



# High Plains

MENTAL HEALTH  
CENTER

## Client Handbook

[hpmhc.com](http://hpmhc.com)

**1-800-432-0333**

(24-Hour Hotline)

*We're Here for You!*



# Welcome!



High Plains Mental Health Center is a licensed Community Mental Health Center, Certified Community Behavioral Health Clinic and licensed Substance Use Disorder treatment program dedicated to the aggressive pursuit of providing a comprehensive mental health program to the residents of Northwest Kansas. Embodied in this pursuit are fundamental principles of establishing quality services as close to home as possible, at an affordable fee, and delivered in the least disruptive manner available. Such services will offer a continuum of care so that treatment can be individualized, and our staff can respond quickly and compassionately to those reaching out to us.

## Contact Us:

Hays	208 E. 7th	(785) 628-2871
Colby	750 S. Range	(785) 462-6774
Goodland	723 Main	(785) 899-5991
Norton	211 S. Norton	(785) 877-5141
Phillipsburg	783 7th	(785) 543-5284
Osborne	209 W. Harrison	(785) 346-2184

We understand that anyone can experience mental or behavioral health concerns at any point during their lives. Mental illness is common - an estimated 1 in 5 U.S. residents will experience a mental health challenge in any given year. At High Plains Mental Health Center, we believe mental health care is health care. We are here to help, to listen and to support you in meeting your recovery goals and managing symptoms.

**Emergency After-Hours**  
TELEPHONE NUMBER:

**1-800-432-0333**

OR IN HAYS  
**(785) 628-2871**



**Preparing for Your Appointment - Page 4**

**Your Role in Treatment - Page 5**

**List of Available Services - Pages 6 - 7**

**Notice of Privacy Practices - Pages 8 - 11**

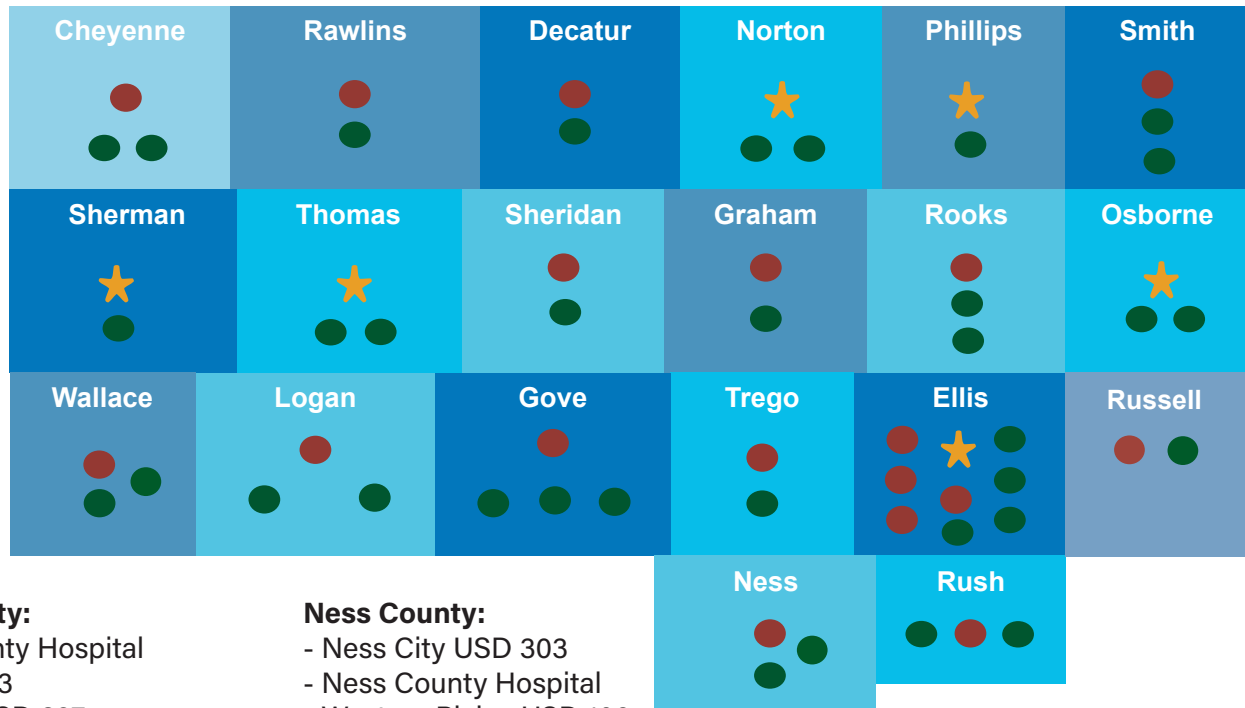
**Sliding Fee Scale/FAQ - Page 12-13**

**Rights & Responsibilities - Page 14-15**

**24/7 Crisis Hotline - Page 16**

## Outreach Office and Service Locations

- Community Outreach Offices ★ Full-Time Service Locations ● School-Based Services (HOPE or MHIT)



### Cheyenne County:

- Cheyenne County Hospital
- Cheylin USD 103
- Saint Francis USD 297

### Decatur County:

- Decatur County Health Department
- Oberlin USD 294

### Ellis County:

- Ellis County Health Department
- Ellis Family Care Center
- Hays Family Medicine
- Hays Medical Specialists
- Hays USD 489
- Victoria USD 432
- Ellis USD 388
- St. Mary's Catholic School

### Gove County:

- Bluestem Medical Center
- Grinnell USD 291
- Wheatland USD 292
- Quinter USD 293

