



NFSB

Nutley Family Service Bureau
155 Chestnut Street, Nutley, NJ 07110

(Phone) 973-667-1884
(Fax) 973-667-2285

www.nutleyfamily.org

OUR MISSION

The mission of the Nutley Family Service Bureau is to strengthen the emotional and social well-being of individuals and families through affordable mental health counseling and social service programs.

OUR HISTORY

NFSB has been a steadfast force in community outreach for over 100 years. The organization was founded in 1913 by a group of civic-minded Nutley women who recognized the need for improved social services "...to promote and improve morally and materially, the condition of the poor in the town of Nutley."

The nature of the agency's work varied to meet the diverse challenges facing local individuals in the first half of the twentieth century, including the Great Depression, World Wars I and II. As services and programs offered through government and state agencies improved, NFSB shifted its focus to counseling for individuals and families. Presently, NFSB continues its characteristic responsiveness to the changing needs of the community and the times.

A professionally qualified staff is available for individual, family or group counseling. In addition, the NFSB staff engages in a broad array of community outreach programs and social service initiatives which impact the lives of individuals throughout the life span.

Over 100 years after its inception, NFSB continues to service Northern New Jersey as a non-profit organization providing mental health counseling, social service programs and community outreach initiatives to individuals and families.

NFSB SERVICES

Services are available to all, regardless of race, religious affiliation, gender, age or sexual orientation. Services are available on an affordable adjusted fee scale based on an annual taxable income. We accept most insurance plans, including Medicaid and Medicare.

Nutley Family Service Bureau's (NFSB's) services range from individual, couple, family and group counseling, to employee assistance programs and community outreach programs. The agency provides services to individuals across the life span, from 3 years of age thru the geriatric population.

The Nutley Family Service Bureau also acts as an information and referral resource.

Individuals, Couples, and Families Counseling

- Evaluation, diagnosis, treatment planning and case management.
- Contemporary therapeutic treatment modalities including, but not limited to, solution-focused therapy, cognitive behavioral therapy, insight oriented, and or supportive therapy.
- Holistic health as related to mental health and counseling will be addressed.
- NFSB's Program provides therapy to children, adolescents and adults. The program's services include Bio-Psychosocial Assessment, Individual Therapy, Family Therapy, Couples Counseling, Psycho-Educational Services and Information and Referral. The frequency of appointments is adjusted to the needs of the individual and the nature of their problem, with sessions on a weekly, bi-weekly or monthly basis. Please discuss these alternatives with your therapist.

Anger Management:

- Group format designed to give maximum benefit to attendees to obtain insight, tools and coping skills to address their anger and impulsiveness.
- Input of other group members through sharing, building trust, and receiving insight through the feedback of peers, as well as counselors.
- Help attendees to replace destructive behaviors with more appropriate ones.

Play Therapy

- Child focused intervention to address and promote mental health.
- Children from age three, and sometimes younger, through adolescents.
- We have a wide variety of Play Therapy items to help foster the healing process.

Group Therapy/Workshops

- Various group therapy/workshop options are available throughout the year which address needs specific to women, men, children, teens and seniors.
- Current group therapy/workshop options are available on the NFSB website at www.nutleyfamily.org

*We are a private, non-profit agency.
As a part of your community, we are here to serve you at this time.
As our client, we feel there are certain facts, policies and procedures that you have the
right to know.*

Office Hours

Monday - Thursday - 9:00 AM to 9:00 PM

Friday - 9:00 AM to 6:00 PM

CANCELLATION POLICY

NFSB's policy states that the client must call to cancel their appointment at least 24 hours before the scheduled appointment. Failure to do so will result in a \$25 service charge.

INCLEMENT WEATHER

In the event of inclement weather, every feasible effort will be made to contact our clients prior to the scheduled appointment time.

During "off hours", nights, weekends, holidays and all other times when the agency is closed and staff is unavailable on site, please leave your name and number and your call will be returned the next business day.

In case of an Emergency, call 911, contact East Orange General Hospital at (973) 672-9685, or call the Psychiatric Crisis Line at (973) 266-4478 for assistance until you are able to speak to NFSB staff.

