1400 North Semoran Boulevard Suite E, Orlando, FL 32807 | Phone: (407) 823 - 8421 | Fax: (407) 823 – 8195

Client Handbook

This handbook is for you to keep! Please sign the **Acknowledgement of Receipt** page in the Intake Forms packet to indicate that you have received and reviewed this handbook prior to the start of treatment.

Welcome to Compass Counseling Services, LLC (CCS)! CCS is a company of behavioral health providers, including psychologists, psychiatrists, medical providers with psychiatric specialty or work experience, psychiatric nurse practitioners, clinical social workers, mental health counselors, and master's level clinicians (includes registered interns whom are provided supervision from licensed staff). CCS providers are licensed and/or registered to provide services in Florida. CCS has dedicated and trained office personnel and staff. CCS uses the terms client/patient interchangeably. We value the active collaboration of clients/patients. We believe in providing individualized support and strength-based treatment that is holistic, meaning we think you should be treated as a whole person**.** CCS providers individualize treatment to match your needs; provide high quality services; and review progress and outcomes with you. While CCS providers may differ in their approach to care, these qualities are overarching. We collaborate with others when it is indicated and authorized. This may include, but is not limited to, managed behavioral healthcare, PCPs and other healthcare providers, hospitals, schools, and community resources. CCS business hours are **Monday - Thursday 8:30AM to 5:30PM** and **Fridays 8:30AM to 5:00PM.***
***Hours may vary by individual providers.**

Client/Patient Rights and Responsibilities at Compass Counseling Services, LLC

As a Client/patient at CCS, you have the right to:

a) Receive high-quality services towards your mental health treatment.
b) Be treated with respect and courtesy by all CCS providers and staff.
c) Have your information kept private and confidential, except as described in the CCS privacy statement.
d) Be listened to and have providers and staff work collaboratively with you to address identified concerns and needs.
e) Receive services in offices that are kept safe, clean, and accessible.
f) Get information and support from providers to integrate your strengths and improve coping skills, abilities, and decision-making, so that you can more successfully manage a presenting problem/situation.
g) Be served without discrimination or harassment on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, age, ability or disability, marital status, citizenship, national origin, genetic information, or any other characteristic protected by law.
h) Assess and discuss your treatment with providers to identify effectiveness and/or address any questions or concerns that may arise in treatment.
i) Request a Change of Provider if you identify a barrier in treatment that cannot be reasonably addressed with the assigned provider. If there is another provider who is both available and who may better serve your needs, CCS will consider providing a transfer. Please note that discriminatory requests regarding providers will not be considered.
j) Request and complete a patient Complaint/Grievance Form to address a specific concern or problem while you are receiving services at CCS.

As providers working to meet your mental health needs, we kindly ask that you:

- Treat CCS providers and staff with courtesy and respect.
- Engage in treatment in a collaborative manner.
- Express your concerns, needs, and questions.
- Provide at least 24 hours (or more) advanced notice if you cannot attend an appointment. Please adhere to CCS's policy regarding late appointments, cancellations, and no-shows.
- Stay on CCS premises if you are a parent/guardian/legal representative or authorized adult (over 18 yrs old) accompanying a minor/or client to appointment. For telehealth appointments, please be in the same physical location.

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Policy Regarding Appointments, Cancellations, No-Shows & Services Fees

a) Client, Parent, and/or Guardian are expected to attend all scheduled appointments as agreed upon with their CCS Provider. CCS will provide telephonic reminders/communication for appointments to the best of its ability.

b) A client who fails to attend an appointment and/or who does not notify CCS at least 24 hours (or more) of the appointment time (in advance of a planned absence), **will be charged a fee of $25.00**.

c) If a client arrives **15 minutes after the counseling/psychotherapy appointment or psychiatric evaluation time**, it will be necessary to reschedule the appointment. If a client arrives **5 minutes after the medication management appointment time**, it will be necessary to reschedule the appointment.

d) **3 consecutively canceled and/or missed appointments** could result in being discharged from care.

e) If a patient is administratively **discharged by CCS due to inconsistent engagement in services**, the patient will **receive a 30-day notification letter** with a list of possible referral sources. Purpose of notification is to provide ample time for the patient to access another provider. Copies of all correspondence will be placed in the patient's medical record.

