



GRACEHAVEN

CENTRAL OHIO YOUTH FOR CHRIST

Clinical Services

**Client/Guardian
Information & Orientation
Handbook**

www.Gracehaven.me

614-665-0665



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Dear Parent or Guardian,

Welcome to Gracehaven. Gracehaven has been providing services to Ohio youth and families impacted by human trafficking and sexual exploitation, since 2008. Our services are Resiliency-Oriented, Trauma-Informed and Responsive. We specifically use the Resiliency framework and In Home Behavioral Therapy (IHBT) model to work with children and families, recognizing the impact of challenging life experiences and we believe that addressing these experiences can support youth and families in healing. We recognize trauma as any past/current event, situation, or experience resulting in distress. Through our resiliency-oriented I trauma-informed approach it is our goal to work in partnership with you to obtain the skills and supports needed to meet life's challenges with a sense of hope, mastery, and self-determination. We strongly encourage family/caregiver involvement in services and believe the caregiver team can be a major support to us as we assist your child to utilize his/her strengths in positive ways. If for some reason you or your child must cancel a scheduled appointment, please contact your provider at least 24 hours in advance if possible. We are hopeful that our services will be beneficial to you and your family in the months to come. Your satisfaction with our services is very important to us and we are always interested in your input. A representative from Gracehaven may contact you at some point during the treatment process for some feedback on how we are doing. If at any time you have comments or concerns about the services we are providing or ideas about how we can improve our services, please feel free to share this information with one of our Directors or Supervisors. Our main office number is (614) 665-0665. Feel free to ask for the Supervisor of the direct service provider that is assigned to you or your child.

Sincerely,

Gracehaven Management Team

MISSION STATEMENT

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Gracehaven serves youth and families through a team of Christian workers and like-minded partners by providing sex trafficking prevention services and by empowering youth rescued from sex-trafficking to thrive with dignity in a renewed life.

VISION

Our vision is that with the love of Christ, intervention, education, and wraparound support, individuals and families impacted by trafficking and exploitation will have hope, healing, and restoration, and communities will be empowered to have preventative responses and create safe environments.

VALUES

As an organization, we have identified five key values that we hold highly and twelve guiding principles. These values and principles guide and inform every decision we make.

Dignity

Every human being has innate value and worth - regardless of how she or he has been treated and regardless of age, ethnicity, gender, nationality, religion, or sexual orientation – and ought to be treated with respect and dignity.

Empowerment

Human Trafficking and Exploitation misuses power, hoarding it and wielding it to rob others of power. We reverse that, justly applying the power and resources we have as an organization to empower others to have the agency to make free will choices and heal.

Community

Human Trafficking is a complex issue; no organization can address all facets. Individual survivors have complex sets of needs, and no one person can be all they need to heal. We work as a team, we build support networks for each client, and we partner with other organizations that provide complementary components to our programs and services.

Faith

We are compelled by the love of Christ to serve people who are suffering from the effects of exploitation and motivate others to do the same. Our faith motivates all that we do, but we will never force our faith onto others.

Integrity

Our mission requires every member of Gracehaven Inc. to act with integrity, doing the right thing no matter who is watching. We work hard to build and maintain credibility with clients, partners, and donors.

OUR GUIDING PRINCIPLES



Foundation of Faith: God Dependency

Faith and our dependence on prayer and God’s Word are fundamental to us; without them, this ministry would not exist. We seek staff and volunteers that have a solid relationship with our Lord. We do not require clients to participate in any religious or spiritual activities, nor pressure them to believe in any creed.

Safety

We value the safety of our clients, staff, and volunteers. We believe children and families thrive best in a physically and emotionally safe environment. We protect client confidentiality and the location of our Safe Houses. We take proactive safety measures at all Gracehaven locations while maintaining client dignity and autonomy.

Holistic Healing

We seek to bring substantial healing in all areas of life for those we serve, including spiritual, emotional, social, economic, and physical health. Our goal for each client is to help them to thrive with dignity in a renewed life, able to act responsibly, function with autonomy, and able to serve and empower others.

Compassionate Humility

We serve out of love and compassion, knowing the innate value of those we serve. In the absence of pride and self-assurance, service can be both bold and tender.

Tenacious Grace

We are not quick to give up on a difficult case. Our service comes without conditions and proceeds patiently and persistently with client cooperation. We believe all children and families have unique strengths, abilities, and talents, and that with the right support and encouragement youth can achieve their full potential. While we anticipate that at times there will be setbacks, we will hold out hope for every client and commit to reflecting on the grace of God in all circumstances.

Personalized and Equitable Care

We carefully consider each person’s situation and provide person-centered care based on their individual needs. With a personal investment of time and energy, we seek ways to bring each client to a place of empowerment. We serve all survivors of trafficking regardless of creed, religion, ethnicity, gender, or sexual preference.

Survivor Support

Many victims of trafficking are there because they have a broken support system. We know that parents/caregiver involvement is critical in helping youth heal, learn to interact in a healthy way with others, manage their emotions, and communicate their needs appropriately. We identify, strengthen, and mobilize any safe family relationships, natural supports, as well as connect our clients with a supportive community, including key connections with lived experience experts.

