

***8Fillmore County Hospital***  
**Senior Behavioral Health Clinic**

**PATIENT HANDBOOK**

**WELCOME!**

Program Address: 1900 F Street, PO Box 193  
Geneva, Nebraska 68361

Program Phone: 402-759-3192

Program FAX: 402-759-3186

**AFTER HOURS EMERGENCY TELEPHONE NUMBER: 911**

Below are the names of the clinical staff working with you:

Medication Management: Annette Marget, APRN

Program Director/Therapist: Stephanie Knight, MA, LIMHP, PLADC

Therapist: Kim Schroeder, MA, LIMHP

Therapist: Jillyan Schmidt, MA, LIMHP, LPC

Therapist: Jeri George, LICSW

Therapist: Carli Israelson, MA, PLMHP

Therapist: Carrie Bobenhausen, MA, MS, PLMHP

Therapist: Deborah Thimsen-Villa, MA, PLMHP

Compliance/MHT: Dave Batty

Transportation/MHT: Dave Dunker

We welcome you to the Outpatient Behavioral Health Program! The following information will help you become familiar with the program, schedule, and activities. If you have any questions, please ask any of our staff members for assistance.

## **Program**

The Outpatient Program operates five (5) days a week Monday through Friday. Office hours are 8:00 a.m. – 4:30 p.m.

Your individualized plan of participation will be determined by you and the program staff according to your needs. Services are provided by a team of highly qualified professionals, including a physician and licensed therapists. Treatment will begin with a thorough assessment of the problems you are experiencing. Following this evaluation, you and the Clinical Team will develop a plan of care to meet your needs.

While in the program, we ask that you attend all prescribed groups on a regular basis. In addition, we ask that you interact with your peers in a helpful manner. You will continue in treatment until you improve, and you have the knowledge, skills, and understanding necessary to maintain the progress you have made and returned to your optimal level of functioning. At that time, you will be discharged with a plan of care appropriate for your continued success.

## **Assessment and Treatment Planning**

Your treatment begins with a thorough examination of the problems and concerns you are experiencing. Please be honest, open, and direct in answering questions and clarifying information. Remember, the more we know about you and your problems, the more we can help.

The physician oversees and directs treatment with your input. Your involvement in developing your treatment plan is vital to your success in the program.

If you have any questions or concerns about your treatment plan, please contact your primary therapist.

## **Patient Responsibilities:**

- To be an active participant in his or her treatment plan.
- To attend therapies/groups in a timely manner and as prescribed, rescheduling when an absence is unavoidable.
- To be considerate of the rights of others.
- To complete therapeutic assignments.
- To observe all rules and regulations of the program.

- To notify staff if you are absent or expect to be absent from the program.
- To respect and honor the confidentiality rights of everyone in the program.
- To remain abstinent from alcohol or mood-altering chemicals unless specifically approved by your physician.

### **Patient Rights:**

- To be treated with consideration and respect for personal dignity, autonomy and privacy.
- To receive services in the least restrictive, environment or manner, consistent with your condition.
- To be informed of your own condition.
- To be informed of proposed services, treatments, therapies, and alternatives.
- To give consent or to refuse any services, treatments, therapies, and alternatives.
- To participate in the development of an individualized treatment plan.
- To be fully informed of any medicines prescribed.
- To refuse medications or treatment procedures.
- Of freedom from unnecessary physical restraint or seclusion.
- To consult with an independent treatment specialist or legal counsel at your own expense.
- To confidentiality of communications and personal identifying information within the limitations and requirements for disclosure of client information under state and federal laws and regulations.
- To have access to your own client record in accordance with program procedures.
- Not to be discriminated against because of race, ethnicity, age, color, religion, sex, national origin, sexual orientation, handicap, developmental disability, HIV infection, AIDS - related complex or AIDs.
- To initiate a grievance procedure, voice complaints and concerns and to receive an impartial review of your concerns.
- To make and receive confidential phone calls and visitations.
- To an explanation of fees associated with your treatment.

### **Confidentiality**

The confidentiality of patient information is very important. The program makes a sincere effort to guard the confidentiality of patient information. We follow all applicable laws and regulations regarding confidentiality. You are asked to never talk about other patients (i.e., who they are, their presence in the program, what their problems are, etc.). The only exceptions to talking about other patients would be to notify a staff member of an impending emergent situation involving another patient.