Fees of CCS Services & Documentation

It is a client's responsibility to understand their coverage, including co-pays, co-insurance, and deductibles. This also includes understanding what services are and are not covered. It is also a client's responsibility to inform CCS of insurance or coverage changes. If the insurance company does not pay for appointments/services; a client, guardian, and/or guarantor is responsible for all costs of services. All costs of CCS services and fees are subject to change at the discretion of CCS.

Abbreviated List: Costs of CCS Services for Self-Pay Patients (without Insurance for any adult or child/minor):	
Psychiatric Initial Assessment with treatment plan (60 minutes)	$300
Psychiatric Medication Management Follow-up Sessions (15 to 30 minutes)	$110
Urine Drug Screening (UDS) Test (if clinically indicated)	$20
Initial Assessment with Clinician/Psychotherapist with treatment plan (60 to 75 minutes)	$125
Individual Follow up Psychotherapy/Counseling Session (60 minutes) *This session may include child and parent, when the child is the identified patient.	$75
Psychotherapy Session for Family with or without the identified patient (60 minutes)	$100
Initial Couples Therapy Assessment (60 minutes)	$150
Couples Therapy Follow up Session (60 to 75 minutes)	$120
Group Therapy Session (60 to 90 mins, depending on group type)	$35
Please inquire with Front Desk staff about other specific assessments, services, documentation, and full list of fees.	

CCS can provide **a note to excuse a client's absence or tardiness to work/school/other** due to a CCS appointment, free of charge. CCS may also provide a **one-page confirmation letter**, free of charge, addressed to the individual client (or parent/guardian), indicating diagnosis, provider name, date of evaluation, and last session.

There are **fees and certain processes** associated with requested documentation. Typical requests include but are not limited to treatment summary, evaluations, letters (such as emotional support animal letter), medical clearance forms, state or federal forms, and transmittal of medical records. **It is CCS' discretion to complete these requests.** CCS **does not guarantee** that the completion of forms or the provision of requested documentation will lead to a **patient's desired outcomes/results with** the receiving entity/agency. **Processing time varies per request type; at least of 7 to 10 business days or longer.** Upon request, the CCS Front Desk team will also explain **which forms CCS does not complete** at this time.

COMPASS
COUNSELING SERVICES

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Informed Consent for Assessment and Treatment

I, (client name and or parent/guardian name if client is a minor or requires legal representative), understand that I am eligible to receive a range of services from my provider at Compass Counseling Services, LLC (CCS). The type and extent of services that I receive will be determined following an initial assessment and thorough discussion with me. The goal of the assessment process is to determine the best course of treatment for me. Typically, treatment is provided over the course of several weeks. I also understand and hereby authorize CCS, to bill my health insurance company or its representative for any and all services that I receive. I understand that payment of co-pays, deductibles and specimen collection related to services are my responsibility and I will notify the office prior to my appointment if payment assistance is needed or if there are changes to my health insurance.

I also understand that I have the right to ask questions throughout the course of treatment. I may request a consultation from another CCS provider or external. I also understand that my provider may provide me with additional information about specific treatment issues and treatment methods on an as-needed basis during the course of treatment, and that I have the right to consent to or refuse such treatment. I understand that I can expect regular review of treatment to determine whether treatment goals are being met. I agree to be actively involved in the treatment and in the review process. No promises have been made as to the results of this treatment or of any procedures utilized within it. I further understand that I may stop treatment at any time, and I agree to discuss this decision first with my provider.

I am aware that I must authorize my provider, in writing, to release information about my treatment, but that confidentiality can be breached under certain circumstances of danger to myself or others. I understand that once information is released to insurance companies or any other third party, that my provider cannot guarantee that it will remain confidential. I understand that when my consent is provided for services, all information is kept confidential, except in the following circumstances:

1. When there is risk of imminent danger to myself or to another person, my provider is ethically bound to take necessary steps to prevent such danger.

2. When there is suspicion that a child, elder, or disabled individual, is being sexually or physically abused, or is at risk for such abuse or neglect, my provider is legally required to take steps to protect that individual, and to inform the proper authorities.

3. When a valid court order is issued for medical records, my provider is bound by law to comply with such requests.

Additionally, apart from psychotherapy notes, I authorize all information contained in my medical records pertaining to psychiatric/mental health history and treatment, substance use, and/or HIV/AIDS related illness/testing to be released unless it is specified in writing to CCS.

