



WELLNESS SERVICES

inspiring healthy living

**Welcome Guide to  
Drug & Alcohol  
Outpatient Services**

REV. 8.2019



**Highlights**

TrueNorth's Privacy Practices

Your Rights & Responsibilities as a Consumer

What to Expect During Treatment

Policies and Procedures

Welcome to TrueNorth Wellness Services Drug and Alcohol Outpatient programs. We are pleased that you have chosen us to help meet you or your family member’s emotional and behavioral health and wellness needs. This guide contains useful information about policies, procedures, and expectations.

Please read through this guide. The therapist or receptionist may answer questions that you have about anything in this guide. The therapist will ask you to sign on the computer that you have read or been given access to this guide.

Please return this guide to the Front Desk or speak with the receptionist or therapist if you would like to keep a copy.

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## **Accessing After-Hours Services**

Consumers should use Crisis Intervention for emergency needs after-hours.

Adams & York Counties– 1-866-325-0339

Dauphin County Crisis 717-232-7511

Duncannon Area Crisis 717-834-3326

Eastern Cumberland/Perry Counties 717-763-2222

Western Cumberland County 717-243-6005

Franklin County 717-264-2555

Fulton County 1-866-918-2555

## **Tobacco Use, Illicit & Illegal Substances, & Weapons**

TrueNorth Wellness Services is a tobacco-free agency. We kindly ask individuals not to use any tobacco products within our offices. This includes smoking, smokeless tobacco, and vaping products. In addition to tobacco, the following items are off limits within our locations: illegal or illicit substances, any possible weapon, including, but not limited to guns, knives, pepper spray.

## **Prescription Medications**

Any prescription medications brought in to service locations should be in a secured, labeled container, and should be kept on your person during your visit.

## **Use of Seclusion or Restraint**

TrueNorth Wellness Services does not use seclusion or restraints while providing services to consumers in our outpatient programs.

## **Providing Feedback**

TrueNorth values feedback about the services we provide. Input boxes are located in each waiting room with a short survey that you can complete at any time. In addition, we conduct program-specific satisfaction surveys twice per year.

## **Safety Drills**

Random safety drills occur within our offices in an effort to enhance consumer and staff safety. It is possible that a random drill could occur while you are in our offices. Your participation and cooperation are appreciated.

## **Children in Waiting Room**

Young children should not be unsupervised in our waiting areas. Front Desk staff are not responsible for providing childcare and supervision to children in the waiting room. If you have a young child that must accompany you during your visit, please make arrangements for another responsible adult to come with you to provide supervision of the child.

## **What to Expect- Your First Visit & Beyond**

### **Completion Criteria**

**LOCA:** Clients are scheduled for a LOCA (Level of Care Assessment) as the first visit unless one is done somewhere and faxed to Intake in its entirety and accept financial responsibility for services prior to beginning treatment.

**1<sup>ST</sup> Treatment Episode:** At this visit the biopsychosocial assessment is completed, goals are talked about in the form of a treatment plan and treatment begins.

**Treatment Planning:** Clients are expected to remain in treatment until the goals included in the individual treatment plan have been met to the satisfaction of the therapist and client. Clients should be able to identify appropriate goals for treatment by the end of the assessment session; and written treatment plans must be completed at the initiation of the first treatment visit.

**Chemical Usage:** While in treatment, (MAT excluded) chemically dependent clients should be rehabilitated to the point where chemical usage has been terminated and the client feels comfortable maintaining this status independently.

**Support Services:** When appropriate, clients are strongly encouraged to actively and consistently participate in a support group, which targets their primary problem (ex: AA, NA, Al Anon, Smart Recovery).

**Length of Treatment:** Will be a reasonable amount of time determined mutually by the therapist and the client. The only time this does not apply is when a client is being seen for a DUI from York county. York county requires AT MINIMUM 12 sessions. The therapist and the client will review any variance from the scheduled length of treatment jointly. All clients are encouraged to remain in treatment for at least 12 sessions, subject to review.

