Welcome to CPC Behavioral Healthcare!

As part of our continued commitment to providing comprehensive services, CPC Behavioral Healthcare is now a Certified Community Behavioral Health Clinic (CCBHC).

The purpose of the program is to make sure you and your family have easy access to a full range of mental health and substance use disorder services at a convenient location when you need them, at no additional cost to you.

All services will be tailored to your needs and may include one or more of the following:

- Outpatient therapy for mental health and substance use disorders
- Psychiatric care for mental health and substance use disorders
- 24-hour crisis hotline and screening
- Case management
- Peer and family support services
- Screening and monitoring of physical health needs
- Targeted services to veterans and members of the armed services

It's important to note that your care at CPC will only be enhanced through this program and that all services that you receive through the CCBHC will be at no additional cost to you.

Your signature on the below line will confirm your acknowledgement and participation in the CCBHC program here at CPC.

This initiative is administered through the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Center for Mental Health Services (CMHS). For more information on this program, please visit www.cpcbehavioral.org/resources or contact our Customer Relations Department at (732) 935-2253.

Please note that during the Coronavirus Pandemic, CPC will be utilizing Telehealth services.
I understand that under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

1. Conduct, plan and direct my treatment and follow-up among the multiple health care providers who may be involved in that treatment directly or indirectly.
2. Obtain payment from third-party payers.
3. Conduct normal healthcare operations such as quality assessments.

I give permission for this office (CPC Behavioral Healthcare) to leave messages on my home and/or cell phone voicemail/ text.

I prefer appointment reminders to be ☐ Telephone Call ☐ Text Message

Telephone # for Reminder Call: ______________________  Cell Phone # for Text Message: _____________________

I make the following special request of confidential communications: The people whom, in addition to myself, may be given this confidential information, which may include billing/insurance questions are:

(please designate one as emergency contact)

Name _____________________ Relationship ___________ Telephone __________________ Emergency Contact ☐
Name _____________________ Relationship ___________ Telephone __________________ Emergency Contact ☐

Are you requesting any special communications needs? ☐ Yes ☐ No If yes, please specify:

________________________________________________________________________________________________

Do you have any special communication needs: ☐ Yes ☐ No If yes, please specify:

Health Information Exchange (HIE): The health information exchange is used to make it easier for your providers to communicate with one another. For example, if you needed to go to the hospital, rather than getting the information from you and having to call your doctor, the hospital within the exchange would have immediate access to your medication list and other important information to best assist in your treatment.

We may disclose your medical information to the HIE, unless you opt-out of participating in the HIE. ☐ Opt-out

Note: If you opt-out, the HIE database will only include basic demographic data but no clinical information will be shared.

I acknowledge that I have received your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its Notice of Privacy Practices from time to time and that I may contact this organization at any time to address above to obtain a current copy of the Notice of Privacy Practices.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

__________________________        ____________________________________           _______
Print Client’s Name                             Client’s Signature                                                     Date
## Medication Monitoring Attendance & Refill Policy

### Important Information for Clients being Prescribed Medication by a CPC Psychiatrist

The psychiatrist will conduct an evaluation and discuss the appropriate medication for you. The psychiatrist will inform you of the intended effects of the medication being prescribed, how frequently you should take your medication, at what dose, and what side effects you might experience. If you experience side effects or have any questions, please discuss with your doctor. It is important for your treatment that you keep all scheduled appointments at CPC.

### Attendance and Medication Refill Policy:

- You will receive an automated reminder call for appointments.
- All appointments must be canceled and rescheduled at least 24 hours prior to your next scheduled appointment.
- Our policy is to provide enough medication until your next appointment. If you miss an appointment, a refill may be given only to cover until your next appointment. If you do not have a next appointment, medications will not be refilled. Please call the office to schedule an appointment.
- The medication line is managed by the nurse at each location. The nurse will return your call within 24 to 48 hours. In case of an emergency please go to your local emergency room.
- If you are an active client, but have failed to be seen in the last 3 months, or if the doctor determines that it is necessary to reevaluate your clinical status, we will be unable to provide refills until you are seen by the doctor.

