

## **Community Counseling Center of Central Florida, LLC**

3544 Edgewater Drive, Orlando, FL 32804  
PO BOX 161585 Altamonte Springs, FL 32716  
W. 407.291.8009  
F. 407.770.5503  
[www.ccccf.org](http://www.ccccf.org)

## **2023 Client Handbook & Welcome Packet**

### **2023 Child Version of CCCCf's Code of Ethics, Client Rights & HIPAA Informational Packet**

#### **Code of Ethics**

Ethics mean what is right and wrong. You and your counselor will talk about many private things and your therapist must always act in a way that is good and honest. Your counselor promises to:

1. Keep what you talk about private unless you could get hurt.
2. Counselors are friendly but cannot be your friend like a best friend is. They are a professional who helps you like a teacher or a doctor.
3. Your therapist went to school to learn how to be a good counselor and takes classes to make sure they continue to learn about how to be a good counselor.
4. Your counselor's "boss" makes sure that before your counselor works with you they are a safe person who is good at their job.
5. Everyone has rules to follow, even grown-ups. Your counselor will always follow good work rules and will never break the law. Your counselor also follows rules about what is legal and what is right and wrong. Your counselor will work hard the entire time they are with you to make things better and you will have their full attention.
6. Counselors who work with CCCCf have to behave not only at work but when they are at home too on their days off because like a police officer they have to be on their best behavior at all times.
7. CCCCf does not do experiments or research like you would for a project at school but if we did we would have to make sure that you were taken good care of in such a study and get permission from lots of important people.
8. Counselors who work for CCCCf have to be trustworthy and responsible. They work hard to be nice and to use good manners at all times.
9. If there is ever a time when you think your counselor has done something that they should not have you can talk to a trusted grown-up and you and they can call Miss Corrie who is the boss at CCCCf and we can talk about it to make sure you are safe and everything can be okay again 407-291-8009 or 407-947-2901.
10. When CCCCf looks for kids to help we do so in a way that is respectful and kind. We aim to be honest, fair, and a good company to help kids do better in life.
11. As much as you may like your counselor, they cannot accept expensive presents. Things you make like drawings are okay though! Our counselors will never try to sell you anything (like you might try to sell to them such as Girl Scout cookies). Our counselors can be friendly but not your actual friend. They are like your doctor, teacher or dentist and can only see you in an official way.
12. CCCCf attends meetings in the community like the area Children's Cabinets to help advocate and support kids like you to make sure you are safe and well take care of.
13. People who work at CCCCf follow rules about their use of social media both professionally and personally. They follow CCCCf's rules and are trained on the rules when they start working here. People who work here do not become friends with clients on Facebook and they will talk to you about this when they first meet you.
14. People who work at CCCCf cannot give you money or presents or accept money or presents from you. A gift such as a picture drawn by a child is acceptable, a gift card to say thank you in the amount of \$100 is not appropriate.
15. CCCCf will keep your stuff safe when you visit our office. We have cameras and if anyone messes with your stuff we will catch them!

16. People who work at CCCCCF have to follow very strict grown up rules about using money the right way and telling the truth. No one who works at this place will ever hurt you. We are nice people who will respect and help you to the best of our ability.
17. People who work at CCCCCF make sure they keep good legal boundaries. They don't use their jobs for purposes that are, or give the appearance of being, motivated by a desire for private financial gain for themselves or others, such as those with whom they have family, business, or other ties.

### **Client Rights**

This means that you are to be treated in a nice way by your counselor and that your counselor is a person who is there to help you. This is a list of some things you should know about your rights in counseling. Your counselor will:

1. Be respectful.
2. Keep private stuff private (unless it is about your safety).
3. Treat all people the same no matter if they are a boy or a girl and no matter what color they are.
4. See you on time.
5. Never to hurt you physically or emotionally.
6. Help you see a different counselor if it is not a good fit.
7. Talk to you about why they visit you and ways they can help things get better for you.
8. Answer any questions you have about anything to the best of their ability.
9. Help you find other people to help you if you need more help, like a tutor or a doctor or other people like that.
10. Talk to you in a way that you can understand.
11. If there is ever a time when you think your counselor has done something that they should not have you can talk to a trusted grown-up and you and they can call Miss Corrie who is the boss at CCCCCF and we can talk about it to make sure everything can be okay again at 407-291-8009 or 407-947-2901.

### **HIPAA Informational Packet**

There are certain things you need to know when seeing a counselor. Below are some things that we want to tell you about CCCCCF and your counselor:

1. You can ask your counselor that kind of therapy they do, like play therapy or behavior therapy.
2. Counseling is a job and counselors get paid for seeing you like a doctor does when they make you feel better or when you go to school and a teacher helps you to learn new things.
3. You and your counselor will make a plan to help make things better for you and you can tell your counselor what you think will help you get better or make things in your family better.
4. Sometimes when kids talk about what is bothering them they can feel worse before they feel better. This is normal. Talking about it will help over time.
5. Your counselor will talk to his or her "boss" sometimes about your family to see if there are better ways they can help you and your family do better.
6. Your counselor went to school a very long time at a place called college to learn how to be a counselor and you can ask them about their schooling if you want to.
7. Sometimes counselors can't keep things private. If a grown-up hurts you the counselor will want to talk to people about how to make sure that does not happen again. If you feel like hurting yourself or someone else your counselor can't let that happen and has to make a plan to keep everyone safe. Sometimes your counselor will have to go to court and talk to a judge about ways to keep you safe but they will always tell you first when they do that.
8. If you have an emergency find a grown-up and decide if you need to call 911. If you can't find a grown-up then call 911. You can try and call your counselor too if you need help that is not an emergency.
9. If there is ever a time when you think your counselor has done something that they should not have you can talk to a trusted grown-up and you and they can call Miss Corrie who is the boss at CCCCCF and we can talk about it to make sure everything can be okay again at 407-291-8009 or 407-947-2901.