Team Approach

Each volunteer and staff member works with other team members to care for our clients. Staff and volunteers working directly with clients meet regularly to stay on the same page. Staff and volunteers working on related projects meet and communicate as needed to coordinate their efforts.

Staff/Volunteer Self-Care

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It is essential to our mission for staff and volunteers to be as spiritually, emotionally, mentally, and physically healthy as possible. We schedule purposeful therapeutic times for staff, provide regular respite for residential staff, and allow flexible schedules for paid staff. We provide pastoral care for staff, especially to debrief and process after crisis events.

Honor & Appreciation

We recognize that this work involves a great many people, including donors, volunteers, and staff. We honor these efforts, showing appreciation through various means both publicly and individually.

Financial Stewardship & Accountability

We take the trust that our funders place in us seriously and strive to steward that trust with integrity. We protect donor confidentiality. We keep clear bookkeeping and accounting records and have an annual third-party audit.

Community Collaboration

We partner with local, statewide, and national organizations that provide complementary components to our services, as we understand that no one organization can address all the inherent needs. Our focus is on community education, prevention, intervention, and healing for survivors and those at significant risk of exploitation within our reach.

Agency Hours Of Operation

Gracehaven main office maintains business hours from Monday through Friday 9:00 am to 5:00 pm.



Gracehaven Residential Facility is open 24 hours a day, 7 days a week, 356 days a year.

HOLIDAYS:

- New Year's Day (January 1)
- Memorial Day (last Monday in May)
- Independence Day (July 4)
- Labor Day (first Monday in September)
- Thanksgiving (fourth Thursday in November)
- Christmas Eve and Christmas Day (December 24-25)

Services are available on an emergency basis 24 hours a day 7 days per week with the capacity for 24-hour face-to-face services.

Gracehaven has an after hours crisis number that is monitored by qualified staff. The number is 614-886-0665.

CLINICAL SERVICES PROCESS

The provision of clinical services is a collaborative process where you, your legal custodian (if applicable) and your Gracehaven Provider(s) will work together in partnership to achieve goals that you define. This means that you will follow a defined process supported by scientific evidence, where you and

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your Provider(s) have specific rights and responsibilities. Clinical Services generally show positive outcomes for individuals who follow the process. Better outcomes are often associated with a good relationship between a client and their Provider(s). To foster the best possible relationship, it is important for you to understand as much about the process before deciding to commit. By signing this consent you are acknowledging that a Gracehaven Clinical Services representative has provided you with and explained to you the purpose of treatment, the advantages and disadvantages of the recommended treatment, as well as alternative treatment options, if applicable and available.

Gracehaven Clinical Services begins with the intake process. First, your Gracehaven provider(s) will review with you the Clinical Services policies and procedures, provide informed consent, sign and complete intake forms, including a consent for treatment and releases of information. The provider will ask you to and assist you with identifying emergency contacts. The provider will review program funding coverage and you will decide if you want health insurance to pay your fees depending on your plan's benefits.

**In the case of separation and/or divorce both the biological or legally adopted parents may be required to sign a Consent for Mental Health/Substance Use Disorder Treatment before the minor can receive services or treatment. If one of the parents has full legal custody, a copy of the divorce agreement would need to be provided prior to beginning treatment for your child.*

Second, you will discuss what to expect during clinical services, including the type of therapeutic intervention, the length of treatment, and the risks and benefits. If your provider is practicing under the supervision of another professional, your provider will tell you about their supervision and the name of the supervising professional.

Third, you (your legal custodian if applicable) and your Clinical Services Team will develop an individualized treatment plan (ITP) tailored to your specific needs. This plan is often referred to as your Empowerment Plan among your Gracehaven Service Team. This plan will include the types of therapeutic intervention, how often the provision of clinical services will be provided, your short- and long-term goals and objectives, as well as the steps you will take to make progress toward them.

You (and your legal custodian if applicable) and your Clinical Services Team will review your Individualized Treatment Plan (Empowerment Plan) and update to reflect your current ongoing needs at minimum every 90 days, and as often as changes occur, or the need for revision arise.

After intake, clinical services will be provided through regularly scheduled appointments within the least restrictive environment available for you at a given time, this could include telehealth (face-to-face video communication).

Participation in clinical services is voluntary - you can stop at any time. You can revoke your authorization for services at any time, except to the extent that action has already been taken by Gracehaven in reliance on this authorization, by sending a written revocation to Gracehaven Clinical Services, P.O. Box 82102, Columbus, OH 43202. Upon receipt of this revocation, further provision of services will be discontinued.

At some point, you (and your legal custodian if applicable) and your Clinical Services Team may deem it appropriate to discontinue services through Gracehaven Clinical Services. At that time, you will review your progress, identify supports that will help you maintain your progress, and discuss how to return to



Clinical Services if you should need to in the future.