## **Smoking Policy**

Smoking is not permitted on our campus. However, if you choose to smoke while on our campus, please know that smoking by the front entry doors to the hospital is strictly prohibited. Please go to the parking lot south of the Emergency Department and smoke in that area only. If you are in a wheelchair, staff cannot take you to that area to smoke. Please be sure that you can return to the group room in time for each session to begin.

## **Attendance**

Program participation is a priority. You are expected to attend all scheduled treatment sessions in timely manner and as prescribed by the physician.

If you are unable to attend for any reason, you are expected to notify staff of your absence **at least one hour** prior to the scheduled start of the group. Failure to attend on a regular basis can result in dismissal from the program.

The consequences of dismissal from the program must be anticipated and accepted by the client. Your treatment must be a priority. If conflicts arise which interfere with your attendance, please discuss the situation with your primary therapist.

## **Safety**

For your safety and the safety of others, certain behaviors and items are not allowed. The following are considered unsafe behaviors and are not permitted:

Sexual acts or inappropriate physical contact between patients are not permitted. Violence of any sort is not tolerated. This includes verbal threats, physical aggression, and destruction of property.

Arriving at the program under the influence of alcohol and/or unprescribed drugs, or in possession of alcohol or unprescribed drugs, is not permitted.

Unsafe behavior will result in a review of your treatment plan with subsequent recommendations or possible dismissal from the program.

We also must restrict any hazardous items that could jeopardize your safety or the safety of other patients. We ask that you not bring to the program any of the following:

- ❖ Knives
- ❖ Guns
- ❖ Any protection devices
- ❖ I-Pods, Pagers, or any type of recording devices
- ❖ Cameras
- ❖ Anything that is flammable

It is the responsibility of the staff to prevent harm from occurring to any patient. You can help and show your concern about others by immediately telling a staff person if you know of someone who is planning to hurt herself/himself or others.

## **Clothing**

Patients are expected to dress appropriately. We require that clothing be clean and without obscene words, pictures, or alcohol/drug related pictures, logos, etc. Provocative and distracting clothing is prohibited.

## **Alcohol/Drugs**

Use of alcohol or unprescribed drugs/medication is not permitted on the premises. In addition, possession of alcohol or unprescribed drugs, or drug paraphernalia is not permitted. Patients who are suspected of using alcohol or other unprescribed drugs may be asked to take a urine test, blood test, or Breathalyzer. Refusal to comply or a confirmed positive test will result in a review of the plan of care by the treatment team. In the event a client is found to be under the influence of drugs/alcohol they will not be allowed to participate in the program. It is the ethical duty of staff to report to law enforcement any individual who attempts to drive while under the influence.

## **Medications**

It is expected that medication will not be taken during program hours. If it is necessary to take medication during program hours, the patient will self-administer their medications. Bring only medications that you will need for the amount of time you will be here. All medications must be in the original bottles. Patients are not to take each other's medications even if they are over-the-counter cold/pain remedies.

## **Grievances**

The Outpatient Program's goal is to provide a positive and valuable treatment experience for all patients. If you have a concern or problem with this experience, the

program has a procedure for allowing patients and others to register a complaint. Patients with complaints should notify their physician, therapist, case manager, or Program Director. The staff will help resolve the issue. If you feel that staff are unable to resolve the issue, you may contact the Patient Advocate through the main hospital for further assistance.

The State has a representative who is responsible for investigating serious complaints. If you feel your concern requires State notification or review, the representative may be reached at (402) 471-2035 or (800) 742-7690 (Hospital's Ombudsman).

### **Food/Beverages**

Our Nutrition Department will make our best efforts to meet all dietary restrictions and needs. Our menu is set for each day and while we have some room for providing replacements, we cannot substitute menu items a la carte. For safety, sanitation, and dietary management purposes, you are asked not to bring food items to the Outpatient Program that you intend to share with others. If you do not feel that our Nutrition Department can meet your dietary needs, please meet with your therapist to discuss alternatives and options.

