

Adult/Adolescent Outpatient/IOP and ADSAP Patient Handbook



Beaufort County Alcohol and Drug Abuse Department

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Beaufort County Alcohol and Drug Abuse Department Philosophy:

In pursuing its mission, Beaufort County Alcohol and Drug Abuse Department holds these tenets and beliefs:

1. Misuse of alcohol, drugs, and tobacco impacts negatively on the quality of life of the entire community, through health costs, accidents, child and spouse abuse, and crime, work and school performance. It is believed that the most effective approach to reducing the negative impact is by using a Recovery Oriented System of Care approach to recovery.
2. Addiction is a disease, not a moral weakness, and that persons affected by the disease should be treated with dignity and respect.
3. The whole person needs to be treated, which involves the family and works toward maximizing the person's physical, mental, emotional, and spiritual well-being.
4. Through the use of a variety of strategies high risk behaviors can be identified and reduced, and so can substance use. Likewise, addressing substance use will decrease high risk behaviors. Thus, The Beaufort County Alcohol and Drug Abuse Department is committed to providing resources and evidenced based approaches toward this effect.
5. There should be no barriers to treatment. We strive to remove architectural, attitudinal, childcare, employment, financial, transportation and other barriers for all persons served. We believe services should be provided where patients are identified.
6. Treatment should be provided regardless of a person's age, gender, race, creed, national origin, sexual orientation, or socio-economic status and treatment will be offered regardless of a patient's ability to pay for services.
7. Those affected by addiction can best be helped by a team of highly and qualified professionals with experience in addiction treatment. Persons affected by addiction are ultimately responsible for their own recovery and actively participate in their treatment planning and recovery process. Furthermore, we believe that the Twelve-Step Recovery Program and or other forms of mutual support is a vital method for the patient to maintain recovery.

Welcome to the Beaufort County Alcohol and Drug Abuse Department (BCADAD)!

The Adult Outpatient Continuum of Services includes two distinct areas of service: Traditional Outpatient services which treat patients at a Level I ASAM level (group, individual, family counseling less than 9 contact hours per week), Intensive Outpatient services which provides patients with Level II.1 ASAM level. (9 hours or more of services per week).

Adolescent Services offers Level I ASAM level services to adolescents, their families, and identified caretakers in group, individual, or family counseling less than 6 hours weekly.

ADSAP is a court Diversion Program that is curriculum based, unless the patient demonstrates the need for a higher level of care through the primary assessment or repeat offense of a Driving Under the Influence conviction (DUI).

Specifics for each of the above programs are addressed below, including goals, program descriptions, and hours of service, admission criteria, and other specific program issues.

Intensive Outpatient Treatment meets at least 9 hours weekly, to provide substance abuse education and counseling, coping skills development, support and symptom management (formerly known as relapse prevention) counseling, and individual and/counseling.

Traditional Outpatient Groups are developed to serve the various needs of patients. Groups are either process-oriented or skills based and placement in one or both types of these groups is based upon your assessed needs as well as your mutually agreed upon treatment goals.

Mission: Our mission is to reduce the negative impact of alcohol and drugs in Beaufort County by providing its citizens with trauma-informed prevention, intervention, treatment, and recovery services.

Goals for each program:

- **Sobriety or reduced risk of substance misuse**
- **Improved functioning bio psychosocially**

*Thank you for allowing **BCADAD** the opportunity to serve you.*

Patient Care Team

Counselor Name: _____

During your time here you will be assigned a primary counselor who will oversee your treatment. You will be given an appointment to meet that counselor at time of screening. That counselor will coordinate all of your care and make any referrals necessary for concurrent care. You may also have additional services provided by other counselors; however your primary counselor will be your main contact for person-centered treatment planning, transition planning, referrals for other services or case management, and discharge planning.

If not eligible for services, based upon the screening or assessment, the assigned counselor will provide all necessary and legally permissible notifications and recommend other services through information provision or referral, as applicable.

Ethical/Professional Expectations of Counseling Staff

Individuals seeking services from the Beaufort County Alcohol and Drug Abuse Department will not be discriminated against on the basis of race, religion, language group, age, gender, disability, sexual orientation, or economic condition. Beaufort County Alcohol and Drug Abuse Department staff understands their responsibility to patients, confidentiality, professional competency and integrity, financial arrangements, and inter-professional relationships. They are dedicated to respecting the rights of the persons served and will work to ensure that services are accessible and appropriate. Staff will respect and protect the confidences of patients in accordance with federal law and will make financial arrangements with patients and third party payers that conform to acceptable professional

practices. You can expect a high standard of professional competency and integrity, professional boundaries and limitations of competencies, and to treat patients with respect, courtesy, and fairness.

