



The University of Akron

## Clinic for Individual and Family Counseling

College of Health Professions



## WELCOME TO Clinic for Individual and Family Counseling

27 South Forge St.  
Akron, OH 44325-5007  
(330) 972-6822  
(330) 972-5599

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The Clinic for Individual and Family Counseling is housed in the School of Counseling, College of Health Professions at The University of Akron. Since 1986, the Clinic has provided a wide array of counseling services to the Greater Akron area and its surrounding communities.

### Our Clinic missions are:

- ❖ To provide high-quality, low-cost mental health services to the Greater Akron area and its surrounding communities.
  - » We provide counseling to individuals of all ages, genders, spirituality beliefs, abilities, ethnic origins, and cultural backgrounds.
  - » Our services include individual, couples, family, and group counseling.
- ❖ To provide state-of-the-art, graduate-level training in mental health care.
  - » Under the supervision of qualified faculty members who are experts in the field, our counselors receive a broad range of mental health training experiences including assessment and evaluation, clinical diagnosis, treatment planning, case consultation, and diverse approaches to counseling.



Our hours of operation follow The University of Akron's academic calendar. Fall and Spring hours are Monday-Thursday 11.00 am-9.00 pm and Saturday 9.00 am-3.00 pm. Summer hours are 1.00-9.00 pm. We are closed during Winter break.

### Services Offered

**Individual Counseling (Adult):** Individual counseling, assessment of needs, symptom monitoring, coordination of services, offering support, teaching behavioral management skills, crisis intervention, advocacy and outreach, skill building for daily living, education and training, and identifying services and activities to increase capacity to positively impact environment.

**Individual Counseling (Minor):** Individual counseling, assessment of needs, symptom monitoring, coordination of services, offering support, teaching behavioral management skills, crisis intervention, advocacy and outreach, skill building for daily living, psychoeducation and training, and identifying services and activities to increase capacity to positively impact environment.

**Group Counseling (Adults):** Group counseling, assessment of needs, symptom monitoring, coordination of services, offering support, teaching behavioral management skills, skill building for daily living, psychoeducation, and training.

**Group Counseling (Minors):** Group counseling, assessment of needs, symptom monitoring, coordination of services, offering support, teaching behavioral management skills, skill building for daily living, psychoeducation and training.

**Couples Counseling:** Couples counseling, assessment of needs, symptom monitoring, coordination of services, offering support, teaching behavioral management skills, crisis intervention, advocacy and outreach, skill building for daily living, education and training, and identifying services and activities to increase capacity to positively impact environment.

**Family Counseling:** Family counseling, assessment of needs, symptom monitoring, coordination of services, offering support, teaching behavioral management skills, crisis intervention, advocacy and outreach, skill building for daily living, education and training, and identifying services and activities to increase capacity positively impact environment.

**Co-parenting Counseling:** Co-parenting counseling, assessment of needs, symptom monitoring, coordination of services, offering support, teaching behavioral management skills, and identifying services and activities to increase capacity to positively impact environment.

**Assessment:** Psychological, personality, and career assessment administration, evaluation, and interpretation to facilitate self-exploration and aid treatment.

By law, you have rights regarding the health care services you receive. You also have certain responsibilities to help maintain and improve your health and well-being. This might happen if you do not keep your provider appointments and participate in treatment planning and decision making. Please contact us if you would like more information.

### Your Client Rights

Per the Ohio Department of Mental Health and Addiction Services rules (OAC 5122-26-18), the following are client rights:

1. The right to be treated with consideration and respect for personal dignity, autonomy and privacy;
2. The right to reasonable protection from physical, sexual or emotional abuse and inhumane treatment;
3. The right to receive services in the least restrictive, feasible environment;
4. The right to participate in any appropriate and available service that is consistent with an individual service plan (ISP), regardless of the refusal of any other service, unless that service is a necessity for clear treatment reasons and requires the person's participation;
5. The right to give informed consent to or to refuse any service, treatment or therapy, including medication absent an emergency;
6. The right to participate in the development, review and revision of one's own individualized treatment plan and receive a copy of it;
7. The right to freedom from unnecessary or excessive medication, and to be free from restraint or seclusion unless there is immediate risk of physical harm to self or others;
8. The right to be informed and the right to refuse any unusual or hazardous treatment procedures;
9. The right to be advised and the right to refuse observation by others and by techniques such as one-way vision mirrors, tape recorders, video recorders, television, movies, photographs or other audio and visual technology. 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;