This policy has been revised to assure client safety and best clinical practices for medication prescription. Thank you for your consideration and cooperation.

### I Have Been Informed and Will Receive a Copy of This Information Upon Request:

Client Name: _____________________________  Client Signature: ______________________  Date: ________

CPC Staff Name: __________________________  Signature: ____________________________  Date: ________
CLIENT RIGHTS AND RESPONSIBILITIES AND CONSENT FOR TREATMENT

CLIENT RIGHTS:

1) TO BE MADE AWARE of your rights and privileges in receiving mental health services, and always treated with respect and courtesy.

2) UNDERSTAND AND USE THESE RIGHTS. If for any reason you do not understand or you need help, the Agency must provide assistance, including an interpreter.

3) RECEIVE TREATMENT WITHOUT DISCRIMINATION as to race, color, religion, sex, national origin, disability, sexual orientation, or a source of payment.

4) BE INFORMED OF THE NAME AND POSITION of the staff member who will be in charge of your care in the program.

5) NOTICE OF YOUR RIGHTS shall be in writing, and shall be supplemented by an offer to discuss or explain the written description in a language that you understand.

6) AS A RECIPIENT OF SERVICES AT CPC, you have the following rights:
   a) To be free from unnecessary or excessive medication.
   b) Not to be subjected to non-standard treatment or procedures, experimental procedures or research, psycho-surgery, sterilization, electro-convulsive therapy or provider demonstration programs, without written informed consent, after consultation with counsel or interested party of the client’s choice.
   1) If a client has been adjudicated incompetent, authorization for such procedures may be obtained only pursuant to the requirements of N.J.S.A. 30:4-24.2d(2).
   c) To treatment in the least restrictive setting, free from physical restraints and isolation.
   d) To be free from corporal punishment.
   e) To privacy and dignity.
   f) To the least restrictive conditions necessary to achieve the goals of treatment/services.

7) REFUSE TREATMENT 74141and be told what effect this may have on your health.

8) REVIEW YOUR CLINICAL RECORD upon written request and obtain a copy of the clinical record – unless your treating therapist in consultation with your supervisory staff and the Agency’s Privacy Officer assess this disclosure to be clinically harmful.

9) PARTICIPATE in discussions involving ethical issues in your care with the Executive Staff Ethics Review Committee.

10) TO CONFIDENTIALITY OF ALL INFORMATION AND RECORDS, except as required by law.

11) TO RECEIVE THE HIPAA NOTICE OF PRIVACY PRACTICES which explains how your health information may be used and disclosed.

FOR ARS/CO-OCCURRING PROGRAMS ONLY:

1) The right to exercise civil and religious liberties, including the right to independent personal decisions.

2) The right to be transferred or discharged only for medical reasons, for your welfare, that of other clients or staff upon the written order of a physician or other licensed clinician, or for failure to pay required fees as agreed at time of admission (except as prohibited by sources of third-party payment).

3) The right to be notified in writing, and to have the opportunity to appeal, an involuntary discharge.

CLIENT RESPONSIBILITIES:

1) PROVIDE, to the best of your knowledge, ACCURATE AND COMPLETE INFORMATION about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his/her health.

2) REPORT ANY UNEXPECTED CHANGES in your condition to the responsible practitioner.

3) REPORT WHETHER a contemplated course of action and what is expected of you is understood or not.

4) PARTICIPATE IN SETTING GOALS AND DEVELOPING A SERVICE PLAN with your physician and treatment team.

5) ASSUME RESPONSIBILITY for your actions upon refusing treatment or not following the prescribed service plan.

6) KEEP SCHEDULED APPOINTMENTS and make timely notification if you are unable to do so for any reason.

7) FOLLOW AGENCY RULES AND REGULATIONS affecting your care and conduct.

8) BE RESPECTFUL OF THE PROPERTY OF OTHER PERSONS AND THE AGENCY.

Should you have any questions about any of these rights and responsibilities, please contact any staff member in your Program or contact Roger Borichewski at CPC Administration (732) 935-2220, ext. 2343.