Accessibility

Beaufort County Alcohol and Drug Abuse Department promotes accessibility of services to all residents of Beaufort County regardless of race, religion, gender, ethnicity, age, handicap, sexual orientation or ability to pay for services. Beaufort County Alcohol and Drug Abuse Department is committed to ongoing efforts to remove biases and barriers, including attitudinal barriers. Reasonable accommodations are made to ensure that the services and facilities are accessible to all patients, visitors, staff, and other stakeholders.

1. Patients and visitors requiring the use of service animals, i.e. seeing-eye dog will be permitted upon Beaufort County Alcohol and Drug Abuse Department premises.
2. Patients in need of services not provided by Beaufort County Alcohol and Drug Abuse Department or patients determined to be ineligible for services will be provided with referrals to appropriate services with as much accommodation as possible.
3. Patients will not be denied services based on their inability to pay. If ability to pay is an issue special financial arrangements will be made.
4. Beaufort County Alcohol and Drug Abuse Department is committed to developing and providing reasonable accommodations for people who may need assistance in communicating. Reasonable accommodations include, but are not limited to, arranging for and providing interpreters for the hearing impaired; providing tapes, materials in Braille or reading to the visually impaired; providing tapes and alternative materials for the cognitively impaired; and arranging change in service location.

Foreign language interpreters and materials will be utilized to provide services/information to those patients/visitors who do not speak English.

Hours of Operation

Beaufort County Alcohol and Drug Abuse Department's ADSAP Program operates between the hours of 8:00 a.m. and 5:00 p.m. Monday Through Friday, though group services are offered Monday through Thursday until 7:30pm. and on Saturdays. Counselors work a variety of hours so check with your primary counselor for any individual needs you may have. Each counselor has a confidential voicemail where you may leave a message at any time. Counselor will return your call as soon as possible.

Scheduled appointments are preferred for all of the department services. However, if a counselor is available walk-in patients will be seen.

Beaufort County Alcohol and Drug Abuse Department recommends patients in crisis or having emergency situations call 911 or go to the Beaufort County Emergency Room, especially outside of hours of operation.

Financial Responsibilities *(Please see attached fee schedule.)*

As a patient, you are responsible for ensuring that the financial obligations of your healthcare are fulfilled as promptly as possible. Please note that if you are referred to any services beyond the Prime for Life curriculum further charges will be incurred. It is your responsibility to pay for charges more than those covered by the registration fee paid at intake. If necessary speak with your counselor about completing a financial assessment and/or setting up a payment plan.

Consent to Treatment

No patient may participate in Beaufort County Alcohol and Drug Abuse Department treatment services without having consented to do so. As such, all patients are offered a document wherein it is identified that Beaufort County Alcohol and Drug Abuse Department's "intends" to provide you with treatment services and, if you agree, that you have "consented" to it. Beaufort County Alcohol and Drug Abuse Department may not compel you to engage in services, though it is entirely possible that you have been obligated to do so by an external supervising department or referral source (DSS, PPP, SCDC, etc.). Any consequences for your failure to engage services or for a pre-mature administrative discharge would emanate from that department and not from Beaufort County Alcohol and Drug Abuse Department.

Consent to Release Information

As identified in the Confidentiality Policy section below, without your written consent:

“Beaufort County Alcohol and Drug Abuse Department may not say to a person outside Beaufort County Alcohol and Drug Abuse Department that you attend the program, nor may Beaufort County Alcohol and Drug Abuse Department disclose any information identifying you as an alcohol or drug abuser, or disclose any other protected information except as permitted by federal law.”

At admission, or during the course of your treatment, it may be necessary for you to complete Consent forms with a staff member if you wish for us to be able to communicate with your referral or supervising department (DSS, PPP, SCDC, etc.). In addition, if you wish for us to be able to communicate with members of your family, friends, etc., you must also complete a consent form.

Beaufort County Alcohol and Drug Abuse Department cannot require that you complete a consent form for a specific department, but often times those same agencies may require that you do so in order to communicate with your counselor. Please check with your referral/supervising department in order to confirm your responsibilities with them as far as consent forms are concerned.

