Clay Behavioral Health Center

BECAUSE YOU MATTER.

https://ccbhc.org/

Middleburg office
3292 County Road 220
Middleburg, Florida 32068
(904) 291-5561

Loch Rane Office
2141 Loch Rane Blvd Suite 120,
Orange Park, FL 32244
904-213-2945

Knight Boxx Office
89 Knight Boxx Road
Orange Park FL, 32065
904-213-2909

Green Cove Springs Office
1345 Idlewild Ave. Building D,
Green Cove Springs, FL 32043
904-529-2233

Keystone Office
7412 State Rd 21
Keystone Heights, FL 32656
904-291-5561 x5001

Clay Behavioral Health Center, Inc. is dedicated to improving the quality of life for Clay County residents by providing affordable mental health and substance abuse services through a comprehensive community-based approach to care.

Building a Healthier Community, One Life at a Time.

Getting Started with Clay Behavioral Health Center (CBHC)

We know that reaching out for support can be difficult, and we appreciate your courage in asking for help today. We're glad you've chosen us and are here to provide the support and resources you need for your treatment.

How to Access Services

- **Call our Main Center** at **(904) 291-5561** to speak with our Access Team.
- **Walk into our Middleburg office:** to meet with an Access Specialist. They will offer treatment suggestions or referrals. **Please call or check our website for the most updated hours.**

What to Expect at Your First Visit

- Your first visit will last about **2.5 hours** unless a referral is needed for specialized care.
- Our caring staff will welcome you and help you access our **client portal** to provide important information.
- You will meet with one of our staff members to discuss your concerns.
- After your session, we will schedule your next appointment with a therapist or clinician who specializes in your needs and create a care plan together.

How to Prepare for Your Visit

To ensure a smooth experience, please:

✅ Ask any questions about the client portal or your care.
✅ Bring **legal guardianship documentation** if applicable.
✅ Have **court paperwork** ready if required.
✅ Prepare a **list of medications** you're taking.
✅ Bring a **valid ID, proof of income, and insurance information** (if available).

Paying for Services

CBHC offers a **sliding fee scale** based on income and family size. We accept self-pay and determine eligibility for funding assistance. Our finance team will review your household income and any payors, such as Medicaid, Medicare, or private insurance.

- Payment is expected at the time of service, but we can help set up a **payment plan** if needed.
- For more information, contact any CBHC location between **8:30 AM – 5:00 PM, Monday – Friday** (see the front of this handbook for locations).

Emergency & Crisis Support

📞 **24/7 Crisis Helpline:** Call **(904) 291-5561** for immediate mental health or substance use support.
🚨 **In an emergency, call 911.**
💙 **988 Suicide & Crisis Lifeline:** Call or text **988** for free, confidential support anytime.
🚑 **CBHC Mobile Response Team (Clay County Only):** Call **(904) 291-4357 (HELP)** for 24/7 assistance.

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Patients' Bill of Rights and Responsibilities

(Florida Statute 394.459)

If you have trouble reading or understanding any information we provide, please ask for assistance. We are happy to help.

Informed Consent

You have the right to fully understand CBHC's services, your treatment, and both your responsibilities and ours **before agreeing to become a client**.

- Our orientation ensures you receive this information in a way that makes sense to you.
- Feel free to **ask as many questions as needed**.
- At the end of orientation, you'll sign an "Orientation Checklist" to confirm that everything has been explained to your satisfaction.

Your Rights as a CBHC Client

1. Right to Individual Dignity

- Your dignity and constitutional rights will always be respected.
- You will receive treatment in the **least restrictive environment** that ensures quality care.

2. Right to Treatment

- You **cannot** be denied services because you cannot pay.
- CBHC does not deny treatment based on **race, gender, ethnicity, age, nationality, or sexual preference**.

3. Right to Express & Informed Consent

- Before starting services, you will be asked to give **express and informed consent** for treatment.
- If you are a **minor or legally incapacitated**, consent may be obtained from a parent, guardian, or guardian advocate.
- You can **withdraw your consent at any time**, except in special circumstances.

4. Right to Quality Treatment

- You deserve services that are **safe, respectful, and tailored to your needs**.

