# Intake Handout

Revised May 8, 2020

**For admission into the following services:**

- Behavioral Health Counseling
  - Individual Counseling
  - Family Counseling
  - Group Counseling
- Targeted Case Management
- Day Treatment
- Intensive Outpatient

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9599 Summer Hill Road  
California, KY 41007-9055  
859.635.0500 | 859.635.0504 fax

2816 Bluegrass Drive  
Highland Heights, KY 41076-1577  
859.442.8500 | 859.442.8555 fax

## Agency Information

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*Thank you for selecting Holly Hill Child and Family Solutions for services. We have compiled this information regarding our office procedures and practices to cover the most commonly asked questions. As it is important to have a clear understanding about this information from the start, please feel free to discuss any item at any time with your primary service provider.*

**Fees** – Fees will be discussed at the intake appointment. Fees, where appropriate, are payable at the time of service. If insurance lapses and is not restored, you will be responsible for charges provided during the period of lapse.

**Hours** – The agency's usual business hours are from 8:30 a.m. until 4:30 p.m. Monday - Friday. Individual needs may be discussed with your primary service provider and arrangements made for after-hours appointments. We make every effort to accommodate the special needs and requests of all persons requesting and receiving service.

**Telephone Calls** – The agency's phone number is (859) 442-8500. Telephone calls made outside of regular business hours will be received by a voice mail system. If you need to call during non-business hours, please leave your name, telephone number, and with whom you wish to speak. The message will be directed to the appropriate person on the next business day. If you have an emergency after business hours, please contact 911 or go to your local emergency room.

**Discharges** – There are factors that may result in discharge from services including but not limited to being unable to meet goals during the course of treatment, attendance policy was not adhered to and necessary services not available at the agency.

**Questions or Concerns** – If you should have any questions or concerns, please talk with your primary provider. If you are not satisfied with the response, you may contact the Program Supervisor at (859) 442-8500.

## R.I.S.E. (Enabling youth to become Resilient, Inspired, Strong and Empowered) Program Information

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Services may include diagnostic evaluation/comprehensive assessment to establish or prove a diagnosis to determine eligibility for our outpatient services and in-home which may include programs for individual, family, group counseling, and/or targeted case management based on established level of care and service needs.

### R.I.S.E Outpatient Services

Our outpatient services are provided in our clinic located in Highland Heights. It is designed for children and youth that have been identified as having behavioral and emotional problems that impact ability to function successfully in the home, school, and/or community. This option may be useful for those children and/or youth who need a structured clinical setting. Treatment predominately takes place in our office, but may include wrap around services such as targeted case management services taking place in the community and/or home depending on what is agreed upon by the parent and therapist.

### R.I.S.E. School-Based Program

This program is available on-site at select school districts, and is growing. It is designed to be a less intensive community-based service for children and youth that have been identified as having behavioral and emotional problems that impact the student's ability to function successfully in the classroom or school setting and/or function in the home or community settings. Services are offered to children and youth grades K-12 with the average length of service being 3 months. Treatment predominately takes place in the school setting, but may include wrap around services such as

targeted case management services taking place in the community and/or home depending on what is agreed upon by the parent and therapist during the assessment and treatment planning.

### **R.I.S.E. In-Home Program**

This program is intended to provide intensive in-home services for children and youth who are at risk for being removed from the home due to complex emotional, behavioral, and often substance use issues. Services are generally time-limited (up to 3 -6 months), and family focused. Additional supports include targeted case management services, family support services, and 24 hour a day, 7 days a week availability for crisis stabilization. Children and Youth are eligible for this program up to the age of 21 who are in jeopardy of being hospitalized or referred to an out-of-home placement due to a mental health diagnosis and/or family, involvement with Department of Child and Family Services, and no transportation. Individuals must demonstrate a clinical necessity arising from a severe condition due to mental, behavioral, or emotional illness that results in significant functional impairments in major life activities. Additionally, children and adolescents who are transitioning home from an out-of-home placement such as foster care, detention, or residential program may be appropriate for services.

Our experienced Community-Based Therapists and Targeted Case Managers help you and your family address behavioral/emotional issues and obtain the right resources, and will work closely with you and your child to develop individualized goals to achieve positive outcomes then build on your child's and family's strengths. Services that may be recommended include weekly individual counseling, weekly family counseling, targeted case management, and group counseling.

### **Targeted Case Management**

Holly Hill Child & Family Solutions Targeted Case Management services are designed to assist families in times of crisis, by assessing appropriate services to meet the immediate needs and increase access to medical, social, educational, and other services to keep the client safe and ensure services are set into place to stabilize the client upon their return home. The case manager will serve as a liaison between the family and community resources.