## YOUR RIGHTS AND RESPONSIBILITIES

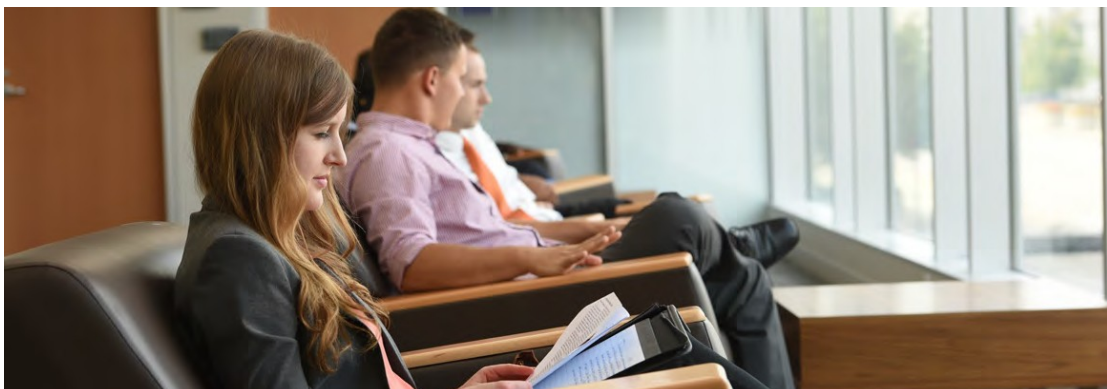
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10. The right to confidentiality of communications and personal identifying information within the limitations and requirements for disclosure of client information under state and federal laws and regulations;
11. The right to have access to one's own client record unless access to certain information is restricted for clear treatment reasons. If access is restricted, the treatment plan shall include the reason for the restriction, a goal to remove the restriction, and the treatment being offered to remove the restriction;
12. The right to be informed a reasonable amount of time in advance of the reason for terminating participation in a service, and to be provided a referral, unless the service is unavailable or not necessary;
13. The right to be informed of the reason for denial of a service;
14. The right not to be discriminated against for receiving services on the basis of race, ethnicity, age, color, religion, gender, national origin, sexual orientation, physical or mental handicap, developmental disability, genetic information, human immunodeficiency virus status, or in any manner prohibited by local, state or federal laws;
15. The right to know the cost of services;
16. The right to be verbally informed of all client rights, and to receive a written copy upon request;
17. The right to exercise one's own rights without reprisal, except that no right extends so far as to supersede health and safety considerations;
18. The right to file a grievance;
19. The right to have oral and written instructions concerning the procedure for filing a grievance, and to assistance in filing a grievance if requested;
20. The right to be informed of one's own condition; and
21. The right to consult with an independent treatment specialist or legal counsel at one's own expense.



## Your Client Responsibilities

1. Helping make decisions about your health care, including refusing treatment.
2. Making your best effort to keep all appointments and be on time, and give us at least 24 hours advance notice if circumstances force you to cancel an appointment.
3. Giving your providers and health plan complete and accurate information about your health so you can get the care you need.
4. Being full and active partners in every facet of your health care.
5. Knowing your health concerns and take part in making agreed-upon treatment goals as much as possible.
6. Letting your providers know right away about anything that may affect your participation in services.
7. Following your provider's instructions for care to which you have agreed.
8. Paying all outstanding fees for services at the time you receive our bills.
9. Notifying us promptly of changes in personal information such as addresses, phone numbers and health insurance coverage.
10. Participating in Client Satisfaction Surveys to help us improve our services.



It is recommended that you speak directly with your provider when you have questions or concerns. However, if you feel that the discussion has not resolved your questions or concerns, you can take your questions or concerns directly to your provider's supervisor. If none of these initial steps works, you can speak our Client Rights Officer—Director of the Clinic for Individual and Family Counseling. The Client Rights Officer listens to your concerns and looks for ways to resolve them. If the concerns are still not resolved to your satisfaction, you have the right to file a formal grievance.