Confidentiality

Your Privacy

General Information regarding your health care, including payment for health care, is protected by two federal laws: the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 42 U.S.C. § 1320d et seq., 45 C.F.R. Parts 160 & 164, and the Confidentiality Law, 42 U.S.C. § 290dd-2, 42 C.F.R. Part 2. Under these laws, Beaufort County Alcohol and Drug Abuse Department may not say to a person outside Beaufort County Alcohol and Drug Abuse Department that you attend the program, nor may Beaufort County Alcohol and Drug Abuse Department disclose any information identifying you as an alcohol or drug abuser, or disclose any other protected information except as permitted by federal law.

Beaufort County Alcohol and Drug Abuse Department must obtain your written consent before it can disclose information about you for payment purposes. For example, Beaufort County Alcohol and Drug Abuse Department must obtain your written consent before it can disclose information to your health insurer in order to be paid for services. Generally, you must also sign a written consent before Beaufort County Alcohol and Drug Abuse Department can share information for treatment purposes or for health care operations. However, federal law permits Beaufort County Alcohol and Drug Abuse Department to disclose information without your written permission:

1. Pursuant to an agreement with a business associate;
2. For research, audit or evaluations;
3. To report a crime committed on Beaufort County Alcohol and Drug Abuse Department's premises or against Beaufort County Alcohol and Drug Abuse Department personnel;
4. To medical personnel in a medical emergency;
5. To appropriate authorities to report suspected child abuse or neglect
6. As allowed by a court order

For example, Beaufort County Alcohol and Drug Abuse Department can disclose information without your consent to obtain legal or financial services, or to another medical facility to provide health care to you, as long as there is a business associate agreement in place. Before Beaufort County Alcohol and Drug Abuse Department can use or disclose any information about your health in a manner that is not described above, it must first obtain your specific written consent allowing it to make the disclosure. Any such written consent may be revoked by you in writing.

Your Rights

Under HIPAA you have the right to request restrictions on certain uses and disclosures of your health information. Beaufort County Alcohol and Drug Abuse Department is not required to agree to any restrictions you request, but if it does agree, it will be bound by that agreement and may not use or disclose any information which you have restricted except as necessary in a medical emergency. You have the right to request that we communicate with you by alternative means or at an alternative location. The Beaufort County Alcohol and Drug Abuse Department will accommodate such requests that are reasonable and will not request an explanation from you. Under HIPAA, you also have the right to inspect and copy your own health information maintained by Beaufort County Alcohol and Drug Abuse Department, except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal or administrative proceeding or in other limited circumstances.

Confidentiality (continued)

Your Rights (continued)

Under HIPAA you also have the right, with some exceptions, to amend health care information maintained in Beaufort County Alcohol and Drug Abuse Department's records, and to request and receive an accounting of disclosures of your health related information made during the six years prior to your request. You also have the right to limit sharing if you are paying out of pocket, opt out of fundraising activities, and to receive a paper copy of this notice. HIPAA prohibits the use or disclosure of genetic information and the sale of your PHI.

Beaufort County Alcohol and Drug Abuse Department's Duties

Beaufort County Alcohol and Drug Abuse Department is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. Beaufort County Alcohol and Drug Abuse Department is required by law to abide by the terms of this notice. Beaufort County Alcohol and Drug Abuse Department reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains. You will receive a copy of this notice at intake or upon request.

Complaints and Reporting Violations

You may complain to Beaufort County Alcohol and Drug Abuse Department and the Secretary of the United States Department of Health and Human Services if you believe that your privacy rights have been violated under HIPAA. Your complaint must be in writing and sent to: Privacy Officer, Beaufort County Alcohol and Drug Abuse Department, 1905 Duke Street, Beaufort, SC 29902. You will not be retaliated against for filing such a complaint. Violation of the Confidentiality Law by a program is a crime. Suspected violations of the Confidentiality Law may be reported to the United States Attorney in the district where the violation occurs. For further information, contact the Privacy Officer at (843) 255-6006.

Assessment: Purpose and Process

Every patient engaged in alcohol and other drug (AOD) treatment services at the Beaufort County Alcohol and Drug Abuse Department must have participated in an assessment. Patients in Outpatient, Intensive Outpatient Services, Adolescent Services, ADSAP, or Therapeutic Behavior Services engage in this process prior to their admission. A counselor will perform the assessment with the patient. The assessment consists of numerous questions aimed at helping the clinician to accurately determine a patient's service needs as well as what level of care would be most appropriate. It is very important to this process and to each patient's care that they answer all questions as honestly and accurately as possible so that clinical decisions are based on correct information. This process can last up to 2 hours.