PAYMENT POLICY

I, the responsible party, assume financial responsibility for me and my dependent(s), as defined by federal tax returns, treatment at Nutley Family Service Bureau and agree to the following:

- NFSB policy states that fees are due the same day that services are provided. Balances may not exceed \$150, and if a balance does accrue, I must show a good faith effort to pay the balance by arranging a payment plan with NFSB accountant and make all payments according to that plan. If I do not make a good faith effort to pay the balance, NFSB may terminate my treatment, or that of my dependent(s), and I will still be responsible for the balance owed. This will be discussed with me in person or I will be notified in writing, before any treatment is suspended and/or terminated.
- I understand when paying fees, the fees must be paid for with cash, credit, or debit card. NFSB does not accept personal checks for standard office visits.
- If I have an insurance plan which covers mental health services, I authorize NFSB to receive direct payment from my insurance company and I will be fully responsible for any copays, deductibles, coinsurances, or other outstanding balances. If my insurance company requires any pre-certifications, I will obtain all such information including copay/coinsurance/and/or deductible amount needed prior to my first office visit. If my insurance company mistakenly sends any payment intended to cover treatment at NFSB, I will immediately forward such payments to NFSB. Suspension and/or termination of treatment may result if payment is not forwarded to NFSB. This will be discussed with me in person or I will be notified in writing, before any treatment is terminated.
- NFSB policy states I must call NFSB to cancel a session at least 24 hours before my appointment is scheduled. If I do not notify NFSB of the cancellation at least 24 hours in advance, I agree to pay a fee of \$25 for that missed session.

RELEASE OF LIABILITY WAITING AREA POLICY

The employees and agents of Nutley Family Service Bureau (NFSB) are concerned about the safety of all persons who enter the agency. NFSB and/or any of its representatives cannot be held responsible for the safety of persons especially children in its waiting area.

If your children are not involved in the therapy offered at our agency, the following policies will be followed:

We strongly recommend you make alternative plans for your children while you are in session at NFSB. If you are unable to make alternative plans for the care of your children, please review the following:

1. Only children 12 years of age and older will be permitted to remain unattended in the NFSB Waiting Area.
2. Children, who are under 12 years of age, will be required to remain with the parent(s) during their session at NFSB.
3. In the event you (the client) are unable to meet the above NFSB Waiting Area Policies, you will need to reschedule your session in accordance with the NFSB Cancellation Fee.

CLIENT RIGHTS AND RESPONSIBILITIES

Rights:

1. The right to be free from unnecessary or excessive medication (see N.J.A.C. 10:37 – 6:54)
2. The right to not be subjected to non-standard treatment or procedures, experimental procedures or research, or provider demonstration programs, without written informed consent.
 - i. If the client has been adjudicated incompetent, authorization for such procedures may be obtained only pursuant to the requirements of N.J.S.A. 30:4-24.2 (d)2.
3. The right to treatment in the least restrictive setting, free from physical restraints and isolation.
4. The right to be free from corporal punishment.
5. The right to privacy and dignity.
6. The right to the least restrictive conditions necessary to achieve the goals of treatment/services.
7. The right to fair treatment. This is regardless of race, religion, gender, ethnicity, age, disability, or source of payment.
8. The right to share in developing their plan of care.
9. The right to information in a language they can understand.
10. The right to have a clear explanation of their condition.
11. The right to have a clear explanation of their treatment plan and options.
12. The right to information about clinical guidelines used in providing and managing their care.
13. The right to information about provider work history and training.
14. The right to know about advocacy and community groups and prevention services.
15. The right to freely file a complaint, grievance, or appeal and learn how to do so.
16. The right to know of their rights and responsibilities in the treatment process.

Responsibilities:

1. The responsibility to treat those giving them care with dignity and respect.
2. The responsibility to give providers information they need. This is so providers can deliver the best possible care.
3. responsibility to ask their providers questions about their care, to understand their care and their role in that care.
4. The responsibility to follow treatment plans for their care, agreed upon by the member and provider.
5. The responsibility to keep their appointments. Clients should call their providers as soon as they need to cancel visits.
6. The responsibility to let their provider know about problems with paying fees.
7. The responsibility to not take actions that could harm others.
8. The responsibility to report abuse.
9. The responsibility to report fraud.10. The responsibility to openly report concerns about quality of care.

**CLIENT GRIEVANCE PROCEDURE
INTERNAL PROCEDURE**

Should a client feel that services rendered at NFSB by staff are unsatisfactory or otherwise desire to lodge a complaint, or appeal a decision concerning treatment/services it is advised that the matter be directly addressed with their clinician. If the concern is not resolved or this step is not felt to be an option, contact the Clinical Director. Should the concern/complaint not be resolved, the client is advised to contact the Executive Director and an appointment will be scheduled as soon as possible but within 10 days of contact attempt to address the concern

EXTERNAL ADVOCACY SERVICES

- *Essex County Community Health Law Project*,: (973) 680-5599
650 Bloomfield Ave, Bloomfield NJ 07003
- *Essex County Mental Health Board* : (973) 571-2822 Dr. Joseph Scarpelli, Chair
204 Grove Avenue, Cedar Grove, NJ 07009
- *NJ Division of Mental Health and Addiction Services*
100 Hamilton Plaza, Rm 615 Box 4, Paterson, NJ 07505: (973) 977-6024
- *NJ Division of Mental Health and Addiction Services*
Ombudsperson: Margaret Molnar P.O. Box 700, Trenton NJ 08625: (609) 984-4813
- *The Division of Mental Health Advocacy Justice Hughes Complex* 25 Market Street,
Trenton, NJ 08625: (877)285-2844
- *Division of Child Protection and Permanency*
650 Bloomfield Avenue, 3rd floor, Bloomfield, NJ 07003: (973-680-3587)
- *Essex County Adult Protective Services* :(973) 627-2528
441 Broad Street, Newark, NJ 07102

All clients may use either or both internal and external procedures named above to log a complaint, or appeal a decision concerning treatment/services.

