



Behavioral Health Services ORIENTATION HANDBOOK

Our Mission Creating Solutions for Everyone

Creating: The staff of Bridgeway has an excellent history of being creative and innovative in every service that we provide. We focus on the most innovative and cost effective methods for problem solving in partnership with those seeking services.

Solutions: When people look to Bridgeway for help, they are looking for someone to help them solve their life's problems. Meeting the needs of those seeking services and everyone we work with is our goal.

For Everyone: Bridgeway does not discriminate against any person for any reason. Services are primarily provided in West Central Illinois.

Our primary focus is to improve the quality of life of the people we service.

Bridgeway's Values

- Person Centered Quality Services
- Dignity, Respect, & Diversity
- Empowerment, Choice & Personal Growth
- Accessibility and Flexibility of Services
- Community Partnerships

Visit us at: www.bway.org



Welcome to Bridgeway! The purpose of this Orientation Handbook is to provide you with a clear view of what you can expect with Bridgeway services and what is available to assist and support you to meet your needs. Included in the Handbook is information regarding some of our policies, procedures and practices and will answer many questions about Bridgeway services. If you have additional questions or concerns, please ask and we will be glad to assist you.

How Services Begin

1. To initiate services, you will meet with a Central Intake Specialist who will review information including collecting basic personal and financial information. As a result of this meeting, you will be informed of your financial responsibilities for services and be asked to sign consent for services based on an assessment of your ability to pay. In addition, the Central Intake Specialist will discuss obtaining your signed consent related to receiving Department of Human Services funded services, if applicable.
2. The next step you will meet with a Qualified Therapist to assess your presenting problem, mental health symptoms and/or alcohol and other drug use to assist in developing a plan for services at Bridgeway. The Therapist will be asking you several questions including but not limited to your personal and family history, your educational and work background, past and current medical and health issues, your cultural values, legal issues and financial resources. You may also be asked to give written permission for Bridgeway staff to contact other organizations or health professionals for information to help in your assessment and service planning. Additionally, it is often helpful to involve members of your family at your discretion but this will not be done without your written permission or the permission of your guardian. If you are under the age of 18, your parent will be involved in this process as well, unless you are an emancipated minor, or meet exception listed in the next section. Please note: Bridgeway does not provide assessments of alleged sexual abuse, make recommendations to the court about parental rights, nor do we conduct psychological assessment for bariatric issues or assess for eligibility of social security administration.
3. The next step will be working with the Therapist to develop your service plan. Every consumer of Bridgeway services will have a Consumer Centered Plan (CCP). This plan is developed based on what is important to you...your strengths, abilities, needs, preferences, desired outcomes, cultural background and other issues as identified during the assessment process. Consumer centered planning is a person centered process with individualized plans developed in partnership with Bridgeway staff with your active participation and your guardian and significant others, if applicable.

The Consumer Centered Plan is the key factor in determining and implementing services which will support your individualized plan for recovery. Additionally, it is a way to measure your progress and your desired outcomes. Initially, the Therapist will explain the process for developing, reviewing and modifying your CCP. If you would like to change your plan at any time, you may simply ask and it can be revised.

Because you and your services are important, we will seek input from you. A variety of means are utilized in our efforts to determine your satisfaction with the personal outcomes you achieve through involvement in services and to obtain your ideas or concerns regarding recovery oriented services. The following are ways to share your input: during the development and review of your consumer centered plan, completing satisfaction surveys or sharing any ideas you have personally with any Bridgeway employee at any time.

How Services End

Included at the very beginning of your services is a discussion regarding what you hope to achieve from your involvement in Bridgeway services. Discharge and transition planning will include recommended activities, support groups, or referrals/linkages that can support and enhance your post-discharge progress and prevention of relapse.

Important Note for Minors or Persons with a Guardian: If you are a minor or have a guardian, your guardian will also be involved in the assessment and planning process. He/she will need to sign your Consumer Centered Plan and any Authorizations to Release Information or other consents. In some circumstances, Bridgeway can provide services for minors without parental consent for 5 sessions, if requested. Parents have legal rights to review and participate in their child's treatment unless their rights were terminated by court.