### **2023 NO CALL/NO SHOW/CANCELLATION POLICY**

It is the policy of Community Counseling Center of Central Florida, LLC to have each client to confirm their appointment with their therapist PRIOR to the appointment. This typically occurs by telephone, but other arrangements can be made with your therapist should that be necessary (email, texting, etc.). If you, the client, do not confirm the appointment with your therapist, your therapist will not keep the appointment and it will count against you as a NO CALL/NO SHOW/CANCELLATION and your case will be handled accordingly.

It is vital for treatment to be helpful that treatment is consistent and that communication between you and your therapist occurs. Should this not happen your case will be closed administratively and unsuccessfully. This includes:

- Administrative discharge for dropping out of treatment and not being responsive to CCCCf
- 15 days without communication to your therapist
- 30 days without an appointment.

Furthermore, if you lose Medicaid benefits (when applicable) coverage options to be explored will include:

- Asking Embrace Families to fund
- Screening for TANF eligibility to fund
- Private Pay rates (cash options)

### **Communications Policy for Corrie Kindyl**

#### **Contacting Me**

When you need to contact *Dr. Corrie Kindyl* for any reason, these are the most effective ways to get in touch in a reasonable amount of time:

- By phone (407-947-2901). You may leave messages on the voicemail, which is confidential.
- By secure text message (understanding the limits of confidentiality).
- By secure email @ [Corrie.KindylPhD@ccccf.org](mailto:Corrie.KindylPhD@ccccf.org) (understanding the limits of confidentiality).

*Please refrain from making contact with me using social media messaging systems such as Facebook or Twitter. These methods are not appropriate and I will not respond to them.*

It is important that we be able to communicate and also keep the confidential space that is vital to therapy. *Typically, phone calls and texts outside of session should be used for communicating about appointments only.* Please speak with me about any concerns you have regarding my preferred communication methods.

#### **Response Time**

I may not be able to respond to your messages and calls immediately. For voicemails and other messages, you can expect a response within *24 hours*. I may occasionally reply more quickly than that or on weekends, but please be aware that this will not always be possible.

Be aware that there may be times when I am unable to receive or respond to messages, such as when out of cellular range or out of town. *If you need immediate assistance, contact my office at 407-291-8009.*

#### **Emergency Contact**

If you are ever experiencing an emergency, including a mental health crisis, please call the National Suicide Hotline at 988. Calling *911 should be a last resort but done if necessary.* You can also reach services at United Way 211/407-425-2624.

If you need to contact me about with an urgent matter, the best method is:

- By phone (407-947-2901.)
- If you cannot reach me by phone, please leave a voicemail and then follow up with a text message. *You only need to do this ONCE*; I will contact you as soon as is feasible.
- You may also contact my office at 407-291-8009.

Please note that SMS (normal phone text messages) are not designed for emergency contact. SMS text messages occasionally get delayed and on rare occasions may be lost. So, please refrain from using texting as your sole method of communicating with me in emergencies. If you do not hear back from me within 24 hours regarding a text assume I did not get it and call me. Unless you are using a secured/encrypted texting platform text messages are not confidential.

Once discharged if you are need of services again, please call the main office at 407-291-8009 for consideration to be re-admitted. Ask for Shannon Greathouse.

## **Information for Clients – Corrie Kindyl**

Welcome to Community Counseling Center of Central Florida, LLC. We appreciate your giving us the opportunity to be of help to you and/or your family.

This brochure answers some questions clients often ask about our therapy practice. It is important to us that you know how we will work together. We believe our work will be most helpful to you when you have a clear idea of what we are trying to do.

This brochure talks about the following in a general way:

- What the risks and benefits of therapy are.
- What the goals of therapy are and what our methods of treatment are like.
- How long therapy might take.
- Payment methods for services delivered.
- Other areas of our relationship.

After you read this brochure we can discuss, in person, how these issues apply to your own situation. This brochure is yours to keep and refer to later. Please read all of it and mark any parts that are not clear to you. Write down any questions you think of, and we will discuss them at our next meeting. When you have read and fully understood this brochure, I will ask you to sign it at the end. I will sign it as well and make a copy, so we each have one.

### **About Psychotherapy**

Because you will be putting a good deal of time and energy into therapy, you should choose a therapist carefully. I strongly believe you should feel comfortable with the therapist you choose and hopeful about the therapy. When you feel this way, therapy is more likely to be very helpful to you. Let me describe how I see therapy.

My theoretical approach is based on primarily family systems (structural and strategic) and cognitive behavioral therapy with a trauma focus. I am also CAMS certified.

The goals of treatment will be outlined in the Master Treatment Plan to be formalized after the Biopsychosocial Assessment is completed.

Services offered by Community Counseling Center of Central Florida, LLC include:

- \*Individual and Family Counseling (including couple/marital therapy).
- \*Parenting Classes
- \*Anger Management Classes
- \*Therapeutic Visitation
- \*Comprehensive Behavioral Health Assessments (CBHA's)
- \*Mental Health Assessments

Community Counseling Center of Central Florida, LLC accepts the following types of funding:

- \*TANF
- \*Private Pay/Sliding fee Scale (Based on income)
- \*Medicaid/Sunshine & CMS
- \*Embrace Families Funds
- \*State of Florida Victim's Compensation Funds
- \*Other area Community Based Care (CBC) funds
- \*Orange County Government Breakthrough Program Funds
- \*Seminole County Sheriff's Office Mobile Crisis

I understand that no promises have been made to me by this therapist about the results of treatment, the effectiveness of the procedures used by this therapist, or the number of sessions necessary for therapy to be effective.

By the end of our first or second session, I will tell you how I see your case at this point and how I think we should proceed. I view therapy as a partnership between us. You define the problem areas to be worked on. I use some special knowledge to help you make the changes you want to make. Psychotherapy is not like visiting a medical doctor. It requires your very active involvement. It requires your best efforts to change thoughts, feelings, and behaviors. For example, if I don't ask, I want you to tell me about important experiences, what they mean to you, and what strong feelings are involved. This is one of the ways you are an active partner in therapy.