### Graham County:

- Graham County Hospital
- Hill City USD 281

### Logan County:

- Logan County Hospital
- Oakley USD 274
- Winona USD 275

### Ness County:

- Ness City USD 303
- Ness County Hospital
- Western Plains USD 106

### Norton County:

- Norton Branch Office
- Norton USD 211
- Northern Valley USD 212

### Osborne County:

- Osborne Branch Office
- Osborne USD 392
- Natoma/Paradise/Waldo USD 399
- Waconda USD 272

### Phillips County:

- Phillipsburg Branch Office
- Phillipsburg USD 325

### Rawlins County:

- Rawlins County Public Health
- Rawlins USD 105

### Rooks County:

- Rooks County Health Center
- Stockton Medical Clinic
- Plainville USD 270
- Stockton USD 271
- Palco/Damar USD 269

### Sheridan County:

- Sheridan County Health Complex
- Golden Plains USD 316

### Rush County:

- Rush County Memorial Hospital
- La Crosse USD 395
- Otis-Bison USD 403

### Russell County:

- Russell County Public Health
- Russell USD 407

### Sherman County:

- Goodland Branch Office
- Goodland USD 352

### Smith County:

- Smith County Memorial Hospital
- Smith Center USD 237
- Thunder Ridge USD 110

### Thomas County:

- Colby Branch Office
- Colby USD 315
- Brewster USD 314

### Trego County:

- WaKeeney Family Care Center
- Trego County USD 208

### Wallace County:

- Wallace County Family Practice
- Weskan USD 242
- Wallace County USD 241

# Preparing for Your Appointment

## First Appointment - Intake & Assessment

Clients should bring a health insurance card if available and cost of any health insurance co-pays if applicable. If insurance is provided through a family member, please have their date of birth. In some cases, special payment arrangements can be made for uninsured or under-insured clients (see the Sliding Fee scale on page 12). It is important that the Client Intake Packet is completely filled out prior to this appointment. The necessary paperwork can be found online at [hpmhc.com](http://hpmhc.com), or sent to you by email or paper mail by request. Clients will first meet with a Screening & Referral therapist to assess symptoms; assist in diagnosis; and to be assigned an appropriate outpatient therapist or medical provider based on needed services and staff availability. Treatment options will be discussed during the intake appointment. Your next appointment will be scheduled before you leave. This first appointment usually takes about an hour, or longer if paperwork is not completed.

## Meeting Your Outpatient Therapist

If starting therapy, clients should make a list of goals they would like to accomplish through therapy and prepare questions to ask the therapist about the process, considering current symptoms and why they decided to seek treatment. Clients can also reflect on the ways they've been coping with their current situations. An individual may also decide to write down things that are important for the therapist to know, such as: current life situation (including housing, financial and employment status), expectations of therapy, goals, interests, relationships, strengths, and any past mental health treatment experiences.

## Meeting Your Medical Provider

If starting medication services, clients or guardians are encouraged to share the following information with your medical provider:

- Current list of medications, including recent refills and the contact information for preferred pharmacy
- List of any current symptoms that are experienced
- Goals for the visit
- Contact information for other medical providers, such as a primary care physician
- If clients have recently been discharged from hospital, please bring recent discharge medicine list

Clients receiving case management services may choose to invite their case managers to medication appointments. A parent/guardian must be present for all children's medical appointments to provide patient history, medication consent and to sign a release of information if desired.

## Meeting Your Case Manager (CBS/CSS)

For qualifying clients, Case Management may be recommended if the additional services could be helpful in the recovery process. In these cases, a Recovery Specialist will be assigned to you. Community Based Services are provided to youth 18 and younger and Community Support Services are available for adult clients. Youth may receive case management support at school or could be referred for psychosocial group lessons. A client (or parents/guardians if services are for a young child) should think about the goals they want to accomplish through case management. You can start by making a list of things you want to accomplish in the next week, month or year along with any known strengths, skills, and/or talents that could help reach those goals. It may also be helpful to think about how you could accomplish those goals and also what obstacles may exist while working towards improvement or recovery.

# Your Role in Treatment

**As a client, it is your responsibility to help us create and maintain a safe and effective climate for personal growth.**

**We ask you to:**

1. Actively participate in developing a treatment plan and setting goals during the treatment process. We are focused on helping you achieve your goals and become as independent as possible.
2. Please pay for the services you receive in a timely manner, as determined by our sliding fee scale or your personal payment plan.
3. Treat all Center staff and property with courtesy and respect. Help us maintain a safe environment.
4. Attend all scheduled appointments, or if you need to cancel or reschedule, give us 24 hours' notice ahead of your appointment time. Please notify our staff if you plan to not return for services.
5. Provide accurate and complete information about your mental health concerns, treatment preferences, personal needs, social and medical history, and any other matters related to your care.
6. Please arrange for childcare (if needed) during your appointment.
7. If you are receiving telehealth services from home, please prepare a private, quiet space free from distractions.
8. Respect the confidentiality of other clients.
9. Let us know if there have been any changes in your personal information, such as address, phone number, insurance coverage or financial status.
10. Let us know if you are not satisfied with the services you are receiving, or if you have any concerns or questions regarding your treatment plan. Clients may request changes in the treatment services being provided or request that other staff members be assigned.
11. Let the appropriate therapist, nurse or recovery specialist know if a crisis or emergency situation exists, or if you need to be seen before your next scheduled appointment.
12. Notify our staff of any problems with medications, changes to your medications, or if there have been any changes to your medications made by other physicians.
13. Authorize communication with primary care physician and others who are involved in your healthcare needs.
14. Let our staff know if you need special arrangements due to a disability or special situation.