Additionally, snacks are provided for group members to enjoy while in our clinic. We ask that you please take only what you can eat during sessions and do not take snacks out of the room. The only food allowed on our clinic van are beverage containers with lids that can close. No open food containers are allowed.

Our clinic is grateful for the Nutrition Department's willingness to provide meals to participants in our program. We thank you, in turn, for abiding by the guidelines listed above and for recognizing the value of this provided service.

### **Valuables**

The Outpatient Program cannot be responsible for lost or missing items. We ask that you limit the amount of money and credit cards you carry with you as well as the amount/type of jewelry you wear. If you drive yourself to the program, we ask that you lock your car and store any valuables, packages, etc. in the trunk of your car.

### **Emergency Evacuation Procedures**

In the unlikely event that a fire or other situation requires an evacuation of the program, you will be notified by the fire alarm system, smoke detector, or staff members. For your and everyone else's safety please:

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- ❖ Remain calm.
- ❖ Report to staff and follow their directions
- ❖ Remain with the group so all can be accounted for before evacuation to a safe area.

Emergency evacuation maps are located throughout the building. Fire drills are held at least quarterly. Please participate responsibly in these important drills.

## **Fire Drills**

As part of our concern for your welfare and care, we hold practice fire and disaster drills from time to time. These drills will not interrupt your care in any way. Patients may be evacuated during the drills, so please do not be disturbed if you see or hear evidence of a practice drill but follow the direction of the staff. If there is any danger for any reason, you can be assured that you will be moved to safety immediately.

## **Inclement Weather**

In the event weather or other conditions force the program to close, you will be notified by phone by program staff. If you think the program may be closed but have not been notified, please call the program or the Hospital's main number for information.

## **Fall Prevention Tips**

### **While At Our Program, Please:**

- ❖ **Ask for Assistance When Needed-** The staff are here to help you. Please request assistance with walking or using the bathroom facilities as needed.
- ❖ **Wear Safe Shoes -** Please wear sturdy closed toe shoes with non-skid soles.
- ❖ **Use Your Cane, Walker, or Wheelchair -** If you routinely use a device to assist you in getting around, please use it at all times when on the unit.
- ❖ **Rise From a Seated Position Slowly -** Changes which occur as part of the aging process or certain medications may result in feeling unsteady or dizzy if you rise from a seated position too quickly. Please take your time when changing positions from sitting to standing.
- ❖ **Keep The Staff Informed -** Notify a staff member if you experience weakness, dizziness, unsteadiness or other symptoms which could increase your risk of falls. Inform staff of any medication changes or recent falls. Do not leave the unit without informing a staff member or having a staff member accompany you.

## At Home:

- ❖ **Lighting** - Keep rooms and hallways well lit. Use night lights and outdoor lighting as needed.
- ❖ **Pets** - If you have a pet, be aware of where it is since tripping over animals is a frequent cause of falls.
- ❖ **Clutter** - Keep floors clear of objects you might trip over. Make sure extension cords are out of the way. Avoid throw rugs and uneven walking surfaces.
- ❖ **Handrails** - Install and use handrails or grab bars for assistance as needed. Handrails are especially important in bathrooms and on stairs. Consider using a shower chair
- ❖ **Emergencies** - Keep emergency numbers and contacts near all phones. Include list of current medical problems, medications and allergies. Keep a telephone and light within easy reach.
- ❖ **Vision** - See an eye doctor on a regular basis to detect and correct visual problems which increase the risk of falls. Wear your glasses as directed
- ❖ **Floors** - Avoid using floor polish or wax which might make floors slippery. Tape down edges of carpets as needed.

## Summary

Now that you have made it through the handbook and have learned the basics of your program, you are ready to begin your treatment. We want the best for you, and we are ready to go the extra mile. We can lead the way, but you have to take the steps. We are ready to answer questions, provide feedback, and ask some hard questions of you as well. Take full advantage of your time in this program. We are ready to help you.

Patient Label

## ACKNOWLEDGMENT FORM

I, \_\_\_\_\_, have been given a copy of the Patient Handbook which outlines the Outpatient Behavioral Health Program. My rights and program guidelines have been explained to me in a language and manner that I understand. The importance of protecting the anonymity and confidentiality of other patients has also been explained.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date/Time

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Witness

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Date/Time