**Attendance Requirements:** Please refer to attendance policy.

**Aftercare Plan:** Prior to discharge, clients must work with their therapist to determine an appropriate Aftercare Plan.

**Follow-up Services:** In order to determine the success of treatment, identify service gaps and generally monitor the quality of our program, TrueNorth Wellness Services may contact clients by phone or by mail upon completion of treatment. Contacts will be attempted at 2 months after treatment completion. When contact is made via letter, a non-identifying envelope will be used.

### **Medication Assisted Treatment (MAT)**

MAT services are available through the Gettysburg office. Please ask your therapist if you are interested about these services. Please note this is a treatment driven program. There are requirements that need to be met in order to engage in the MAT program.

### **Referrals to Psychiatry**

You have the right to request a referral to see a TrueNorth psychiatrist. You must attend 2-3 therapy sessions before the therapist will complete this referral. The Intake Department will contact you to let you know the referral has been received and add your name to our psychiatry waitlist. Individuals receiving other services through TrueNorth will receive priority scheduling over those who are not receiving therapy or other services through us.

The psychiatrist is unable to write a prescription for someone who hasn't been seen yet. If you are in need of medication or refills prior to seeing our psychiatrist/doctor, please contact your PCP or the physician who originally prescribed the medication.

## **Medication Refills**

Please allow 72 hours for the nurse to complete requests for medication refills and insurance authorizations. Please be aware that it may be necessary to schedule an appointment to be seen by the doctor before getting a medication refill.

## **What Are the Potential Benefits of Therapy?**

There are many possible benefits of participating in therapy. Relief from emotional distress or discomfort, improved relationships, reducing symptoms, changing behavior, or changing your lifestyle, learning to pay attention to your thoughts and feelings, or learning how to confront situations that may be difficult may all be positive benefits associated with participating in therapy.

## **What Are the Risks of Receiving Therapy?**

There could be potential risks associated with receiving services. These include, but are not limited to changes in relationships, experiencing emotional discomfort, periods where emotional discomfort or distress may increase or worsen, or not responding to the treatment provided. It is important to have open discussion with your therapist about these risks, especially if you find yourself beginning to think of harming yourself or someone else.

Please note that there are also limits to confidentiality, which may be found in the Notice of Privacy Practices, and may be discussed further with staff if needed.

## **Court Recommended Treatment**

Staff will communicate with courts and legal entities as needed, and within standards of confidentiality. In the case of court mandated treatment, we may inform the court of your participation in services.

## **Transitioning to Other Services**

Discussion of whether drug and alcohol outpatient treatment is the right service to meet your individual needs occurs throughout your participation. When appropriate or necessary, staff will discuss transitions to other levels of care. Other levels of care vary, but may include partial or inpatient hospitalization, detox etc. The therapist will coordinate referrals or assist you in making contact with the appropriate service.

## **Discharge from Drug and Alcohol Outpatient Services**

Discharge from our drug and alcohol outpatient program can occur for a variety of reasons: 1. You've met your goals for treatment; 2. Nonattendance as defined by the Attendance Policy; 3. Behavior that consistently violates the rights of other individuals, becomes aggressive or abusive and occurs while you are at our offices, made via phone, or other means of communication with us; 4. You are in need of a more intensive level of treatment; 5. Moving, loss of funding or insurance coverage.

## **Drug and Alcohol Outpatient Attendance Policy**

TrueNorth is dedicated to working with you to achieve emotional health and wellness. To achieve the best results, it is important to be committed and active in your treatment and recovery process, including attending ALL scheduled appointments and following suggested treatment recommendations.