Per the Ohio Department of Mental Health and Addiction Services rules (5122:2-1-02), clients are entitled to file a formal grievance to the Client Rights Officer, Dr. Robert Clapp, Clinic Director (330-972-7622; rclapp@uakron.edu; Monday 8.00 am-4.00 pm, Wednesday 1.00-9.00 pm, and Thursday 10.00 am-2.00 pm). Please note that grievance may be made verbally. Client Right Officer is responsible for assisting a client in preparing a written text of the grievance. The written grievance must be dated and signed by the client, the individual filing the grievance on behalf of the client or have an attestation by the Client Rights Officer that the written grievance is a true and accurate representation of the client's grievance. The grievance includes, if available, the date, approximate time, description of the incident and names of individuals involved in the incident or situation being grieved.

Once the grievance is filed, a written acknowledgment of receipt of the grievance will be provided to each grievant within three business days from receipt of the grievance. The written acknowledgment shall include, but not be limited to, (a) Date grievance was received; (b) Summary of grievance; (c) Overview of grievance investigation process; (d) Timetable for completion of investigation and notification of resolution; and, (e) Treatment provider contact name, address and telephone number. All records of client grievances are maintained for at least two years from resolution. Client grievance records include a copy of the grievance, process used, and resolution of the grievance. Grievance procedures are outlined below.





Following is the grievance procedure as it is explained to clients and their family members via the Welcome Booklet and by their counselor at the beginning of counseling:

### Grievance Procedure Steps

1. The Clinic staff will notify the Client Rights Officer of any client grievance and be responsible for referring the client to the Client Rights Officer. The Client Rights Officer can be reached at 330-972-7622.
2. The Client Rights Officer will explain the grievance procedure and assist, if needed by the grievant or the grievant's representative, with filing the Grievance Form. The Client Rights Officer will access all relevant information about the grievance during the investigation and provide a written response that is considered to be a proposed resolution and explanation to the griever or, with the client's permission, to the designated representative if other than the client. This will be completed within twenty (20) business days of the date the grievance was filed. In the event of any extenuating circumstances indicating that this time period will need to be extended, the Client Rights Officer will provide documentation in the grievance file and written notification given to the grievant.
3. Although a grievance may be filed at any time the griever so desires, the Clinic encourages grievances to be filed within sixty (60) days. Extenuating circumstances will be taken into consideration.
4. If the Client Rights Officer is the subject of the grievance, Director of the School of Counseling will act as the impartial decision maker.
5. The Client Rights Officer will provide representation for the grievant at a University hearing if a hearing is requested by the client. Reasonable opportunity will be given to the griever or representative to be heard by an impartial decision maker. This response will be accomplished within ten (10) business days.
6. If the grievance is still not resolved, the client has the right to make a written request to Director of the School of Counseling to appeal the decision of the Client Rights Officer. A written response from the Director will be issued within two weeks after the appeal is received. The Director of the School of Counseling can be reached at 330-972-7777.
7. The Client Rights Officer will provide the grievant a statement regarding the option of the grievant to further grieve to any and all of the following: Counselor, Social Worker, and Marriage and Family Therapist Board; County of Summit Alcohol, Drug Addiction & Mental Health Services Board; Ohio Department of Mental Health and Addiction Services; Disability Rights Ohio; and U.S. Department of Health and Human Services. See below for contact information.
8. The Client Rights Officer will give access to all relevant information about the grievance to one or more of the organizations specified below, to which the grievant has initiated a complaint.

In addition to filing a grievance at our Clinic, you can contact any of the outside entities listed below at any time to lodge grievances.

### Client Rights and Grievances Resource Agencies

**Counselor, Social Worker & Marriage and Family Therapist Board**

50 W. Broad Street, Suite 1075  
Columbus, OH 43215-5919  
(614) 466-0912  
(614) 728-7790 (fax)  
<http://cswmft.ohio.gov/>

**Ohio Department of Mental Health & Addiction Services (OhioMHAS)**

Client Advocacy Coordinator  
30 E. Broad St., 8<sup>th</sup> Floor  
Columbus, OH 43215-3430  
(614) 466-2596  
(614) 466-1571 (fax)  
(614) 752-9696 (TTY)  
Consumer Family Toll Free:  
1-877-275-6364  
1-888-636-4889 (TTY)  
[www.mha.ohio.gov](http://www.mha.ohio.gov)

**County of Summit Alcohol, Drug Addiction & Mental Health Services Board (ADM Board)**

1867 W. Market Street, Ste. B2  
Akron, OH 44313-6914  
(330) 762-3500  
(330) 252-3024 (fax)  
<https://www.admboard.org/>

