

Welcome to Axis Behavioral Health Services, where we provide support to adults, adolescents and children through assessment and counseling services using evidence-based approaches and qualified staff. Our mental health counselors are licensed therapists, psychologists or masters' level mental health interns who are here to provide you with tools and techniques to address current struggles.

Axis manages a training/internship program. All interns are masters' level, have received adequate training to conduct services and are supervised by licensed practitioners. Axis Community Health's training program involves that confidential use of client information as necessary for training purposes.

As you enter into any of our behavioral health services, you will receive an intake assessment. The intent of the intake is to determine diagnosis, and appropriateness for our services. If we cannot provide you with the most appropriate services, we will recommend an agency that can better meet your needs.

Freedom of choice: We will inform you about our recommendations for your care, so that your decision to participate is made with knowledge and is meaningful. In addition to having the right to stop series at any time, you also have the right to refuse to use any recommendations, interventions or treatment procedures. Your participation in our services is voluntary and is not a requirement for access to other community services. You have the right to access other behavioral health services funded by Medi-Cal or Drug Medi-Cal and have the right to request a change of provider and/or staff.

Intake sessions range from 45 min to 90 minutes on average and may take place over the course of a couple of meetings. Our individual sessions are 30 minutes and occur at a frequency determined by your counselor and will occur over a six-month period (unless otherwise determined by your provider). We also provide some group counseling services that are 60-90 minutes in length.

There are pros and cons to obtaining behavioral health services. For example, while these services may be helpful in alleviating current mental health or addiction struggles, it is sometimes difficult to be open and honest throughout the process, and the process can at times feel revealing. Our behavioral health services are offered during weekdays; however, if it is after hours or a weekend, and you are in crisis, please call the **Alameda County Crisis Line at 800-309-2131**.

#### **Grievance and Referrals**

If you think decisions that affect you directly are unfair, you have the right to appeal to supervisory staff, the Program Director, Site Director and Chief of Behavioral Health if necessary. We recommend that you start with your therapist, counselor or Program Director.

Your grievance will be kept confidential and will not compromise the care you receive.

You also have the right to file a complaint with regulatory agencies, even if you have not filed a grievance with Axis. One such regulatory agency for mental health counseling is the Alameda County Grievance and Appeal line at 800-734-2504. Specific information is also located on corresponding posters in the waiting room.

The Alameda County Member Handbook and Provider List are available for reference in the waiting room, which includes other services that are offered to Medi-Cal patients and information about how to access them.

### **Notice of Sliding Fee Scale**

If you have difficulty paying for your services at Axis, we do offer sliding scale discounts for eligible low-income persons. To learn more, please see our Patient Services Department or the Front Desk. No one will be denied healthcare, or behavioral health services, based solely on their inability to pay.

### **Team Based Care and Electronic Health Records**

At Axis Community Health, you are taken care of by a multidisciplinary team which includes your medical provider(s) and your behavioral health care provider(s). Other members of your care team may include a registered dietitian, registered nurses, mental health professionals and interns, and support staff. As part of your team-based care, your care team may share information about your case with one another to ensure that you receive the best care.

Your care team may access your health information and may view or share this information with other members of your care team. This allows for the full coordination of your care and assists us in addressing all of your needs from a patient-centered and whole-person aspect. One of the ways your care team communicates and tracks your treatment is through the use of an electronic health record system. As part of this system, your care team has the ability to access information regarding your treatment progress at Axis.

### **Confidentiality**

What you tell your providers and care team at Axis is confidential and protected by the Health Insurance Portability and Accountability Act (HIPAA) and the California Confidentiality of Medical Information Act (CMIA). However, there are some situations where your providers may be legally required to disclose information. These are referred to as “mandatory reporting” laws. First, a provider is obligated to disclose confidential information when necessary to protect an individual’s safety (for example, if there is reason to believe the patient may hurt themselves or someone else). Second, if there is reason to believe that a child (someone under 18), an elderly person (someone over 60), someone who is disabled, or someone who lives in certain residences, such as a nursing home, is being abused, neglected, or financially exploited, the provider is legally obligated to disclose this information to a state agency. Axis also participates in the OCHIN/EPIC Health Information Exchange (HIE), a system that allows health care professionals and patients to appropriately access and securely share a patient’s medical information electronically. For more information, please refer to Axis’s Notice of Privacy Practices (NPP).

I acknowledge that I have read this document and have had the opportunity to have my questions answered. I give my consent to Axis Community Health to render behavioral health services to me.

Patient / Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If signed by someone other than the patient:

Representative Print Name: \_\_\_\_\_

Representative Relationship to Patient: \_\_\_\_\_