I HAVE RECEIVED A COPY OF MY RIGHTS & RESPONSIBILITIES & CLIENT COMPLAINT & GRIEVANCE PROCEDURE, WHICH WERE EXPLAINED TO ME and HAVE RECEIVED A COPY OF THE HIPAA NOTICE OF PRIVACY PRACTICES.

I CONSENT TO RECEIVE AND PARTICIPATE IN TREATMENT AS SPECIFIED BY MY CPC PHYSICIAN AND/OR CPC THERAPIST.

Client Signature (14 yrs. of age or older) ____________________________ Date ___________

Signature of Parent / Guardian of Minor ____________________________ Date ___________
CPC BEHAVIORAL HEALTHCARE, INC.

CLIENT COMPLAINT AND GRIEVANCE PROCEDURE
If you believe your rights have been violated, you may present your concerns orally or in writing to the CPC staff person who is your primary treatment provider. If the issue cannot be resolved, or if you prefer to speak with someone other than your clinician, you can address your complaint with a Supervisor or Program Coordinator. If they are unable to resolve the issue they will bring your concern to the Agency Compliance Officer.

If you have a complaint or grievance about the care you are receiving at CPC Behavioral Healthcare, you have a right to complain without fear of reprisal. You can contact the CPC Compliance Officer directly at 732-935-2220, ext. 2343.

YOU HAVE THE RIGHT TO CONTACT ANY OF THE FOLLOWING STATE, FEDERAL AND ACCREDITING AGENCIES AT ANY TIME:

Community Health Law Project
1 Main Street, Suite 413
Eatontown, NJ 07724
732-380-1012
Fax: (732) 380-1015
E-mail: Eatontown@chlp.org

Monmouth County Mental Health Administrator
Monmouth County Division of Mental Health & Addiction Services
PO Box 3000
Kozloski Road, Freehold, NJ 07728
732-431-7200

NJ Division of Mental Health & Addiction Services
DMHAS Ombudsperson
609-438-4321 or email: Susanne.Mills@doh.nj.gov

Division of Mental Health Advocacy
The Justice Hughes Complex
25 Market Street, Trenton NJ 08625
(877) 285-2844

Division of Child Protection & Permanency (formerly DYFS)
Child Abuse/Neglect Hotline (24 hrs. a day)
1-877-652-2873 or 1-877 NJ ABUSE
TTY 1-800-835-5510

Asbury Park District Office – 732-988-2161 or Red Bank District Office – 1-800-392-9511

Disability Rights New Jersey
210 S. Broad Street, 3rd Floor
Trenton, NJ 08608
Phone: 1-800-922-7233
Fax: 1-609-777-0187
Voice: 1-609-292-9742
TTY: 1-609-633-7106

Monmouth County Adult Protective Services
732-531-9191

Complaints Regarding Substance Abuse Treatment
Contact Dept. of Human Services, Division of Mental Health and Addiction Services – Toll Free Number
1-877-712-1868

CPC is accredited by Joint Commission – unresolved quality of care or client safety concerns can be addressed by contacting the Joint Commission at 1-800-994-6610 or emailing complaint@jointcommission.org.

Children’s System of Care
Community Service Coordinator,
DCF-Division of Child Behavioral Health Services
PO Box 717, Trenton, NJ 08625-0717
609-292-2160

Department of Children and Families Office of Licensing: (for allegations of non-compliance with licensing regulations) contact:
Office of the Chief
DCF-Office of Legal Affairs and Regulatory Oversight Office of Licensing
PO Box 717, Trenton, NJ 08625-0717

Health and Senior Services
Ombudsman Complaint Hotline
1-877-582-6995

Medicare: 1-800-356-1561
Medicaid: 1-800-633-4227

CPC BEHAVIORAL HEALTHCARE, INC
CPC Behavioral Healthcare is required to ascertain if you have a Psychiatric Advance Directive regarding how your psychiatric condition should be handled if you were to become incapacitated. The Psychiatric Advance Directive will only be implemented in the event that you no longer understand the nature and consequences of proposed mental health treatment and cannot make decisions.

