



THE  
COMMUNITY COUNSELING CENTER  
OF MOORESTOWN VNA

# WELCOME BOOKLET

SUPPORT  
ENHANCE  
ENCOURAGE

**(856) 380 -1070**



THE  
**COMMUNITY COUNSELING CENTER**  
OF MOORESTOWN VNA

Thank you for choosing The Community Counseling Center of Moorestown VNA.

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**The Community Counseling Center of Moorestown VNA**

300 Harper Drive

Moorestown, NJ 08057

[www.communitycounselingmoorestownvna.org](http://www.communitycounselingmoorestownvna.org)

**(856) 380-1070**

**Our office hours are:**

Monday through Friday 9:00 am to 9:00 pm

Saturday 9:00 am to 5:00 pm

**After hours:**

Please call **(856) 380-1070**

to leave a message or to contact a clinician.

We are available 24 hours a day, 365 days a year.

**IN A TRUE EMERGENCY PLEASE CALL 911**

(856) 380-1070

## About The Community Counseling Center of Moorestown VNA

The Community Counseling Center of Moorestown VNA provides confidential, professional, and supportive services. The Community Counseling Center serves adults, teens and children and offers a wide variety of therapeutic interventions. Our team is led by Doctoral and Master's level clinicians and offers all services in the comforting, private and secure setting of the Center.

- ADD/ADHD
- Anger Management
- Anxiety and Stress Management
- Art Therapy
- Behavioral Health Counseling
- Conflict Resolution/ Crisis Intervention
- Depression
- Domestic Violence Counseling
- Grief Counseling
- Individual/Couples/ Family Counseling
- Play Therapy
- Support Services
- Teen Depression Screening

### *Please Ask About Our Comprehensive Family of Services*

#### **Moorestown Visiting Nurse Association**

Moorestown Visiting Nurse Association has been providing health care services to South Jersey since 1904. We are a nonprofit, independent agency. This means we are owned by our community. Our Board of Directors is made up of unpaid, volunteer members of the community. Our MISSION and VALUES reflect what we believe. Our goal is to work with you, your caregivers and your physician to promote your independence and prevent re-hospitalization.

#### **Visiting Nurses, Home Health Aides, Therapists**

When medical help at home is needed after an illness, injury or hospitalization, or for longer-term conditions, our team of caring professionals stands ready to serve your needs.

#### **The Hospice of Moorestown VNA**

Care, comfort and compassion for patients and families are the hallmarks of The Hospice of Moorestown VNA. Call on us any time, day or night. We are here for you.

#### **Private Duty Services**

The Private Duty Program of Moorestown Visiting Nurse Association completes a full circle of health care and personal services available to clients at home. Our caring, professional staff offers customized assistance 24 hours a day, wherever our client calls home...including private homes, assisted or long-term care facilities, rehab centers and hospitals.

#### **Community Health and Education**

Reaching out to our neighbors, we provide blood pressure screenings and health education at community events throughout New Jersey.

## **ADULT SAMPLE SURVEY**

**PEDIATRIC/ADOLESCENT SAMPLE SURVEY**

*As our client, you or your representative shall have your rights explained to you before treatment begins. Your rights, which you, your family, your guardian and/or your health representative have the right to exercise include:*

## Client Bill of Rights

### Your Personal Rights and Freedoms

#### You have the right:

1. The right to be free from unnecessary or excessive medication (see N.J.A.C. 10:37-6.54)
2. The right to not be subjected to non-standard treatment or procedures, experimental procedures or research, psychosurgery, sterilization, electro-convulsive therapy or provider demonstration programs, without written informed consent, after consultation with counsel or interested party of the client's choice.
  - i. If the client has been adjudicated incompetent, authorization for such procedures may be obtained only pursuant to the requirements of N.J.S.A. 30:4-24.2(d)2
3. The right to treatment in the least restrictive setting, free from physical restraints and isolation, provided, however, that a client in inpatient care may be restrained or isolated in an emergency pursuant to the provisions of N.J.S.A. 30:4-24.2d(3).
4. The right to be free from corporal punishment.
5. The right to privacy and dignity.
6. The right to the least restrictive conditions necessary to achieve the goals of treatment/services.
7. The right to auditory and visual privacy in all your treatment, communication and daily activities;
8. The right to receive treatment and service without regard to race, age, religion, national origin, sex, sexual orientation, handicap, veteran status, life style, ability to pay, or source of payment;
9. The right to exercise all your constitutional, civil and legal rights, including religious liberties, the right to independent person decisions, and a right to give advance instruction for your mental health care in the event you later become unable to make decisions for yourself;
10. The right to receive service without regard to whether or not any advance directive has been executed;
11. The right to be discharged from treatment by our agency and to be referred to another agency if you are not satisfied with our treatment and to be told in advance of your referral to another agency and when and why treatment will be stopped if we cannot meet your needs.