Individual Plans of Care (IPOC), Goal Development and Achievement

All patients participating in AOD treatment services will work with their assigned counselor to develop an Individual Plan of Care (IPOC). Patient input in this process is integral as we work diligently to insure that all treatment plans are "individualized." Patients are encouraged to be an active participant in the development of their IPOC and in subsequent IPOC Reviews. Within each IPOC are specific goals patients are working toward achieving; treatment goals are mutually discussed and agreed upon by the clinician and patient and are based upon patient needs and desires. Each IPOC goal also possesses measurable objectives, actions and interventions aimed at insuring that a patient's achievement of a goal is readily identifiable.

Patients assigned to PRI Group (Diversion Service) will not have a Treatment Plan.

Course of Treatment/Types of Services

Upon entering services we will recommend the least intensive service we think will help you be successful. If alcohol or other drug use continues, more problems occur or the treatment doesn't seem to be working, we may recommend more intensive levels of care.

Types of Services Offered:

- *Prime for Life Alcohol and Drug Education Group (PRI)*: Meets 2 days per week for 2 hours per group session.
- Adolescent Services under 6 hours weekly.
- Outpatient: Services total less than 9 hours weekly.
- Intensive Outpatient (IOP) Group: Services must total 9 or more hours weekly.
- Peer Recovery Support Services, PRN.

Course of Treatment/Types of Services (continued)

Every patient's needs are unique to themselves and their life circumstances. As such, the course of treatment and the related services for each patient may vary greatly. Of certainty is that treatment services are based upon a patient's progress toward the mutually agreed upon goals established in the IPOC. Treatment experiences are generally not time limited. Patients should engage in conversation with their counselor regarding their personal course of treatment.

NOTE: Treatment for patients in ADSAP may not exceed 1 year as established in legislation.

Transition/Discharge Criteria and Procedures

Patients/Patients are discharged or transitioned from **treatment services** after the following:

1. Meet ASAM PPC-II Discharge Criteria to be successfully transitioned.
2. Withdraw from services voluntarily;
3. Fail to comply with program requirements – consistent rule violations, not adhering to attendance requirements, etc.
4. Require referral of transfer to another level of care or program to better meet their clinical needs.

All decisions to discharge/transfer are “staffed” and documented by the Treatment Team prior to implementation and thus are Team decisions. In the event that you disagree with a Treatment Team decision, please adhere to the Complaint Process outlined above.

Patients/Patients are discharged or transitioned from **education/intervention services** after the following:

1. Successfully attend the number of groups they have been assigned.
2. Complete any exit documentation required.

Urine Drug Screening

Urine Drug Screens (UDS) are conducted randomly in all services as an aid in the treatment process. They are a requirement to participate in our services and refusal to give a specimen when asked will result in a report of a positive result for drugs. Specimen will only be observed by a same sex staff member. This can be uncomfortable at first and if you have concerns please speak to your counselor. Urine Drug Screening is a part of your treatment but is intended to be respectfully conducted and not punitive.

1. Testing may not be done at every session but you should be prepared to provide a specimen if requested.
2. It is much better to tell your counselor if your specimen may be positive for drugs before it is given than admit use after the results have come back.
3. Any attempt to try to hide or fake a UDS may result in discharge from services.
4. When allowed with release forms, UDS results will be reported back to referral sources.
5. The prevailing use to this department will be for treatment considerations.

Pharmacotherapy Statement

Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies. We are concerned about the possible interactions and effects that many legal and illegal drugs and/or substances may have on you and your recovery; therefore, you may be asked to voluntarily sign consent to release information so that we can talk to any doctor who may be prescribing a medication to you or with whom we may want to have a consultation. We believe both behavioral treatments and medications can be critically important to sobriety. Your cooperation and openness would be appreciated and helpful to your recovery.

Department Health and Safety Policies

Legal/Illegal/Prescription and OTC Substances Brought into the Program

Please refrain from bringing legal or illegal substances into the building (alcohol, narcotics, “synthetic” substances, etc.). Doing so may lead to your discharge from the program. Prescription medications other than nitroglycerin and Epee Pens are not to be brought into the building. If you are prescribed medication that you must have in your possession, please make your counselor aware.