Please Check One of the Following Statements:

_____ I do not have a Psychiatric Advance Directive.

_____ I do have a Psychiatric Advance Directive which is on file with the Division of Mental Health Services Registry.

_____ I do not have a Psychiatric Advance Directive but would be interested in learning more about it. I would like my case manager to provide me with information about a Psychiatric Advance Directive, explain this information to me, and direct me to someone who can help me complete it should I choose to do so.

____________________________________  __________________________________
Client Signature / Date                    Staff Witness / Date
### Coordination of Treatment Authorization or Declination

#### Primary Care or Other Medical Providers Coordination

<table>
<thead>
<tr>
<th>Last Name: ___________________________</th>
<th>First Name: ________________</th>
<th>DOB: ____________________</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Today’s Date: _______________________</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I allow CPC Behavioral Healthcare to communicate (release or obtain information) with the following provider(s):  
**PCP/ Medical Provider(s) Name(s) and Address(es):**

This communication will allow CPC and my other provider to coordinate and provide me with high quality care.

**By initialing each box,** I allow CPC to include the following information:

- [ ] My name and other personal identifying information
- [ ] My diagnosis, attendance, psychiatric and medication-related information, assessment results and history
- [ ] My information about alcohol and drug status
- [ ] My information about my HIV or AIDS status
- [ ] Participation in Integrated System of Care

**By checking a box,** I will allow this communication to continue

- [ ] Until I take back my permission
- [ ] For the time I am in treatment at CPC (up to one year)

(If unspecified, this authorization will expire in 4 months.)

I know that I can take back my permission for CPC to communicate with my provider at any time by letting them know in writing. I know that I can receive treatment at CPC whether I fill out this form or not. I have also read and understand the information on the bottom of this form.

<table>
<thead>
<tr>
<th>Client Signature</th>
<th>Date</th>
<th>Staff Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

**I HAVE NOT COMPLETED THE TOP OF THIS FORM BECAUSE:** (check one and sign below)

- [ ] I do not have a primary care provider and I have been given the CPC Community Providers Resource Form.
- [ ] I have spoken with my CPC provider about coordination and do not want CPC to coordinate with my primary care provider. I know that I can change this position at any time and request coordination of treatment.

<table>
<thead>
<tr>
<th>Client Signature / Date</th>
<th>Staff Witness / Date</th>
</tr>
</thead>
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I understand that I may revoke this Authorization in writing at any time, except that the revocation will not have any effect on any action taken by the Provider in reliance on this Authorization before written notice of revocation is received by the Provider. I understand that the Provider cannot guarantee that the Recipient will not re-disclose my health information to a third party. The Recipient may not be subject to federal laws governing privacy of health information. However, if the disclosure consists of treatment information about a client in a federally-assisted alcohol or drug abuse program, the Recipient is prohibited under federal law from making any further disclosure of such information unless further disclosure is expressly permitted by written consent of the Client or as otherwise permitted under federal law governing Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR, Part 2). I hereby acknowledge receipt of a copy of this authorization.
CPC Behavioral Healthcare
Patient Financial Agreement

Patient Name: ______________________________________      Patient ID#: _______________

CPC Behavioral Healthcare is committed to providing you the highest quality and affordable healthcare service available. As a result of public funding and donations, CPC is able to provide a subsidy that will assist qualified families and individuals in paying for services. The maximum amount of subsidy for which you may be eligible will depend upon household income and number of dependents. CPC recognizes that families and individuals have economic circumstances that may qualify you for additional financial assistance. You can request to meet with a Patient Account Representative to review your eligibility. Please read through the following financial agreement and let us know if you have any questions or concerns.

Patient Insurance Responsibility
CPC participates with Medicaid, Medicare, numerous Managed Care and Commercial Insurances. We will submit your claims and assist you in any way we reasonably can to help get your claims paid. You are responsible to comply with any request for information your insurance company may need from you. You are responsible for all deductibles, copayments, co-insurance, fees for non-covered services, and updating your health insurance information with this office any time your information changes/terminates/new coverage begins.

Assignment of Insurance Benefits and Authorization to Release Information
You must agree and acknowledge that your signature on this document will authorize CPC to release any medical, mental health, substance abuse, or other information necessary to process insurance claims on behalf of you and/or your dependents. You also agree and acknowledge that you consent to representation in appeals of Utilization Management determination and authorization for release of medical records in UM appeals in independent arbitration of claims.