### General Information

#### You have the right to be informed:

1. The right to be informed before treatment begins, of the agency's ownership and control as well as of the relationships that may bring financial benefits to the agency if you are referred to other organizations, services, or individuals;
2. The right to be informed in writing of the services, available from the agency or by contract;
3. The right to be informed in writing of the names and professional status of the disciplines providing and/or responsible for your treatment and the proposed frequency of their services; in writing of the agency's daytime and emergency telephone numbers;
4. The right to be informed to receive, as soon as possible, the services of a translator or interpreter to help you communicate with clinical personnel. In addition, assistance to obtain a special device or other communication aid can be provided;
5. The right to be informed to be given information upon request about agency liability insurance designed to cover provider practices;
6. The right to be informed to receive direction with necessary mental health services 24 hours a day, 7 days a week.



**THE  
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**Client Bill of Rights – continued...**

**1. Participation In Planning Mental Health Treatment**

**Before treatment begins, and throughout the course of your care, you have the right:**

- to a clear explanation of your individual treatment plan;
- to participate in the planning of your treatment and any changes in your treatment plan before they are made;
- to be given a clear explanation of the expected results and reasonable alternatives for treatment;
- to receive and access services consistently and in a timely manner, in accordance with agency policy;
- to make informed decisions about counseling and treatment plans and to receive information in a way you can understand;
- to education, instructions and requirements for continuing treatment when our services are discontinued;
- to participate in the selection of options for alternative levels of treatment, or referral to other organizations as indicated by your need for continuing treatment;
- to have your next of kin or guardian be given the explanation of the options, if your therapist determines that this information would be detrimental to your mental health or beyond your ability to understand.

**2. Confidentiality**

**You have the right:**

- to have your medical record and all information about yourself, your treatment and the services you receive from the agency kept confidential. Information in your records will not be released to anyone without your written authorization, unless it is required by law for treatment, payment, or agency operations. You have the right to request access to your record, to supplement or request a modification of your clinical record and be supplied with the agency privacy officer and the avenues for redress of any complaints that you may have if you feel your privacy was violated;
- to privacy as described in the Notice of Privacy Practices.

**3. Financial Information**

**You have the right:**

- to be told orally and in writing (before your treatment starts) about the agency's fees and charges, whether they are covered by Medicare, Medicaid, private health insurances, or other sources, and any fees and charges that you may have to pay for, and services or treatment not covered by those payment sources;
- to be told orally and in writing of any changes in the financial and payment information you were given no later than 15 calendar days after the agency became aware of the change;
- to be told full information about the agency's billing policies, procedures, and referral systems for financial assistance, and to be given a copy of financial arrangements related to your treatment.

Note: see co-pay information under “**Your Responsibilities As Our Client**” section – thank you.

**Client Bill of Rights – continued...**

**4. Grievance Procedure**

**You have the right to:**

- voice grievances and ethical concerns about your care, treatment or respect for property that fails to be furnished by any agency employee without fear of discrimination or reprisal for having done so by contacting the Agency Ombudsperson, The Community Counseling Center of Moorestown VNA clinical director, (856) 380-1070;
- an investigation of and a written response to your concerns within a reasonable time;
- file a formal complaint if we have not addressed your questions, concerns, or complaints to your satisfaction. You may contact any of the following organizations at any time during the grievance process:

**The Community Counseling Center of Moorestown VNA**  
Clinical Director  
300 Harper Drive  
Moorestown, NJ 08057-3208  
(856) 380-1070