RISK BENEFIT STATEMENT

Each mental/behavioral health and/or alcohol and drug addiction service that you receive has potential benefits and risks associated within, possible benefits and risks are outlined below and have been explained to me. When you consented to services you acknowledged that you understand that mental health and/or alcohol and drug addiction services are a shared effort and that success or failure is the result of the efforts of both the provider and me. Specific benefits for you will be outlined in your

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Individual Service/Treatment Plan. General benefits may include relief of symptoms, increased protective factors, decreased risk factors, increased understanding and confidence, improvement of interpersonal relationships and a general improvement in my daily living. The possible risks associated with refusing or stopping services include either a continuation or a worsening of the symptoms, increased stress and lack of progress in developing skills needed for a more adaptive way of living.

TECHNOLOGY-ASSISTED SERVICES

Orientation & Information Guide on Technology Assisted Services

The purpose of this Informed Consent for Technology Assisted Clinical Services is to inform you, the client, about the process of receiving clinical services online, your provider(s), and the potential risks and benefits of these services. The purpose is to also help safeguard you, the client. Gracehaven's primary Disclosure and Consent form covers our policies and approaches to clinical services in general, including technology assisted services, this document is supplementary to provide our clients and families with

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additional information about the unique considerations to take into account when utilizing various forms of technology-assisted communication to access and receive services.

Your provider will have reviewed this information with you during your initial intake. When you signed your Consent for Clinical Services you acknowledged that this document was reviewed with you as a part of your service orientation process.

To use technology-assisted services/telehealth, you need an internet connection and a device with audio-visual capabilities, including a microphone, speakers, and camera. Your Gracehaven provider(s) can explain how to log in and use any features on the telehealth platform. If telehealth is not a good fit for you, your provider(s) will recommend a different option. Your provider(s) also reserves the right to require in-person visits should this be deemed necessary and/or more appropriate to your specific treatment needs.

What is Telehealth?

Telehealth, also known as online therapy, e-therapy, or video therapy, is therapy delivered through a virtual platform via a computer, laptop, tablet or mobile device. If you've ever used FaceTime or Skype, it's essentially the same thing- except more secure and with a qualified mental health professional. Telehealth sessions work much the same way as traditional face to face sessions with only one significant difference - the provider and the client are not in the same room.

Sessions are scheduled at an appropriate and suitable time and day for each party, who then login via a HIPAA compliant secure video platform. Gracehaven inc. supports the use of the HIPPA compliant TherapyNotes and doxy.me telehealth platform. To use technology-assisted services/telehealth, you need an internet connection and a device with audio-visual capabilities, including a microphone, speakers/headset and camera. Your Gracehaven provider(s) can explain how to log in and use any features on the telehealth platform. If a client prefers an alternate telehealth platform, such as ZOOM, or FaceTime, these options can be discussed with your provider to determine if these are an appropriate fit for telehealth services. Links to the secure video platform can be sent via text or email. The provider and client can see and hear each other in real-time during the session via the use of webcams and headset (if required). Through this virtual environment, they can interact with each other, and the behavioral health professional uses the same methods they would use in a face-to-face session.

In the event of a technological failure, your provider(s) will offer an alternative method of service delivery (i.e. such as a phone or another secure video platform). In the event of a crisis, it may be difficult for your provider(s) to offer immediate support during an emergency or crisis. You and your provider will develop a plan for emergencies or crises, such as choosing local emergency contacts, creating a communication plan, and making a list of local support, emergency, and crisis services. This plan will include, but will not be limited to The Suicide and Crisis Lifeline at 988, 911 for local police and emergency services, and your nearest hospital emergency room or behavioral health crisis center (if one is available in your geographic area).

If telehealth is not a good fit for you, your provider(s) will recommend a different option. Your provider(s) also reserves the right to require in-person visits should this be deemed necessary and/or more appropriate to your specific treatment needs.



Benefits of Telehealth Services

There are some risks and benefits to using technology-assisted services/telehealth. Clients are able to access services they could not receive otherwise. Telehealth provides an increased availability of behavioral health resources, reaching locations where provisions for services may be limited or unavailable altogether. Clients are able to schedule services at times that are convenient to their schedule. Telehealth services eliminate the need for transportation to and from services. During outbreaks of illnesses, telehealth services reduce the risk of transmission of illnesses between clients and providers.

Potential Barriers/Risks of Telehealth Services

It may be more difficult to read non-verbal communication and assess this part of functioning. Technology and related disruptions used in services may interfere with communication or prevent services from occurring. As with any information transmitted via technology, telehealth communications are vulnerable to being hacked or intercepted. You may be asked to share personal information with the telehealth platform in order to create an account.

Risk Mitigation Recommendations

Make sure that other people cannot hear your conversation or see your screen during sessions. Please notify your provider if others will be present in the room with you or will be attending your session/visit that day. Do not use video or audio to record your session unless you ask your provider for their permission in advance. Make sure to let your provider know if you are not in your usual location before starting any telehealth session.

PROVIDER & CLIENT/GUARDIAN RESPONSIBILITIES

- Provider and client will develop a scheduled time for sessions. If either person is unable to make the scheduled time, please notify the other person within 24 hours (if possible).
 - o Please provide notification if you are going to be more than 15 minutes late.
- Provider and client will establish a professional relationship: therefore, it is important to have a relationship built on mutual respect and honesty.
- Consistent participation is important to achieve goals set by the client/family and provider; therefore, after 2 missed appointments, a case will be reviewed for continuation. If contact attempts are unsuccessful for 30 days, the provider will notify the client and/or parent/guardian by letter and/or telephone, that the case will be closed.
- Gracehaven Inc. values the collaboration among the client, parent/guardian, and those a part of the youth's caregiving team, while recognizing its significance to the client's short and long-term success.