Advance Directives: An **Advance HCD**, also known as a **living will**, **personal directive**, **advance directive**, or **advance decision**, are instructions given by individuals specifying what actions should be taken for your health in the event that you are no longer able to make decisions due to illness or incapacity. This directive appoints a person to make such decisions on your behalf. A living will is one form of advance directive, leaving instructions for treatment. Another form authorizes a specific type of [power of attorney](#) or [health care proxy](#), where someone is appointed by the individual to make decisions on his/her behalf when the individual is incapacitated. People may also have a combination of both. It is often encouraged that people complete both documents to provide the most comprehensive guidance regarding their care. If you are interested to learn more about this, talk with your assigned Bridgeway staff.

SERVICES AVAILABLE

Bridgeway has state of the art capability of providing psychiatric evaluations, medication checks, individual therapy and crisis evaluations via an installed tele-health system. Your participation is completely voluntary. Care will be provided by a psychiatrist and/or therapist from a remote site to your local site. At your appointment you will be provided an orientation to the system. When visiting the psychiatrist, a nurse will be in the room with you to ensure safety, security, and that you understand any specific instructions from the psychiatrist. During an individual therapy session or crisis evaluation, you will be oriented to the equipment and then be alone in the room to meet with the clinician.

Bridgeway offers a variety of services for individuals and families. Based on the assessment of your strengths, needs, abilities, preferences and desired outcomes, we will work with you to determine which services will be of benefit. Bridgeway's purpose is recovery focused treatment provided by clinical trained staff. Please feel free to inquire about any of them. If we do not provide the service that you need, it is our policy to assist you in linkage with an organization that can provide the needed service. Bridgeway provides:

- Therapy (Individual, Family and Group)
- Psychiatric and Medication Services
- Crisis Intervention Services
- Community Support Services
- Skill Building Classes and Groups
- Substance Abuse Services (Including DUI Services and Treatment)
- Community Employment Services
- Transitional Housing Services
- Representative Payee Services

PAYMENT EXPECTATIONS

You are responsible for the cost of the services you receive. The cost of services will be explained to you during the financial interview. Please feel free to ask any questions at that time so you fully understand the fees for services and payment expectations. You are responsible for all deductibles, co-payments, and uncovered costs. Payment is expected at the time of service.

Additionally, we ask that you notify us anytime there is a change in your financial or insurance status. Every 6 months you will be asked to review your financial status with us to ensure that your financial information including any insurance you have and your income is accurate.

A Statement of Bridgeway Responsibilities

Bridgeway strives to discover and provide opportunities for individuals to live a life of dignity and

independence. As an active participant in services and recovery, Bridgeway's responsibilities are to:

1. Provide a treatment environment that is accessible, healthy, and safe for all consumers.
2. Assign a community support specialist/therapist to assist you in coordinating your recovery plan and services.
3. Maintain a secure, accurate clinical record of your services.
4. Refer and link you to other service providers as needed either at Bridgeway or in the community.
5. Bill and collect fees for services provided to you either directly, through insurance, or other third party payers.
6. Communicate with other service providers when a release of information has been signed by you in order to ensure coordination of services and continuity of care.
7. Determine the frequency and continuance of services/treatment based on your strengths, needs, abilities, preferences and desired outcomes.
8. Evaluate the effectiveness of and your satisfaction with services provided.

A Statement of Your Responsibilities

Your responsibilities as a partner in recovery are to:

1. Check in with the receptionist at the front desk upon your arrival.
2. Confirm phone number, address, and insurance information with the receptionist at every visit.
3. Always be prepared to make payment at the time of service based on your financial review and insurance requirements.
4. **Always notify the clinic 24 hours in advance if an appointment needs to be rescheduled or canceled. If you have one "no show" appointment, we will not be able to reschedule an appointment until you have spoken with an administrator.**
5. Ensure supervision of children by the parent/guardian/or family member when on Bridgeway property.
6. Notify Bridgeway when there is a change in your place of residence, phone number, financial status, insurance, and/or employment status.
7. Always arrive for your appointments free of alcohol or substance use. You will be asked to leave the premises if you appear to be under the influence of alcohol or illegal drugs.
8. Always arrive for your appointments free of any item that is considered a weapon.
9. There is no smoking or tobacco use anywhere on Bridgeway property including parking lots.
10. It is essential that you be an active participant in treatment, participating in the assessment process, the development/review of your Consumer Centered Plan and developing plans for transition from services and/or discharge from Bridgeway.
11. As you are the most important person in the planning and provision of your services, you are encouraged to voice any concerns or problems to the staff you are working with. If this is not possible, a supervisor will be available to address any concerns.
12. If you have a cell phone, we ask that you put it on vibrate or turn it off while in treatment sessions to honor the confidentiality and respect of others.

YOUR SAFETY IS IMPORTANT TO US

Below is important information regarding potential emergency situations to assist you while you are involved in services and are on Bridgeway premises. All Bridgeway clinic sites are *handicap accessible* and provide ramps for entry and exit. Should you have a physical disability, staff you are working with will assist you in exiting the building during drills or emergency evacuations. During evacuation drills or actual emergencies, staff will check all Bridgeway service areas where consumers congregate to ensure that all have access to safe exit and provide direction and guidance as needed. Evacuation diagrams are posted in all service wings and buildings which show the primary routes to the nearest and safest exits.

- **Medical Emergencies:** In the event of sudden illness or injury of anyone in a Bridgeway clinic site, it is recommended that you notify the nearest staff member so that appropriate action can be taken. First Aid Kits are available in all clinic locations.
- **Fire Procedures:** In the event the fire alarm is sounded, all persons are to immediately evacuate the

building and go to the nearest designated meeting place until the "all clear" announcement. Fire alarms and fire extinguishers are located throughout the building. If you see or suspect a fire, it is expected that you will notify the nearest staff member so that appropriate action can be taken.

- **Tornado Procedures:** A tornado watch is defined as severe weather conditions, which may produce a tornado. Designated staff will monitor weather bulletins during a tornado watch. A tornado warning is defined as severe weather conditions in which a tornado has been sighted. In this event, staff and

consumers will proceed to the nearest shelter area where all persons will sit on the floor and cover their heads with their arms until the "all clear" announcement.

ENSURING HEALTH AND SAFETY

The following rules are in place to ensure your health and safety and that of others at Bridgeway. Violation of these rules will result in you being asked to leave the premises. Bridgeway does not practice seclusion or restraint; however, in an event where an individual is unresponsive to verbal crisis intervention techniques, Bridgeway staff may call for law enforcement intervention. Children and adolescents 17 years of age and under must always be accompanied by an adult to ensure health and safety. If you are bringing in your own medications, it is your responsibility to keep them with you and in the proper container. In some locations the use of video surveillance may be in place and signs will be posted indicating such.

- ❖ No fighting
- ❖ No destruction of property
- ❖ No stealing
- ❖ No illegal drug or alcohol pedaling, possession, consumption or intoxication
- ❖ No threats, excessive swearing, yelling or vulgar talk
- ❖ No smoking
- ❖ No weapons
- ❖ No sexual harassment
- ❖ No solicitation of other consumers or Bridgeway staff

HUMAN RIGHTS

The philosophy of Bridgeway is to provide professional services in a manner that respects and maintains the dignity and respect of the individual and protects basic human rights. Additionally, Bridgeway adheres to laws governing how a person's clinical information may be used and disclosed, and how individuals may obtain access to this information. Prior to the initiation of Bridgeway services, each person and, as applicable, their legal guardian will be informed of his/her rights and will be given a copy of this document along with the **BRIDGEWAY NOTICE OF PRIVACY PRACTICES AND CONSUMER RIGHTS**. These basic human rights guaranteed to customers/consumers of Bridgeway include, but are not limited to the following:

- No person shall be deprived of any rights, benefits, or privileges guaranteed by law, the Constitution of Illinois, the Constitution of the United States, or any other applicable statutes or regulations (including Chapter 2 of the MHDD Code) solely on account of the receipt of services. Access to appropriate services shall not be denied on the basis of age, sex, HIV status, sexual orientation, race, religion, ethnicity, marital status, physical or mental disability, criminal record unrelated to present dangerousness, source of financial support, hearing impairments including deafness or deaf-blind or late deafened disability, or language which is not English.
- Every individual shall be provided with adequate and humane care and services in the least restrictive environment, in accordance with a written individualized service plan, which shall be formulated and periodically reviewed with the participation of the person served, and as applicable, their legal guardian, in a language (including sign) understandable to the individual. As part of quality assurance, clinical staff may regularly review consumer services with other Bridgeway professional staff.
- An individual and, as applicable, their legal guardian, has the right to decline, at any time, any Bridgeway service, including medication, and to be informed of available alternative services in the community, the

risks of such services and the possible consequences of refusal of services. The person served and, as applicable, their legal guardian has the right to contact the public payer.

- All records of services and information, including HIV status, communicated by the person and, as applicable, their legal guardian, are considered confidential and are protected by the IL State Confidentiality Act (740 ILCS 110), the Health Insurance Portability and Accountability Act of 1996 (HIPAA - 45 CFR 160 and 164) and other statutes and regulations, the violation of which by an agency is a crime. Generally, information can be released to others only with prior written consent of the individual and, as applicable, their legal guardian. However, specific limited information may be released without prior written consent in medical emergencies, in authorized audits and accreditation reviews, when ordered by a court, when child or elderly abuse or neglect is suspected, to prevent serious harm to the consumer or another person or in the investigation of a threat or a crime against an agency or its personnel.
- Any restriction of an individual's rights must be justified and documented in the consumer's clinical record. In addition, the consumer affected by the restriction, his or her parent or guardian and any agency designated by the consumer or guardian will be notified of the restriction.
- If a person is being evaluated to determine if involuntary psychiatric hospitalization is necessary, he/she must be informed that they have the right to refuse to speak with the examiner and what they say may be used in court. If the consumer is not so informed, the examiner will not be allowed to testify at the civil commitment proceeding. Individuals with an Intellectual Disability and their legal guardian, as applicable, may speak with a relative, friend or attorney before the evaluation.
- If a person and, as applicable, their legal guardian, believes their rights (including the right to be free from financial or other type of exploitation, physical punishment, abuse, neglect, retaliation or humiliation) have been abridged or violated, grievances and appeals may be discussed with the assigned therapist, case manager or with the Service Director. If a resolution is not reached, the grievance will be referred to the Executive Level/Management Council including the Chief Executive Officer (CEO). The CEO's decision will constitute a final administrative decision except when reviewable by the provider's governing board. Then the governing board's decision is final. Records of all grievances and responses will be maintained. Rights issues may also be referred to the Bridgeway Human Rights Committee. Complaints and/or grievances from the consumer or guardian will not result in retaliation or barriers to services.
- No individual shall be denied, suspended, or terminated from services or have services reduced for exercising any of their rights.

AGENCIES TO CONTACT FOR POSSIBLE RIGHTS VIOLATIONS

(Bridgeway staff is available to assist you as needed)

In Illinois, you may contact these agencies for possible rights violations:

- Illinois Guardianship and Advocacy Commission — 5407 N. University, Suite 7, Peoria, IL 61614 — 309-693-5001
- Equip for Equality, Inc. — 1612 2nd Ave., Rock Island, IL 61201 — 800-758-6869
- Illinois Dept. of Human Services — Springfield, IL — 800-843-6154
- Illinois Office of Accreditation and Licensure — Springfield, IL 62704 — 217-557-9282
- Illinois Office of the Inspector General — Springfield, IL 62704 — 217-786-6829 or 800-368-1463
- Quality Care Line — 800-951-5166
- Illinois Office of Rehabilitation Services — 800-641-3929
- Illinois Office of Alcoholism & Substance Abuse — 100 W. Randolph, Suite 5-600, Chicago, IL 60601 — 312-814-3840
- Illinois Office of Alcoholism & Substance Abuse — 222 S. College, Springfield, IL 62704 — 217-782-0685
- Illinois Department of Children and Family Services — Springfield, IL 62704 — 800-232-3198
- Bridgeway Human Rights Committee — 2323 Windish Drive, Galesburg, IL 61401 — 309-344-2323
- Bridgeway Human Rights Committee — 900 S. Deer Road, Macomb, IL 61455 — 309-837-4876