# Available Services

## Individual & Group Therapy

Therapy is a process through which individuals work with a Licensed Mental Health Professional, who has special licensure through the State of Kansas to provide mental health services. Therapy can help deal with emotional and psychological difficulties, improve functioning in daily living activities, and increase hope for the future.

**Individual Therapy:** Clients work one-on-one with a Licensed Mental Health Professional to talk through challenges and work to identify steps to help an individual on their path to wellness. The Licensed Mental Health Professional will collaborate with the individual to set goals related to the symptoms and stressors, focusing on solutions to resolve those difficulties.

**Group Therapy:** A form of counseling in which a small number of people facing similar challenges come together under the guidance of a Licensed Mental Health Professional to help themselves and one another. Participants may benefit from understanding, peer support, and encouragement from other group members.

**Family Therapy:** For some clients, family therapy might be a recommended treatment option. Family Therapy for children often includes parents or guardians and can teach the family skills to deepen relationships, improve communication and resolve conflicts. Parents or Guardians can get ideas for how to help the child cope and manage their symptoms at home. Marriage and relationship counseling is also available for adult couples.

## Children & Family Services

Children and family services are offered to youth who have severe emotional or behavioral challenges to provide the right level of services for the youth to remain in their home and community. Support or wraparound services are offered to guardians or family members as needed. The primary services offered are therapy (individual and family), case management, psychosocial groups, SED Waiver Services for qualifying youth, and medication.

## Medical or Psychiatric Services

HPMHC offers specialized psychiatric medication services in the Hays office and the Branch offices. Telehealth appointments are available as well from the comfort and privacy of home. Medication-Assisted Treatment is available for those recovering from opioid or alcohol addiction.

## Nursing Clinic Services

Nursing clinic services include injections, mental health assessments, medication education, refills, and medication consultation with close collaboration with assigned medical provider. Appointments can be scheduled for nursing services or to receive injection medications.

## Just In Time Medication Appointments

HPMHC offers a Just In Time (JIT) appointment model, which provides medication management services at the right time. This system minimizes cancellations and no-shows, ultimately increasing availability of medication staff to provide necessary services to clients in a timely manner. JIT requires clients to schedule appointments with their provider prior to running out of medication. JIT has been shown to improve the overall client experience, improve health outcomes, and reduce emergency department visits/hospital admissions. Ask your medical provider for more information about JIT. Following a medical appointment, clients will be given a reminder card with a date to contact the Medical Receptionist to schedule their next appointment. If a client misses an appointment, they will not be able to refill prescriptions. They will need to be assessed by the nursing clinic for their medication needs and then make an appointment with the medical provider.

# Available Services

## Genoa Pharmacy

Conveniently located in our Hays lobby, Genoa can fulfill clients' medication prescriptions on site. Clients may choose to use Genoa or any local pharmacy of their choice. Services available at Genoa include:

- Filling all prescribed medications
- Assisting with insurance plans and answering client questions, including assistance with Medicaid and Medicare coverage
- Providing medication delivery, including mail delivery
- Providing bubble pack medications as needed
- Sending refill reminders
- Financial prescription assistance for some medications



## Schwaller Crisis Center

Schwaller Crisis Center is the only mental health crisis stabilization center in Northwest Kansas. The crisis center serves adults experiencing a mental health crisis who are struggling to maintain at home due to increased symptoms. Admission is voluntary. The center offers a home-like environment featuring four private bedrooms, a shared living room, full kitchen, and a large patio. Schwaller Center is not hospitalization and may not be a good fit for all clients or all situations. If you think Schwaller Center may be a good fit for your needs, please reach out to your medical or therapy provider or call our crisis hotline at 1-800-432-0333 to ask about Schwaller Center admission. Financial assistance is available for clients needing crisis stabilization services who do not have KanCare Medicaid.

## Substance Use Disorder Services

High Plains Mental Health Center offers comprehensive behavioral health services, including evidence-based treatment options for Substance Use Disorders. Our treatment program offers a variety of services to provide a whole-person approach to individualized care. Treatment may include individual therapy, family therapy or group therapy as recommended by your treatment team. Many of our therapists are dual-licensed to provide mental health and substance use counseling. We also have a Peer Support Specialist who can help clients work toward recovery goals.

Medication-Assisted Treatment is available for clients who may be trying to quit using certain drugs, such as opioids or alcohol. In some cases, the use of medications can help clients safely withdraw from the substances, reduce cravings and reduce the risk of relapse. Our sliding fee scale applies for substance use services, and financial assistance may be available for qualifying clients. To learn more about our SUD service options, talk to your treatment team or call us at 1-800-432-0333.

## Case Management - CBS and CSS

Case Management services are provided by our Community Based Services program (youth) and Community Support Services program (adults). These are more intensive, community-based supports that may be recommended for clients with certain diagnoses or who need assistance with daily living or coping skills. Case management services can include assistance in utilizing other community supports; group services to work on social and interpersonal skills; education on mental illness and medication compliance; support with daily living skills; and strategies to manage the negative effects of symptoms. The youth case management program also includes psycho-social rehabilitation groups; SED waiver services for qualifying youth; and the Homeward Bound Resource Home program.

# Notice of Privacy Practices

We are required by the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to maintain the privacy of our patients' health information and to provide patients with this Notice of Information and Privacy Practices. These privacy regulations extend to all officers, employees, volunteers, and agents of High Plains Mental Health Center who have access to or obtain knowledge of treatment information.