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Consistent involvement and active participation throughout services is important to achieve progress on treatment goals. Therefore, it is expected that the parent/guardian/family participates in the development and quarterly review of the Individualized Service/Treatment Plan. Progress in treatment can be optimized through consistently scheduled appointments and regular parent/guardian/family check-ins. It is expected that the parent/guardian will need to check in with the client's Gracehaven provider(s) at least twice a month. The frequency and duration of the parent/guardian/family check-in is subject to change throughout services and will be determined by the client's provider(s) and the client's needs. A Treatment Plan that assists in coordinating the best way to communicate and check in with your Provider will be completed and signed during the Individualized Services Plan appointment. Should 2 appointments be missed without prior communication, services will be reviewed for continuation. If contact attempts are unsuccessful, the provider(s) will notify the client and/or parent/guardian by letter and/or telephone that the case will be closed.

- If any of the following changes occur, please notify your provider(s):
 - o Address or phone number
 - o Significant life changes
 - o Participation in the treatment process
 - o Insurance information
 - o Any outside mental health agency involvement

COMMUNICATION

You decide how to communicate with your provider outside of your sessions. You have several options:

Texting/Email

- Texting and email are not secure methods of communication and should not be used to communicate personal information. You may choose to receive appointment reminders via text message or email. You should carefully consider who may have access to your text messages or emails before choosing to communicate via either method.

Secure Communication

- Secure communications are the best way to communicate personal information, though no method is entirely without risk, we do offer a client portal through our electronic medical record. Your Provider will discuss options available to you. If you decide to be contacted via non-secure methods, your Provider will document this in your record.

Social Media/Review Websites

- If you try to communicate with your Provider via these methods, they will not respond. This includes any form of “friend” or contact request, @mention, direct message, wall post, and so on. This is to protect your confidentiality and ensure appropriate boundaries.
- Your provider may publish content on various social media websites or blogs. There is no expectation that you will follow, comment on, or otherwise engage with any content. If you do choose to follow your Provider on any platform, they will not follow you back.
- If you see your Provider on any form of review website, it is not a solicitation for a review.



Many such sites scrape business listings and may automatically include your Provider. If you choose to leave a review of your Provider on any website, they will not respond. While you are always free to express yourself in the manner you choose, please be aware of the potential impact on your confidentiality prior to leaving a review. It is often impossible to remove reviews later, and some sites aggregate reviews from several platforms leading to your review appearing in other places without your knowledge.

CLIENT RIGHTS STATEMENT

Please carefully read the following and ask any questions you may have about your rights or the meaning of this document. Gracehaven offers a variety of services and programming. Admission to Gracehaven services is granted based on specific program parameters and admission criteria. Any person regardless of race, culture, color, sex, age, religion, national origin, handicap, sexual orientation or income, who meets the admission criteria for a specific Gracehaven program and/or service will be granted admission to such programming. While you are receiving services from Gracehaven, you have the following rights:

1. The right to be treated with consideration and respect for personal dignity, autonomy, and privacy;
2. The right to service in a humane setting which is the least restrictive, feasible environment;
3. The right to be informed of one's own condition, of proposed or current services, treatment or therapies, and of the alternatives;
4. The right to consent to or refuse any service, treatment, or therapy upon full explanation of the expected consequences of such consent or refusal. A parent or legal guardian may consent to or refuse any service, treatment or therapy on behalf of a minor client;



5. The right to a current, written, individualized service/treatment plan that addresses one's own mental health, physical health, social and economic need, and that specifies the provision or appropriate and adequate services, as available, either directly or by referral;
6. The right to active and informed participation in the establishment, periodic review, and reassessment of the service plan;
7. The right to freedom from unnecessary or excessive medication;
8. The right to freedom from restraint or seclusion; unless there is immediate risk of physical harm to self or others.
9. The right to freedom from cruel/unusual punishment or discipline;
10. The right to participate in any appropriate and available agency service, regardless of refusal of one or more other services, treatments, or therapies, or regardless of relapse from earlier treatment in that or another service, unless there is a valid and specific necessity which precludes and/or requires the client's participation in other services. This shall be explained to the client and written in the client's current service plan;
11. The right to be informed of and refuse any unusual or hazardous treatment procedure;
12. The right to be advised of and refuse observation by such as one-way vision mirrors, tape recorders, televisions, movies, or photographs; This right does not prohibit an agency from using closed-circuit monitoring to observe seclusion rooms or common areas, which does not include bathrooms or sleeping areas;
13. The right to have the opportunity to consult with independent treatment specialists or legal counsel, at one's own expense;
14. The right to confidentiality of communications and of all personally identifying information within the limitations and requirements for disclosure of various funding and /or certifying sources, state or federal statutes, unless release of information is specifically authorized by the client or parent or legal guardian of a minor client or court-appointed guardian of the person of an adult client in accordance with rule 5122:2-3-11 of the administrative code;
15. The right to have access to one's own psychiatric, medical or other treatment records, unless access to particular identified items of information is specifically restricted for that individual client for clear treatment reasons in the client's treatment plan. "Clear Treatment Reasons" shall be understood to mean only severe emotional damage to the client such that dangerous or self injurious behavior is an imminent risk. The person restricting the information shall explain to the client and other persons authorized by the client the factual information about the individual client that necessitates the restriction. The restriction must be renewed at least annually to retain validity. Any person authorized by the client has unrestricted access to all information. Clients shall be informed in writing of agency policies and procedures for viewing or obtaining copies of personal records;
16. The right to be informed in advance of the reason(s) for discontinuance of service provision, and to be involved in planning for the consequences of that event;
17. The right to receive an explanation of the reasons for denial or service;
18. The right not to be discriminated against in the provision of service on the basis of religion, culture race, color, creed, sex, national origin, age, lifestyle, sexual orientation, physical or mental handicap, developmental disability, or inability to pay;
19. The right to know the cost of services;
20. The right to be fully informed of all client rights; The right to be verbally informed and to receive a written copy upon request.
21. The right to exercise any and all rights without reprisal in any form including continued and uncompromised access to service;
22. The right to file a grievance; and