I expect us to plan our work together. In our treatment plan we will list the areas to work on, our goals, the methods we will use, the time and money commitments we will make, and some other things. I expect us to agree on a plan that we will

both work hard to follow. From time to time, we will look together at our progress and goals. If we think we need to, we can then change our treatment plan, its goals, and its methods.

An important part of your therapy will be practicing new skills that you will learn in our sessions. I will ask you to practice outside our meetings, and we may work together to set up homework assignments for you. I might ask you to do exercises, to keep records, and perhaps to do other tasks to deepen your learning. You will probably have to work on relationships in your life and make long-term efforts to get the best results. These are important parts of personal change. Change will sometimes be easy and quick, but more often it will be slow and frustrating, and you will need to keep trying. There are no instant, painless cures and no "magic pills." However, you *can* learn new ways of looking at your problems that will be very helpful for changing your feelings and reactions.

Most of my clients see me once a week for an average duration of 3 to 6 months. Therapy then usually comes to an end. The process of ending therapy, called "termination," can be a very valuable part of our work. Stopping therapy should not be done casually, although either of us may decide to end it if we believe it is in your best interest. If you wish to stop therapy at any time, I ask that you agree now to meet then for at least one session to review our work together. We will review our goals, the work we have done, any future work that needs to be done, and our choices.

### **The Benefits and Risks of Therapy**

As with any powerful treatment, there are some risks as well as many benefits with therapy. You should think about both the benefits and risks when making any treatment decisions. For example, in therapy, there is a risk clients will have for a time uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other negative feelings. Clients may recall unpleasant memories. These feelings or memories may bother a client at work or in school. Some people in your community may mistakenly view anyone in therapy as weak, or perhaps as seriously disturbed or even dangerous. Also, clients in therapy may have problems with people important to them. Family secrets may be told. Therapy may disrupt a marital relationship and sometimes may even lead to a divorce. Sometimes, too, a client's problems may temporarily worsen after the beginning of treatment. Most of these risks are to be expected when people are making any important changes in their lives. Finally, even with our best efforts, there is a risk that therapy may not work out well for you.

While you consider these risks, you should know also that the benefits of therapy have been shown by scientists in thousands of well-designed research studies. People who are depressed may find their mood lifting. Others may no longer feel afraid, angry, or anxious. In therapy, people have a chance to talk things out fully until their feelings are relieved or the problems are solved. Clients' relationships and coping skills may improve greatly. They may get more satisfaction out of social and family relationships. Their personal goals and values may become clearer. They may grow in many directions—as persons, in their close relationships, in their work or schooling, and in the ability to enjoy their lives. I do not take on clients I do not think I can help. Therefore, I will enter our relationship with optimism about our progress.

### **Consultations**

If you wish for another professional's opinion at any time, or wish to talk with another therapist, I will help you find a qualified person and will provide him or her with the information needed with your written consent.

If you could benefit from a treatment I cannot provide, I will help you to get it. You have a right to ask me about such other treatments, their risks, and their benefits. Based on what I learn about your problems, I may recommend a medical or psychiatric exam or use of psychotropic medication. If I do this, I will fully discuss my reasons with you, so that you can decide what is best. If you are treated by another professional, I will coordinate my services with them and with your own medical doctor or psychiatrist.

If for some reason treatment is not going well, I might suggest you see another therapist or another professional in addition to me. As a responsible person and ethical therapist, I cannot continue to treat you if my treatment is not working for you.

### **What to Expect from Our Relationship**

As a professional, I will use my best knowledge and skills to help you. This includes following the rules and standards of the American Counseling Association, or ACA or the standards set for by the American Association for Marriage and Family Therapy (AAMFT). In your best interests, the ACA/AAMFT puts limits on the relationship between a therapist and a client, and I will abide by these. Let me explain these limits, so you will not think they are personal responses to you.

First, I am licensed and trained to practice mental health and marriage and family therapy—not law, medicine, or any other profession. I am not able to give you good advice from these other professional viewpoints.

Second, state laws and the rules of the ACA/AAMFT require me to keep what you tell me confidential (that is, private). You can trust me not to tell anyone else what you tell me, except in certain limited situations. I explain what those are in the "About Confidentiality" section of this brochure. Here I want to explain that I try not to reveal who my clients are. This is part of my efforts to maintain your privacy. If we meet on the street or socially, I may not say hello or talk to you very much. My behavior will not be a personal reaction to you, but a way to maintain the confidentiality of our relationship.

Even if you invite me, I will not attend your family gatherings, such as parties or weddings. As your therapist, I will not give you gifts; I may not notice or recall your birthday; and I may not receive any of your gifts eagerly.

Third, in your best interest and following the ACA/AAMFT's standards, I can only be your therapist. I cannot have any other role in your life. I cannot, now or ever, be a close friend or socialize with any of my clients. I cannot be a therapist to someone who is already a friend. I can never have sexual or romantic relationships with any client during, or after, the course of therapy. I cannot have a business relationship with any of my clients, other than the therapeutic relationship.

### **About Confidentiality**

*Psychological/mental health services are best provided in an atmosphere of trust. You expect me to be honest with you about your problems and progress. I expect you to be honest with me about your expectations for services, your compliance with medication, and any other barriers to treatment.*

I will treat with great care all the information you share with me. It is your legal right that our sessions and my records about you be kept private. That is why I ask you to sign a "release-of-information/records" form before I can talk about you or send my records about you to anyone else. In general, I will tell no one what you tell me. I will not even reveal that you are receiving treatment from me.

In all but a few rare situations, your confidentiality (that is, your privacy) is protected by state law and by the rules of my profession. Here are the most common cases in which confidentiality is **not** protected:

1. If you were sent to me by a court for evaluation or treatment, the court expects a report from me. If this is your situation, please talk with me before you tell me anything you do not want the court to know. You have a right to tell me only what you are comfortable with telling.
2. Are you suing someone or being sued? Are you being charged with a crime? If so, and you tell the court that you are seeing me, I may then be ordered to show the court my records. Please consult your lawyer about these issues.
3. If you make a serious threat to harm yourself or another person, the law requires me to try to protect you or that other person. This usually means telling others about the threat. I cannot promise never to tell others about threats you make.
4. If I believe a child or vulnerable adult has been or will be abused or neglected, I am legally required to report this to the authorities.