So that we can provide prompt and effective treatment to everyone and maintain an efficient appointment schedule, we have developed the following attendance policy:

- If you are unable to attend a scheduled appointment, we ask that you contact our office and give as much notice as possible.
- If you miss an appointment without providing notice, you will need to contact our office to be rescheduled. Those who do not contact us within 2 weeks of the missed appointment will risk the possibility of being discharged from treatment
- Please be aware that late cancellations will result in a delay in rescheduling your appointments. Also note that an excessive number of late cancellations or missing 3 appointments without any notice will result in your discharge from treatment. Individuals that are discharged from treatment due to attendance issues will have to wait a minimum of 3 months before they can request to re-enter treatment.
- If there is a reason that you may have difficulty remembering or attending appointments, please discuss it with your counselor so he/she can help you develop a plan of action.

**A special note for clients receiving psychiatric medication services:** If you miss your appointments with the doctor, you will need to wait for the next available appointment time. Medication refills will not be provided to clients who have missed appointments until they have been rescheduled and attended an appointment with the doctor.

**For MAT clients:** Clients must show for appointment(s) with BOTH doctor and therapist. Clients risk discharge if they are and are subject to D&A outpatient attendance policy.

## **Complaints and Grievances**

TrueNorth is committed to ensuring that your rights and those of others are safeguarded and that the treatment we provide is of the highest quality. From time to time, complaints or concerns may come up.

The following steps should occur if you find yourself needing to express a concern or complaint:

- Discussion with your primary staff person. If the issue cannot be resolved at this level, you may opt to move to step 2.
- You will be asked to file a written complaint. The Program Manager for the location you receive services at will review the complaint and provide you with a response within 5 business days. (If the complaint pertains to the Program Manager, it will be reviewed by their supervisor).
- If you are not satisfied with the Program Manager's decision, you may submit a written appeal to the Chief Operations Officer (COO). This appeal must be made within 10 days of receiving the response from the Program Manager. The COO will investigate the complaint and provide a response within 10 business days.
- If you are dissatisfied with the COO's decision, you may submit an additional appeal in writing within 10 days of the decision to the Chief Executive Officer (CEO). The CEO will investigate and provide a decision within 10 days.
- If you complete the above steps and your complaint has not been resolved to your satisfaction, you may notify the appropriate outside party verbally or in writing. Staff can assist you in identifying the appropriate place for your complaint (County Administrator, appropriate department of your insurance).
- Grievance forms are available in the waiting room of each location.

## **Complaints and Grievances (for County-Funded Clients)**

If a client who is being funded by county funding (YADAC) disagrees with an administrative or financial decision or action made by, or on behalf of, the SCA and is seeking redress due to the inability to resolve the issue, the client has a right to file a grievance. The process for filing a grievance is indicated below.

### **GRIEVANCE**

All grievances must be in written format and submitted to the SCA. Grievance and appeals may be submitted for the following:

- Denial or termination of services
- Level of care determination
- Length of stay in treatment
- Breach of Confidentiality
- Violation of civil or human rights

Clients acknowledge their rights to have access to all documentation pertaining to resolution of a grievance within the confines of state and federal confidentiality regulations. Clients also acknowledge their right to be involved in the appeal process and have representation by means of a client advocate, attorney, or any other individual chosen by the client at each level of appeal.

### **LEVEL 1**

A client may initiate a grievance by contacting, in writing, the York/Adams Drug & Alcohol Commission. A panel made up of SCA staff or a supervisory level staff person, none of whom are directly involved in the dispute, will review the documentation, obtain additional information as necessary. The panel chairperson will render a written decision to the client within seven (7) days of the receipt of the grievance. The panel chairperson will also advise the client of their right to further appeal this decision, if desired, and the process for the next level of grievance. The Supervisor will also document the grievance in the client file and to their direct supervisor. The documentation will include, at a minimum, the date of contact, the specific action being appealed, the redress being requested, and the SCA is response and basis for the response. The client and DDAP (Department of Drug and Alcohol Programs) will be notified by the York/Adams Drug & Alcohol Commission of the grievance outcome within seven (7) days of the decision using the DDAP approved Grievance and Appeal Reporting Form. No client identifying information is to be included or attached to this form.