5. Right to Communication & Reporting Abuse

- You will receive **written and verbal instructions** on how to report abuse.
- We will make every effort to present this information in a way that is easy to understand.

6. Right to Personal Belongings

- You may keep your personal belongings **unless they need to be removed for safety or medical reasons**.
- If any items are removed, they will be documented in a witnessed inventory.

7. Right to Vote

- You have the right to **register and vote** in elections if you are eligible.

8. Right to Legal Review (Habeas Corpus)

- You may request a **court review** if you believe you are being unlawfully detained or denied a legal right.

9. Right to Be Involved in Treatment & Discharge Planning

- You will actively participate in decisions about your **treatment and discharge**.
- You can meet with your provider at **reasonable notice** to discuss your progress and goals.
- You may **stop treatment at any time**, but if you are court-ordered or on monitored medication, there may be consequences. Check with your provider and the court before stopping treatment.

Confidentiality & Privacy

- Your **records are confidential** and protected under federal law.
- We will only share information with your written consent, except in specific legal situations.

CBHC may contact some clients after discharge to ask about their experience and progress. If you would like to provide feedback, please update your contact information with us.

Notice of Privacy Practices - Clay Behavioral Health Center (CBHC)
THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS IT. PLEASE READ CAREFULLY.

Our Commitment to Your Privacy

CBHC is dedicated to protecting your health information. This is part of our code of ethics and required by law.

- **Protected Health Information (PHI)** includes any information that identifies you and relates to your health, treatment, or payment for services.
- We are required to:
  - Maintain the privacy of your PHI.
  - Inform you of our legal duties and your rights.
  - Follow the policies outlined in this notice.

We **do not** share your PHI with third parties unless it is for **treatment, payment, or healthcare operations**, or unless you provide written permission through a **Release of Information (ROI) form**.

How We May Use and Disclose Your PHI

For Treatment

We may share PHI with CBHC staff and external providers involved in your care, including:

- Doctors, nurses, and therapists treating you.
- Laboratories analyzing samples (e.g., urine tests).
- Health plans or other treatment providers coordinating your care.

For Payment

We may use or disclose PHI to:

- Submit bills to your insurance provider.
- Verify medical necessity with your health plan.
- Facilitate payment for services from outside providers (e.g., labs).

For Healthcare Operations

We may use PHI to maintain service quality and comply with regulations. This includes:

- Internal quality reviews to ensure proper treatment.
- External audits by:
  - CBHC's managing entity (Lutheran Services of Florida).
  - Florida Department of Children and Families (DCF).
  - Federal Department of Health and Human Services.
  - Our accrediting body (CARF).
  - Insurance companies (if applicable).

Other Situations Where We May Share Your PHI

Emergencies

- In urgent situations, we may share PHI as needed to provide care.

Business Associates

- We may share PHI with external companies performing services on our behalf (e.g., billing services).
- These companies must **protect your information** under strict privacy agreements.

Child Protection

- We are legally required to report suspected child abuse or neglect.

Other Legally Required Disclosures

Without your permission, we may share PHI if required by law, including:

- **Court orders.**
- **Public health authorities.**
- **Federal agencies** (for military or intelligence activities).
- **Law enforcement** (under specific conditions).
- **Coroners, medical examiners, and funeral directors.**
- **Correctional institutions** (for inmates).
- **Approved research projects** (you may refuse participation).

Disclosures That Require Your Written Authorization

We will **not** share PHI without your written permission except in the cases listed above. You must provide written consent for:

- **Psychotherapy notes.**
- **Sharing PHI with family or friends.**
    - If you are an **adult**, you control who can access your PHI.
    - If you are a **minor** receiving substance abuse treatment, only you can authorize disclosure (including to parents/guardians).

Your Legal Rights

1. Right to Request Confidential Communication

- You can ask us to contact you in a specific way (e.g., via phone, email, or mail).
- We will accommodate requests when possible.

2. Right to Be Notified of a Breach

- If your PHI is compromised, we will notify you.

3. Right to Request Restrictions

- You can request limits on how we use or disclose PHI.
- If you paid **out-of-pocket** for a service in full, you can **prevent** disclosure of related PHI to your insurance.

4. Right to Revoke Consent

- You can **revoke** written consent at any time, but prior disclosures will not be affected.