My signature on the consolidated Intake Packet form represents that I voluntarily request and consent to behavioral health assessment, care, treatment, or services and authorize my provider to provide such care, treatment, or services as are considered necessary and advisable. While this summary is designed to provide an overview of confidentiality and its limits, I understand that it is important for me to read the Notice of Privacy Practices for more detailed explanations, and to discuss any questions or concerns with my provider. Furthermore, I also understand the practice of behavioral health treatment is not an exact science and acknowledge that no one has made guarantees or promises as to the results that I may receive. By signing, I also acknowledge that I have both read and understood the terms and information contained herein. Ample opportunity has been offered to me to ask questions and seek clarification of anything unclear to me.

(CLIENT PROVIDED SIGNATURE TO THIS FORM IN INTAKE PACKET)

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Informed Consent for Telehealth Services

I (client name and or parent/guardian name if client is a minor or requires legal representative), hereby consent to engaging in mental health services (psychotherapy and or Medication Management) via Telehealth with COMPASS COUNSELING SERVICES, LLC. I understand that "telehealth" includes the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications. I understand that, with my signed consent, Telehealth also involves the communication of my medical/mental health information, both orally and visually, to health care practitioners registered or licensed in the state of Florida. I understand that I have the following rights and information with respect to Telehealth:

1. I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.

2. The laws that protect the confidentiality of my medical information also apply to Telehealth. As such, I understand that the information disclosed by me during the course of my treatment is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, including, but not limited to reporting child, elder, and dependent adult abuse; expressed threats of violence towards an ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding. I also understand that the dissemination of any personally identifiable images or information from the Telehealth interaction to researchers or other entities shall not occur without my written consent.

3. I understand that there are risks and consequences related to Telehealth, despite reasonable efforts to mitigate them in my treatment. These may include but are not limited to, the possibility of the transmission of my medical information could be disrupted or distorted by technical failures; the transmission of my medical information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons.

4. I understand that Telehealth based services and care may not be as complete as face-to-face services. I also understand that if my provider believes I would be better served by another form of mental health services (e.g. face-to-face) I will be referred to a provider who can provide such services in my area. Finally, I understand that there are potential risks and benefits associated with any form of psychiatry or psychotherapy, and that despite my efforts and the efforts of my provider, my condition may not improve, and in some cases may even get worse.

5. I understand that I may benefit from Telehealth treatment, but results cannot be guaranteed or assured.

6. I understand that I have a right to access my medical information and copies of medical records in accordance with federal and state laws.

7. If I am a parent/guardian/legal representative, I understand and agree to stay at the same physical location as the minor or adult client during the telehealth session.

I have read and I understand the information provided above. I have discussed it with my provider, and all of my questions have been answered to my satisfaction. **My signature, provided in the consolidated Intake Forms packet, indicates my informed and willful consent to treatment.**

I(CLIENT PROVIDED SIGNATURE TO THIS FORM IN INTAKE PACKET)

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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 this notice carefully. Your health record contains personal information about you and your health. This information about you that may identify you, relates to your past, present, or future physical or mental health or condition, and any related health care services is referred to as Protected Health Information ("PHI"). This Notice of Privacy Practices describes how your provider may use and disclose your PHI in accordance with applicable law. It also describes your rights regarding how you may gain access to and control your PHI.

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), your provider is required to maintain the privacy of PHI and to provide you with notice of his or her legal duties and privacy practices with respect to PHI. Your provider is required to abide by the terms of this Notice of Privacy Practices. Your provider reserves the right to change the terms of this Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that your provider maintains at that time. Your provider will provide you with a copy of the revised Notice of Privacy Practices by sending a copy to you in the mail upon request or by providing one to you at your next appointment.

HOW YOUR PROVIDER MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

For Treatment:
Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your healthcare treatment and related services. This includes consultation with clinical supervisors or other treatment team members. Your provider may disclose PHI to any other consultant only with your authorization.

For Payment:
Your provider may use and disclose PHI so that he or she can receive payment for the treatment services provided to you. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, only disclose the minimum amount of PHI necessary for purposes of collection will be disclosed.

For Health Care Operations:
Your provider may use or disclose, as needed, your PHI in order to support his or business activities including, but not limited to, quality assessment activities, licensing and conducting or arranging other business activities. For example, your PHI may be shared with third parties that perform various business activities provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. Your PHI may be used to contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services.

Required by Law:
Under the law, your provider must make disclosures of your PHI to you upon your request. In addition, disclosures must be made to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining compliance with the requirements of the Privacy Rule.