- ### Consumer Rights Summary

- In summary, I and, as applicable, my guardian, have been informed that I have the right to:
- Be free from physical punishment, abuse, neglect, retaliation, humiliation, or exploitation.
- Exercise all of my rights and receive help to do so without fear of having my services reduced or stopped.
- Receive services regardless of race, color, national origin, age, gender, disability, HIV status, ability to pay or other information protected by law.
- Be treated humanely, with dignity and respect and freedom from coercion and restraint.
- Participate in developing a plan for my treatment.
- Adherence to research guidelines and ethics when persons served are involved.
- Have a plan for treatment that I understand.
- Decline any Bridgeway services, including medication, with staff explaining to me other resources for services and the risks or possible consequences of changing or refusing services.
- Confidential treatment including privacy of my records.
- Contact the public payer about my services, such as Medicaid or Medicare.
- Refuse to speak with an examiner should involuntary psychiatric hospitalization be recommended.
- Seek assistance from Bridgeway staff or external agencies if I feel my rights have been violated and have a prompt review of my complaints.
- Read my records, add information and receive copies of my records unless a medical doctor decides it would be harmful to me.

GRIEVANCE PROCEDURE

If I wish to file a grievance, I will follow these steps:

1. The first step is to discuss the complaint/grievance with a Bridgeway service provider, such as your Community Support Staff, Therapist, Residential Manager, etc. This Bridgeway service provider has five (5) working days to address your grievance and provide follow-up action. If your grievance is not resolved to your satisfaction, it will move to the next level.
2. At the second level, you would meet with the Program Director/Administrator to discuss the issue. The Program Director/Administrator will then address your grievance and provide you with written follow-up action within five (5) working days. If your complaint is still unresolved, it moves to the next level.
3. At the third level, the service area Vice President and/or President will communicate with you in an effort to resolve the issue and provides written documentation and follow-up action within five (5) working days. If your grievance is still unresolved, it moves to the final Bridgeway level with the Chief Executive Officer (CEO).
4. At the fourth level, the Chief Executive Officer (CEO) communicates with the parties involved in an effort to achieve a satisfactory resolution. The CEO's recommended resolution will be made in writing and presented to you within five (5) working days of the meeting.

Grievance decisions made by Bridgeway organization may be appealed with review available under the Illinois Administrative Review Act. You may also have your complaints addressed by outside agencies/authorities as specified in Bridgeway Human Rights forms. Situations which reflect possible abuse or neglect are subject to applicable mandatory reporting requirements, such as the Officer of the Inspector General in the state of Illinois.

CODE OF ETHICS

In addition to numerous governing regulations and state and national standards Bridgeway Inc. adheres to a

comprehensive Code of Ethics. Consumers of service should be assured that Bridgeway staff continually strives to uphold the highest standards of care and conduct that respond to the needs of our consumers and our communities.

Bridgeway staff is committed to:

- Work openly and honestly with consumers and their families, our communities, third party payers, government entities, and auditors;
- Maintain high standards of business and ethical behavior;
- Hire, train and support quality staff to provide excellent services to our consumers;
- Provide services without discrimination based on race, ethnicity, color, religion, sex, age, national origin, sexual orientation, gender identity, veteran status or disability;
- Provide services only with staff who are properly qualified, licensed and credentialed;
- Recognize and act upon any shortfall or error in our service delivery system.

CONFIDENTIALITY

As noted in your Human Rights, Bridgeway services are strictly confidential. Your Bridgeway therapist will fully explain to you the expectations and parameters of confidentiality. Information is released only with your properly signed consent. However, there are critical exceptions to the limits of confidentiality as follows. In such situations, prior written consent is not required.