23. The right to have oral and written instructions concerning the procedure for filing a grievance, and access to assistance in filing a grievance if requested.

CLIENT GRIEVANCE PROCEDURES

The following procedure will be observed for addressing client rights and complaints:

A copy of this grievance procedure will be posted in each building operated by Gracehaven. The name of and hours of availability of the Client Rights Advocate will also be posted with the grievance procedure in each agency building.

Provision will be made for grievors to have prompt access to the Client Rights Advocate. Staff members will be informed of their responsibility to notify availability of the Client Rights Advocate. The Client Rights Advocate, Directors, and Supervisors have the responsibility for ensuring that Gracehaven remains in compliance with the grievance procedure.

When a person expresses a concern, complaint, or grievance regarding past and/or present services at Gracehaven, she/he will be advised by any agency staff member of the right to file a grievance and given the name and hours of availability of the agency's Client Rights Advocate, Jennifer Taber, Gracehaven, 5000 Arlington Center Blvd. Columbus, Ohio 43220, phone (614) 665-0665 Available hours are from 8:30 a.m. to 5:00 p.m. In addition, messages can be left on the Client Rights Advocate's voicemail 24 hours a day.



The Client Rights Advocate will explain the grievance procedure from filing to final resolution and discuss the person's concerns. The client grievance must be in writing and include the date, time, description of the incident, and names of individuals involved in the incident/situation being grieved. The client grievance must be signed and dated by the client and/or parent/ guardian or by an individual filing the grievance on behalf of the client, and given to the Client Rights Advocate.

Should the person decide to file a grievance, the Client Rights Advocate and/or any Gracehaven staff member will assist the client or person authorized by the client in completing a Client Grievance Form. An alternative agency representative will be appointed by the CEO if the Client Rights Advocate is the subject of grievance.

Within three (3) days of receipt of the grievance, the Client Rights Advocate shall provide written acknowledgement to each grievant that shall include date grievance was received, summary of grievance, overview of grievance investigation process, timetable for completion, investigation and notification of resolution including provider contact name, address and telephone number.

The *Client Rights Advocate* will be responsible for investigating the grievance situation or incident. The investigation may include speaking with all parties involved in an attempt to achieve a timely resolution. At the conclusion of the investigation, the Client's Rights Advocate will present a resolution or remedy to the client or person who filed the grievance on behalf of the client.

A client has the right to represent him/herself in the grievance procedure or to designate a representative to be involved in the process; Gracehaven will provide such representation when requested. If a representative for the client is to be involved, a release of information form will need to be signed by the client giving the agency permission to discuss relevant concerns with the party.

The Client Rights Advocate will expedite any grievance hearing/review in such a manner that a written response can be provided within 20 working days of the original filing. Gracehaven will make a resolution decision on the grievance within twenty (20) business days of receipt of the grievance. Any extenuating circumstances indicating that the time period needs to be extended will be documented in the grievance log and written notification will be given to the griever. Any unresolved grievances will be reviewed by the quality assurance committee for the purposes of continuous quality assurance and improvement.

If the client or person who filed the grievance on behalf of the client feels that the resolution presented is not acceptable, the client has the right to ask the Client Rights Advocate to escalate the grievance to the CEO/Executive Director.

If at the end of the review process, a resolution is not reached, the complainant may request a review before the full Board of Directors.

If there is still disagreement, the client has the option to file a grievance with an outside organization(s). A Client has the option at anytime to file a grievance with outside organizations that include, but are not limited to any of the following:

- Ohio Department of Mental Health and Addiction Services
- Ohio Department of Children and Youth
- Ohio Counselor, Social Work, & Marriage and Family Therapist Board
- Ohio Youth and Family Ombudsman Office



Ohio Legal Rights Services
Disability Rights Ohio
U.S. Department of Health and Human Services
Civil Rights Regional Office in Chicago

Upon request and after obtaining a signed release form, Gracehaven will provide all relevant information about the grievance if the grievor has initiated a complaint with any outside organizations.