You must authorize that payment of medical benefits be directly submitted to CPC. You must turn over to CPC any insurance reimbursement checks paid to you, if you have not paid the full cost of service. You must request that payment of authorized Medicare/Medicaid/Insurance benefits be made either to you or on your behalf to the name of provider of service and/or supplier for any services furnished to you by that provider of service and/or supplier. You must authorize any holder of medical information about you to release to the Centers for Medicare and Medicaid Services and its agents any information needed to determine these benefits or the benefits payable for related service.

Patient Payment Responsibilities
You are responsible for the fees incurred by the above named patient. Payment is expected on the day that treatment is rendered, unless prior arrangements have been made. CPC accepts cash, check, Visa, MasterCard, Discover card, and American Express. If your account is delinquent and non emergent, your services may be interrupted until payment is made. By signing below you acknowledge that you received a copy of CPC’s fee schedule. You agree that CPC may initiate collection proceedings, if you fail to pay the proceeds of insurance reimbursement or your account balance.

Patient Subsidy Responsibilities
To be eligible for a financial subsidy you must provide proof of household income, number of dependents, and you must also assign to CPC any insurance benefits for which you are eligible. Subsidies are based on cost of service. (Proof of income includes but not limited to: income tax return, paycheck stub, other income documentation. Self-employed must provide a signed copy of the most recent 1040-including Schedule C, form S1120,form 1065, Schedule E and other related schedules or most recent profit and loss statement.).

If you qualify for a subsidy, you will still have a financial responsibility to pay CPC the portion of your fees at the time of service.

You will need to re-qualify for your subsidy annually and you are responsible to notify CPC of any changes in your financial information. You must acknowledge that the information you provided is accurate and reliable.

I have read, acknowledge and agree to the terms explained above.

___________________________________       _______________________         ___________________
Person Responsible                  Relationship to Patient                   Social Security #
____________________________  Date________      ___________________________  Date__________
Signature                                                                        CPC Representative Signature
Please note that all forms after this page are specific to clients in the:

**CPC Behavioral Healthcare**

**Addiction Recovery Services (ARS) Program**

If you are attending CPC for mental health services only, then the following forms in this packet, after this page, do not apply to your treatment at CPC.

**If you are going to participating in the**

**CPC Addiction Recovery Services (ARS) Program:**

*Please review the following additional forms in this packet specific to ARS clients*

Thank You

If you have any questions about this, please speak with your intake clinician
CPC Behavioral Healthcare
Addiction Recovery Services

The CPC Behavioral Health, Addiction Recovery Services Program is designed to help adults and adolescents with Substance use issues develop an effective individualized and comprehensive recovery plan by developing healthy coping skills and supports. Due to an ever-increasing need, we specialize in treating clients with co-occurring substance abuse and mental health disorders using evidence based treatment practices.

CPC Addiction Recovery Services provides a both outpatient and Intensive Outpatient Programs (IOP) and psychiatry/medication monitoring. CPC specializes in utilizing a fully integrated treatment model, which is addresses our consumers substance use needs as well as any co-occurring mental health disorders simultaneously to treat the whole person, not just the addiction. CPC utilizes a Harm Reduction approach, combined with Motivational Interviewing, Cognitive Behavioral and Dialectical Behavioral techniques and Trauma-Informed care, designed to successfully engage and treat clients at their current level of motivation and readiness in order to enhance long-term success and recovery.

CPC ARS Programs:

Intensive Outpatient Programs (IOP) – Intensive Outpatient Programs (IOP) run for 9 hours per week. The duration of these programs is on average of 12 to 16 weeks but can be shorter or longer based on individual client needs. IOP consists primarily of group therapy but also includes individual and family components. In IOP, clients will receive education and therapy focused on developing the knowledge, skills and supports needed to effectively manage substance use disorders as well as co-occurring mental health disorders. Increasing insight and motivation for making positive lifestyle changes and healthy decisions is also discussed regularly in the programs. Relapse prevention and managing challenging emotions and behaviors is integrated into the program curriculum. In addition, topics such as communication & conflict resolution skills, stress management, anger management & relaxation, health & wellness, smoking cessation, work-readiness, self-care, grief & loss and managing trauma are all aspects of care in IOP.