There are three situations in which I might talk about part of your case with another therapist. I ask now for your understanding and agreement to let me do so in these two situations.

First, when I am away from the office for a few days, I have a trusted fellow therapist "cover" for me. This therapist will be available to you in emergencies. Therefore, he or she needs to know about you. Generally, I will tell this therapist only what he or she would need to know for an emergency. Of course, this therapist is bound by the same laws and rules as I am to protect your confidentiality.

Second, I sometimes consult other therapists or other professionals about my clients. This helps me in providing high-quality treatment. These persons are also required to keep your information private. Your name will never be given to them, and they will be told only as much as they need to know to understand your situation.

Third, I sometimes need to confer with my peer consultant Heather Dawson, who is a Licensed Mental Health Counselor. My peer consultant provides me with the guidance needed in helping to provide you with high-quality treatment.

Except for the situations I have described above, my office staff and I will always maintain your privacy. My office staff makes every effort to keep the names and records of clients private. All staff members who see your records have been trained in how to keep records confidential.

If your records need to be seen by another professional, or anyone else, I will discuss it with you. If you agree to share these records, you will need to sign a written release form. This form states exactly what information is to be shared, with

whom, and why, and it also sets time limits. You may revoke this form at any time. If you have questions, please ask me.

It is our office policy to retain clients' records for 10 years after the end of our therapy.

If we do family or couple therapy (where there is more than one client), and you want to have my records of this therapy sent to anyone, all of the adults involved will have to sign a release of information.

As part of cost control efforts, an insurance company/funding provider will require more information on symptoms, diagnoses, and my treatment methods. I will let you know if this should occur and what the company has asked for. Please understand that I have no control over how these records are handled at the insurance company. My policy is to provide only as much information as the insurance company/funding provider will need to pay your benefits.

You can review your own records in my files at any time. You may add to them or correct them, and you can have copies of them. I ask you to understand and agree that you may not examine records created by anyone else and sent to me. I will keep your case records in a safe and confidential place.

In some very rare situations, I may temporarily remove parts of your records before you see them. This would happen if I believe that the information will be harmful to you, but I will discuss this with you.

### **My Background**

I am a Licensed Mental Health Counselor (MH #5580), a Licensed Marriage and Family Therapist (MT # 1957) and a National Certified Counselor (NCC # 53647) and Approved Clinical Supervisor (#01326). I am the owner of Community Counseling Center of Central Florida, LLC and have provided community-based counseling services to at-risk families in Orange, Osceola, Seminole and Volusia Counties in Florida with this agency since 1999. I am trained and experienced in doing individual and family therapy with adults and children. I hold the following qualifications:

- Ph.D. in Counseling Education with a Specialization in Marital, Couple, and Family Counseling/Therapy from Barry University, Orlando, FL.
- I am a clinical member of the American Counseling Association (ACA) & the American Association for Marriage and Family Therapy (AAMFT) & the Association for Play Therapy (APT).
- I am a Qualified Supervisor for the State of Florida.
- I am a CAMS certified (The Collaborative Assessment and Management of Suicidality).

### **About Our Appointments**

The very first time I meet with you, we will need to give each other much basic information. For this reason, I usually schedule 1-2 hours for this first meeting. Following this, we will usually meet for a 60-minute session once a week, then possibly less often. We can schedule meetings for both your and my convenience. I will tell you at least two weeks in advance of my vacations or any other times we cannot meet. Please ask about my schedule in making your own plans.

An appointment is a commitment to our work. We agree to meet at your home or other place of your choosing that we can mutually agree upon (school/day care, or clinic etc.) and to be on time. If I am ever unable to start on time, I ask your understanding. I also assure you that you will receive the full time agreed to. If you are late, we will probably be unable to meet for the full time. It is likely that I will have another appointment after yours.

A cancelled appointment delays our work. I consider our meetings very important and ask you to do the same. Please try not to miss sessions if you can possibly help it. When you must cancel, please give me at least one day notice. Your session time is reserved for you. I am rarely able to fill a cancelled session unless I know a day in advance.

### **Fees, Payments, and Billing**

We accept many funding sources for our clients. Paperwork may be required of you in order to access funds for medically necessary services. If you are paying private pay/sliding fee scale cash, money orders and in some cases personal checks may be accepted. You are required to pay the costs of any "bounced check" fees.

### **Health Insurance Coverage and Payments**

Many funding providers will help you pay for therapy and other services I offer. I have no role in deciding what your insurance covers. Your benefits provider decided which, if any, of my services will be covered and how much the agency will be paid.

### **If You Need to Contact Me**

Because I do outpatient therapy, I cannot promise that I will be available at all times. I generally do not take phone calls when I am with a client. You can always leave a confidential message on my voice mail and I will return your call as soon as I can. Generally, I will return messages as soon as possible.

If you have an emergency or crisis you will need to call 911.

### **If I Need to Contact Someone about You**

If there is an emergency during our work together, or I become concerned about your personal safety, I am required by law and by the rules of my profession to contact someone close to you—perhaps a relative, spouse, or close friend. I am also required to contact this person, or the authorities, if I become concerned about your harming someone else. Please write down the name and information of your chosen contact person in the space provided below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

### **Other Points**

- If you ever become involved in a divorce or custody dispute, I want you to understand and agree that I will not provide evaluations or expert testimony in court. You should hire a different mental health professional for any evaluations or testimony you require. This position is based on two reasons: (1) My statements will be seen as biased in your favor because we have a therapy relationship; and (2) the testimony might affect our therapy relationship, and I must put this relationship first.
- As a professional therapist, I naturally want to know more about how therapy helps people. To understand therapy better, I must collect information about clients before, during, and after therapy. Therefore, I am asking you to help me by filling out some questionnaires about different parts of your life—relationships, changes, concerns, attitudes, and other areas.
- If, as part of our therapy, you create and provide to me records, notes, artworks, or any other documents or materials, I will return the originals to you at your written request but will retain copies.