Department Health and Safety Policies (continued)

Orientation to the Building (including emergency exits & Emergency Protocols)

During your admission, a staff member will show you the location of the fire exits and where fire alarm pull stations are located. Staff will also show you the location of bathrooms, offices, group rooms, etc. Copies of emergency procedures are posted on Bulletin Board and patients will receive a copy of emergency protocols. Patients must participate in drills. Essentially, during any drill patients (visitors) are to follow the directions of staff, exit where guided, if applicable, or any other protocol posted and directed. Failure to participate in drills may result in program termination.

Evacuation Procedures

During your Beaufort County Alcohol and Drug Abuse Department experience, you may hear a loud fire bell accompanied by strobe lighting. This is a signal to evacuate the building as directed by staff. Please leave whichever room you are in and follow the direction of the staff member who will direct you to the closest, safest exit. Move quickly down the stairwell, stay with a staff member, and remain outside the building in the designated area instructed by staff until you are told it is safe to return.

Use of Seclusion/Restraint

Beaufort County Alcohol and Drug Abuse Department does not believe in the use of seclusion or restraints (drug induced or physical) during any admission to our services.

Use of Tobacco Products

Beaufort County Alcohol and Drug Abuse Department promotes active recovery for persons whose lives are affected by addiction. In addition to known health risks, some research links the use of tobacco products with alcohol and other drug addictions. Smoking in the Beaufort County Alcohol and Drug Abuse Department building or on the property is not allowed.

E-cigarettes are included in this policy.

Weapons Brought into the Program

Please refrain from bringing any type of weapon into the facility. Doing so may lead to your discharge from the program.

Staff Response to Potential Risks

Beaufort County Alcohol and Drug Abuse Department Staff will adhere to Department specific Emergency Response Procedures as they relate to managing risks (weather related, fire, violence, evacuations, etc.).

As Mandated Reporters, staff is required to contact the Department of Social Services if they become aware of any type of child or elder abuse. This can be done without your consent.

In addition, if a patient/patient presents himself/herself as a danger to themselves or to others, staff will contact the police. This too can be done without your consent.

In terms of suicide, staff will work any patient experiencing suicidal thoughts to develop a Crisis Prevention and Intervention Plan (Safety Action Plan) designed to improve their recognition of signs of suicide as well as resources available to support them during times of need. Department policy is that one is required for anyone expressing or thinking about self-injurious thoughts within the last 90 days.

Patient Complaint and Appeal Process

Beaufort County Alcohol and Drug Abuse Department is concerned about your satisfaction. If you have a complaint about your treatment or the services provided, please let us know. We will respond to your complaint as soon as possible.

1. Make complaint or discuss appeal to your Counselor or The Treatment Director. If a satisfactory resolution is not agreed upon within 5 days then proceed to #2

2. The Patient will be allowed to meet with the Treatment Team. If a satisfactory resolution is not agreed upon within 5 days then proceed to #3
3. The Patient will be offered a meeting with The Director and the Treatment Director to discuss all proposed resolutions and the Patient’s resolution preference. The Director will review any written complaints and documentation from Steps 1 & 2 prior to the meeting with the Patient. During or within 5 days of this meeting a final resolution from this agencies level will be rendered and provided to the patient in writing.

The responsibility of making a complaint or appealing any decision is the identified Patient’s or the parent/legal guardian of a minor below the age of 16.

Patients are always advised to work through the chain-of- command, unless the complaint is related to someone within the chain of command. In those instances contacting the Treatment Director or the Director may be more appropriate. However, if not appropriate the complainant will be redirected to work through the chain of command:

Areatha Hamilton	Treatment Director	843-255-6006
Steve Donaldson	Director	843-255-6008

If not satisfied with resolutions, the following authorities may be contacted:

SC Department of Alcohol and Other Drug Services	803-896-5555
SC Department of Health and Environmental Control	803-545-4458

Providing Feedback

At Beaufort County Alcohol and Drug Abuse Department we are always open to any ideas or suggestions that may allow us to improve our services. If you come up with an idea or suggestion you may take one of the following steps:

1. Share with your counselor.
2. Contact any of the staff members identified above.
3. Complete our survey at <https://www.surveymonkey.com/r/CH98XTD> at any time (Reponses are posted quarterly from patient feedback)

Motivational Incentives

Motivational incentives are not incorporated into your treatment program. However, we acknowledge progress and support the well-being of all patients.