## Your Rights Under the Federal Privacy Standard

As a patient at High Plains Mental Health Center, you have the right to the confidentiality of your records and information regarding whether you currently are, or ever have been a patient. Although your mental health records are the physical property of High Plains Mental Health Center, you have the following rights with regard to the information contained therein:

1. You may request restriction on uses and disclosures of your health information for treatment, payment, and healthcare operations. The right to request restriction does not extend to uses or disclosures permitted or required under federal privacy regulations. Your request must be in writing mailed to the contact identified at the end of this Notice. Your request must describe in detail the restriction you are requesting. We do not, however, have to agree to the restriction. If we do, we will adhere to it unless you request otherwise, or we give you advance notice.

2. You may request restrictions on disclosures to your health insurance company for purposes of treatment or healthcare operations. We are required to agree to this restriction so long as you have paid for the underlying service in full. Your request must be in writing mailed to the contact identified at the end of this Notice.

3. You have the right to receive a paper copy of this Notice of Information and Privacy Practices upon request. We also have posted this notice in prominent locations throughout the agency and on our website.

4. You have the right to receive confidential communication. For example, you may ask us to communicate with you by alternate means, and if the method of communication is reasonable, we must grant the alternate communication request.

5. You have the right to access, or to inspect and obtain a copy of your health information upon request. You may request that your records be provided in an electronic format and we can work together to agree on an appropriate electronic format. However, in certain situations, we can deny access. You do not have a right of access to the following: a) information compiled in reasonable anticipation of or for use in civil, criminal, or administration actions or

proceedings; b) information that was obtained from another healthcare provider; or c) information that was obtained from someone other than a healthcare provider under a promise of confidentiality and the requested access would be reasonably likely to reveal the source of the information.

There are also instances where we can deny access, but must provide you a review of our decision to deny such access. These reviewable grounds for denial include the following: a) a licensed healthcare professional has determined that the access is reasonably likely to endanger the life or physical safety of yourself or another person; b) the information makes reference to another person (other than a healthcare provider) and a licensed professional has determined that access is likely to cause substantial harm to such other person; or c) the request is made by your personal representative and a licensed professional has determined that giving access to the personal representative is reasonably likely to cause substantial harm to you or another person. For these reviewable grounds, another licensed professional must review the decision to deny access within 30 days. If we deny you access, we will explain why and what your rights are, including how to seek review. If we grant access, we will tell you what, if anything, you have to do to get access. We reserve the right to charge a reasonable fee for making copies that may be requested following review.

You have the right to request an amendment or correction of your health information. We do not have to grant the request if the following conditions exist: a) we did not create the record; b) the records are not available to you as discussed above; c) the record is already accurate and complete. If we deny your request for amendment or correction, we will notify you why, how you can attach a statement of disagreement to your records (which we may rebut), and how you can complain. If we grant the request, we will make the correction and distribute the correction as allowed.

You have the right to obtain an accounting of non-routine uses and disclosures, those other than for treatment, payment, and healthcare operations. We do not need to provide an accounting for the following disclosures: a) to you for disclosures of protected health information to you; b) for uses and disclosures that you authorized; c) to persons involved in your care or for other notification purposes as allowed in the federal privacy regulations; d) for national security or intelligence purposes as allowed under the federal privacy regulations; e) to correctional institutions or law enforcement officials as allowed under the federal privacy regulations; f) that occurred before April 14, 2003. We must

# Notice of Privacy Practices

provide the accounting within 60 days, and the accounting must include the following information: a) date of each disclosure; b) name and address of the organization or person who received the information; c) brief description of the information disclosed; d) brief statement of the purpose of the disclosure that reasonably informs you of the basis for the disclosure, or a copy of your written authorization or written request for the disclosure.

You have the right to revoke your consent or authorization to use or disclose health information except to the extent that we have taken action in reliance on the consent or authorization. You have the right to be notified if we determine that there has been a breach of your protected health information. You have the right to file a complaint with High Plains Mental Health Center or with the U.S. Department of Health and Human Services if you believe High Plains Mental Health Center is not in compliance with the regulations.

## **Our Responsibilities Under the Federal Privacy Standard**

In addition to providing you your rights as detailed above, the federal privacy standard requires us to take the following measures:

1. Maintain the privacy of your health information, including implementing reasonable and appropriate safeguards to protect the information.
2. Provide you this notice as to our legal duties and privacy practices with respect to the information that we collect and maintain about you.
3. Abide by the terms of this notice that is currently in effect.
4. Train our personnel concerning privacy and confidentiality.
5. Implement a sanction policy to discipline those who breach privacy or confidentiality or our policies with regard thereto.
6. Mitigate (lessen the harm of) any breach of privacy or confidentiality.
7. Use or disclose your information only with your consent or authorization except as described in this notice or as allowed by law.

Under provisions of HIPAA, the Center may disclose protected health information for the following purposes without your consent or authorization:

1. Information and communication between or among treatment facilities for purposes of promoting the provision, coordination, or management of health care and related services by one or more health care providers.

2. Information for health care operations including quality assessment activities; review of competence or qualifications of health care professionals and their performance accreditation, licensing, certification or credentialing activities; conducting or arranging for medical review, legal services, and auditing functions; business planning and development; and business management and general administrative activities of the entity.

3. Information relevant to involuntary commitment proceedings.

4. Information in response to a court order for mental, alcoholic, or drug evaluation.

5. Information relevant to legal proceedings when the patient has relied upon his or her mental, alcoholic, drug dependency, or emotional condition as a claim or defense and a judge has entered an order and specified the persons who are to receive the information.

6. Information which treatment personnel or the patient are required by law to report to a public official. This includes, but may not be limited to, mandatory reporting of such things as suspected abuse, neglect or domestic violence.