- Adult IOP – Consult with your intake clinician for days/times

Outpatient Services for Addiction and Co-occurring Disorders: The following outpatient services are available. Please consult with your intake clinician for details on days/times

- Biopsychosocial and Risk Assessment
- Outpatient Recovery Groups
- Psychiatric Evaluation/Medication Monitoring
- Medication Assisted Treatment for Substance Use Disorders
- Individual, Couple, and Family Therapy

During the COVID-19 Pandemic, therapy services are being conducted via telehealth. Your assigned CPC clinician will notify you of any changes and your clinician will instruct you when and if office visits resume. Please consult with your CPC clinician if you would like more information on the CPC Behavioral Healthcare Telehealth policy. Thank you for your cooperation.
1. **Safety:** This is of top priority at CPC. Treatment must be a safe environment. Weapons, drugs, alcohol or any other illegal or dangerous items will not be tolerated on the premises. Aggressive behavior is also unacceptable. CPC staff will do our best to help stabilize a situation where someone may be a danger to themselves or others; however, CPC staff will call the police for assistance if a situation escalates to a level that is unmanageable. In addition, clients who come to treatment intoxicated will be asked to be escorted out of the facility by a family member or responsible friend. CPC is required to call the police if anyone attempts to drive away from the facility while intoxicated. CPC may call the police if minors leave the facility unsupervised without permission. If at any time, you are having thoughts of hurting yourself or others, we request that you let a staff person know so that we can assist you.

2. **Criminal Activity:** Any attempts to distribute any illegal substances or other illegal items to other clients either on or off the CPC premises or vehicles will result in administrative discharge from the program. Depending upon quantity and intent, local police may be called when appropriate.

3. **Attendance:** Regular attendance is essential for effective treatment and it is a requirement for completion of all CPC programs. You are expected to do your best to attend all scheduled sessions. In the event that you need to cancel a session, we ask that you call to notify CPC with as much advance notice as possible. CONSISTENTLY poor attendance may be grounds for administrative discharge.

4. **Punctuality:** Please be on time to all scheduled sessions. CPC clinicians reserve the right to dismiss any client from attending a session where they arrive more than 15 minutes late without calling especially within group programs, as lateness is extremely disruptive to the group process.

5. **Participation:** CPC staff realizes that individuals have different comfort levels and social skills with regard to openness and personal sharing in treatment and this is taken into consideration with all clients. However, clients are expected to make an effort to participate in treatment to the best of their ability. Consistent refusal to participate may be eventual grounds for discharge.

6. **Urine Drug and Alcohol Testing:** Whether or not you are at CPC voluntarily or if you are mandated by an outside referral source, submitting to urine drug and alcohol testing is a required part of all treatment within this department. All clients are required to submit to random testing. Refusal to take a urine drug test is considered an act of treatment noncompliance, which will be recorded directly in your case record. Efforts to tamper with or falsify test results are also viewed as a severe act of noncompliance, which is also recorded. Positive urine tests will be reviewed and considered on a case-by-case basis. Clients are encouraged to be honest and upfront about relapse rather than make efforts to conceal substance use, as an open discussion of relapse improves overall outcomes in treatment.

7. **Confidentiality:** Information will not be disclosed outside of CPC without prior written consent except in cases of child abuse or neglect, or if a client is an active danger to one’s self or others. In the group setting, clients are expected to adhere to these confidentiality guidelines by not discussing other client’s information outside of the group setting. “What’s said in group, remains in group” is the standard rule.

8. **Respect:** All clients, regardless of age, are required to treat staff, other clients, and the building with respect. Verbal aggression, insults, or any other disruptive behavior may result in being asked to leave the facility. Group members are expected to respect on another by listening and only speaking one person at a time. CPC staff direction also needs to be respected and followed as appropriate. Cell phones and other potentially disruptive devices need to be turned off while in session as this can be highly disruptive. Unless medically indicated, headphones, earphones and sunglasses are not permitted during session but may be used during breaks if approved by staff. Minors sent home due to disruptive behavior may be prohibited from returning to treatment until they return with their parent or guardians.