Family Involvement

We believe that substance abuse is a problem for the whole family so all of our services include ways for your family to be involved as well as you. When families get involved, treatment is more successful, and family relationships are more likely to improve. Without family participation, you are less likely to succeed in treatment and more likely to have more problems later on; therefore, regular involvement in services by at least one parent, grandparent, other relative, or legal guardian is a requirement of all our services. If a family thinks this may be a problem, they should discuss it as early as possible with the primary counselor.

Expectations for Legally Required Appointments, Sanctions, Court Notifications

Occasionally, patients are required to attend services through a court or other department. In those cases, counselors have the responsibility to notify your referral source of your progress and participation in treatment. Though this can be uncomfortable for you and may result in consequences from your referral source, it is important to remember that we represent your interests only, except in circumstances where public safety is concerned.

As mentioned earlier, Beaufort County Alcohol and Drug Abuse Department cannot require that you complete of consent form for a particular department. However, your referring or supervising department may require you complete a consent form.

Patient Refunds

Patient refunds will be prorated in accordance with the length of time spent in services.

Each patient seeking a refund must submit a written request to the ADSAP Program Administrator. Once the request has been received and approved, a refund will be forwarded to the patient’s mailing address within 30 business days.

Rights and Responsibilities of Patient

Patient/Patient Rights

1. To be entitled to respect and dignity in an environment that affords security and privacy;
2. To receive services that are protected under the laws of confidentiality and to receive a Privacy Notice as well as other information concerning your rights in regard to the use, storage and disclosure of healthcare information;
3. To receive services regardless of race, sex, national origin, creed, physical or mental handicap, or personal ability to pay;
4. To know the reasons for or purpose of the services provided and to consent to receiving these services;
5. To receive an individual evaluation and treatment based upon your needs, abilities and goals, including your active participation in the development of your individual plan of care;
6. To ensure that your needs and preferences are not neglected and to receive any information needed to make informed decisions concerning the services you receive;
7. To be assessed fees on an equitable basis;
8. To express your preferences concerning the choice of case manager, counselor or other service provider;
9. To review your records upon reasonable request and as provided by law;
10. To refuse treatment or withdraw from services at any time without affecting re-entry at a later time.*
11. To be free from physical abuse, sexual abuse, harassment and physical punishment imposed by program employees;
12. To be free from psychological abuse, including humiliating, threatening, and exploitive action on the part of program employees;
13. To be free from fiduciary abuse associated with program employees holding in trust anything of value that belongs to you;
14. To be informed of and treated in compliance with the department's policy on seclusion, restraint, special treatment interventions and the restriction of rights;
15. To receive assistance from the program in facilitating access and referral to guardians, conservators, self-help groups, advocacy and legal services; and
16. To have privacy during visits unless contraindicated in the recovery and treatment process or as ordered by a physician or other authorized healthcare provider;
17. To have an investigation done on your behalf any time you believe one of your rights has been violated.
18. To have your property treated and handled responsibly and with respect.

Rights and Responsibilities of Patient (continued)

Patient Responsibilities

1. **Providing Information:**
You are responsible for providing, to the best of your knowledge, accurate and complete information about current medications, past illnesses and hospitalizations, any medications you are taking, medication allergies and other matters relating to your health. You have the responsibility to report unexpected changes in your condition to your health practitioner.
2. **Refusal of Treatment:**
You are responsible for any consequences from your referral source or supervising department if you refuse treatment or do not follow the counselor's instructions.
3. **Treatment Plan:**
You are expected to participate in the development of your treatment plan.

4. Financial Charges:
As a patient, you are responsible for ensuring that the financial obligations of your healthcare are fulfilled as promptly as possible.
5. Attendance:
Patients other than ADSAP PRI are expected to attend no less than 85% of all scheduled group and or individual therapy sessions. PRI Patients must attend 100% of sessions to complete services. Patients are to call primary counselor any time an absence is to occur. Patients are also expected to be punctual.
6. Dress Code:
Patients must be appropriately dressed at all times to include:
 - Supportive undergarments must be worn (bras and underwear).
 - Shoes must be worn at all times.
 - No attire promoting alcohol, drugs, cultural or racial bias will be worn.
 - No provocative clothing will be acceptable.
 - No sunglasses or hats to be worn while in the building.

Definitions:

Conservator- keeper

Contraindicated- not advised

Creed- A statement of faith

Exploitive- make use of

Equitable- fair and reasonable

Fiduciary- trust

*Note: Withdrawal from participation in some programs may necessitate a delay in your re-admission to services. If your participation in this program is the result of involvement with the criminal justice system, your legal status may be jeopardized by withdrawal without court, probation or parole permission. Please make certain of your individual situation before withdrawal.