7. Information in response to the order of a court or administrative tribunal.

8. Disclosures for Law Enforcement Purposes. The Center may disclose protected health information for law enforcement purposes to a law enforcement official in compliance with reporting laws regarding certain types of wounds, in compliance with a court order, court-ordered warrant, subpoena issued by a judicial officer or in response to a grand jury subpoena, provided that the information sought is relevant and material to a legitimate law enforcement inquiry, the information sought is as specific and narrowly drawn as practicable, and deidentified information could not reasonably have been used to meet the purpose of the request; to identify or locate a suspect, fugitive, material witness, or missing person provided that only specific, limited information is disclosed.

In response to a law enforcement official's request for protected health information about an individual who is, or is suspected to be, a victim of crime (other than abuse, neglect, or domestic violence as discussed above) if the individual agrees to the disclosure or the provider is unable to obtain the individual's agreement because of incapacity or other emergency circumstance; to alert law enforcement of the death of an individual if a Provider has a suspicion that the death may have resulted from criminal conduct; if a Provider believes in good faith that the protected health information constitutes evidence of criminal conduct that occurred on the premises of the Provider.

9. Information which is needed to protect a person who

# Notice of Privacy Practices

has been threatened with substantial harm by a patient during the course of treatment.

10. Information to the patient or former patient, except that the Executive Director or his designee may refuse to disclose portions of records following a written statement that such disclosure would be injurious to the patient.

11. Information to accreditation, certification, and licensing authorities, including scholarly investigators, after a written pledge that the information will not be disclosed to any persons not otherwise authorized by law to receive such information.

12. Information requested by Kansas Advocacy and Protective Services concerning the representation of individuals who reside in a treatment facility.

13. Information needed to pursue collection of a bill for services rendered.

14. Information sought by a coroner serving under the laws of Kansas when such information is material to an investigation or proceeding conducted by the coroner.

15. The name, date of birth, name of any next of kin, and place of residence of a deceased former patient when that information is sought as a part of a genealogical study.

## **Confidentiality of Substance Use Disorder Patient Records**

The confidentiality of substance use disorder patient records maintained by this program is protected by Federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser, unless:

1. The patient consents in writing.
2. The disclosure is allowed by a court order.
3. The disclosure is made pursuant to an agreement with a qualified service organization/business associate.
4. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to the United States Attorney for the District of Kansas at (913) 551-6730 (Kansas City Office), (785) 295-2850 (Topeka office), or (316) 269-6481 (Wichita office) in accordance with Federal regulations.

Additional contact information for the United States Attorney's office can be found at <https://www.justice.gov/usao>. Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about

any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities. (See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 C.F.R. Part 2 for Federal regulations.) (Approved by the Office of Management and Budget under Control No. 0930-0099)

## **Release of Information to an Approved Health Information Organization**

The Center will participate with an approved Health Information Organization (HIO) for the transfer of information under Kansas Law (K.S.A. 65-6801 through 65-6834).

1. All patients are given Notice of Information and Privacy Practices containing information regarding disclosure of information to an approved HIO ("Notice").
2. The Center will not disclose an individual's protected health information (PHI) to an approved HIO unless and until the individual (or his/her personal representative) has received written notice regarding electronic health information exchange.
3. An individual (or his/her personal representative) may direct that none of the individual's PHI be accessible to any person or entity through an approved HIO from that point forward. Notwithstanding such direction, an approved HIO may permit access to the individual's PHI by a properly authorized individual only as necessary to report specific information to a government agency as required by law (e.g., reporting of certain communicable diseases or suspected incidents of abuse).
4. The Center will not permit an approved HIO access to an individual's PHI unless and until the Center has knowledge that the individual has received the Notice from the Center or through another source.

## **Examples of Disclosures for Treatment, Payment, or Healthcare Operations**

Under the regulatory authority of the Department of Health and Human Services, High Plains Mental Health Center can use your information for the purposes of Treatment, Payment or Healthcare Operations.

Treatment is defined as the provision, coordination, or management of health care and related services by one or more health care providers. This includes the exchange of information in professional consultation and supervision among members of the High Plains Mental Health Center treatment team (psychiatrists, therapist, case managers, student interns, and volunteers).

# Notice of Privacy Practices

Payment is defined as activities undertaken by a health care provider to obtain reimbursement for the provision of health care. This may include sharing of necessary information with High Plains Mental Health Center's insurance and/or billing department in order to generate insurance claims or send monthly statements. We may also send a bill to you or to a third-party payer, such as a health insurer. The information on or accompanying the bill may include information that identifies you, your diagnosis, or treatment received.

Healthcare operations is defined as carrying out the activities of High Plains Mental Health Center to the extent that these activities are related to covered functions and activities of an organized health care arrangement in which High Plains Mental Health Center participates. This includes Quality Assurance activities (peer review); qualifications of health care professionals; underwriting and premium rating; medical review, legal services and auditing functions; business planning and development; business management and general administrative activities (i.e. customer service).

High Plains Mental Health Center may contact you or your parent/guardian by phone or mail in the following situations:

1. To provide appointment reminders and other information regarding services;
2. To request additional information and/or signatures in order to facilitate payment of your account;
3. To request additional information and/or signatures in order to process requests for information from outside agencies;
4. To request feedback regarding your satisfaction with our services following the receipt of such services.

High Plains Mental Health Center may provide information through contracts with Business Associates. This information may be disclosed to the business associate so that they can perform the function(s) that we have contracted with them to do. Examples of business associates would be pharmacies, laboratories, interpreters, and High Plains Mental Health Center's attorneys and accountants. Our business associates have all the same responsibilities to appropriately safeguard your information as High Plains Mental Health Center does.