The Client Rights Advocate will follow up on any external grievance hearing to ensure that a written response and final resolution is provided to the grievor and the CEO of Gracehaven.

OTHER RESOURCE AGENCIES

Ohio Department of Children and Youth,
246, North High Street, 8th floor,
Columbus, OH 43215
Email: info@childrenandyouth.ohio.gov

<https://youthandfamilyombudsmen.ohio.gov/>

Ohio Counselor, Social Work, & Marriage and
Family Therapist Board
77 South High Street, 24th Floor, Room 2468
Columbus, OH 43215-5919
(614) 466-0912

Disability Rights Ohio;
200 S. Civic Center Drive #300
Columbus, OH 43215
(614) 446-7264 or (800) 282-9181
TTY: (614) 728-2553
www.diabilityrightsohio.org

Ohio Department of Mental Health and
Addiction Services;
30 East Broad St., 36th Floor
Columbus, OH 43215-3430
(614) 466-2596
www.mha.ohio.gov

U.S. Department of Health and Human
Services; or,
Office for Civil Rights, Region V
233 North Michigan Ave., Suite 240
Chicago, IL 60601
(312) 886-2359
TTY: (312) 353-5693

Ohio Youth and Family Ombudsman Office
PO Box 182133
Columbus, OH 43218
1-877-OH YOUTH or 1-877-649-6884

Ohio Legal Rights Services
50 West Broad Street, Suite 1400
Columbus, Ohio 43215-5923



(614) 466-7264
TTY: (614) 728-2553

SCOPE OF PRACTICE

Gracehaven Inc., is a resiliency-oriented and trauma-informed agency, whose mission is to serve youth and families through a team of Christian workers and like-minded partners by providing human trafficking prevention services and by empowering youth impacted by sexual exploitation and trafficking to thrive with dignity in a renewed life. Gracehaven Clinical Services provides short term counseling and mental health services to youth and families. We strive to build resiliency skills and foster independence throughout treatment. Duration of services is typically 6 to 12 months. Services may only be extended past 12 months if there are extenuating circumstances. This will be determined by the Clinical Services Team, specifically the Clinical Assessor and Clinical Services Program Manager.

Gracehaven does not provide long term care or vocational services, and is unable to provide treatment for the following:

- Eating Disorders
- Moderate to Severe Intellectual and Developmental Disabilities
- Psychosis

In the case that a client's needs are beyond Gracehaven's scope of practice or in need of intensive/ specialized services, Gracehaven will provide referrals, coordination of community supports and resources to assist with the linkage of appropriate services and support.

Gracehaven' Clinical Providers do not sign or provide letters of support for Emotional Support Animals or Service Animals, as this is out of our scope of practice and requires specialized education and training.



Gracehaven's Clinical Providers do not participate in court hearings, trials or proceedings of Custody, Visitation, and placement of a client. The Ohio Counselor, Social Worker, and Marriage and Family Therapist (CSWMFT) Board Laws and Rules guide professional conduct in this matter. Professionals working in a clinical role with a family, when requested by a family member, lawyer, or Guardian Ad Litem to make a recommendation to custody, visitation, and/or guardianship are informed that doing such is an ethics violation. As such, professionals working with families in a clinical role decline the role of expert witness and do not give professional opinion regarding custody, visitation and/or guardianship issues.

Also, per The Ohio Counselor, Social Worker, and Marriage and Family Therapist (CSWMFT) Board Laws and Rules, Gracehaven' services do not include sexual orientation change efforts (SOCE, also sometimes referred to as "conversion therapy") or efforts to change gender identity. However, supporting clients in exploring their questions and concerns about their sexual orientation or gender identity is appropriate assistance that may be provided to a client.

NOTICE OF PRIVACY PRACTICES

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for the health care is considered "Protected Health Information" (PHI). We are required to extend certain protections to your PHI, and to give you this Notice about our privacy practices that explains how, when and why we may use or disclose your PHI. Except in specified circumstances, we must use or disclose only the minimum necessary PHI to accomplish the purpose of the use or disclosure.

We are required to follow the privacy practices described in this Notice, though **we reserve the right to change our privacy practices and the terms of this Notice at any time**. If we do so, we will post a new Notice in our lobby and on our Website. You may request a copy of the new notice from our Quality Assurance Manager.

How and Why We Collect Protected Health Information (PHI)

1) We collect PHI only when appropriate to provide services or for another specific purpose of our organization, or when required by law. We may collect information for these purposes:

- a) to provide individual case management.
- b) to produce aggregate-level reports regarding use of services.
- c) to track individual program-level outcomes.
- d) to identify unfilled service needs and plan for the provision of new services.
- e) to conduct research for planning and/or education purposes.
- f) to accomplish any and all other purposes deemed appropriate by The Department of Child &



Family Services & Juvenile Courts.