**NOTICE OF PRIVACY PRACTICES HIPAA:
*Effective 3/1/10***

If you have any questions about the content of this Notice of Privacy Practices, please contact our Clinical Director, Felicia Gardner at 973-667-1884.

This notice is to inform you about our privacy practices and legal duties related to the protection of the privacy of your protected health records that we create or receive. Generally, we are required by law to ensure that the protected health information that identifies you is kept private. **“Protected health information”** is information about you, including demographic information, that may identify you and relates to your past, present or future physical or mental health condition and related healthcare services.

This notice will explain how NFSB, Inc. may use and disclose your protected health information, our obligations related to the use and disclosure of your protected health information and your

rights related to any protected health information that NFSB, Inc. may have about you. This notice applies to the protected health records that are generated in or by NFSB, Inc.

You will be asked to sign consent for the use or disclosure of your protected health information for treatment, payment or health care operations. We are required to obtain your authorization for the use or disclosure of your protected health information for other specific purposes or reasons. We have listed some of the types of uses or disclosure below. Not every possible use or disclosure is covered, but all of the ways we are allowed to use and disclose information will fall into one of the listed categories.

HOW NFSB, INC. MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION

Please Note These Are The ONLY Circumstance Where Information May Be Released Without The Consumer's Authorization:

Notice of Privacy Practice

1. If a consumer voices a threat against a specific individual, that individual must be notified [practitioners have a duty to warn]
2. If a consumer reveals that child abuse may have taken place, the NJ Division of Children's Permanency and Planning must be notified
3. If the consumer is a minor suspected of being abused, the record may be released to DCPD
4. If a consumer reveals abuse or exploitation in a rooming/boarding/nursing home, this shall be reported to the APS
5. Information may be shared with another mental health agency in accordance with HIPAA
6. If a judge orders the release of information to a court by court order
7. If a consumer is psychiatrically evaluated by a psychiatric screening center, information may be released to the screening center staff to facilitate the evaluation
8. When the Office of Licensing or Medicaid conducts a review, a consumer's clinical record may be reviewed
9. An accreditation reviewer may look at a consumer's record
10. Non-specific information may be provided to a family member or friend if the consumer does not object
11. Release of information about any consumer under the age of 18 requiring authorization will be determined by the consumer's parent or guardian

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU

You have the following rights regarding protected health information we maintain about you:

RIGHT TO INSPECT AND COPY: You have the right to inspect and/or copy your protected health information with the exception of psychotherapy notes and information compiled in

anticipation of litigation. To inspect and/or copy your protected health information, you must submit your request in writing to the Clinical Director or designee. If you request a copy of the information, NFSB, Inc. may charge a fee for the cost of copying, mailing or other supplies associated with your request. For further information, please consult with your clinician or access <https://www.healthit.gov/patients-families/your-health-information-rights>

RIGHT TO REQUEST AND AMENDMENT: If you feel that the protected health information NFSB, Inc. has about you is incorrect or incomplete, you may ask for your information to be amended. You have the right to request an amendment for as long as the information is kept by or for NFSB, Inc. Requests for an amendment must be made in writing and submitted to NFSB, Inc. You must provide a reason to support your request for an amendment. We may deny your request if it is not in writing or if it does not include a reason supporting the request or for certain other limited reasons. If NFSB, Inc. denies your request for amendment, you have the right to file a statement of disagreement with NFSB, Inc. and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

RIGHT TO AN ACCOUNTING OF DISCLOSURES: You have the right to request an “accounting of disclosures” – a list of the disclosures made by the agency of your protected health information. To request an accounting of disclosures, you must submit your request in writing to this agency. (Your request must state a time period which may not go back more than six years and may not include dates before 7/01/07). The first list you request within a twelve-month period will be free. For additional lists in a twelve-month period, NFSB, Inc. may charge you for the cost of providing the list. NFSB, Inc. will notify you what that cost will be and give you an opportunity to withdraw or modify your request before you are charged.