Under the privacy standards, we must disclose your health information to the Department of Health and Human Services as necessary to determine our compliance with those standards.

High Plains Mental Health Center reserves the right to change the terms of its Notice of Information and Privacy Practices, and to make the new notice provisions effective for all protected health information that it maintains. Revised notices will be made available to patients at their first service following implementation of the revision.

## Complaints and Reporting Violations

If you believe your privacy rights have been violated, you may complain to High Plains Mental Health Center and/or the Secretary of Health and Human Services. Complaints should be made in writing to the Manager of Quality Improvement, 208 East 7th Street, Hays, Kansas 67601, or to the U.S. Department of Health and Human Services – Office for Civil Rights (Regional Office at Kansas City), 601 East 12th Street Room 248, Kansas City MO 64106, (816) 426-7277, or through [www.hhs.gov/ocr/privacy/hipaa/complaints/index.html](http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html).

The complaint should name the agency and/or person that is the subject of the complaint and describe the acts or omissions believed to be in violation of the privacy requirements. The complaints should be filed within 60 days of when the complainant knew or should have known that the act or omission occurred. Individuals will not be retaliated against for filing such a complaint.

High Plains Mental Health Center complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, or any other protected class. High Plains Mental Health Center does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, or any other protected class. For further information regarding this Notice of Information and Privacy Practices, contact the Medical Records Manager or the Manager of Quality Improvement at (785) 628-2871.

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de High Plains Mental Health Center, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1 (844) 787-4924.

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về High Plains Mental Health Center, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1 (844) 787-4924.

# Sliding Fee Scale/FAQs

High Plains Mental Health Center offers a sliding fee scale to assist clients who are uninsured, underinsured or meet certain income guidelines. The 2023 Sliding Fee Scale rates can be found below. The sliding fee scale is calculated based on type of services provided, family size and income level. No one is denied services based on ability to pay. While payment is expected at the time of service, special payment arrangements are considered on a case-by-case basis. Additional discounts may be available for qualifying clients as needed. If needed, HPMHC staff can assist clients with applying for KanCare Medicaid.

## HIGH PLAINS MENTAL HEALTH CENTER SLIDING FEE SCHEDULE A WITH 2023 FEDERAL POVERTY GUIDELINES

Annual Income Thresholds by Sliding Fee Discount Pay Class and Percent Poverty											
Poverty Level	At or Below 100% Nominal Fee (\$20)		101% - 125% 20% pay (80% discount)		126% - 150% 40% pay (60% discount)		151% - 175% 60% pay (40% discount)		176% - 200% 80% pay (20% discount)		Above 200% 100% pay (No discount)
	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min
<b>Family Size</b>											
1	\$ -	\$ 14,580	\$ 14,581	\$ 18,225	\$ 18,226	\$ 21,870	\$ 21,871	\$ 25,515	\$ 25,516	\$ 29,160	\$ 29,161
2	\$ -	\$ 19,720	\$ 19,721	\$ 24,650	\$ 24,651	\$ 29,580	\$ 29,581	\$ 34,510	\$ 34,511	\$ 39,440	\$ 39,441
3	\$ -	\$ 24,860	\$ 24,861	\$ 31,075	\$ 31,076	\$ 37,290	\$ 37,291	\$ 43,505	\$ 43,506	\$ 49,720	\$ 49,721
4	\$ -	\$ 30,000	\$ 30,001	\$ 37,500	\$ 37,501	\$ 45,000	\$ 45,001	\$ 52,500	\$ 52,501	\$ 60,000	\$ 60,001
5	\$ -	\$ 35,140	\$ 35,141	\$ 43,925	\$ 43,926	\$ 52,710	\$ 52,711	\$ 61,495	\$ 61,496	\$ 70,280	\$ 70,281
6	\$ -	\$ 40,280	\$ 40,281	\$ 50,350	\$ 50,351	\$ 60,420	\$ 60,421	\$ 70,490	\$ 70,491	\$ 80,560	\$ 80,561
7	\$ -	\$ 45,420	\$ 45,421	\$ 56,775	\$ 56,776	\$ 68,130	\$ 68,131	\$ 79,485	\$ 79,486	\$ 90,840	\$ 90,841
8	\$ -	\$ 50,560	\$ 50,561	\$ 63,200	\$ 63,201	\$ 75,840	\$ 75,841	\$ 88,480	\$ 88,481	\$ 101,120	\$ 101,121
For each add'l person, add		\$ 5,140		\$ 6,425		\$ 7,710		\$ 8,995		\$ 10,280	
Charge (of \$175 base rate)	\$20		\$35		\$70		\$105		\$140		\$175
Charge (of \$250 base rate)	\$20		\$50		\$100		\$150		\$200		\$250

## How do I schedule an appointment?

Call High Plains Mental Health Center at (785) 628-2871 or 1-800-432-0333. We will take your information and help you schedule your intake assessment with a mental health professional. Typically, intake appointments are available the same day or next day.

## What should I bring to my first appointment?

Please bring your health insurance card and cost of any co-pays. If your insurance is provided through a family member, please have their date of birth available. Otherwise, we might not be able to access your health insurance policy.

## Will insurance pay for services? How is billing done?

During your registration, you will be asked to provide information about insurance and income in order to determine your payment rate. Fees vary according to the services provided and are comparable to or lower than the cost of similar services in private agencies. High Plains is an approved provider for mental health services for many insurance providers. Our staff files claims to private insurers, Medicaid (KanCare) and Medicare. Clients without insurance may qualify for sliding scale fees based on income. Payment is expected at the time service is provided. Services are not denied based on ability to pay. Clients who live outside of the 20-county catchment assigned to High Plains Mental Health Center may seek treatment here but will not be eligible for reduced fees.