1. If there is a medical emergency, Bridgeway may provide information to responding agency personnel.
2. Bridgeway staff is mandated by law to report reasonable suspicions, reports or evidence of child abuse and neglect, elder abuse and dependent adult abuse and neglect. If we suspect that abuse or neglect has occurred, we are required to report such to proper authorities (this includes physical, sexual, emotional abuse and neglect).
3. If you tell us you are going to hurt yourself, we are obligated to tell someone who can be with you or take precautions to ensure your safety.
4. If you tell us you are going to hurt someone else, we are obligated to inform that person or proper authorities.
5. If you are involved in the investigation of a threat or serious crime against an agency or its personnel, information can be released.
6. If Bridgeway receives a court order for your records or an employee receives a subpoena to testify in court, prior consent is not required. However, it is our policy that we will do our best to contact you to obtain either written or verbal consent and that you are aware of these situations.
7. If you engage in services with Bridgeway as a result of a court order and you do not follow through with services, this will be reported to your probation or parole officer.
8. At times, Bridgeway is audited by external organizations to ensure the quality of our services and proper billing of services compliant with various rules and regulations. In these situations, representatives of the authorized audit may have access to clinical information of persons receiving services.

ACCESSING YOUR CLINICAL RECORD

While receiving services at Bridgeway, we will maintain a confidential clinical record including information related to your services and treatment. Your clinical record is an important resource for staff assisting you to achieve your recovery goals and maintaining these records is required by our stakeholders (i.e.: funders, accreditation organizations, etc.). Generally, information from your record can only be released to others with your written consent. However, specific limited information may be released without prior written consent in medical emergencies, in authorized audits and accreditation reviews, when ordered by a court, when child or elderly abuse or neglect is suspected, to prevent serious harm to the client or another person, or in the investigation of

a threat or a crime against an agency or its personnel.

Additionally, it is your right to inspect and receive copies of your record upon your request. In order to do this, you need to indicate to a staff member that you desire to inspect your record and/or receive copies of information in the record. Generally this request would be made to the staff member responsible for coordinating your services. He/she will then begin the process by assisting you in completing a form titled "Clinical Record Consumer Request Form". This form is how review of your record by you is initiated. Assistance will be provided to you by a staff member in reviewing and interpreting your record and its contents and, once requested; arrangements will be made within 7 days for you to view the record.

As you review the contents of your record, you may also request to have copies of documents within it as long as they are reports that have been generated by Bridgeway staff. Reports from other agencies that may be in the record cannot be released and you would have to get copies of them by contacting that organization (i.e.: hospital and/or physician records). There is a fee for copying records which is identified on the "Clinical Record Consumer Request Form".

You may also request to have records generated by Bridgeway staff amended if you believe them to be inaccurate or incomplete. Your request will be evaluated by administrative staff who will explore the quality of existing documentation and you will be informed of the decision resulting from that investigation.

To parents or guardians of a child between the age of 12 and 18, if the child does not object, and the therapist does not have a compelling reason for denying access, they are entitled to inspect and copy the child's record. If a parent wants access and it is denied, the parent can petition the court.

NOTICE OF PRIVACY PRACTICES AND CONSUMER RIGHTS

This notice describes how your clinical information may be used and disclosed, and how you can get access to this information. Please review this information carefully. It also informs you of your rights under Illinois law.

USE AND DISCLOSURE OF PROTECTED CLINICAL INFORMATION

Bridgeway respects consumer confidentiality and only releases confidential information about you in accordance with state and federal law. This notice describes our policies related to the use of the records of services you have received from Bridgeway.

Disclosure of Information with Your Authorization Only

In order to effectively provide you with service, there are times when we will need to share your confidential information with others beyond our organization. Before we can share information about you, you must sign a release giving us permission to take the identified action. You have the right to refuse to give us permission to share that information. There may be a need for Bridgeway to share information about you for various reasons. Here are some examples:

Treatment

We may need to use or disclose personal information about you in order to provide, coordinate, or manage your service or any related services. This may include sharing information with others outside Bridgeway for referral or consultation purposes. In order for this to happen, you will be asked to sign a release to give us permission to share information.