### **Statement of Principles and Complaint Procedures**

I fully abide by all the rules of the American Counseling Association (ACA), the American Association of Marriage and Family Therapy (AAMFT), the National Board of Certified Counselors (NBCC) and by those of my state license.

Problems can arise in our relationship, just as in any other relationship. If you are not satisfied with any area of our work, please raise your concerns with me at once. Our work together will be slower and harder if your concerns with me are not worked out. I will make every effort to hear any complaints you have and to seek solutions to them. If you feel that I, or any other therapist, has treated you unfairly or has even broken a professional rule, please tell me. You can also contact the state or local mental health association and speak to the chairperson of the ethics committee. He or she can help clarify your concerns or tell you how to file a complaint. You may also contact the state board.

In my practice as a therapist, I do not discriminate against clients because of any of these factors: age, sex, marital/family status, race, color, religious beliefs, ethnic origin, place of residence, veteran status, physical disability, health status, sexual orientation, or criminal record unrelated to present dangerousness.

This is a personal commitment, as well as being required by federal, state, and local laws and regulations. I will always take steps to advance and support the values of equal opportunity, human dignity, and racial/ethnic/cultural diversity. If you believe you have been discriminated against, please bring this matter to my attention immediately.

### **Our Agreement**

I, the client (and/or his or her parent or guardian), understand I have the right not to sign this form. I understand I can choose to discuss my concerns with you, the therapist, before I start (or the client starts) formal therapy. I also understand that any of the points mentioned above can be discussed and may be open to change. If at any time during the treatment I have questions about any of the subjects discussed in this brochure, I can talk with you about them, and you will do your best to answer them.



I understand that after therapy begins, I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with you before ending therapy with you.

***BEHAVIORAL HEALTH***  
***CLIENTS RIGHTS AND RESPONSIBILITIES STATEMENT***  
***Statement of Clients Rights (NOT MEDICAID)***

- Be treated with dignity and respect.
- Have a right to privacy.
- Fair treatment; regardless of their race, religion, gender, ethnicity, age, disability, or source of payment.
- Have their treatment and other member information kept private. Only where permitted by law, may records be released without member permission.
- Easily access timely care.
- Have a right to be free from abuse, financial or other exploitation, retaliation, humiliation and neglect.
- Know about their treatment choices. This is regardless of cost or coverage by the member's benefit plan.
- Share in developing their plan of care.
- Information in a language they can understand.
- A clear explanation of their condition and treatment options.
- Information about CCCCFC, its practitioners, services and role in the treatment process.
- Information about clinical guidelines used in providing and managing their care.
- Ask their provider about their work history and training.
- Give input on the Clients Rights and Responsibilities policy.
- Know about advocacy and community groups and prevention services.
- Freely file a complaint or appeal and to learn how to do so.
- Have their care coordinated with another provider if requested.
- Referrals to legal entities for appropriate representation.
- Know of their rights and responsibilities in the treatment process.
- Receive services that will not jeopardize their employment.
- Access to information pertinent to the client in a timely manner to facilitate their decision making.
- Request certain preferences in a provider.
- Have provider decisions about their care made without regard to financial incentives.
- Informed consent or refusal or expression of choice and withdrawal of consent regarding service delivery, releases of information, concurrent services, composition of the service delivery team, and/or involvement in research projects, if applicable.

***Statement of Clients Responsibilities***

- Treat those giving them care with dignity and respect.
- Give providers information they need. This is so providers can deliver the best possible care.
- Ask questions about their care. This is to help them understand their care.
- Follow the treatment plan. The plan of care is to be agreed upon by the client and provider.
- Follow the agreed upon medication plan.
- Tell their provider and primary care physician about medication changes, including medications given to them by others.

- Keep their appointments. Clients should call their provider(s) as soon they know they need to cancel visits.
- Let their provider know when the treatment plan isn't working for them.
- Let their provider know about problems with paying fees.
- Report abuse and fraud.
- Openly report concerns about the quality of care they receive.

## **Sunshine/CMS Medicaid Client's Rights and Responsibilities**

### **Member Rights**

- As a recipient of Medicaid and a member in a Plan, members also have certain rights. They have the right to:
- Be treated with courtesy and respect
- Have their dignity and privacy considered and respected at all times
- Received a quick and useful response to their questions and requests
- Know who is providing medical services and who is responsible for their care
- Know what member services are available, including whether an interpreter is available if they do not speak English
- Know what rules and laws apply to their conduct
- Be given easy to follow information about their diagnosis, the treatment they need, choices of treatments and alternatives, risks, and how these treatments will help them
- Make choices about their health care and say no to any treatment, except as otherwise provided by law
- Be given full information about other ways to help pay for their healthcare
- Know if the provider or facility accepts the Medicare assignment rate
- To be told prior to getting a service how much it may cost them
- Get a copy of a bill and have the charges explained to them
- Get medical treatment or special help for people with disabilities, regardless of race, national origin, religion, handicap, or source of payment
- Received treatment for any health emergency that will get worse if they do not get treatment
- Know if medical treatment is for experimental research and to say yes or no to participating in such research
- Make a complaint when their rights are not respected
- Ask for another doctor when they do not agree with their doctor (second medical opinion)
- Get a copy of their medical record and ask to have information added or corrected in their record, if needed
- Have their medical records kept private and shared only when required by law or with their approval
- Decide how they want medical decisions made if they can't make them themselves (advanced directive)
- To file a grievance about any matter other than a Plan's decision about their services
- To appeal a Plan's decision about their services

- Received services from a provider that is not part of our Plan (out-of-network) if we cannot find a provider for you that is part of our Plan
- Speak freely about their healthcare and concerns without any bad results
- Freely exercise their rights without the Plan or its network providers treating badly
- Be free from any form of restraint or seclusion used as means of coercion, discipline, convenience or retaliation
- Request and receive a copy of their medical records and ask that they be amended or corrected