### **Day Treatment Program**

Our Day Treatment Programs are offered through specific school districts in the school setting designed to successfully address mental health, emotional, and behavioral issues that create a barrier to effective learning. Our qualified licensed professionals provide clinical services and facilitate strategic interventions designed to address disruptive behavior immediately without interrupting the class, improve classroom dynamics and allow educators to teach. An immediate intervention by a specialist gives a child the best opportunity to redirect problematic behavior so he/she can return to learning while protecting the learning environment for their classmates.

### **Intensive Outpatient Program (IOP)**

Our IOP is designed to offer intensive treatment for youth ages 15 – 17 who are experiencing emotional or behavioral problems that significantly impact their ability to be successful in the home, school, community, or work/extra circulars. Our program is specifically designed to address the unique problems and mental/behavioral health needs of the adolescence in our community. Our program meets 2days a week for a total of 6 hours and has a monthly requirement for family therapy. Typical length of stay in the program is 10 weeks. Prior to completion of the program the therapist works with the youth to create an after care plan ensuring that all progress will be supported at lower levels of care.

## Client Rights

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- Be treated with respect, dignity and care,
- Have services that help and benefit you or your family,
- Respect for your culture and ethnic identity, gender age, sexual preference, marital status, religion, and disability,
- Maintain information about you and your family in a confidential manner,
- Allows you and your family to actively participate in making a service plan, goals and objectives to suit your needs, which includes your agreement to work towards clear outcomes,
- Give assistance by providers who are competent and focused on your individual care,
- As a legal guardian of a minor have access to specific information regarding your child's services,
- Allow you to make a complaint or file a written grievance to your Holly Hill Child & Family Solutions employee.

## Grievance Procedure

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The goal of the grievance procedure is to achieve fairness, dignity, opportunities for conciliation, and an atmosphere of mutual respect. It is the intent of the procedure that all clients are provided with access to someone who will hear their complaints fairly, should they choose to work on their concern through a formal process.

If your concern addresses alleged abuse or neglect, it is required that it be reported immediately to the Department of Community Based Services (DCBS) for its investigation.

The assigned primary service provider is your initial contact person within the agency. Any concerns you or a member of your family have about your care or your child's care can be addressed to the primary service provider at any time. If your concerns are not addressed to your satisfaction by the primary service provider, you may go to the Program Supervisor and then to the Senior Director.

If your concerns are not answered to your satisfaction by the program staff, you may contact the Privacy Officer by calling (859) 635-0500 or writing to Holly Hill Child and Family Solutions, 9599 Summer Hill Road, California, KY 41007. The Privacy Officer will assist you through the complaint process. You have the right to a representative for the entire grievance process or for any part of it. If you would like a representative but don't have anyone to call on, the Privacy Officer will either serve as your representative or help identify someone who will represent your interests, as you see them, and who will make sure you have all of your questions answered.

If you choose to file a formal, written grievance, it will be reviewed within seventy-two hours by administration, or its designee. The reviewer(s) will assess the validity of your grievance, ascertain the facts in the situation, and discuss it with all parties involved. The reviewer(s) will then provide a resolution and an explanation in writing within twenty working days of the original filing. You may appeal to the Executive Director of Holly Hill and a response will be given within forty-eight hours of being received. The Executive Director will have final authority to evaluate and resolve the grievance. A copy of the agency response to the grievance will be placed in the client record.

There will be absolutely no reprisals against anyone making a complaint or filing a formal grievance. Filing a grievance will in no way have any bearing on the continuance of services to you, your child, or members of your family. We are interested in knowing about your concerns so that we can continue to work effectively with you and your family to provide the highest quality of care possible.

# Privacy Practices

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- I. **This notice describes how health and service information about you may be used and disclosed and how you can get access to this information. Please review it carefully. You should read this Notice before signing the Consent to the Use and Disclosure of Protected Health Information for treatment, payment and health care operations of Holly Hill Children's Services.**

*Note: "You" and "your" shall refer to the client of Holly Hill Child and Family Solutions.*

- II. **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 "Electronic Protected Health Information" ("e-PHI"). We are required to extend certain protections to your e-PHI, and to give you this Notice about our privacy practices that explains how, when and why we may use or disclose your e-PHI. Except in specified circumstances, we must use or disclose only the minimum necessary e-PHI to accomplish the purpose of the use or disclosure.

