



Community *First* Health Centers

Improving the quality of life for our community.

Behavioral Health Services Program at Community First Health Centers:

Behavioral Health Services at Community First Health Centers are rendered by our therapy team comprised of licensed social workers and counselors. Your therapist will work with you and your primary care provider to ensure your treatment is person centered and integrated to meet your health and social needs. The Behavioral Health Program offers individual and group counseling, diagnostic screenings, community referrals, and resource assistance.

Patient Responsibilities:

- Your treatment is driven by YOU! Work with your therapist collaboratively to set and obtain your therapeutic goals.
- Be honest with your therapist. The more your therapist knows, the better they can navigate your treatment plan and provide you appropriate resources and referrals.
- Respect the staff members of Community First Health Centers.
- Keep your appointments! If needed call to reschedule at least 24 hours in advance.

Therapist Responsibilities:

- Set and maintain professional boundaries.
- Provide information, resources, and referrals within the therapist's scope of practice.
- Respect you, the patient, and the information you share during sessions.
- Maintain confidentiality as legally able to do so.

Limits of Confidentiality:

Patient confidentiality is the right of an individual to have personal and medical information kept private. Because information may be shared with another provider or community resource as part of the integrated care process you will be asked to sign a release of information for Care Coordination purposes. If there is a need for additional release of information, authorization for this will be discussed at that time. Confidentiality may be broken by the therapist in the following circumstances: you are determined to be a danger to yourself, you are determined to be a danger to others, the therapist has knowledge of abuse or neglect of a child or elderly individual, the therapist is subpoenaed by the court.

This institution is an equal opportunity provider.
Partially funded by a Bureau of Primary Health Care, Health Resources and Services
Administration, U.S. Department of Health and Human Services Grant
NCQA Recognition for Patient Centered Medical Home





Discharge from Behavioral Health Services:

Discharge from the Behavioral Health Services Program can occur in the following ways:

1. You have met your identified goals. You and your therapist agree discontinuing services is in your best interest.
2. You have failed to comply with your treatment plan or identified goals.
3. You are enrolled in therapeutic services with a different agency and plan to continue services with that agency.
4. You have 3 no call / no show appointments in a 90-day period.
5. You cancel or reschedule 50% of your appointments in a 90-day period.
6. You do not contact your therapist for 1 month or longer.
7. You have completed 2 years in the behavioral health program.

Being discharged from Behavioral Health Services for any of the reasons mentioned above does not discharge you from any of the other programs offered by Community First Health Centers. Should you need Behavioral Health Services after your initial discharge date, you may re-enroll by calling your Community First Health Center office and requesting services.

Threatening harm, stalking, or doing actual harm to a staff member of Community First Health Centers will result in immediate discharge from the Behavioral Health Services Program. Police will be involved as deemed appropriate and necessary. You may not re-enroll in this program without the Compliance Officer approval.

Program Contacts:

Heath Achatz, LMSW
Behavioral Health Program Manager
586-749-5197 ext. 214

Consent to Treatment:

By signing below, I consent to voluntarily participate in the Behavioral Health Services Program at Community First Health Centers. I understand that I am responsible for the success of my own treatment; meaning, I will be honest with my therapist, actively work towards my goals and treatment plan, and follow through on provided resources and referrals. I understand I can stop treatment at any time. I understand my therapist will not share my information, outside of legal obligations, with anyone whom I have not signed a release of information for.

Patient Signature

Date

Therapist Signature

Date