### **Member Responsibilities**

- As a recipient of Medicaid and a member in a Plan, members also have certain responsibilities. They have the responsibility to:
- Give accurate information about their health to the Plan and providers
- Tell their provider about unexpected changes in their health condition
- Talk to their provider to make sure they understand a course of action and what is expected of them
- Listen to their provider, follow instructions and ask
- Keep their appointments or notify their provider if they will not be able to keep an appointment
- Be responsible for their actions if treatment is refused or if you do not follow the healthcare provider's instructions
- Make sure payment is made for non-covered services they receive
- Follow healthcare facility conduct rules and regulations
- Treat healthcare staff with respect
- Tell us if they have problems with any healthcare staff
- Use the emergency room only for real emergencies
- Notify their case manager if they have a change in information (address, phone number, etc.)
- Have a plan for emergencies and access this plan if necessary for their safety
- Report fraud, abuse and overpayment

### **NOTICE OF PRIVACY PRACTICES: YOUR INFORMATION, YOUR RIGHTS, AND OUR RESPONSIBILITIES**

*This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review if carefully.***

*If you have any questions regarding this notice or our health information privacy policies, please contact our Privacy Officer who is Dr. Corrie L. Kindyl, LMHC, LMFT, NCC, ACS and can be reached by phone at 407-291-8009. The effective date of this notice is April 29, 2021.*

#### **Your Rights - You have the right to:**

- Get a copy of your paper or electronic medical record. Please contact Dr. Kindyl at 407-291-8009 or email her at [Corrie.KindylPhD@cccfc.org](mailto:Corrie.KindylPhD@cccfc.org)
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information

- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

**Your Choices - You have some choices in the way that we use and share information as we:**

- Tell family and friends about your condition
- Provide mental health care

**Our Uses and Disclosures – We may use and share your information as we:**

- Treat You
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Comply with the law
- Work with a medical examiner or funeral director
- Address worker's compensation, law enforcement, and other government requests
- Respond to Lawsuits and legal action

**Your Rights: When it comes to your health information, you have certain rights.**

*This section explains your rights and some of the other responsibilities to help you.*

**Get an electronic or paper copy of your medical record**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Please contact Dr. Kindyl at 407-291-8009 or email her at [Corrie.KindylPhD@ccccf.org](mailto:Corrie.KindylPhD@ccccf.org)
- We will provide a copy or a summary of your health information, usually within 2 business days of your request. We may charge a legally allowable reasonable, cost-based fee but most of the time there will be no charge.

**Ask us correct your medical record**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 30 days.

**Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

**Ask us to limit what we use or share**

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

**Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a legally allowable reasonable, cost-based fee if you ask for another one within 12 months.

**Get a copy of this privacy notice**

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you a paper copy promptly.

### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure that person has this authority and can act for you before we take any action.

### **File a complaint if you believe your privacy rights have been violated**

- You can complain if you feel we have violated your rights by contacting us directly with the information listed on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by visiting <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>
- We will not retaliate against you for filing a complaint.

**Your Choices:** For certain health information, you can tell us your choices about what we share. *If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.*

### **In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

### **Our Uses and Disclosures: How do we typically use or share your health information?**

*We typically use or share your information in the following ways.*

#### **Treat you**

- We can use your health information and share it with other professionals who are treating you. *Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

#### **Run our organization**

- We can use and share your health information to run our practice, improve your care, and contact you when necessary. *Example: We use health information about you to manage your treatment and services.*

#### **Bill for your services**

- We can use and share your health information to bill and get payment from health plans or other entities. *Example: We give information about you to your health insurance plan so it will pay for your services.*

**How else can we use or share your health information?** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

#### **Help with public health and safety issues**

- We can share health information about you for certain situations such as:
  1. Preventing disease
  2. Reporting adverse reactions to medications
  3. Reporting suspected abuse, neglect, or domestic violence
  4. Preventing or reducing a serious threat to anyone's health or safety

#### **Comply with the law**

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy laws.

#### **Address worker's compensation, law enforcement, and other government requests**

- We can use or share health information about you:

- For worker's compensation claims
- 1 For law enforcement purposes or with a law enforcement official
- 2 With health oversight agencies for activities authorized by law
- 3 For special government functions such as military, national security, and presidential protective services.

### **Respond to lawsuits and legal actions**

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it in writing. If you tell us, we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: <https://www.hhs.gov/hipaa/index.html>

### **Changes to the terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

### **GRIEVANCE CONTACTS 2023**

Should you at any time have cause for concern with your services or your clinician(s) you have several options available to report those concerns.

1. **DIRECT TO CEO** You can contact the CEO of this agency, CCCCF, Dr. Corrie L. Kindyl, Ph.D., LMHC, LMFT, NCC, ACS to report your concern/complaint.


Office Phone	407-947-8009
Cell Phone	407-947-2901
Email	<a href="mailto:Corrie.KindylPhD@cccf.org">Corrie.KindylPhD@cccf.org</a>

2. **ANONYMOUSLY** You can remain anonymous and complete the grievance form(s) online at [www.ccccf.org](http://www.ccccf.org)

3. **DIRECT TO LICENSING BOARD** You can contact the State of Florida licensing board directly to report your complaint.

Web	<a href="http://www.floridahealth.gov/licensing-and-regulation/enforcement/index.html">http://www.floridahealth.gov/licensing-and-regulation/enforcement/index.html</a>
Telephone	1-850-245-4339
Fax	1-850-488-0796
Email	<a href="mailto:MQA_ConsumerServices@doh.state.fl.us">MQA_ConsumerServices@doh.state.fl.us</a>
Mail	Department of Health 4052 Bald Cypress Way, Bin C75 Tallahassee, FL 32399-3260

4. **FLORIDA ADVOCACY COUNCIL** You have the right to take your grievance further to the Florida Local Advocacy Council at 1-800-342-0825.
5. **TANF FUNDER** If your complaint/concern is about TANF funded services, you can contact Central Florida Cares Health System.