## How do you verify insurance so I know how much to pay?

Our staff is dedicated to make every effort to verify insurance benefits. However, what you will actually pay depends on your insurance policy fee. Most often we will not be able to get information regarding the fee from your insurance company prior to your visit. We highly encourage you to confirm High Plains Mental Health Center is “in network” for your coverage and if not, check if your policy covers “out of network” benefits for needed treatment.

# Sliding Fee Scale/FAQs

## What is the policy for confidentiality?

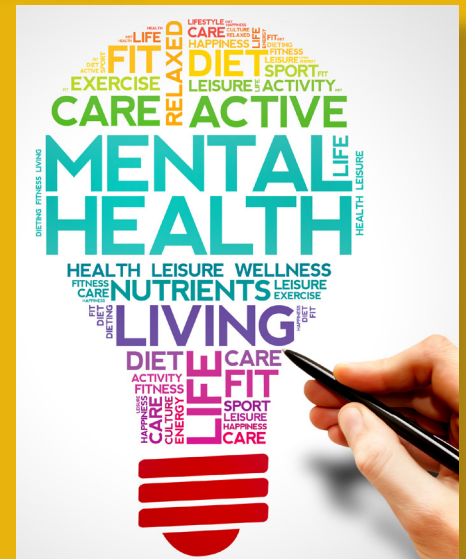
Maintaining confidentiality is essential. Information you share with members of our staff will not be given to any other person without your written consent, or in special situations defined by law. We encourage clients to consider signing Release Of Information forms if needed so your provider can communicate with others involved in treatment, such as a primary care physician or school counselor. We cannot share information with other providers without your written permission.

## What can I expect when I call for services?

We understand anyone can experience mental health challenges at some point during their lives, and we will address your concerns without judgment — as the real health concerns they are. We will connect you with a therapist to get started, and you can expect an intake assessment. At your first appointment, our staff will work with you on reaching a diagnosis and setting recovery goals. We will then recommend a treatment plan and help you schedule future appointments as needed. Entry paperwork is required for new clients, including questions about the symptoms that are bothering you and family medical history. New clients are encouraged to come to their first appointment 30 minutes early for paperwork. Intake paperwork may be found on our website.

## What is a Certified Community Behavioral Health Clinic? Will I notice a difference in my services?

High Plains Mental Health Center was one of the first nine Community Mental Health Centers in the State of Kansas to receive CCBHC status. CCBHC is an evidence-based system of care that focuses on whole-person treatment. This is exciting, because it will raise the bar on the current services provided and result in additional treatment options and improved care coordination for our clients and families. Existing clients might not notice much difference, but there may be additional questions asked regarding any physical health conditions or physical health care needs. Mental and physical illness often co-occur, so we want to help clients who may also need treatment for physical health needs. If needed, our staff may recommend clients visit a primary care physician or public health department for further services. There are now expanded services available for clients in recovery from Substance Use Disorders, and this is part of our CCBHC implementation. Medication Assisted Treatment is now available for qualifying clients with opioid use disorders, and we have hired additional peer support and counseling staff to treat co-occurring mental illness and substance use diagnoses. We remain committed to providing excellent customer care as our highest priority.



# Notice of Client Rights

## **You Have the Right to:**

- Apply for a fee based upon your ability to pay if you live in one of the counties that provides financial support to the Center, if applicable, and to be informed of our fee policies.
  - Receive services without discrimination because of your race, color, national origin, age, disability, sex, religion, sexual orientation, gender identity or inability to pay.
  - Treatment in the least restrictive, most appropriate manner possible.
  - Be treated with dignity and respect, and not be subjected to any verbal or physical abuse or exploitation.
  - Actively participate in the development of an individualized treatment plan, including the right to request a change of treatment or staff member within the limits of the Center's ability.
  - Receive a referral to another provider if we are unable to provide a treatment you need or request.
  - An explanation of potential benefits, known adverse consequences, known side effects or other risks associated with all medications or treatment prescribed.
  - Refuse any or all forms of treatment or evaluation, unless the service is ordered by a court, or unless the physical safety of yourself or others would be jeopardized.
  - Be provided with information about other clinically appropriate medications and alternative treatments, even if these medications or treatments are not the recommended choice of the Center's treatment staff.
  - To exercise your rights by substitute means, including the use of advance directives, a living will, a durable power of attorney for health care decisions, or through other legal means.
  - See and review the written material in your records, by request, except that the Center may refuse to disclose specific portions of the record if it is believed such disclosure would be injurious to your welfare or to others closely associated with you.
  - Not be subjected to the use of any type of treatment or intervention, including the use of restraint or seclusion, done solely as a means of coercion, discipline and retaliation, or for the convenience of the Center.
  - Refuse to take any experimental medication, or to participate in any experimental treatment or research project without your written consent or the consent of your guardian if you have such.
  - Receive services from the Center in conjunction with services from other licensed mental health providers who are not affiliated with or on the Center's staff, subject to written conditions the Center may establish to assure coordination of treatment.
  - To receive treatment recommendations, if applicable, upon discharge.
  - Be accompanied or represented by a person of your choice during contacts with the Center, subject to a determination by Center staff that the accompaniment would not compromise your rights of confidentiality, significantly interfere with your treatment, interfere with the rights of others, or be unduly disruptive to the Center's operations.
  - Make a complaint or file a grievance concerning a violation of any of these rights or any other matter. Complaints should be stated in writing, in letter form, and addressed to the Manager of Quality Improvement. You may be assisted by a person or persons of your choosing.
  - To receive a timely response and to be free from retaliation for filing a grievance.
  - Seek an explanation, if you are an involuntary patient, from your legal counsel, of the possible legal consequences if you fail or refuse to follow prescribed treatment or take prescribed medication.
  - Be informed of your rights upon admission and at least annually.
  - Request to restrict a disclosure to your health insurance company for purposes of treatment or health care operations so long as you have paid for the underlying service in full.
  - Confidentiality of your records and information in accordance with the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regarding whether you currently are or have been a patient.
- This privilege extends to all professional disciplines as well as any other employee who obtains knowledge of treatment information while working for this mental health center. The Center will participate with an approved Health Information Organization (HIO) for the transfer of information under Kansas Law (K.S.A. 65-6801 through 65-6834). All patients are given Notice of Information and Privacy Practices and a Patient Rights Brochure containing information regarding disclosure of information to an approved HIO ("Notice"). The Center will not disclose an individual's protected health information (PHI) to an approved HIO unless and until the individual (or his/her personal representative) has received written notice regarding electronic health information exchange.
- An individual (or his/her personal representative) may direct that none of the individual's PHI be accessible to any person or entity through an approved HIO from that point forward. Notwithstanding such direction, an approved HIO may permit access to the individual's PHI by a properly