5. Right to Request Record Amendments

- If you believe there is an error in your records, you can request a correction.
- If we do not agree, you may add a **statement of disagreement** to your file.

6. Right to an Accounting of Disclosures

- You may request a **list** of instances where your PHI was disclosed (excluding treatment, payment, and healthcare operations).
- If law enforcement is involved in an ongoing investigation, some disclosures may be temporarily withheld.

7. Right to a Paper Copy of This Notice

- You may request a **physical copy** of this notice at any time.

8. Right to Assign a Personal Representative

- You may designate someone to act on your behalf for privacy rights.
- Involuntary patients must be allowed to **designate a representative** to receive legal notices.
- **Mature minors** may make independent decisions regarding their PHI.

9. Right to Review and Copy Records

- You may review your records unless doing so would cause **serious harm** as determined by a clinical professional.
- Information provided **confidentially by others** may be removed.
- We charge **$1.25 per page** for copies.

How to Request a Copy of Your Records

1. Visit **CR220 Middleburg Office** or call the **Medical Records Department** at **(904) 291-5561**.
2. A staff member will assist with an **electronic Request of Information (ROI) form**.
3. You will receive a call within **30 days** to pick up your records or have them sent to a medical office of your choice.

How to Exercise Your Rights

If you have questions about our policies and procedures, want to exercise your rights, or need to file a complaint, contact our Privacy Officer at:

(904) 385-2135 ext. 101
Clay Behavioral Health Center
41 Knight Boxx Road, Orange Park, FL 32065

- If your complaint is about unfair treatment based on race, color, national origin, or disability, contact our **Title VI Coordinator** at **(904) 385-2135 ext. 105.**
- You can also file a complaint with the **U.S. Department of Health and Human Services:**

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201
OCR Hotline: 1-800-368-1019

We will never retaliate against you for filing a complaint.

Client Grievance Procedures

CBHC is committed to resolving client complaints. If you have concerns about your treatment or need help resolving an issue, you can follow this grievance procedure to appeal decisions made by CBHC staff.

To begin, ask any staff member for a **Client Grievance Procedure** brochure. This includes a **Treatment Grievance Form** that you can complete and submit. If you need help with the process, staff are available to assist you.

If your situation is urgent and waiting for a response could cause harm, you may take your grievance directly to the **CEO**. If you need to report abuse, call **1-800-96-ABUSE**.

Steps to File a Complaint

1. **Talk to the staff member** who made the decision. They will respond within **24 hours**.

2. If not resolved, **notify the program manager in writing**. They will respond within **3 days** and provide a written summary within **24 hours** if the issue is resolved.

3. If still unresolved, **Senior Management** will review the grievance. You will receive a response within **3 days**, along with a written summary if resolved.

4. If needed, **ask for a review by the CEO**. The CEO will respond within **5 working days** and provide a written summary within **24 hours** if the issue is resolved.

5. If you are still not satisfied, you may **request a meeting with a committee of the Board of Directors**. Their decision is final.

CBHC is independent of the following advocacy groups. You can report a grievance to these agencies at any time without completing CBHC's process first:

📞 **Lutheran Services Florida:** 904-900-1075
📞 **Circuit 4 Department of Children and Families:** 904-580-2096
📞 **Circuit 4 Clay County Office:** 904-284-6302
📞 **CARF – Rehabilitation Accreditation Commission:** 1-888-281-6531
📞 **Advocacy Center for Persons with Disabilities:** 1-800-342-0823
📞 **Florida Abuse Hotline:** 1-800-962-2873

Additional Contacts

📞 **Department of Children & Families (DCF) Office of Civil Rights**
(850) 487-1901 | TDD: (850) 922-9220

📞 **U.S. Department of Health and Human Services (HHS) Office of Civil Rights**
(404) 562-7886 | TDD: (404) 562-7884

📞 **National Alliance on Mental Illness (NAMI) – Clay County**
(904) 291-5568 Ext. 3525

Clay Behavioral Health Center Standards of Behavior

✅ **Respect for All** – Staff and clients must be treated with respect. **Abusive, violent, or disrespectful behavior or language will not be tolerated.**

✅ **No Weapons** – Weapons of any kind (except as allowed by law) are not permitted on the premises.