Telephone	844-302-0433
CFCHS Website	<a href="http://centralfloridacares.org/">http://centralfloridacares.org/</a>
Ethics Point Website	<a href="http://centralfloridacares.ethicspoint.com">http://centralfloridacares.ethicspoint.com</a>
QR code to access on a mobile device	

**NO ACTION WILL BE TAKEN AGAINST YOU FOR FILING A GRIEVANCE**

## Mission Statement

Community Counseling Center of Central Florida, LLC is committed to the meaningful treatment of youths and their families in a manner that meets the needs of the client, family and community.

Our mission is to provide the highest quality of care and treatment to those in need and to remain committed to our client throughout treatment. Our goal is to empower our client and their families by providing on-site mental health services and interventions in the community.



## Philosophy

Community Counseling Center of Central Florida, LLC believes in proactive approaches rather than reactive measures to assist families in the community. We utilize community-based interventions as our primary approach. It is our belief that in order to reach the youths and families in need we must begin in their homes, schools and communities.

If you have a disability and/or have limited English proficiency, CCCCf can offer appropriate help (auxiliary aids) including qualified or certified language interpreters, to you and/or your companion. For the Hearing Impaired If you are deaf or hard-of-hearing, you are entitled to interpreter services at no cost to you. Please inform agency staff of the appropriate services needed. In addition, services may be accessed through Florida Relay by dialing 7-1-1 or calling toll free: 1-800-955-8770 (Voice) 1-800-955-8771 (TTY) For the limited in English Proficient Client 1-800-955-8773 (Spanish) If you believe that you have been discriminated or retaliated against in violation of Section 504 of the Rehabilitation Act of 1973 and/or the Americans with Disabilities' Act of 1990, you may file a complaint with CCCCf by writing or calling: [Corrie.KindylPhD@cccf.org](mailto:Corrie.KindylPhD@cccf.org) 407-291-8009.

Reporting Fraud, Waste and Abuse CCCCf promotes a culture of integrity and works with our business partners, subcontractors and employees to ensure compliance with standards of ethical practice and regulatory requirements. CCCCf investigates all allegations of Fraud, Waste and Abuse (FWA), takes corrective action of any supported allegations, and reports misconduct to the pertinent government entities. You can call CCCCf at 407-291-8009 and ask for Dr. Corrie Kindyl or you can go to CCCCf's website at [www.ccccf.org](http://www.ccccf.org) on the main page click on the "Report Fraud, Waste, Abuse and other Compliance Issues" button or you can contact the Office of the Florida Inspector General at: 1317 Winewood Blvd. Building 5, Second Floor Fax: (850) 488-1428 Website: <http://www.dcf.state.fl.us/admin/ig/rptfraud1.shtml> email

[IG.Complaints@myflfamilies.com](mailto:IG.Complaints@myflfamilies.com)

For Central Florida Cares Healthcare System, Inc. (CFCHS) this can be done in three (3) different ways:

- Calling 844-302-0433

Electronically via the CFCHS <http://centralfloridacares.org/> Website or at <http://centralfloridacares.ethicspoint.com> By using the following QR code to access on a mobile device



## Community Counseling Center of Central Florida, LLC

3544 Edgewater Drive

Orlando, FL 32804

PHONE 407-291-8009

FAX 407-770-5503

[www.ccccf.org](http://www.ccccf.org)



A Community Based Mental Health  
Counseling Agency

**Services are offered**

**Monday through Sunday**

**From 8:00 a.m. until 9:00 p.m.**

**Appointments are scheduled between the client and the therapist at a mutually agreeable time and location.**





## Why Community Based Services?

*Community Counseling Center of Central Florida, LLC* realizes that as a community we have struggled to keep up with the demand of families at-risk of or currently experiencing significant problems leading to despair, violence and broken homes.

*Community Counseling Center of Central Florida, LLC* believes in improving family and child functioning so that families may reach their full potential. These services are most effective when delivered in the client's own setting. Community-based therapy eliminates the many obstacles faced when clients have to travel to a clinic for services. In turn, the therapist is able to better understand the real life situations that often cause the family system to deteriorate.

Our aim is to intervene and have the family experience significant and lasting changes leading to improved family stability.

### FUNDING WE ACCEPT

TANF

EMBRACE FAMILIES

VICTIM'S COMPENSATION

PRIVATE PAY/CASH

SUNSHINE/CMS MEDICAID

## Counseling Services Include

*Community Counseling Center of Central Florida, LLC* will provide community based mental health counseling in the form of individual and family therapy as well as parenting classes using 1-2-3 Magic, STEP and Gottman Emotion Coaching for Adults. MATCH Learning collaborative which is a modular approach to therapy for children between ages 6-15.

### SERVICES PROVIDED

- \* Individual Counseling
- \* Family Counseling
- \* Marriage Counseling
- \* Parenting Classes
- \* Anger Management Course
- \* Mental Health Assessments
- \* MATCH learning collaborative
- \* Mobile Crisis/Seminole County Sheriff's Office/ 7 Police Departments
- \* Therapeutic Visitations
- \* CBHA's



## General Information

Therapists employed by *Community Counseling Center of Central Florida, LLC* are Licensed by the State of Florida as Mental Health Counselors, Marriage and Family Therapist, and/or are Registered Mental Health Counselors or Marriage and Family Interns with the State of Florida. CCCCf offers services provided by Master's Level Interns completing their hours for graduation from their Master's level program.



### Client Profile

Community Counseling Center of Central Florida, LLC serves adults, youths and families at-risk in Orange, Osceola, and Seminole County communities.

Families involved with DCF, OHU, Camelot Care, Embrace Families, Gulf Coast JFCS and related social service agencies.

Families desiring counseling services to improve their communication and functioning.