RIGHT TO REQUEST RESTRICTION: You have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment or healthcare operations. *NFSB, Inc. is NOT required to agree to your request.* If NFSB, Inc. does agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request a restriction on the use or disclosure of your protected health information for treatment, payment or healthcare operations, you must make your request in writing to the Clinical Director. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS: You have the right to request that NFSB, Inc. communicate with you about treatment matters in a certain way or at a certain location. For example, you can ask that NFSB, Inc. only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Director of Professional Services or designee. You must specify how or where you wish to be contacted. NFSB, Inc. will ask you the reason for your request as it may impact treatment planning and NFSB, Inc. will accommodate all reasonable requests.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the agency by contacting NFSB, Inc. in writing, addressed to the Director of Professional Services. All complaints must be submitted in writing. *You will not be penalized for filing a complaint.*

CHANGES TO THIS NOTICE

NFSB, Inc. is required by law to follow the terms of the notice that is currently in effect. NFSB, Inc. reserves the right to change this notice at any time. NFSB, Inc. may make the revised notice effective for protected health information already obtained about you as well as any information received in the future. NFSB, Inc. will post a copy of the current notice in the facility. The notice will contain the effective date on the first page. Upon your request, NFSB, Inc. will provide you with any revised notice at the time of your next appointment. In addition, each time you re-apply for treatment or services, NFSB, Inc. will offer you a copy of the notice currently in effect.

CONFIDENTIALITY POLICY

Your therapist is bound by law to keep the information you share in session private. Nutley Family Service Bureau takes this responsibility very seriously. There are a few exceptions to the privacy laws that you should be aware of, as follows:

- The client is dangerous and plans to harm another person or him/herself.
- There is a risk of suicide or other danger to the client's life.
- There is a suspicion of child abuse or neglect.
- Information is mandated by a court.
- A social worker is appointed by a court to make an assessment.
- The social worker determines the client is in need of hospitalization for a psychiatric disorder.
- In custody cases, because the interest of the child is paramount.
- The client has already introduced privileged material into litigation.
- The client threatens to harm the social worker.
- The social worker needs a court order to collect fees for professional services rendered.

CONSENT FOR PURPOSES OF TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS

My "protected health information" means health information, including my demographic information, collected from me and created or received by Nutley Family Service Bureau, Inc. (NFSB, Inc.), my physician, another health care provider, a health plan, my employer or a health care clearinghouse. This protected health information relates to my past, present or future physical or mental health or condition and identifies me, or there is reasonable basis to believe the information may identify me.

I consent to the use or disclosure of my protected health information by NFSB, Inc. for the purpose of diagnosing or providing treatment to me, obtaining health care bills or to conduct health care operations of NFSB. I understand that diagnosis or treatment of me by NFSB, Inc. may be conditioned upon my consent as evidenced by my signature on this document.

I understand I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment or health care operations of

the practice. NFSB is not required to agree to the restrictions that I may request. However, if NFSB, Inc. agrees to a restriction that I request, the restriction is binding on NFSB.

I have the right to revoke this consent, in writing, at any time, except to the extent that NFSB has taken action in reliance on this consent.

I understand I have a right to review NFSB's Notice of Privacy Practices prior to signing this document. The NFSB Notice of Privacy Practices has been provided to me and describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of health care operations of NFSB. This Notice of Privacy Practices also describes my rights and the duties of NFSB with respect to my protected health information.

NFSB reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised Notice of Privacy Practices by calling this agency and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

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NUTLEY FAMILY SERVICE BUREAU, INC.
Receipt of Policies

I received the *Welcome to Nutley Family Service Bureau* booklet with information about NFSB, services provided, policies.

I received and understand the *Confidentiality Policy*.

I received and understand the *Cancellation Policy and Payment Policy*.

I received and understand the *Waiting Area Policy*

I received and understand the *Safety Policy Crisis Intervention Prevention* contact information.

I received and understand the *Client Grievance Procedure*. I understand that there are services available outside of NFSB to assist with client advocacy should it be needed. I understand that I can ask questions about this at any time.

I received and understand *Client Rights & Responsibilities* and *Notice of Privacy Practices HIPPA*. I know that I can ask any questions I might have at any time.

I received authorization/ consent of procedures.

The following questions pertain to *Advance Directive for Mental Health Treatment*:

- Do you have an Advance Directive? Yes No
 - **If yes**, was a copy of your Advance Directive provided to Nutley Family Service Bureau (NFSB)? Yes No
 - **If a copy was not provided**, please provide the current whereabouts of your Directive on the line below:

- As part of the NFSB Welcome Packet, you received information on

Advance Directive. If you have additional questions, do you understand you should forward the questions to your clinician? Yes No

Print Name of Client

Print (Name of Guardian if Applicable)

Signature (Client or Guardian if Applicable)

Date

I agree that this agreement may be electronically signed. I agree that the electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.