✅ **No Drugs or Alcohol** – The **sale, use, or possession** of alcohol or illegal drugs is prohibited on CBHC property. **Prescribed medications must be kept secure** by the individual.

✅ **Tobacco & Vape Use** –

- No **tobacco or vape products** may be used inside the building.
- Anyone **under 21 years old** is not allowed to use these products anywhere.

✅ **Privacy & Confidentiality** – **Do not discuss** who you see or what you hear outside of CBHC.

✅ **No Sexual Activity** – Sexual activity is strictly prohibited on CBHC property.

✅ **Timely Payment** – Copays and sliding fee payments are due at the time of service.

✅ **Children & Supervision** –

- Children **must not be left unattended** on the premises.
- **Parents/Guardians must stay on-site** for safety, emergencies, or questions.
- CBHC **does not provide supervision** before or after sessions.

✅ **Special Accommodations** – If you have special needs, please contact your **CBHC location** for assistance.

✅ **CBHC does not utilize seclusion or restraint.**

Accreditation

CBHC is accredited by **CARF International**.

CARF's mission is to promote **quality services, strong values, and positive outcomes** through a consultation and accreditation process. Their goal is to continuously improve services that **enhance the lives of the people they serve.**

Mental Health Advance Directive

If you think you might need mental health treatment in the future, a **Mental Health Advance Directive** from https://www.myflfamilies.com/sites/default/files/2022-11/mhadvdir.pdf can help make your wishes clear. This document lets you decide **now** what types of treatment you do or do not want. It also allows you to choose a trusted friend or family member to make decisions on your behalf if you are unable to do so.

To complete your **Mental Health Advance Directive**, follow these steps:

1. **Review the Form** – Read each section carefully. If you have questions, talk with your case manager, doctor, or another trusted person.
2. **Choose a Healthcare Surrogate** – Pick someone who is:
    - At least 18 years old
    - Mentally competent
    - Not a mental health professional, employee of a facility that may treat you, or an employee of the Department of Children & Families
3. **Ensure Their Willingness** – Make sure your surrogate understands your wishes and is willing to take responsibility. You can also name a backup (alternate) surrogate.
4. **Sign the Form with Witnesses** – You and your surrogate(s) must sign the form in front of two witnesses.
5. **Distribute Copies** – Share copies with your surrogate, family members, doctor, case manager, hospital, or crisis unit where you might receive treatment. Discuss your choices with them.
6. **Keep Your Directive Updated** – You can change your advance directive at any time while you are competent. If you travel, carry a copy with you.

When Your Advance Directive Takes Effect

Your advance directive **only takes effect** if a doctor determines you are not able to make your own treatment decisions. If you are in a psychiatric facility, you will have a lawyer and a hearing before a judge or hearing master. **A healthcare surrogate cannot approve treatment for someone on voluntary status.**

CBHC Consent to Treat/Client Registration

This is the form you signed at the time of admission.

Please read the following carefully. If you have questions, please ask staff for assistance.

- I agree to make appointments a priority. If I cannot attend, I will call 24 hours in advance to cancel. I understand that if I miss 2 consecutive appointments or 2 within a 4-week period, my case may be closed, and I will need to start the admission process over again.
- I have received a copy of the Client Services Handbook that contains my rights, rules, and policies that may affect me and the Client Grievance Procedures which tells me how to proceed if I have a problem with a staff member or the services I receive.
- I have been informed of my right to confidentiality and the limits of confidentiality. (These are listed in the Client Services Handbook) and have received a copy of "Rights of Patients".
- I have been informed that I may be contacted by CBHC after treatment is finished so that follow-up information may be obtained.
- On occasion, counselors may request to record session(s) so his/her supervisors may review the work of my counselor. If I do not want a session recorded, I will let my counselor know that I do not want to be recorded.
- I have been given the opportunity for special accommodations that are necessary for successful treatment. (Help with reading, or writing, interpreter for language, or for hearing impairment, assistance with physical impairment)
- I have been oriented to the services at CBHC that I will be receiving.
- **MEDICATION MANAGEMENT SERVICES-** I understand that recommended therapy/ other services may be required through completion to maintain medication management services. Additionally, I understand that I will need to see my provider regularly to receive medication refills.
- **SUBSTANCE USE ONLY-** I consent to observed urinalysis or a breath test for screening of chemical substances. The results of these screenings will be used to report and/or verify use of chemical substances during treatment. I agree to pay for the tests at the time they are performed.