Without Authorization:
Applicable law and ethical standards allow your provider to disclose information about you without your authorization in a limited number of other situations. The types of uses and disclosures that may be made without your authorization are those that are:

- Required by Law, such as the mandatory reporting of child abuse or neglect or elder abuse, or mandatory government agency audits or investigations.

- Required by a court order.

Notice of Privacy Practices (continued)

Without Authorization (continued):

- Necessary to prevent or lessen a serious an imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat, it will be to a law enforcement official (per Florida state law) and or the target of the threat.

Verbal Permission:

Your provider may use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

With Authorization:

Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked.

YOUR RIGHTS REGARDING YOUR PHI:

You have the following rights regarding PHI maintained about you. To exercise any of these rights, please submit your request in writing to your provider.

Right of Access to Inspect and Copy.

In most cases, you have the right to inspect and copy PHI that may be used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. Your provider may charge a reasonable, cost-based fee for copies.

Right to Amend.

If you feel that the PHI your provider has about you is incorrect or incomplete, you may ask for it to be amended, although your provider is not required to agree to the amendment.

Right to an Accounting of Disclosures.

You have the right to request an accounting of certain disclosures that your provider makes of your PHI. Your provider may charge you a reasonable fee if you request more than one accounting in any 12-month period.

Right to Request Restrictions.

You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or healthcare operations. Your provider is not required to agree to your request.

Right to Request Confidential Communication.

You have the right to request that your provider communicate with you about medical matters in a certain way or at a certain location.

Right to a Copy of This Notice.

You may ask your provider for a paper copy of this notice at any time.

COMPLAINTS

If you believe your privacy rights have been violated, you may submit a complaint with the Federal Government. Filing a complaint will not affect your right to further treatment or future treatment. To file a complaint with the Federal Government, contact:

Secretary of the U.S. Department of Health and Human Services
200 Independence Avenue, SW Washington, DC 20201 (202) 619-0257

This Privacy Notice was last amended on **April 29, 2015**. We may change the terms of this Privacy Notice at any time. If we change this Notice, we may make the new notice terms effective for all PHI that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the new notice in waiting areas at CCS sites. You also may obtain any new notice by contacting CCS.

My signature, provided in the consolidated Intake Forms packet, represents that I acknowledge receipt of the Notice of Privacy Practices, which explains my rights and the limits on ways my provider may use or disclose personal health information to provide service.

(CLIENT PROVIDED SIGNATURE TO THIS FORM IN INTAKE PACKET)

COMPASS COUNSELING SERVICES

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Policy Regarding Urine Drug Screening of Clients

Routine urine drug screening (UDS) has become a standard of care when working with clients who receive psychotropic medications from licensed medical providers. Adult clients (18 years old and older) receiving psychiatric evaluations and medication management at Compass Counseling Services, LLC (CCS) **will be asked to undergo a UDS at their first visit/ psychiatric evaluation**. A routine or follow-up UDS **is required** for treatment of every established adult client (18 years old and older) when:

a) A client tested positive for an illicit or undisclosed controlled substance on the day of their first visit.

b) A client started/continued a controlled substance on the first visit.

c) Active chemical dependency and dual diagnosis or illicit substance abuse (including recreational use) is endorsed or documented at the time of the Psychiatric Evaluation.

d) It is deemed necessary according to the clinical judgment of the CCS Provider.

A routine or follow-up **negative UDS and confirmation** is required for prescriptions of **CONTROLLED SUBSTANCES** for adult (18 years or older) **with no exceptions**.

If a client uses medical marijuana, please notify their CCS provider, and submit proof of medical card/prescription.

Treatment of Minors: If it is deemed necessary according to the clinical judgement of the CCS Provider, a **negative UDS and confirmation** is required for a CCS psychiatric evaluation and psychotropic medication management of a minor (less than 18 years old).

My signature, provided in the consolidated Intake Forms packet represents that I, (the client/ parent or guardian/legal representative of client) have reviewed and I understand the Urine Drug Screening (UDS) Policy at CCS.

******Parents/Guardians will be asked to provide another written consent on the day that a UDS is recommended.**

If it is determined by a provider that my **child (client name)** _____, who is receiving services at CCS, may benefit from screening that I will be informed and a new consent form will be provided to me as their parent/guardian.

(CLIENT PROVIDED SIGNATURE TO THIS FORM IN INTAKE PACKET)

Treatment Options & Medical Necessity

CCS offers individual therapy, couples therapy, family therapy, group therapy, and psychiatric medication management services. Additionally, CCS offers Psycho-Social Rehabilitation (PSR) Services (as part of their treatment plan) for eligible clients, who may benefit from social skills-building, support with activities of daily living (ADL), and vocational skills.