Payment

With your written authorization, information will be used to obtain payment for the treatment and services provided to you. This may include contacting your health insurance company for prior approval for planned treatment, or for billing purposes.

Healthcare Operations

We may use information about you to coordinate our business activities. This may include setting up your appointments, reviewing your case, and training staff.

Information That May Be Disclosed Without Your Authorization

Under state and federal law, information about you may be disclosed without your authorization in the following circumstances:

Emergencies

Sufficient information may be shared to address your needs in an immediate medical or psychiatric emergency you are facing.

Follow Up Appointments/Care

We will be contacting you to remind you of future appointments or information about treatment alternatives or other benefits and services that may be of interest to you. We will leave appointment information on your answering machine unless you tell us not to do so.

As Required by Law

We will share essential information when we have a subpoena, court order, or are mandated to provide public health information, such as communicable diseases or suspected abuse and neglect including child abuse, elder abuse, or institutional abuse.

Coroners

We are required to disclose information about the circumstances of your death to a coroner who is investigating it.

Government Requirements

We may disclose information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and licensure activities. We are also required to share information, if requested, with the U.S. Department of Health and Human Services to determine our compliance with federal laws related to health care, and also with state agencies that fund our services.

Criminal Activity or Danger to Others

If a crime is committed on our premises or against our personnel we may share information with law enforcement to apprehend the criminal. We also have the right to involve law enforcement when we believe an immediate danger may occur to someone.

Marketing/Fundraising

As a not for profit provider of health care services we may need assistance in raising money to carry out our mission. We may contact you to seek a donation. We also may ask your permission to use your photo or endorsement of Bridgeway in our marketing materials. Also you may receive various publications that Bridgeway might distribute to the public unless you ask us not to do that.

CONSUMER PRIVACY RIGHTS:

As a consumer, you have the following rights under state and federal law:

Copy of Your Record

You are entitled to inspect the consumer record Bridgeway has generated about you. We may charge you a reasonable fee for copying and mailing your record. The cost for copies is 20 cents per page.

Release of Records

You may authorize in writing to release copies of your records to others, for any purpose you choose. This could include your attorney, employer, or others who you wish to have knowledge of your services. You may revoke this authorization at any time, but only to the extent that no action has already been taken on your prior authorization. If an attorney or other outside party requests copies (with your permission) of your records, the cost for copying is a \$20 fee.

Notification of Breach

You have a right to be notified if there is a breach of your unsecured protected health information. This would include information that could lead to identity theft. You will be notified if there is a breach or a violation of the HIPAA Privacy Rule and there is an assessment that your protected information may be compromised.

Restriction on Record

You may ask us not to use or disclose part of your clinical information. This request must be in writing. Bridgeway is not required to agree to your request if we believe it is in your best interest to permit use and disclosure of the information. The request should be given to your Privacy Contact.

Contacting You

You may request that we send information to another address or by alternative delivery means. We will honor such a request as long as it is reasonable and we are assured it is correct. We have a right to verify that the payment information you are providing is correct.

Amending Record

If you believe that something in your record is incorrect or incomplete, you may request that we amend it. To do this, contact your Privacy Contact and ask for the [Request to Amend Clinical Information](#) form. In certain cases, we may deny your request. If we deny your request for an amendment you have a right to file a statement that you disagree with us. We will then file our response and your statement and our response will be added to your record.

Accounting for Disclosures

You may request an accounting of any disclosures we have made related to your confidential information, except for information we used for payment or program purposes, or information that you gave us specific written authorization to release. It also excludes information we were required to release. To receive information regarding a disclosure made for a specific time period after April 14, 2003, and for no longer than six years; please submit your request in writing to your Privacy Contact. We will notify you of the cost involved in preparing this list.