## **LEVEL II**

If the client wishes to appeal the Level I decision, he/she is to appeal to the SCA Director, or the designee. The client should submit the grievance in writing to the SCA Director or the designee, who will arrange a timely review meeting with the client. The Director will render a decision, in writing, within 7 days of receipt of the grievance. The SCA Director or designee will then submit the decision in writing to the client and Department of Drug and Alcohol Programs (DDAP) within 7 days. The decision is to be documented on the BDAP-approved Grievance and Appeal Reporting Form. No client-identifying information is to be included or attached to this form. This decision will include the right to appeal to the next level.

## **FINAL LEVEL**

Complaints, grievances or appeals that cannot be resolved at the SCA level may be directed to the York/Adams MH/IDD/D&A Advisory Board. This independent review board consists of an odd number of members, no less than 3, who have no financial, occupational, or contractual relationship with the SCA. The Department of Health, DDAP, the Department of Public Welfare, or the members of the SCA's governing body (County Executive, County Commissioners, or governing Board of directors) may not serve as the independent review board or hearing panel. A decision must be rendered within 7 days of receipt of the grievance. The SCA Director will then submit the decision in writing to the client and to the Department of Drug & Alcohol Programs within 7 days. The decision is to be documented on the DSAP approved grievance and appeal reporting form. No client-identifying information is to be included or attached to this form.

This level of appeal requires signed consents from the client so that confidential client information relating to the appeal can be provided to the review board for the purpose of rendering a decision on the appeal. Access to confidential records must be in accordance with state and federal confidentiality regulations.

## **RECORDS**

The York/Adams Drug & Alcohol Commission will maintain a record of all grievances and complaints received which may include dates, actions taken, and resolution.



## **Drug and Alcohol Client Rights**

As an individual who is seeking a referral for drug & alcohol treatment services and/or who is currently receiving drug & alcohol treatment services, some of your rights include and are not limited to the following:

1. The RIGHT to be assessed as an individual and to be treated with dignity and respect.
2. The RIGHT to information about any known resources that may enhance the quality of your care.
3. THE RIGHT to participate in the development and review of your treatment plan; treatment plan update; and aftercare plan, of which, are to be completed in individual sessions.
4. The RIGHT to request to review your client records. Clients have the right to submit rebuttal data or memorandum to their own records.
5. The RIGHT to quality care and that your care will be managed by professional and competent staff.
6. The RIGHT to refuse any treatment, medication, or procedure suggested by the staff.
7. The RIGHT to expect assistance in planning recovery-related activities after discharge.
8. The RIGHT to examine and have a detailed explanation of your bill.
9. The RIGHT to be treated in the least restrictive therapeutic manner .
10. The RIGHT to expect that all information concerning your treatment will be kept in strict confidence, and only be released with your written permission and in accordance with the most restrictive state and federal confidentiality laws.
11. The RIGHT to have HIPAA, 42CFR, 4PA 255.5, and any other pertinent regulations/laws protecting client information and records explained to you.
12. The RIGHT to know the agency rules and regulations, including those that pertain to a non-successful discharge from treatment.
13. The RIGHT to revoke a consent (at any time).
14. The RIGHT to obtain copies of any document with your signature.
15. The RIGHT to retain all of your civil rights and liberties.
16. The RIGHT to know who is requesting information about your treatment episode and what treatment information has been released.
17. The RIGHT to file a grievance. The project shall develop written policies and procedures on client rights and document written acknowledgement by clients that they have been notified of those rights.

### **Drug and Alcohol Client Rights (continued)**

18 . A client receiving care or treatment under section 7 of the act (71 P. S. § 1690.107) shall retain civil rights and liberties except as provided by statute. No client may be deprived of a civil right solely by reason of treatment.