I understand the following with respect to Telehealth when required or available:

- I have the right to withdraw consent at any time without affecting my right to future care, services, or program benefits.
- There are risks, benefits and consequences associated with telehealth, including but not limited to, disruption of transmission by technology failures, interruption and/or breach of confidentiality by unauthorized persons, and/or limited ability to respond to emergencies.
- In case of an emergency, suicidal, homicidal thoughts or actively experiencing psychotic symptoms that cannot safely be addressed via telehealth, local law enforcement will be contacted to assist with the emergency.

I understand the following with respect to Communication. I understand that I have the option to opt out of any of the following preferences by notifying a staff person.

- I will be given personal access to the Patient Portal for the purpose of managing treatment.
- I will receive appointment reminders via electronic means, such as email or text message, and by phone.
- I will be asked for a photo of myself/ client for identification purposes only, which will be kept securely in my electronic health record and used solely for related healthcare-related purposes.

How to Prepare for a Telehealth Appointment

A **video session** allows you to receive care even if you cannot visit your provider in person. **Telehealth is not available for all services or providers.** Follow these steps to ensure a smooth appointment:

1. Gather Information for Your Session

- Ask your clinician or office staff if you need to **install any apps** in advance.
- Find out how you will **receive the appointment link** and request a test if needed.
- **Check your spam/junk mail** if you do not see the link.
- If you have issues, call CBHC at **(904) 291-5561** for assistance.

2. Find a Private Location

- Choose a **quiet, private space** where you won't be disturbed.
- Ensure **good lighting** so your clinician can see you clearly.

3. Check Your Technology

- Decide which device you will use (**computer, tablet, or mobile phone**).
- Make sure you know how to **use the camera and adjust the volume**.
- Confirm that your **internet connection is strong** in your chosen location.

4. Organize Billing Details

- Contact the office **before your appointment** to discuss billing.
- Have your **insurance information** ready and ask about any **co-pays**.

5. Prepare Your Thoughts

- Think about what you want to discuss with your provider.
- **Write down notes** if it helps you remember important topics.

6. Log On Early

- Please **log on at least 5 minutes before** your appointment to avoid delays.

How to Access the Client Portal

Step 1: Go to https://ccbhc.org/

Step 2: Click on **"Client Portal"** at the top of the page.

Step 3: Enter the **username and password** you created, then click **"Log In."**

- If you forgot your password, click **"Help, I can't sign in"** to reset it.

Services Offered by Clay Behavioral Health Center (CBHC)

📞 CBHC Mobile Response Team (MRT) – 24/7 Crisis Support

📍 **Call**: **904-291-4357 (HELP)** for immediate assistance.
The **Mobile Response Team (MRT)** provides **free, 24/7 crisis intervention** in Clay County.

Who may need crisis services?

- Individuals needing urgent **mental health stabilization**
- Those **threatening self-harm or harm to others**
- Anyone struggling with **depression, anxiety, mental health concerns, or feeling unsafe**

🧠 Mental Health Outpatient Program (MHOP)

MHOP helps individuals **improve symptoms** that impact daily life, including:

✅ **School & work performance**
✅ **Parenting & family interactions**
✅ **Social engagement & self-care**
✅ **Sleep & emotional well-being**

🚫 Substance Use Disorder Program (SUD)

This outpatient program supports individuals facing **substance abuse or dependence** related to drugs and/or alcohol.

Program Features:
✓ **Abstinence-based treatment model**
✓ **Group & individual therapy providing skills, support and education as well as urine drug screening** (Community support meetings are required, aftercare is available)
✓ **AA/NA or other support groups strongly encouraged**
✓ **Duration:** Minimum of 4–12 weeks, with an **aftercare group available**

💊 Medication Management Services

CBHC offers **psychiatric care** for individuals using **medications and therapy** to improve quality of life while ensuring **privacy and dignity**.