9. **Smoking:** Adolescents may not smoke during treatment hours. Adults may be given short breaks but smoking must be done 25 feet away from the building according to NJ Licensing Standards.

10. **Social Relationships:** Sexual relationships with other CPC clients is not permitted. Friendships and other social relationships between clients should be openly discussed with staff as there are many situations where this is a potential hazard for all involved.

Please carefully review these rules and expectations and discuss any concerns with your clinician. These rules are subject to modification as appropriate for telehealth treatment services.
CPC BEHAVIORAL HEALTH
ADDITION RECOVERY SERVICES

Consent to use the New Jersey Substance Abuse Monitoring System (NJSAMS)

CPC utilizes the NJSAMS intake and assessment tool in compliance with the New Jersey Division of Addiction Services guidelines. This computerized system is completely confidential, firewalled and protected by Federal HIPAA privacy laws. The system confidentially tracks admission information at licensed NJ addiction treatment centers in order to identify trends. Also, the NJSAMS system is necessary for registering clients with Medicaid for payment for substance use treatment.

By sending a return confirmation email, you are consenting for CPC to enter your name and general assessment information into the New Jersey Substance Abuse Monitoring System. Please notify your intake counselor immediately if you do not consent to the use of your name and information in NJSAMS.

Intern Disclosure Statement

In accordance with NJAC 13:34C-6.3 (c) and NJSA 13:34 3.4
Prior to the intern’s provision of treatment services, the supervisor shall obtain a written disclosure that the client has been informed that the services are provided by an intern under the clinical supervision of a licensed professional.

CPC Behavioral Healthcare, Addiction Recovery Services utilizes Master’s Level Interns to assist with providing group cofacilitation, intakes and case management services.

All CPC ARS Interns are closely supervised by our licensed full time staff. Interns are required to disclose their intern status to all clients they are directly involved with. As a CPC ARS client, you have the right to be informed of and to inquire about the intern status of any of our counselors including the identity of any intern’s direct supervisor.

This document will be kept as part of client records pursuant to NJAC 13:34C-6.3 (c).
IMPORTANT REFERRALS FOR CPC ADDICTION RECOVERY SERVICES CLIENTS:

Due to the fact that substance use/abuse often leads to additional problems in other life areas, please review the following list of resources that may help you with regard to any special needs. Please consult the CPC COVID-19 Resource webpage as well (Click)

**Infectious Disease, HIV/AIDS Testing:**
ALL CPC Addiction Recovery Services Clients should be aware of the risks for HIV, Tuberculosis (TB), and Hepatitis infection as well as risks for other diseases commonly associated with drug and alcohol abuse. If you have engaged in any high-risk behaviors you should receive appropriate testing immediately. If you believe you may be at risk of having contracted HIV, Tuberculosis, Hepatitis or other infectious disease, please discuss this issue with your counselor immediately.

CPC is advising interested clients to go to the **ID Screening Center at 71 Davis Avenue in Neptune** \  The Phone number is **(732)-774-0151.** All services are confidential (i.e., Hepatitis, Tuberculosis, TB, Sexually Transmitted Disease (STD) Testing, etc.) –


Please speak directly to your CPC clinician if you feel you may have or be at risk of having an infectious illness and your CPC clinician will assist you with setting up testing and obtaining any needed medical care

**Medical Care for the Uninsured:**
- Parker Clinic, Red Bank: Free medical care for uninsured Monmouth County residents. 732-212-0777
- Visiting Nurse’s Association Federally Qualified Health Centers – Multiple Monmouth County Locations – 732-774-6333

**Employment Services:**
- Monmouth County Division of Vocational Rehabilitation: (732) 775-1799
- CPC Supported Employment Services: (732) 290-1700, ext. 5232