All services rendered at CCS using any health insurance plan need to be "medically necessary." This means that 1) a client has a covered condition (i.e., diagnosis) and 2) that the services are expected to make improvements in that condition. A client's health insurance plan outlines what conditions are covered and what is limited or excluded. Most mental health conditions are covered by most plans.

Treatment Process and Services

A client will begin the treatment process at CCS with **an initial assessment/evaluation performed by a CCS provider** from the **Counseling/Psychotherapy Services** or **Psychiatric and Medication Management Services.** That provider will talk with the client about their current situation, ask about their history, and make a recommendation for services. The client and CCS provider will then develop a **treatment plan** together that outlines goals, how services will progress, and what outcomes are expected. Treatment plans typically last for 6 months (or duration based on approved sessions by insurance company); plans will be reviewed before the tentative date of discharge.

Individual Counseling/Psychotherapy sessions usually last 45-60 minutes. They are usually weekly or biweekly, depending upon need and insurance coverage. The frequency of sessions may decrease over time. Additionally, CCS offers group therapy, which is another form of effective treatment that CCS may provide to an eligible client. A clinician/psychotherapist will talk with a client about what is recommended. If the client and psychotherapist/clinician believe that psychiatric medications might be helpful, then the clinician can make a referral within CCS for medication management services.

A **psychiatric initial evaluation** (with treatment plan recommendations) typically last 60 minutes and the follow-up **medication management** appointments usually last 20-30 minutes. If counseling/psychotherapy is recommended as a part of a client's treatment plan, the client may be referred internally to a CCS clinician. A client may also select to retain or obtain a non-CCS clinician if desired and it is recommended that the client provides a release of authorization to support a client's coordination of care. If counseling/psychotherapy is recommended by a CCS medical provider as a part of a client's treatment plan at CCS, a client may decline counseling/psychotherapy services at CCS, as long as the client communicates that choice to their CCS medication provider. This treatment choice by the client will be documented in a client's medical record. The opportunity to engage in counseling/psychotherapy services at CCS will remain available to the client.

At the **time of discharge**, meaning the anticipated end of treatment, the client and CCS provider will determine if goals have been met and if other services or level of care is needed. If the client receives both individual psychotherapy and medication management services at CCS, a client and providers will determine if goals have been met in one or both service areas prior to discharge.

As a mental health provider, CCS strongly believes that it is necessary to consistently meet with clients to provide appropriate care. CCS policy indicates that client cases will be reviewed when consistent or regularly scheduled care is no longer occurring. Inconsistency in following up with CCS visits and or noncompliance with the collaborative treatment planning, may lead CCS to determine an **"Administrative Discharge from Services."** This means that CCS has determined that it can no longer provide a client with mental health services. CCS will send a client an official 30-day notice to locate a new mental health provider and will provide a list of local providers/resources. Additionally, a client may also contact their current insurance provider for possible referrals. Lastly, CCS encourages discharged clients to provide an authorization for release of records from their new provider to facilitate the transfer of a client's records at CCS.

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Health & Safety while in CCS Offices

CCS does not allow the use of tobacco, drugs, alcohol, e-cigarettes, and/or other illicit substances on its premises. CCS will also not provide services to clients suspected of or under the influence of substances. If necessary, a client will be referred to emergency medical services. Additionally, weapons, such as guns or knives of any kind, are not allowed at CCS.

Risks & Benefits of Mental Health Treatment

Mental health services are generally effective in treating most mental health conditions. CCS reviews client outcomes and finds that most people benefit from therapy and/or medications. Few people get worse from mental health treatment. Improvements do require consistent attendance of appointments and following through with provider recommendations. When a CCS provider develops a treatment plan with a client, they will discuss risks and benefits in more detail. Also, if a client is provided medication management services, the CCS provider will talk with them about the risks and benefits of the prescribed medications.