19. The project may not discriminate in the provision of services on the basis of age, race, creed, sex, ethnicity, color, national origin, marital status, sexual orientation, handicap or religion.

20. Clients have the right to inspect their own records. The project, facility or clinical director may temporarily remove portions of the records prior to the inspection by the client if the director determines that the information may be detrimental if presented to the client. Reasons for removing sections shall be documented in the record.

21. Clients have the right to appeal a decision limiting access to their records to the director.

22. Clients have the right to request the correction of inaccurate, irrelevant, outdated or incomplete information in their records.

23. Clients have the right to submit rebuttal data or memoranda to their own records.

### **Client Responsibilities**

The care you receive depends partially on you. Therefore, in addition to the client rights, you have certain responsibilities, as well.

#### **The Client is Responsible:**

1. For providing accurate and complete information concerning your present complaints, past medical history, past/present use of any/all medications, past/present use of substances, and other matters relating to your current condition.
2. For making it known whether you clearly comprehend the course of your treatment and what is expected of you.
3. For following the treatment plan established with your clinician/counselor.
4. For assuring that the financial obligations of your care are met regardless of insurance. Payment (including co-payment) is due at the time of service, unless arrangements have been made.
5. For keeping appointments and notifying the office or clinician/counselor when you are unable to attend the appointments.
6. For your actions should you refuse treatment or not follow your clinician/counselor's recommendations.
7. For being considerate of the rights of other clients and agency staff.
8. For your behavior while using agency services and for the behavior of others they bring with them, for example: children or friends.

Updated: 8/15/19

## Financial Policy & Patient Responsibility

Your share of the cost of our services will be discussed with you by our Intake Department prior to your first appointment. They will conduct a brief financial assessment and ask you to provide insurance information. The Receptionist will copy your identification and insurance cards upon arrival of first appointment to verify the information. If the information is significantly different from our computer records, you may need to speak with our Intake Department again prior to being seen. It is important that we also have your correct address information on file. Please advise us anytime there is any change to your address or phone information.

**Methods of Payment:** The Receptionist will let you know if there is an outstanding balance on your account at each visit. Payment is expected in full, along with any copayments or coinsurance due at time of service. **We accept cash, debit and major credit cards.** *Personal checks are **not** accepted for Substance Abuse Treatment Services.* You are (or parent/legal guardian in the case of minors) considered the responsible party for payment of professional fees. If you do not have insurance, you are required to pay in full for the service rendered at the time of the appointment. If known, payment of copays, coinsurance and deductibles are expected to be paid in full at the time of service.

**Payment Plans:** If you are unable to pay your balance in full, you will need to make prior arrangements with our Billing Office. We offer a payment plan option without interest. All payment plans must be agreed upon and documented in writing.

**Sliding Scales:** There are certain situations in which an agency or County sliding scale fee may be offered. Using a sliding scale, we will initially set this fee based on income and number of dependents. An adjustment to the assessed fee may be considered upon your request when additional supporting financial documentation is provided.

**Insurance:** Our psychiatrists and clinicians are network providers with most major insurance companies. Your health insurance policy is a contract between you and your insurance company or employer. You are responsible for providing accurate information about your insurance benefits and are responsible for notifying us of any changes. You are also responsible for timely completion of insurance Coordination of Benefits questionnaire submitted to you by your insurance company, as this will result in delays of claims processing if you don't complete it and send it back to them. **You MUST present a current insurance card at each visit.** When we contact your insurance carrier to verify benefits or authorization on your behalf, we are not responsible for inaccurate information provided to us by your carrier. The information about your plan that we relay to you is in good faith. If you are uncertain about your current health insurance policy coverage/benefits, you should contact your plan to learn the details about your benefits, out-of-pocket fees and coverage limits.