Questions and Complaints

If you have any questions, want a copy of this Policy or have any complaints, you may contact your Privacy Contact at our office. If you do not have resolution of your complaint, you may choose to file a grievance with Bridgeway. You also may complain to the Secretary of the U.S. Department of Health and Human Services if you believe Bridgeway has violated your privacy rights. We will not retaliate against you for filing a complaint.

Changes in Policy

Bridgeway reserves the right to change our policies based on the needs of Bridgeway and changes in state and federal law. Before we make a significant change, we will change our notice and post a new notice in each service delivery site and on our Web site. For more information, contact your Privacy Contact at the phone number listed below.

PRIVACY CONTACTS

If you have any questions about this policy or your rights, contact the Director of Quality Management at 309-344-2323.

Bridgeway Outpatient Clinic Locations and Hours of Operation

Bridgeway strives to provide hours of operation which accommodate the needs of consumers while balancing the availability of personnel and facility resources. Behavioral Health Services are generally provided Monday through Friday from 8:00 a.m. to 5:00 p.m. at the clinic sites.

Address	Phone/Fax	Hours of Operation
Knox County Clinic 2323 Windish Drive Galesburg, IL 61401	Phone: 309-344-2323 TDD: 309-344-4305 Fax: 309-344-4281	8:00 am to 5:00 pm (M-T-W-TH-F)
Henry County Clinic 137 East College Kewanee, IL 61433	Phone: 309-852-4331 TDD: Not Available Fax: 309-854-0122	8:00 am to 5:00 pm (M-T-W-TH-F)
Warren County Clinic 301 Industrial Park Road Monmouth, IL 61462	Phone: 309-734-9461 TDD: Not Available Fax: 309-734-3909	8:00 am to 5:00 pm (M-T-W-F)
McDonough County Clinic 900 S. Deer Road Macomb, IL 61455	Phone: 309-837-4876 TDD: 309-837-1473 Fax: 309-833-1531	8:00 am to 5:00 pm (M-F)

On rare occasions, Bridgeway will encounter unplanned closures due to severe weather conditions or other unpredicted events. Bridgeway's policy is to convey these emergency closings to the community through the use of common media, such as local radio stations.

Access to Services after Hours- Crisis Services: Bridgeway provides a system for 24 hour emergency coverage, seven days a week, including holidays. Please call the crisis phone number:

- In Illinois call **1-800-322-7143**

Accessibility and Special Circumstances: Bridgeway locations are in compliance with the American Disability Act. Translators and interpreters can be made available when requested. Other unique accommodations to aid your access to service may be available and we encourage you to express these requests directly to your service provider.

Bridgeway's Accreditation, Licenses, and Certifications:

CARF (Commission on Accreditation of Rehabilitation Facilities)

DASA (Illinois Division of Alcohol and Substance Abuse)

DASA DUI

Illinois Medicaid Mental Health Services

Medicare Certificate

Thank You for Choosing Bridgeway!

BRIDGEWAY

Signature Page

Consumer Name: _____ Date: _____

I acknowledge I have read or been offered the Orientation Handbook which includes the below information. I was also informed that I may access the Orientation Handbook on Bridgeway's website: www.bway.org.

CONSUMER RIGHTS STATEMENT

GRIEVENCE PROCEDURES

HIPAA PRIVACY NOTIFICATION

CONSUMER RESPONSIBILITIES

FINANCIAL RESPONSIBILITIES

ORIENTATION TO SERVICE

TELE-HEALTH SERVICES

Annual review of the above documents took place on this date: _____

Consent for Treatment

Consent is hereby given to the staff of Bridgeway to provide rehabilitation, family support, mental health and/or substance abuse services to (a) me (the undersigned) and/or (b) the following family members. Anyone 12 years of age or over must sign the consent if they become involved in treatment. I understand that I/we may withdraw this consent to treatment or services at any time.

Consumer Signature
(Includes Minor 12 through 17)

Witness Signature

Signature of Parent/Legal Guardian

Relationship

Clinician Signature

Date

Clinician signature indicates that the consumer's rights have been reviewed with the consumer, and or their legal guardian, and the clinician believes that the consumer understood these rights.