- 2) We use only lawful and fair means to collect PHI.
- 3) We normally collect PHI with the knowledge or consent of our clients. If you seek our assistance and provide us with PHI, we assume that you consent to the collection of information described in this policy.
- 4) We may also receive PHI about you from: Your counties Department of Child and Family Services & Juvenile Court.
- 5) We post a sign at our intake desk or other location explaining the reasons we ask for PHI. The sign says: "We collect personal information directly from you for reasons that are discussed in our privacy policy. We may be required to collect some personal information by law or by organizations that give us money to operate this program. Other personal information that we collect is important to run our programs, to improve services for individuals, and to better understand the needs of individuals. We only collect information that we consider to be appropriate. If you would like to see our privacy policy, our staff will provide you with a copy."

How We Use and Disclose PHI

We use and disclose PHI for a variety of reasons. To disclose information, we must have your written authorization. In some instances, the law provides that we are permitted to make some uses/disclosures without your authorization. The following offers more description and examples of our potential uses/disclosures of your PHI.

1) We use or disclose PHI for activities described in this part of the policy. We may or may not make any of these uses or disclosures of your PHI. We assume that you consent to the use or disclosure of your PHI for the purposes described below and for other uses and disclosures that we determine to be compatible with these uses or disclosures:

- a) to provide or coordinate services to individuals;
- b) for functions related to payment or reimbursement for services; For example, we may release portions of your PHI to Medicaid, OhioMHAS, OhioDCY, local Family Children's First Council, Grantors and/or a private insurer to get paid for services that we delivered to you.
- c) We may use/disclose your PHI in the course of operating our facilities and/or to carry out administrative functions such as legal, audit, personnel/programmatic oversight and management functions; For example, we may use your PHI in evaluating the quality of services provided or disclose your PHI to our accountant or attorney for audit purposes. Release of your PHI to the MACSIS system/ADAMH Board and/or Medicaid might also be necessary to determine your eligibility for publicly funded services.
- d) to create de-identified (anonymous) information or aggregate information that can be used for research and statistical purposes without identifying clients;
- e) when required by law to the extent that use or disclosure complies with and is limited to the requirements of the law;
- f) to avert a serious threat to health or safety if:
 - i) we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public; and
 - ii) the use or disclosure is made to a person reasonably able to prevent or lessen the threat,



including the target of the threat.

- g) to report about an individual we reasonably believe to be a victim of abuse, neglect or domestic violence to a governmental authority (including a social service or protective services agency) authorized by law to receive reports of abuse, neglect or domestic violence in any of the following three circumstances:
 - i) where the disclosure is required by law and the disclosure complies with and is limited to the requirements of the law;
 - ii) if the individual agrees to the disclosure; or
 - iii) to the extent that the disclosure is expressly authorized by statute or regulation and either of the following are applicable:
 - (1) we believe the disclosure is necessary to prevent serious harm to the individual or other potential victims; or
 - (2) if the individual is unable to agree because of incapacity, a law enforcement or other public official authorized to receive the report represents that the PHI for which disclosure is sought is not intended to be used against the individual and that an immediate enforcement activity that depends upon the disclosure would be materially and adversely affected by waiting until the individual is able to agree to the disclosure. --When we make a permitted disclosure under subparagraph (g) about a victim of abuse, neglect, we will promptly inform the individual who is the victim that a disclosure has been or will be made, except if:
 - (a) we, in the exercise of professional judgment, believe informing the individual would place the individual at risk of serious harm; or
 - (b) we would be informing a personal representative (such as a family member or friend), and we reasonably believe the personal representative is responsible for the abuse, neglect or other injury, and that informing the personal representative would not be in the best interests of the individual as we determine in the exercise of our professional judgment.
- h) to a law enforcement official for a law enforcement purpose (if consistent with applicable law and standards of ethical conduct) under any of these circumstances:
 - i) in response to a lawful court order, court-ordered warrant, subpoena or summons issued by a judicial officer, or a grand jury subpoena;
 - ii) if the law enforcement official makes a written request for PHI that:
 - (1) is signed by a supervisory official of the law enforcement agency seeking the PHI;
 - (2) states that the information is relevant and material to a legitimate law enforcement investigation;
 - (3) identifies the PHI sought;
 - (4) is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought; and
 - (5) states that de-identified information could not be used to accomplish the



purpose of the disclosure.

- iii) if we believe in good faith that the PHI constitutes evidence of criminal conduct that occurred on our premises;
- iv) in response to an oral request for the purpose of identifying or locating a suspect, fugitive, material witness or missing person and the PHI disclosed consists only of name, address, date of birth, place of birth, social security number and distinguishing physical characteristics; or if:
 - (1) the official is an authorized federal official seeking PHI for the provision of protective services or other persons authorized by 18 U.S.C. 3056, or to foreign heads of state or other persons authorized by 22 U.S.C. 2709(a)(3), or for the conduct of investigations authorized by 18 U.S.C. 871 and 879 (threats against the President and others);
 - (2) and the information requested is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought to comply with government reporting obligations for HMIS and for oversight of compliance with HMIS requirements. Before we make any use or disclosure of your PHI that is not described here, we seek your consent first.