**Insurance Claims:** If TrueNorth Wellness Services' providers participate with your insurance, as a courtesy and for your convenience, we will bill your insurance company for each service provided to you. You are responsible for annual deductibles, copayments and coinsurance, and any uncovered services and payment is expected in full at the time of service. Termination of insurance or addition of insurance coverage **MUST** be reported at the time of the appointment. Our Receptionists will copy new insurance cards and contact the Intake Department for a

**Medical Forms and Patient-Requested Letters:** There are administrative fees to complete medical forms, (i.e., physical forms, FMLA, leave of absence, etc.) and patient-requested letters. Fees vary according to the length and complexity of the form or patient requested letter. **TrueNorth Wellness Services' providers will not complete Social Security Disability Forms.** With your permission, copies of your record will be submitted. Payment is due prior to picking up or mailing the requested documents. Please allow 7-10 working days for processing.

**Billing/Refunds:** We will bill you monthly for outstanding balances to keep you up-to-date regarding the status of your account. Overpayments will be applied as credits to your account while you are still in treatment. Unless requested, the credit will be used for future copayments and coinsurance or for any patient responsibility amounts. Upon discharge from services, all claims will be submitted to your insurance company for processing and any overpayments will be issued as refunds to you. Refunds are processed on the 15<sup>th</sup> and end of the month. Patients should allow for 3-4 weeks for processing.

**Past Due Accounts:** We urge you to keep your account current. Account balances past due over 90 days will be sent to an independent collection agency after the third/final statement has been sent.

### **Recovery & Resiliency**

TrueNorth embraces the philosophies of recovery and resiliency. The term 'recovery' is often used when referring to adults living with substance abuse disorders. Recovery can be defined as "a process of change through which individuals improve their health and wellness, live a self directed life, and strive to achieve their full potential (SAMHSA). Helping individuals achieve a life in recovery involves providing support in four areas: helping individuals make informed choices about their health and well-being, individuals having a home or a safe place to live, helping individuals find purpose– engaging in meaningful activities, working for independence, income, or other resources to participate in society, and helping individuals build relationships that provide support. (From [www.mentalhealth.gov/basics/recovery](http://www.mentalhealth.gov/basics/recovery)).

## **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.**

In the Counties of York and Adams, Pennsylvania serves its citizens through many programs including health and human services. We are required by federal and state law and are committed, to keeping your personal health information private, confidential, and secure; to give you this notice; and to do what we say in the notice. If there are changes to the notice, we will post the notice, and make it available upon request.

### **CONFIDENTIALITY AND USES OF YOUR INFORMATION**

The County of York and Adams Group Health Plans and our contracted Business Associates may use or share your health information for:

**Treatment:** To get you the health services that you need. For example, we may share information with your doctor to take care of you.

**Payment:** To get payment or to pay for services you receive. For example, your hospital bill that we send for payment has your name and the test you had done on it.

**Health care operations:** To coordinate and manage County services for you. For example, we may use information to help decide what services we should offer you in the future.

**Your Permission:** You may also give us your written permission to use or share information for any purpose. You can change your permission, in writing, at any time. We cannot use or share your information for reasons other than what is listed in this Notice, unless you give us permission.

### **OTHER USES OF YOUR INFORMATION NOT REQUIRING YOUR PERMISSION**

**There are other reasons that we may, or are required to, use or share your health information:**

- National security, military and veterans-- for national security or intelligence. Also health information can be given to the appropriate military authorities if you are or have been in the U.S. armed forces.
- Public Health--for public health including but not limited to when you have been exposed to a disease, may be at risk for spreading the disease or to an authority authorized by law to receive reports of abuse or neglect.
- Health oversight--for audits, inspections and licensing.
- By law, for law enforcement, or court order--when we are required by law, for enforcement purposes or in response to a subpoena or court order.
- Emergency care, disaster relief or to avoid harm-- to provide emergency care, disaster relief and/or to prevent a serious threat to the health and safety of a person or the public, including those in the corrections systems.
- Coroner, medical examiners, funeral directors, for organ donation-- to perform their duties.
- Family, friends and others--in certain cases, to tell a family member or friend of your general condition and where you are. Also, when you agree in advance, we can share information with family and friends involved in your medical care or paying for that care.
- Workers' compensation-- to process benefits.