- III. **How We May Use and Disclose Your Electronic Protected Health Information.**

We use and disclose e-PHI for a variety of reasons. For most uses/disclosures, we must obtain your consent. For others, we must have your written authorization. However, the law provides that we are permitted to make some uses/disclosures without your consent or authorization. The following offers more description and examples of our potential uses/disclosures of your e-PHI.

- Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations. Generally, we must have your consent to use/disclose your e-PHI:
  - **For services:** We may disclose your e-PHI to staff members, volunteers, and other service delivery personnel who are involved in coordinating and providing your services. For example, your E-PHI will be shared among members and supervisors of your treatment or service team so that they can assist in determining the best course of care and services for you.
  - **To obtain payment:** We may use/disclose your e-PHI in order to bill and collect payment for your services. For example, we may release portions of your e-PHI to Medicaid, a private insurance plan, or a state office to get paid for services that we delivered to you.
  - **For service operations:** We may use/disclose your e-PHI for our own health care operations in order to provide quality care to all clients, to assess staff training needs or to ensure the efficiency of service operations. For example, we may use your e-PHI in evaluating the quality of services provided, or disclose your e-PHI to our accountant or attorney for audit purposes. We may also use/disclose e-PHI for accreditation, certification, licensing, or credentialing activities. Since we are an integrated system, we may disclose your e-PHI to designated staff in our administrative office for similar purposes. Release of your e-PHI to the county, state, and/or the Medicaid agency 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 and other similar materials to your home.
  - **Exceptions:** Although your consent is usually required for the use/disclosure of your e-PHI for the activities described above, the law allows us to use/disclose your e-PHI without your consent in certain situations. For example, we may disclose your e-PHI if needed for emergency treatment if it is not reasonably possible to obtain your consent prior to the disclosure and we think that you would give

consent if able. Also, if we are required by law to provide your treatment, we may use/disclose your e-PHI for treatment, payment and operations without obtaining your prior consent.

- **Uses and Disclosures Requiring Authorization:** For uses and disclosures beyond treatment, payment and operations purposes we are required to have your written authorization, unless the use or disclosure falls within one of the exceptions described below. Like consents, authorizations can be revoked at any time to stop future uses/disclosures except to the extent that we have already undertaken an action in relation to your authorization.
- **Uses and Disclosures Not Requiring Consent or Authorization:** The law provides that we may use/disclose your e-PHI without consent or authorization in the following circumstances:
  - **When required by law:** We may disclose e-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 e-PHI to authorities who monitor compliance with these privacy requirements.
  - **For public health activities:** We may disclose e-PHI when we are required to collect information about disease or injury, or to report vital statistics to the public health authority.
  - **For health oversight activities:** We may disclose e-PHI to an accrediting organization or another agency responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents.
  - **Relating to decedents:** We may disclose e-PHI relating to an individual's death to coroners, medical examiners or funeral directors, and to organ procurement organizations relating to organ, eye, or tissue donations or transplants.
  - **For research purposes:** In certain circumstances, and under supervision of a privacy board, we may disclose e-PHI to other agencies in order to assist medical/psychiatric research.
  - **To avert threat to health or safety:** In order to avoid a serious threat to health or safety, we may disclose e-PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.
  - **For specific government functions:** We may disclose e-PHI of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government programs relating to eligibility and enrollment, and for national security reasons, such as protection of the President.
- **Uses and Disclosures Requiring That You Have an Opportunity to Object:** If we inform you about the disclosure in advance and you do not object, we may use or disclose your health information to your guardian or personal representative or any other person that is directly responsible for your care. However, if there is an emergency situation and you cannot be given your opportunity to object, disclosure may be made if it is consistent with any prior expressed wishes and disclosure is determined to be in your best interests. You must be informed and given an opportunity to object to further disclosure as soon as you are able to do so.

#### **IV. Your Rights Regarding Your Electric Protected Health Information.** You have the following rights relating to your Electric Protected Health Information:

- **To request restrictions on uses/disclosures:** You have the right to ask that we limit how we use or disclose your e-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 e-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 copy your e-PHI:** Unless your access is restricted for clear and documented treatment reasons, you have a right to see your Electric Protected Health Information if you put your request in writing. 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 e-PHI, a charge for copying may be imposed, but may be waived, 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 e-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 e-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 the request and denial, along with any statement in response that you provide, appended to your e-PHI. If we approve the request for amendment, we will change the PHI and so inform you, and tell others that need to know about the change in the e- 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 e-PHI has been released other than instances of disclosure for which you gave consent (i.e. for treatment, payment, operations, to you, your family, or the facility directory). The list also will not include any disclosures made for national security purposes, to law enforcement officials or correctional facilities, or before April 14, 2003. We will respond to your written request for such a list within 60 days of receiving it. Your request can relate to disclosures going as far back as six years. There will be no charge for up to one such list each year. There may be a charge for more frequent requests.
- **To receive this notice:** You have a right to receive a paper copy of this Notice and/or an electronic copy by email upon request. If you request an electronic copy via email, you must sign a consent form to allow us to communicate with you in that manner.