Your Rights Regarding Your Protected Health Information

You have the following rights relating to your protected health information:

You have the right to request restrictions on uses/disclosures: You have the right to ask that we limit how we use or disclose your PHI. We will consider your request but are not legally bound to agree to the restriction. To the extent that we do agree to any restrictions on our use/disclosure of your PHI, we will put the agreement in writing and abide by it except in emergency situations. We cannot agree to limit uses/disclosures that are required by law.

You have the right to choose how we contact you: You have the right to ask that we send you information at an alternative address or by an alternative means. We must agree to your request as long as it is reasonably easy for us to do so.

You have the right to inspect and copy your PHI: You must put your request in writing. You may request this information in writing by notifying compliance@gracehaven.me, or by sending a request to Gracehaven, P.O. Box 82102, Columbus, OH 423202. We will respond to your request within 30 days. We will offer to explain any information that you may not understand.

If we deny you access to your PHI, we will give you written reasons for the denial and explain any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed, but may be waived, depending on your circumstances. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying.

You have the right to request amendment of your PHI: If you believe that there is a mistake or missing information in our record of your PHI, you may request, in writing, that we correct or add to the record. We will consider a request from you for correction of inaccurate or incomplete PHI that we maintain



about you. We will respond within 60 days of receiving your request.

If we agree that the information is inaccurate or incomplete, If we approve the request for amendment, we will change the PHI and so inform you, and tell others that need to know about the change in the PHI. This may include deletion of inaccurate information or an addendum to mark it as inaccurate or incomplete and to supplement it with additional information.

We may deny the request if we determine that the PHI is: (i) correct and complete; (ii) not created by us and/or not part of our records, or; (iii) not permitted to be disclosed.

If we deny a request for access or correction, we will provide an explanation of the reason for denial. Any denial will state the reasons for denial and provide an explanation of your right to appeal. We will also include, as part of the PHI that we maintain, documentation of the request and the reason for the denial.

We may deny your request for inspection or copying of PHI if:

- a) the information was compiled in reasonable anticipation of litigation or comparable proceedings;
- b) the information is about another individual (other than a healthcare provider);
- c) the information was obtained under a promise of confidentiality (other than a promise from a health care provider) and if the disclosure would reveal the source of the information;
- d) or disclosure of the information would be reasonably likely to endanger the life or physical safety of any individual.

We may reject repeated or harassing requests for access to or correction of PHI.

You have the right to find out what disclosures have been made: You have a right to get a list of when, to whom, for what purpose, and what content of your PHI has been released other than instances of disclosure which you authorized or where information was disclosed. (i.e. for treatment, payment, health care operations). The list also will not include any disclosures made for national security purposes, to law enforcement officials or correctional facilities, or before April 14, 2003. We will respond to your written request for such a list within 60 days of receiving it. There will be no charge for up to one such list each year. There may be a charge for more frequent requests.

Data Quality

- 1) We collect only PHI that is relevant to the purposes for which we plan to use it. To the extent necessary for those purposes, we seek to maintain only PHI that is accurate, complete and timely.
- 2) We dispose of PHI, not in current use, seven years after the information was created or last changed. As an alternative to disposal, we may choose to remove identifiers from the PHI.
- 3) We may keep information for a longer period if required to do so by an applicable statute, regulation, contract or other requirement.

Complaints and Accountability

- 1) **How to Complain about our Privacy Practices:** We accept and consider questions or



complaints about our privacy and security policies and practices. If you have questions about this Notice or any complaints about our privacy practices, please contact: Gracehaven's Client Rights Officer and/or Quality Assurance Manager at (614) 665-0665.

If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, we encourage you to first contact Gracehaven's Client's Rights Officer. You may file a grievance at any time with Gracehaven by submitting it to compliance@gracehaven.me. - Please refer to our grievance policy and procedures for further instruction.

You also may file a written complaint, without fear of retaliation from Gracehaven, with the Secretary of the U.S. Department of Health and Human Services at:

The U.S. Department of Health and Human Services
280 North High Street
Columbus, Ohio 43215

The U.S. Department of Health and Human Services
Civil Rights Regional Office
233 N. Michigan Ave. Ste. 240
Chicago, Illinois 60601

2) All members of our staff (including employees, volunteers, affiliates, contractors and associates) are required to comply with this privacy policy. Each client and staff member must receive and acknowledge receipt of a copy of this privacy policy.

An acknowledgment of the receipt of a copy of the COYFC/Gracehaven Privacy Policy - HIPAA can be found in the intake packet - consent to treatment form.

You have the right to receive this notice: You have a right to receive a paper copy of this Notice and/or an electronic copy by email upon request.



RECORD KEEPING & REQUESTS

Your Provider is required to keep records about your treatment. These records help ensure the quality and continuity of your care, as well as provide evidence that the services you receive meet the appropriate standards of care. Your records are maintained in an electronic health record provided by TherapyNotes. TherapyNotes has several safety features to protect your personal information, including advanced encryption techniques to make your personal information difficult to decode, firewalls to prevent unauthorized access, and a team of professionals monitoring the system for suspicious activity. TherapyNotes keeps records of all log-ins and actions within the system.

You may request access to, a review, and/or a copy of your PHI at any time by submitting a written request to compliance@gracehaven.me, or to Gracehaven, P.O. Box 82102, Columbus, OH 43202.