## WHAT INDIVIDUALS IN RECOVERY

# NEED TO KNOW ABOUT WELLNESS

### Why Is Wellness Important?

The short answer: For individuals with behavioral health conditions, **embracing wellness can improve quality and years of life.**

A study by the National Association of State Mental Health Program Directors (NASMHPD) found that individuals with severe mental illness (SMI) die years earlier than those without these disorders, most often of heart disease.<sup>i</sup> They also experience diabetes, high blood pressure and cholesterol, and obesity at a rate that is 1.5 to 2 times that of the general population.<sup>ii, iii, iv</sup>

### Wellness Matters

Consider the true story of Jane, a person in recovery who got a wake-up call during a health screening, where she was told that her blood pressure was dangerously high. Jane had already lost two sisters to heart disease, so she decided to lose the weight she had gained while taking antidepressant medication. "After losing 40 pounds, [my blood pressure] dropped like a stone," she said.

*"Paying attention and taking action saved my life."*

Jane's example shows the importance of considering both physical and mental health. Wellness is more than the absence of disease or stress; it refers to overall well-being. It's having purpose in life, participating actively in work and play, and having relationships that give you joy.<sup>v</sup>

SAMHSA's Wellness Initiative supports embracing the Eight Dimensions of Wellness to achieve improved quality of life and longevity.<sup>vi</sup>

There are many ways to enhance well-being and recovery from mental or substance use conditions and trauma. Here are a few other activities:

- **Stopping smoking** is the single most important thing you can do to improve your health. Data shows that individuals in recovery are 25 to 40 percent more likely to die from heart disease than others, with smoking being a major contributor.<sup>vii</sup>
- In 2008 and 2009, Australian researchers found that **belonging to a social group**, such as a volunteer group can improve both physical and mental health.<sup>viii</sup>



### WELLNESS

Source: Adapted from Swarbrick, M. (2006). A Wellness Approach. *Psychiatric Rehabilitation Journal*, 29(4), 311-314.



## The Eight Dimensions of Wellness

What wellness means and what we focus on varies from person to person. Yet it is useful to think about practical ways we can improve our wellness in each dimension. Here are several examples.

**EMOTIONAL**—*Coping effectively with life and creating satisfying relationships*

- Be aware of and listen to your feelings.
- Express your feelings to people you trust.

**FINANCIAL**—*Satisfaction with current and future financial situations*

- Be thoughtful and creative about your budgeting and spending.
- As needed, meet with financial professionals who provide free or low-cost services for guidance.

**SOCIAL**—*Developing a sense of connection, belonging, a well-developed support system*

- Make at least one social connection per day by calling, e-mailing, or visiting someone.
- Get active in a support group.

**SPIRITUAL**—*Expanding our sense of purpose and meaning in life*

- Make time for practices that enhance your sense of connection to self, nature, and others.
- Take time to discover what values, principles, and beliefs are most important to you.

**OCCUPATIONAL**—*Personal satisfaction and enrichment derived through one's work*

- Work toward a career in a field you are passionate about or a volunteer activity that has meaning for you.
- Communicate with your supervisor regularly and get support when needed.

**PHYSICAL**—*Recognizing the need for physical activity, diet, sleep, and nutrition*

- Take the stairs instead of the elevator; replace driving with walking or bicycling when possible.
- Get enough sleep—your body needs it to rejuvenate and stay well!

**INTELLECTUAL**—*Recognizing creative abilities and finding ways to expand knowledge and skills*

- Research a topic that interests you and share what you learned with others.
- Find creative outlets that stimulate your mind and sense of curiosity.

**ENVIRONMENTAL**—*Good health by occupying pleasant, stimulating environments that support well-being*

- Appreciate nature and the beauty that surrounds you.
- Seek out music and other experiences that have a calming effect on your well-being.

### ADDITIONAL RESOURCES

U.S. Department of Health and Human Services  
<http://www.hhs.gov>

SAMHSA-HRSA Center for Integrated Health Solutions  
<http://www.integration.samhsa.gov/>

healthfinder®  
<http://www.healthfinder.gov>

Million Hearts®  
<http://www.millionhearts.hhs.gov>

STAR Center  
<http://www.consumerstar.org>

National Empowerment Center 1-800-POWER2U (1-800-769-3728)  
<http://www.power2u.org>

National Wellness Institute  
<http://www.nationalwellness.org>

Peerlink National Technical Assistance Program  
<http://www.peerlinktac.org>

### ENDNOTES

- i Parks, J., Radke, A. Q., & Mazade, N. A. (Eds.). (2008). *Measurement of health status for people with serious mental illness*. Alexandria, VA: NASMHPD Medical Directors Council.
- ii Fagioli, A., Frank, E., Scott, J. A., Turkin, S., & Kupfer, D. J. (2005). Metabolic syndrome in bipolar disorder: Findings from the Bipolar Disorder Center for Pennsylvanians. *Bipolar Disorders*, 7(5), 424-430.
- iii McEvoy, J. P., Meyer, J. M., Goff, D. C., et al. (2005). Prevalence of the metabolic syndrome in patients with schizophrenia: Baseline results from the Clinical Antipsychotic Trials of Intervention Effectiveness (CATIE) schizophrenia trial and comparison with national estimates from NHANES III. *Schizophrenia Research*, 80(1), 19-32.
- iv Newcomer, J. W. (2005). Second-generation (atypical) antipsychotics and metabolic effects: A comprehensive literature review. *CNS Drugs*, 19(suppl 1), 1-93.
- v Dunn, H. L. (1961). *High-Level Wellness*. Arlington, VA: Beatty Press.
- vi Swarbrick, M. (2006). A wellness approach. *Psychiatric Rehabilitation Journal*, 29(4), 311-314.
- vii Health Behavior News Service. (2009). Heart Disease a "Silent Killer" in Patients With Severe Mental Illness. *Medical News Today*. Retrieved from <http://www.medicalnewstoday.com/releases/170934.php>
- viii University of Exeter. (2009). Groups Are Key to Good Health. NewsRx. Retrieved from <http://www.newsrx.com/health-articles/1625818.html>

*I received, reviewed and had an opportunity to ask questions and have questions answered about all of the information contained in the 2023 Client Handbook & Welcome Packet. I am allowed to review and request a copy of my medical records at any time by contacting the agency at 407-291-8009.*

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Name and Signature of Client (or Legal Representative)

Date