Minors and Custody

CCS's role is to collaborate with and support people in making improvements in their mental health conditions. CCS's role is not to conduct custody evaluations, determine whether a parent is "fit" or not, recommend one parent over another, nor to focus on reunification of a child/minor and parent. CCS does not make recommendations regarding child custody issues. **The purpose of a client's treatment at CCS is to provide therapy services to individuals so they can cope and meet their emotional and mental health needs.** CCS will not testify in court about custody issues unless CCS is compelled by a court. A parent whose child/minor is a current CCS client may ask for the child's mental health records from CCS to be released to their lawyer with the appropriate authorization/consent to release information. **If a parent with a current or a potential legal custody proceeding is seeking services at CCS (in order to determine custody), then CCS will refer them to their local family court services and information center so they may find an appropriate provider.**

Orange County Family Court (407) 836-2000 **Osceola County Family Court (407) 742-3708**

For a child/minor with separated or divorced parents, CCS encourages the parents to communicate with each other about their child's/minor's mental health services. For example, decide who will schedule appointments, who will bring the child/minor to treatment, etc. CCS will respect and follow the established legal agreement for child custody and care. Since minors may benefit from an expectation of some privacy during treatment. CCS tries not to share with parents the details of what the minor says or does in sessions/treatment. However, CCS will share progress in treatment, as well as notify parents of any risks of harm. CCS includes parents in treatment for the benefit of the child/minor.

Lastly, the **parent/guardian must remain on CCS premises during the youth's appointment.**

Virtual Services

CCS may provide services online if indicated. Virtual visits occur over the internet with a smartphone, tablet, or computer. CCS utilizes a HIPAA-compliant, secure application to conduct sessions over the internet. By accessing an online meeting, a CCS client agrees to receive services by an audio and or video stream. The session is encrypted and will not be recorded**. A client is responsible to make sure that the location is private, and the signal/reception is strong enough**. If client is a minor, **a parent/legal guardian or an adult (18 years or older)** who has been provided appropriate authorization/consent, **MUST be on the same physical premises/location as the minor during a telehealth session.** Also, **a youth client must be present** (as clinically indicated) in order for the provider to provide a proper assessment of the client at each virtual session.

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Crisis, Emergencies, & Resources

CCS business hours are **Monday - Thursday 8:30AM to 5:30PM and Fridays 8:30AM to 5:00PM.** During these hours, if a client feels they need additional support, from their provider outside of a scheduled appointment time, then a client may call the main offices: **Orlando (407) 823-8421 or Kissimmee (407) 933-1847.**

However, a CCS provider may not be available to provide immediate support to a client. Additionally, a CCS provider or staff member may refer a client to a local crisis or emergency resource if it is determined that CCS is not the appropriate intervention at the time.

Important to note: A client should **call 9-1-1** if they are experiencing a medical emergency or if they believe they are in immediate danger of harming themselves or others.

A client may call any of these numbers if they are **not** in immediate danger of harming themselves but have suicidal thoughts or need help with a crisis or concern that does **not** involve a risk of harm to someone: **1-800-273-TALK (1-800-273-8255) OR 1-800-SUICIDE (1-800-784-2433).**

A client may also send a text from their cell phone device to the **Crisis Text Line** if they need help with a crisis or concern that does **not** involve a risk of harm to someone:

Text HELLO to 741741 OR 1-800-799-4889 (for deaf or hard of hearing)

As a part of treatment, a CCS provider may develop a **"safety plan"** with a client to outline strategies, steps, and resources for additional support outside of scheduled appointment times. These safety plans are collaboratively made with the expectation that a client will follow the agreed upon actions if they feel they are at risk of harming themselves or others.

Other resources for crisis support and stabilization:

- University Behavioral Center (Orange County) …… Phone: (407) 281-7000
- Aspire Health Partners (Orange County) …… Phone: (407) 875-3700
- Seminole Behavioral Health Center (Seminole County) …… Phone: (407) 330-0797
- Park Place Behavioral Health Care (Osceola County) …… Phone: (407) 846-0023
- Florida Hospital Behavioral Health …… Phone: (407) 303-8533
- Central Florida Behavioral Hospital …… Phone: (407) 370-0111

Questions? Concerns? Contact Us:

Thank you for trusting as your mental health care provider! If you have any questions or concerns, please contact the main CCS offices and we will be happy to assist you.

Compass Counseling Services, LLC (Orlando)
1400 North Semoran Boulevard Suite E
Orlando, FL 32807
Main Office Phone: (407) 823-8421
Fax: (407) 823-8195

Compass Counseling Services, LLC (Kissimmee)
201 Ruby Avenue Suite B
Kissimmee, FL 34741
Main Office Phone: (407) 933-1847
Fax: (407)933-1849

You may also e-mail us with general questions or concerns at customerservices@compasscounselingfl.com

This patient handbook was last amended on 12/10/2020 and is subject to change at the discretion of CCS.