# Notice of Client Rights

authorized individual only as necessary to report specific information to a government agency as required by law (e.g., reporting of certain communicable diseases or suspected incidents of abuse). The Center will not permit an approved HIO access to an individual's PHI unless and until the Center has knowledge that the individual has received the Notice from the Center or through another source.

## **Rights for Substance Use Services:**

Additionally, each client receiving substance use services is entitled to the following rights and privileges without limitations:

- To be treated with dignity and respect.
- To be free from abuse, neglect, exploitation, and restraint or seclusion, of any form, used as a means of coercion, discipline, convenience, or retaliation.
- To a safe, sanitary, and humane living environment that provides privacy and promotes dignity.
- To receive treatment services free of discrimination based on the client's race, religion, ethnic origin, age, disability or a medical condition, and ability to pay for services.
- To privacy in treatment, including the right not to be fingerprinted, photographed, or recorded without consent, except for: Photographing for identification and administrative purposes as provided by R03-602, or video recordings used for security purposes that are maintained only on a temporary basis.
- To receive assistance from a family member, designated representative, or other individual in understanding, protecting, or exercising the client's rights.
- To confidential, uncensored, private communication that includes letters, telephone calls, and personal visits with an attorney, personal physician, clergy, department for Aging and Disability Services staff, or other individuals unless restriction of such communication is clinically indicated and is documented in the client record.
- To practice individual religious beliefs including the opportunity for religious worship and fellowship as outlined in program policy.
- To be free from coercion in engaging in or refraining from individual religious or spiritual activity, practice, or belief.
- To receive an individualized treatment plan that includes the following: client participation in the development of the plan and periodic review and revision of the client's written treatment plan.
- To refuse treatment or withdraw consent to treatment unless such treatment is ordered by a court or is necessary to save the client's life or physical health.

- To receive a referral to another program if the licensee is unable to provide a treatment service that the client requests or that is indicated in the client's assessment or treatment plan.

- To have the client's information and records kept confidential and released according to the State of Kansas Alcohol and Drug Program Licensing Standards R03-602. Confidentiality of alcohol and drug abuse patient records is protected by Federal laws and regulations. (See 42 U.S.C. #s 290ee-3, 290ff-3 for Federal laws and 42 CFR Part 2 for Federal Regulations.)

- To be treated in the least restrictive environment consistent with the client's clinical condition and legal status.

- To consent in writing, refuse to consent, or withdraw written consent to participate in research, experimentation, or a clinical trial that is not a professionally recognized treatment without affecting the services available to the client.

- To exercise the licensee's grievance procedures.

Grievances can be made to the Manager of Quality Improvement by phone (800-432-0333) or in writing (208 E. 7th Street, Hays, KS 67601). Grievances may also be submitted by phone (785-296-6807) or in writing directly to Behavioral Health Services:

Community Services and Programs Commission  
Behavioral Health Services  
New England Building  
503 South Kansas Avenue  
Topeka, KS 66603-3404

- To receive a response to a grievance in a timely and impartial manner.

- To be free from retaliation for submitting a grievance to a licensee, the Department for Aging and Disability Services, or another entity.

- To receive one's own information regarding: medical and psychiatric conditions, prescribed medications including the risks, benefits, and side effects, whether medication compliance is a condition of treatment, and discharge plans for medications.

- To obtain a copy of the client's clinical record at the client's own expense.

- To be informed at the time of admission and before receiving treatment services, except for a treatment service provided to a client experiencing a crisis situation, of the fees the client is required to pay and refund policies and procedures.

- To receive treatment recommendations and referrals, if applicable, when the client is to be discharged or transferred.

# Crisis Hotline



High Plains Mental Health Center has an after-hours telephone service that provides 24/7 crisis support 365 days a year, including nights, weekends and holidays. The crisis hotline will be answered by a mental health professional, who will provide direct assistance or refer you to other resources as needed.

The crisis hotline should be used:

- If you are thinking about hurting yourself or someone else.
- If you are having problems related to psychiatric medications prescribed by a medical provider at High Plains Mental Health Center.
- If stressful circumstances or situations come up and you would like brief support to help you through a crisis.



hpmhc.com

**1-800-432-0333**

(24-Hour Hotline)

*We're Here for You!*