Behavior Expectations of Patient

Respect and Consideration

You are responsible for being considerate of the rights of other patients and Beaufort County Alcohol and Drug Abuse Department personnel. You must assist in the control of noise, and honoring our smoke free environment. You are responsible for being respectful of the property of others and Beaufort County Alcohol and Drug Abuse Department. **We have a ZERO tolerance for inappropriate language which includes: threats of harm towards staff and peers, profanity, any form of racial, ethnic or sexual orientation slurs.** In addition, please adhere to the following:

- Any type of violence or threats of violence
- Criminal behavior
- Bringing or possessing alcohol, illegal drugs, non-prescribed medications, or weapons on the premises
- Selling or distributing drugs to others on premises
- Consistently wearing attire promoting alcohol, drugs, cultural or racial bias.
- Disrespect of staff and or other patients by using obscene language
- Failure to comply with treatment expectations
- Failure to respect the personal space of others
- Consistent rule violations
- Attempting to adulterate a drug screen specimen/bringing someone else's urine for testing
- Attending less than 85% of scheduled services - IOP/Outpatient/ ADSAP 100%
- Consistently late to appointments

Note: Engaging in these behaviors could lead to an immediate Administrative Discharge from services.

Other Behavioral Expectations

- Dress code (see above in "Patient Responsibilities")
- *Electronic Devices:* Anything with an on or off switch must be in the off position when outpatient counseling sessions start (examples: cell phones, iPods, etc.) If they are heard during a session, they will be held by the counselor until the end of the session.
- *Cameras/Photography:* Patients may not take photos while on facility grounds.
- Patients reserve the right to have money; however, you are strongly discouraged from keeping large sums of money or valuables in your possession. Beaufort County Alcohol and Drug Abuse Department is not responsible if money or valuables are stolen.
- Pairing-off, hooking-up, or any sexual relations between patients is highly discouraged.

The Beaufort County Alcohol and Drug Abuse Department
Fee Schedule
Effective December 1, 2020

Services	Fee Per Service
Behavioral Health Screening	\$25.00
Diagnostic Assessment	\$190.00
Substance Abuse Assessment Follow-Up	\$100.00
Service Plan Development with Patient Present	\$60.00
Service Plan Development without Patient Present	\$30.00
Individual Therapy – 30 Minutes	\$60.00
Individual Therapy – 45 Minutes	\$90.00
Individual Therapy- 1 hour	\$120.00
Family Psychotherapy with or without Patient	\$125.00
Group/Family Group Therapy	\$75.00
Substance Abuse Counseling Group	\$75.00
Substance Abuse Counseling – Individual	\$75.00 per hour
Family Support Services	\$40.00 per hour
Intensive Outpatient	\$50.00 per hour
Crisis Management	\$95.00 per hour
Peer Recovery Support Services- Individual per 15 minute unit	\$15.00
Peer Recovery Support (Aftercare) Group per 15 minute unit	\$40.00
Broken Appointment without Cancellation	\$20.00

Medical Services	Fee Per Service
Urine Drug Screens (after purchase of materials)	\$15.00
Confirmation of Positive Drug Screens (If Disputed)	\$30.00
Breathalyzer	\$15.00

Miscellaneous Fees	
Medical Record Copy Fee	\$12.00 up to 10 Pages \$0.50 per copy thereafter
Returned Check Fee	\$30.00

Packaged Program Service	Total Fee
ADSAP Education Group (Prime for Life for DUI)	\$500.00
ADSAP Treatment Service	Fee per hour see above rates
Offender Based Intervention (OBI)	\$150.00
Alcohol & Drug Awareness Program (AEP)	\$125.00
Transfer of Beer (PREP)	\$50.00

Fees for the ADSAP Program are set by DAODAS and the SC Code of Laws. The cost for ADSAP are to be paid prior to completion of ADSAP and eligibility to regain driving privileges. No paperwork of completion will be sent to SCDPS through DAODAS until all fees are paid.
 Fees are ADSAP Treatment are not to exceed \$2,500. See next page for full detail.