## **YOUR RIGHTS TO PRIVACY**

You have the following rights about your health information:

- Right to see and get copies of your health information records. You may be charged a fee for copies.
- Right to ask for a correction to your records.
- Right to ask that we limit how your information is used or shared. However, we are not required to agree to your request.
- Right to take back (revoke) permission. you can change your permission to share. or limit the sharing, or your health information.
- Right to confidential communications. You can request that we send mail to another address or call you at another phone number.
- Right to receive a list of who we've shared your health information with after April 14, 2003. This list would not include sharing for treatment, payment, or health care operations: or those made with your permission.
- Right to file a complaint.

## **FOR MORE INFORMATION**

If you have questions or want more information, call or write:

County of York  
HR Generalist  
28 East Market Street  
York, PA 17401  
(717) 771-9560

## **TO REPORT A PROBLEM**

If you feel your privacy rights have been violated, you may write to:

County of York  
Attention: Privacy Officer  
28 East Market Street  
York, PA 17401

You may also file a complaint with:

U. S. Department of Health and Human Services  
Office of Civil Rights  
200 Independence Avenue  
Washington, DC 20201

Your rights and benefits will not be affected, and you will not be retaliated against, if you file a complaint.

**SUBJECT:** Nondiscrimination Policy Statement  
**TO:** Clients/Consumers  
**FROM:** Garrett Trout, CEO

Admissions, the provisions of services, and referrals of clients shall be made without regard to race, color, religious creed, disability, ancestry, national origin, age, gender, sexual preference or sexual orientation.

Program services shall be made accessible to eligible persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, the provision of aides, and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among available methods.

Any client/consumer who believes he/she has been discriminated against, may file a complaint of discrimination with:

**CEO**

**TrueNorth Wellness Services**

625 West Elm Avenue  
Hanover, PA 17331

**Department of Human Services**

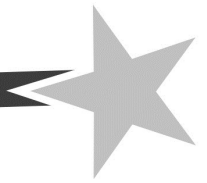
Bureau of Equal Opportunity  
Room 223, Health & Welfare Building  
PO Box 2675  
Harrisburg, PA 17120

**Pennsylvania Human Relations Commission**

Harrisburg Regional Office  
Riverfront Office Center  
1101 South Front Street, 5<sup>th</sup> floor  
Harrisburg, PA 17104

**U.S. Dept. of Health and Human Services**

Office for Civil Rights  
Suite 372, Public Ledger Building  
150 S. Independence Mall West  
Philadelphia, PA 19106-9111



**Vision Statement:** TrueNorth Wellness Services strives to create a safe environment of trusting relationships and a culture of hope and healing where all will thrive.

The experience of trauma has widespread impacts on a person's life; often leading to or exacerbating mental health issues, substance use, and physical health conditions. Approximately 90% of consumers seeking behavioral health services have experienced some form of trauma in their lives. Unfortunately, despite best efforts, the very services and systems designed to help people become healthy can be re-traumatizing.

Trauma informed care (TIC) involves shifting our perspective to be more aware of the impact that trauma has on an individual, in order to develop a more compassionate understanding of ourselves and each other. The hope is to develop insight that we are who we are as a result of our significant life occurrences that have shaped and molded us, our families and communities.

TIC has been compared to putting on a pair of glasses that allow us to look more deeply and see

life and the people in it, as it actually is, instead of what it appears to be. Trauma-informed care improves service quality, increases safety, enhances consumer engagement, improves consumer satisfaction, encourages hope and wellness and creates a strong and resilient workforce.

If there is anything else we can do to make your experience more comfortable, please let us know.



**Striving for excellence in behavioral health and wellness.**

[TrueNorthWellness.org](http://TrueNorthWellness.org)