**Pain Management:**
If you are experiencing any kind of physical pain or if you are scheduled to receive any surgery or medical procedures, please notify your clinician immediately. In addition, you are required to notify your clinician if you are taking any prescription pain medication as this may impact your treatment at CPC. Listed below are the name and location of PAIN MANAGEMENT CLINICS in this area. These clinics offer, non-opiate pain management options for clients in recovery:

- Jersey Shore Medical Center, Neptune, NJ  
  (732) 776-3150
- Riverview Medical Center, Red Bank, NJ  
  (732) 530-3800

**Charitable Choice Notification:**
No Provider of Substance Abuse services receiving Federal funds from the US Substance Abuse and Mental Health Services Administration, including this organization, may discriminate against you on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to actively participate in a religious practice. If you object to the religious or non-religious character of this organization, Federal law gives you the right to a referral to another provider of substance abuse services. The referral, and your receipt of alternative services, must occur within a reasonable period of time after you request them. The alternative provider must be accessible to you and have the capacity to provide substance abuse services. The services provided by the alternative provider must be of a value not less than the value of the services you would have received from this organization.

Please contact your primary clinician if you have any questions or concerns in this area.

**Detoxification, Inpatient/Residential Treatment Services:** (*Has both Adult and Adolescent Beds)

**New Jersey Interim Management Entity (IME)** – Help with treatment linkages in NJ – **1-844-276–2777**

*New Hope Foundation: Marlboro (732) 946-3030 (Has grant funding for uninsured)*

Princeton House, Princeton, NJ (609) 397-3371 (accepts Medicaid and also has Dual Diagnosis Unit)

Suboxone for outpatient opiate detox or maintenance – Speak with CPC clinician or: (866) 512-2216 or go to [www.suboxone.com](http://www.suboxone.com)

Methadone for outpatient opiate detox: JSAS Healthcare, Asbury Park (732) 988-8877

**CRISIS/HOTLINES – In the event of an emergency call 911**
- National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255).
- Domestic Violence Hotline - 1-800-572-7233
- NJ Child Abuse Hotline - 1-877-652-2818
- Children’s Mobile Response and Stabilization - 1(877) 652-7624
The Addiction Recovery Services (ARS) packet contains all of the following documents:

- CPC Addiction Recovery Services **Program Rules and Expectations**, including overview of the following areas: 1) Client safety, 2) Attendance policy and expectations, 3) Expectations for punctuality, 4) Expectations for Participation, 5) Urine Alcohol and Drug Testing requirements and policy, 6) Rules for Confidentiality, and 7-9) Client rules and expectations for Respectful, and Appropriate behavior in treatment, Smoking/tobacco use, and Social Relationships in Treatment.

- The name, credentials and phone# of your assigned counselor and the CPC ARS Program Coordinator

- CPC Addiction Recovery Services **Program Description** and list of available treatment services, IOP and group programs at CPC including services for co-occurring disorders and help for families.

- Intern disclosure statement.

- Consent for use of the **New Jersey Substance Abuse Monitoring System**

- **Charitable Choice Notification** and explanation of this federal law

- **HIPPA Confidentiality Summary** and CPC Rights and Responsibilities

- List of **Important Community Providers and Hotline** for issues commonly co-occurring with substance abuse issues including:
  1. **HIV, Infectious Disease, and other STD** free, confidential pre-& post-test counseling and testing
  2. **Medical care facilities for those who are uninsured**
  3. **Monmouth County Division of Vocational Rehabilitation**, free employment services
  4. **Pain Management Clinics**
  5. **Inpatient/Residential Treatment** services as well as both inpatient and outpatient **Detoxification** services including Suboxone and Methadone for opioid use disorders
  6. **Crisis Hotlines** and **Children’s Crisis Intervention Services**, as well as Monmouth county 12-Step support group listings, and overall NJ free treatment referral hotlines

By sending the requested confirmation email, you are acknowledging that you have received a copy of all the above documents and your clinician will provide any needed explanations and assistance. Your confirmation email also confirms your agreement to adhere to CPC ARS Program rules and expectations and your understanding that your treatment will be provided using telehealth services during the COVID-19 Pandemic. If you would like to learn more about the CPC Telehealth Treatment Policy, please speak with your assigned clinician. Thank you for your cooperation.