🏠 Adult Crisis Alternative Program (ACAP)

ACAP provides **short-term residential crisis stabilization** in a **safe, supportive environment** for individuals experiencing **mental and emotional crises**.

👥 Community Action Treatment Team (CATT)

CATT helps **children, adolescents, and young adults** stay in the community while overcoming obstacles.

Services may include:
✅ **Counseling & case management**
✅ **Therapeutic & peer support**
✅ **Psychiatric services & medication management**
✅ **Crisis & abuse intervention**

🌿 Helping Every Life Matter (HELM)

HELM follows the **evidence-based Navigate model** for individuals experiencing a **first episode of psychosis**.

Services include:
✓ **Counseling & case management**
✓ **Therapeutic & peer support**
✓ **Psychiatric care & medication management**
✓ **Crisis intervention**

Goal: To support individuals in **achieving recovery** and leading a stable, fulfilling life.

📋 Case Management Services

Designed for individuals with a **mental health condition** expected to last **at least one year**, this program helps clients access:
✓ **Medical care**
✓ **Social services**
✓ **Education & employment resources**

🔄 Care Coordination Program

Helps **transition** clients from:
🏥 **Hospital emergency departments, detox units, or crisis stabilization units**
➡️ Into appropriate **mental health, substance use, or dual diagnosis services**

👨‍👩‍👧 Intensive Family Services Program

Supports families in the **Child Welfare System** or at risk of **child removal** by offering:
✓ **Trauma-sensitive behavioral health services**
✓ **Substance abuse support**

🧑‍🤝‍🧑 Adult Community Services (ACS)

ACS serves individuals **18+ with a diagnosed mental illness**. Clients participate in choosing the **appropriate level of service** based on their needs.

Compliance with Legal Standards

CBHC adheres to all applicable federal, state, and local laws governing non-discrimination in its activities. We ensure compliance with regulations related to:

- ✅ Race, color, and national origin
- ✅ Gender identity and legal classifications
- ✅ Religious protections, disability rights, and marital status laws
- ✅ Legal protections for military service members and other designated groups

CBHC follows all legal requirements regarding documentation and identification, using legal names when mandated by law.

Overdose Prevention Information

Free NARCAN is available.

What Increases Your Risk of an Overdose?

- Misusing prescription opioids.
- Using illegal opioids.
- Taking opioids mixed with stronger drugs like fentanyl (sometimes without knowing).
- Combining opioids with alcohol, sedatives, or benzodiazepines.
- Having a lower tolerance after stopping medications like Buprenorphine, VIVITROL, or Methadone.
- Recently leaving a detox center, jail, or treatment program.

Signs of an Overdose

- Pale or clammy face.
- Limp body.
- Blue lips or fingernails.
- Vomiting or making gurgling noises.
- Cannot wake up or respond.
- Slow or stopped breathing.

What to Do if Someone Overdoses

1. Call their name loudly.
2. Rub your knuckles firmly on their chest or upper lip.
3. **Call 911** if they do not respond.
4. Give the **first dose of NARCAN** (nasal spray).
5. If they do not wake up or symptoms return, **give a second dose of NARCAN** if available.

Where to Get NARCAN

- **Free NARCAN is available.** Ask any CBHC staff member.
- **Teens can get NARCAN** with a parent's permission.
- A staff member will teach you how to use it and recognize an overdose.
- Visit **iSaveFl.com** to find more locations that provide NARCAN in Florida.

HIV (Human Immunodeficiency Virus)

- **HIV** is a virus that weakens the immune system.
- **AIDS** is the most advanced stage of HIV.
- Testing and medications are available from your doctor.
- CBHC can help with **testing referrals and access to treatment.**

Clay Behavioral Health Center Admission Questionnaire

Please take a moment to fill out this confidential questionnaire before you leave. When finished, fold it in half and give it to the Front Desk Staff who will put it in the collection envelope.
Thank you for your time.

Did you feel you were treated respectfully?	Yes	No
Were you able to make your needs known?	Yes	No
Were the cost and payment expectations clear to you?	Yes	No
Would you recommend CBHC services to others?	Yes	No

What was the registration experience like?

_____

_____

_____

Comments or suggestions?

_____

_____

_____

_____