Beaufort County Alcohol and Drug Abuse Department ADSAP Fee Policy

The BCADAD fees for ADSAP are set by DAODAS and The SC Code of Laws. The cost for ADSAP services shall not exceed:

- \$75 Basic Test/Assessment
- \$160 Full Assessment
- \$500 for Assessment and Education
- \$2,000 for Assessment and Treatment
- \$2,500 for Education and Treatment

In accordance with BCADAD's governing framework, no person will be refused services due to their inability to pay. A patient enrolling in ADSAP and indicating inability to pay will be assessed by utilizing BCADAD's Financial Assessment. The information gathered would be used to determine financial hardship or ability to pay, based upon indigent criteria. In some cases a payment plan can be offered and in extreme cases Community Service may be offered as a form of restitution/payment.

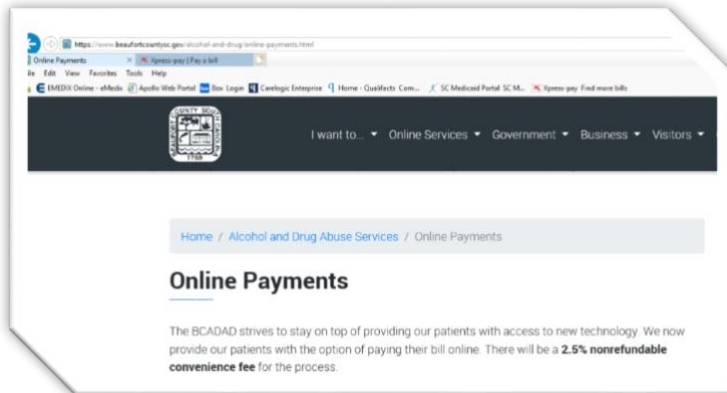
Financial Arrangements for Patients Enrolling in ADSAP:

- A \$500 fee is due at time of ADSAP Enrollment and Assessment. In hardship cases \$75 is charged at time of Enrollment and Assessment with 60 days to pay the \$425 balance, as determined by Financial Assessment.
- Persons enrolling under "Zero Tolerance Law" or "Administrative License Revocation" requesting a hearing before their court date will not be charged a fee until the results of the hearing and assessment into ADSAP at which time a \$500 fee will be imposed. If the patient is not convicted at time of the hearing/court date, then fees are fully refundable.
- When services have been initiated, i.e., entry into ADSAP, the cost for that service is non-refundable. However if fees have been paid and the patient withdraws prior to starting classes, \$425 will be refundable. Any refund must be requested within a one year period of ADSAP Enrollment.
- Refunds must be processed through a written request on a refund Payment request Form accompanied by receipt of payment. All refunds once approved will be made available within 10 business days.

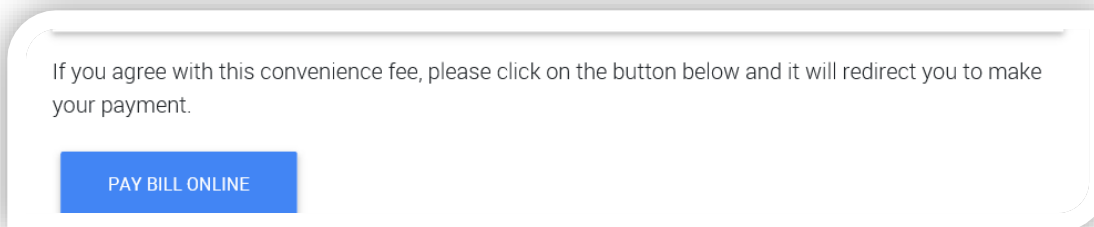


Patients can now pay their bill Online!!

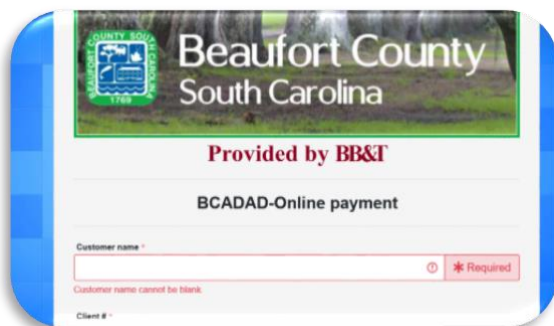
- Go to <https://www.beaufortcountysc.gov/alcohol-and-drug/online-payments.html>
- Read the information regarding making an Online Payment



- If you agree to the terms, click on the button that says, “Pay Bill Online.”



- A new window will pop up for BCADAD-Online Payments



- Please enter information and follow instructions.
- Please make sure you print your receipt for your records. We will also send a receipt via snail mail once it is posted into your electronic record.