**Ohio Legal Rights Services**

50 W. Broad Street, Suite 1400  
Columbus, OH 43215-5923  
(614) 466-7264  
(800) 282-9181  
(614) 644-1888 (fax)  
(800) 858-3542 (TTY)  
[www.disabilityrightsohio.org](http://www.disabilityrightsohio.org)

**U.S. Department of Health & Human Services**

Office for Civil Rights - Region V  
233 N. Michigan Avenue, Suite 240  
Chicago, IL 60601  
(800) 368-1019  
(312) 886-1807 (fax)  
(800) 537-7697 (TDD)  
[www.hhs.gov](http://www.hhs.gov)

**Attorney General's Office**

Health Care Fraud Unit  
30 E. Broad Street, 14<sup>th</sup> Floor  
Columbus, OH 43215  
(614) 466-4986  
(614) 644-9973 (fax)  
(614) 466-1393 (TTY)  
(800) 282-0515  
[www.ohioattorneygeneral.gov](http://www.ohioattorneygeneral.gov)

This notice describes how your protected health information (PHI) may be used, disclosed and how you may access your PHI.

We are required by law to maintain the privacy of protected health information (PHI) and to provide individuals with notice of our legal duties and privacy practices with respect to PHI. We are required to follow the practices described in this Notice. We reserve the right to change our privacy practices and the terms of this Notice at any time. If we change our notice, we will post the revised notice in the facility and will have them available upon request. You can receive a copy of the current notice at any time. This Notice describes how we have extended certain protections to your PHI and how, when, and why we may use and disclosure your PHI. With certain exceptions, we will use or disclose your PHI in the minimum necessary manner to accomplish the intended purpose of the use or disclosure. We will share PHI as is necessary to provide quality health care and receive reimbursement for those services as permitted by law. To the extent, there is stricter Ohio or federal law regulating the privacy of your PHI, we will comply with the stricter provisions of law. The Notice of Privacy Practices will be updated as changes occur and will be available for review on the Clinic at: <https://www.uakron.edu/cifc/>.

## USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

We are committed to maintaining the confidentiality of your health information. Your health information may be used and disclosed for purposes of treatment, payment and health care operations. Outside of these permitted uses, we must have your written and signed authorization unless the law permits or requires the use or disclosure without your authorization. You have the right to revoke that authorization in writing except to the extent any action has been taken in reliance on the authorization.

### TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

With your consent and authorization, we may use and disclose your health information for purposes of treatment, payment, and as otherwise necessary and permitted by law, for our health care operations. This may include disclosures of psychotherapy notes and disclosure to another health care provider who, at the request of your physician, becomes involved in your treatment, for purposes of approval of reimbursement from your health plan, or for audit purposes, we may disclose to our accountant or attorney.

### BUSINESS USE OF PHI

Any use of your PHI for marketing purposes or sales requires your consent and authorization. Further, should our entity choose to use PHI for our own fundraising purposes, you will have the opportunity to opt-out. Any use or disclosure of your PHI not listed in this Notice will require your consent and authorization.

### **BUSINESS ASSOCIATES**

It may be necessary for us to provide your health information to certain outside persons or entities that assist us with our health care operations, such as auditing, accreditation, and legal services. These business associates are required to properly safeguard the privacy of your health information.

### **APPOINTMENTS AND SERVICES**

We may contact you to provide appointment reminder, information about treatment alternatives, or other health-related benefits and services that may be of interest to you.

## **USE AND DISCLOSURES REQUIRING AN OPPORTUNITY FOR YOU TO OBJECT**

### **FAMILY AND FRIENDS**

We may use our professional judgment when disclosing your health information to designated family, friends, and personal representatives who are directly involved in your care or in the payment for your care, unless you object. If you are unavailable, incapacitated, or in an emergency medical situation, and we determine that a limited disclosure may be in your best interest, we may share limited health information with such individuals without your approval.

### **USES AND DISCLOSURES OF PHI**

We may use or disclose medical information about you without your prior authorization for several other reasons. Subject to certain requirements, we may give out your health information without prior authorization for public health purposes, accrediting organizations such as the Joint Commission on Accredited Healthcare Organizations, required abuse or neglect reporting, health oversight audits or inspections, research studies, funeral arrangements and organ donations, and emergencies. We also disclose medical information when required by law, such as in response to a request from law enforcement in specific circumstances or in response to valid judicial or administrative orders. We may use or disclose your medical information for research purposes but only with your prior authorization or a proper waiver of authorization from the Institutional Review or Privacy Board.

## YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

### **1. Restrictions on Use and Disclosure of Individual Health Information**

You have the right to request that we restrict how we use and disclosure your health information. These restrictions must be made in writing and signed by you or your representative. We are not required to agree to your restrictions. We cannot agree to limit uses/disclosures that are required by law. In the event of a termination of an agreed-to restriction by us, we will notify you of such termination. You may terminate, in writing or orally, any agreed-to restriction by sending such termination notice to the Privacy Official.

### **2. Access to Individual Health Information**

You have the right to inspect and copy your health information. All such requests must be made in writing and signed by you or your representative. A reasonable per page fee will be assessed if you request a copy of the information. There will also be a charge for postage if you request a mailed copy and, if requested, for preparation of a summary of the requested information. You may obtain a Request for Access form from the Privacy Official. We will respond within 30 days unless an extension is taken. In certain circumstances, you may not be permitted access. Depending on the circumstances, you may request a review of the decision to deny access. If we deny your request, you will be given written notice that will explain the basis and your right to appeal.

### **3. Amendments to Individual Health Information**

You have the right to request that your health information be amended or corrected. We will respond within 60 days unless an extension is taken. In certain cases, we may deny your request for amendment and you

will be given written notice that will explain the basis and your right to appeal, which will be appended to your health information. You may also submit a statement of disagreement and we may prepare a rebuttal that will be provided to you. All amendment requests must be in writing, signed by you or your representative, and must state the reasons for the amendment. If we make an amendment, we may notify others who work with us and have copies of the un-amended record if we believe that such notification is necessary. You may obtain a Request for Amendment form from the Privacy Official.

### **4. Accounting for Disclosures of Individual Health Information**

You have the right to receive an accounting of certain disclosures of your health information made by us after April 14, 2003. Requests must be made in writing and signed by you or your representative. Request for accounting forms are available from the Privacy Official. The first accounting in any 12-month period is free; you will be charged a reasonable fee for each subsequent accounting within the same twelve-month period. The right to receive this information is subject to certain exceptions, restrictions and limitations.

### **5. Confidential Communications**

You have the right to request that medical information about you be communicated to you in a confidential manner, such as sending mail to an address other than your home, by notifying us in writing of a specific way or location for us to use to communicate with you.



### 6. Military and Veterans

If you are a member of the armed forces, we may release your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authorities.

### 7. Worker's Compensation

We may release your protected health information for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness.

### 8. Right to be Notified of a Breach

We are required to notify you if your PHI has been breached. The notification will occur by first class mail or by email (if chosen by you) within 60 days of the event. A breach occurs when there has been an impermissible acquisition, access, use or disclosure of unsecured PHI. Not every impermissible use or disclosure of PHI constitutes a reportable breach. The determination of whether an impermissible breach is reportable hinges on

whether the covered entity through risk assessment can demonstrate there is a low probability the PHI has been compromised. The risk assessment is based on four specific factors: (1) the nature and extent of the PHI involved; (2) the unauthorized person who used the PHI or to whom the disclosure was made; (3) whether the PHI was actually acquired or viewed; and (4) the extent to which the risk to the PHI has been mitigated. The notice will contain the following information: (1) a brief description of what happened, including the date of the breach and the date of discovery of the breach; (2) the steps you should take to protect yourself from potential harm resulting from the breach; and (3) a brief description of what we are doing to investigate the breach, mitigate losses, and to protect against further breaches.

### 9. Right to a Paper Copy

You have the right to receive an additional paper copy of this or any revised Notice and/or an electronic copy by email upon request to the Privacy Official.

## How to File a Complaint Regarding Our Privacy Practices

If you believe that we may have violated your privacy rights, or you disagree with a decision about your PHI, you may file a complaint with the Privacy Official listed below. You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue, SW, Washington D.C. 20201 or call 1-877-696-6775. There will be no retaliation for filing a complaint.



If you have questions about this Notice or any complaints about our privacy practices, please contact:

**The University of Akron Privacy Official**  
**302 Buchtel Common**  
Akron, Ohio 44325-4703  
Phone: (330) 972-7593

**This Notice is effective April 14, 2003; Revised: January 2012; October 2012; October 2013**