## **V. Changes to this Notice of Privacy Practices**

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. If we do so, we will post a new Notice at the reception desk. You may request a copy of the new notice from the front desk or our Privacy Officer.

## **VI. 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 e-PHI, you may file a complaint with the person listed in Section VII below. You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue, S.W.; Washington, DC 20201, or reach the Secretary by phone at (202) 690-7000. We will take no retaliatory action against you if you make such complaints.

## **VII. 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:

### **Privacy Officer**

Holly Hill Child and Family Solutions  
9599 Summer Hill Road  
California, Kentucky 41007  
Phone: (859) 635-0500  
Fax: (859) 635-0504

## Financial Responsibility

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You are liable for the full cost of the services not covered by third-party payers. If insurance lapses and is not restored, you are responsible for charges for all services provided during the period of the lapse. The full list of covered services and charges can be requested.

You are responsible for paying Holly Hill Child and Family Solutions for all treatment at the time services are rendered unless other arrangements have been agreed upon in advance. If you are not prepared to render payment at the time of service, then a statement will be generated and you will be expected to render payment in a timely manner or services will be reduced or discontinued.

Holly Hill can accept checks, cash, ACH, credit/debit card, or online payments for your convenience. Cash is not accepted at the school for security reasons. If you have authorized payment by credit/debit card, charges will be billed to the card. Online payments can be made by going to <http://www.patientnotebook.com/HollyHill-KY>. In the event a check is returned by the institution on which it is drawn for any reason, a service charge of \$25 will be assessed.

A scheduled appointment must be cancelled at least 24 hours in advance. Failure to show up for an appointment (“no show”) may result in a \$25 fee. 2 consecutive no-shows may result in the discharge from services.

Holly Hill Child and Family Solutions, will verify insurance eligibility and benefits; however, the agency cannot be held responsible for information received when verifying insurance benefits since it is not a guarantee of payment or eligibility. Please be advised that your insurance policy is a contract between you and your insurance company. We are not a party to that contract. If you ever have questions regarding your coverage and/or benefits, please contact your insurance company. Ultimately, you are responsible for all costs incurred during treatment with the exception of insurance contracted adjustments.

If Holly Hill Child and Family Solutions, has to bill you for any service, you are responsible to pay billed amount upon receipt of a statement. Failure to pay any outstanding amount upon receipt of a third and final statement may subject your account to be forwarded to a collection agency and reported to the credit bureaus. In addition, all future services may be cancelled. Any additional fees charged by the collection agency will be added to the original amount owed. In the event your overdue balance is referred to a collections agency or attorney for recovery of fees, you are fully responsible for any and all costs incurred, including, but not limited to, attorney fees.

If at any time while services are being received through Holly Hill Child and Family Solutions, the agency learns of possible third-party insurance then said agency may provide third-party payer with information necessary for determining benefits and eligibility.

If Holly Hill Child and Family Solutions has not been paid its full cost of services provided to you, all third party proceeds received by you in reimbursement for services provided by Holly Hill Child and Family Solutions shall be deemed the property of Holly Hill Child and Family Solutions and promptly remitted by you to Holly Hill Child and Family Solutions. Until remitted to Holly Hill Child and Family Solutions, said proceeds shall not be commingled with other funds, but shall be deemed held in trust for the benefit of Holly Hill Child and Family Solutions.

Although we do accept assignment of insurance benefits, we require payment of any copayments due at the time of service. If there are any deductible or coinsurance amounts to be met, you will be billed once your insurance has processed and paid its portion of the claim.

**If the out of pocket costs of your services creates a financial hardship for you, you may be eligible for financial assistance through Holly Hill Child and Family Solutions Sliding Scale Fee Discount Program. Eligibility for the program is determined by the number of people in your household and your total household income. We are here to help you and are willing to work through the process with you. If you have questions, please contact the Admissions Specialist at 859-442-8500 ext.211, or Billing Manager at 859-635-0500.**