**NJ Division of Mental Health**  
22 South Warren Street  
Trenton, NJ 08625-0727  
1-866-202-4357

**The Burlington County Mental Health Administrator**  
795 Woodlane Road  
Westampton, NJ 08060  
(609) 265-5545

**Division of Mental Health Advocacy NJ Dept. of the Public Advocate**  
Justice Hughes Complex  
25 Market Street  
Trenton, NJ 08625  
(877) 285-2844

**Community Health Law Project**  
900 Haddon Avenue  
Suite 400  
Collingswood, NJ 08108  
(856) 858-9500

**Division of Mental Health Services' Ombudsperson**  
Margaret Molnar  
PO Box 700  
Trenton, NJ 08625  
(609)984-4813

**NJ Hotline for abuse or neglect**  
(877) njabuse  
(877) 652-2873



**Client Bill of Rights – continued...**

**County Welfare/Adult Protection**

**Burlington**

Burlington County Board of Services  
Human Services Facility  
795 Woodlane Road  
Mount Holly, NJ 08060  
(609) 261-1000  
(609) 261-0463 (Fax)

**Gloucester**

Gloucester County Board of Services  
400 Hollydell Drive  
Sewell, NJ 08080  
(856) 582-9200  
(856) 582-6587 (Fax)

**Camden**

Camden County Board of Social Services  
Althea R. Wright  
Administrative Bldg.  
600 Market Street  
Camden, NJ 08102-1255  
(856) 225-8800  
(856) 225-7797 (Fax)

**Division of Child Protection and Permanency**

**Burlington**

Burlington East LO - #767  
100 Lucas Drive  
Lumberton, NJ 08048  
(609) 265-6900  
(866) 663-1331  
(609) 261-5757 (Fax)

Burlington West LO - #768  
200 Campbell Drive  
Suite 100  
Willingboro, NJ 08046  
(609) 880-9300  
(800) 847-1753  
(609) 880-0310 (Fax)

**Gloucester**

Gloucester East LO - #769  
309 Fries Mill Road  
Echo Plaza Unit 10  
Sewell, NJ 08080  
(856) 582-1238  
(866) 753-8124  
(856) 582-4065 (Fax)

Gloucester West LO - #770  
215 Crown Point Road  
Thorofare, NJ 08086  
(856) 853-5525  
(800) 847-1741  
(856) 853-1152/1264 (Fax)

**Camden**

Camden Central - #771  
101 Haddon Avenue  
4<sup>th</sup> & 5<sup>th</sup> Floors  
Camden, NJ 08101  
(856) 338-5545  
(800) 531-1091  
(856) 614-2751 (Fax)

Camden North LO - #766  
101 Haddon Avenue  
3<sup>rd</sup> Floor  
Camden, NJ 08101  
(856) 338-5530  
(800) 982-7412  
(856) 614-2950 (Fax)

Camden South LO - #772  
4 Echelon Plaza  
201 Laurel Road  
Voorhees, NJ 08043  
(856) 770-1073  
(800) 982-7395  
(856) 772-6450 (Fax)

Camden East LO - #774  
4 Echelon Plaza, 2<sup>nd</sup> Floor  
201 Laurel Road  
Voorhees, NJ 08043  
(856) 772-0152  
(888) 576-9629  
(856) 772-1490 (Fax)

## Client Bill of Rights – continued...

### Your Responsibilities As Our Client

#### We expect you to:

- assure that you, your family or another designated individual will participate in developing and carrying out the plan of treatment;
- arrive for your appointments on time;
- Cancellation and No Call/No Show Policy: please give no less than 24 hours notice when there is a need for cancellation or a fee of \$50.00 will be collected at your next visit. If you do not show for your scheduled appointment you will be charged a fee of \$50.00 which will be collected at your next appointment. When two (2) consecutive appointments are cancelled or one (1) NC/NS occurs you will be removed from the schedule and must call the office to reschedule. These are not a billable service to your insurance company;
- complete all necessary paperwork accurately and legibly;
- notify us of any changes in employment status;
- notify us of any changes in health insurance coverage;
- notify us of any changes in address and/or telephone numbers;
- provide a primary care physician so that services can be coordinated to benefit you in the best way possible.

We do bill many insurances and some include a co-payment. Refer to the last page of this booklet for your co-pay information. If you do not have insurance then a rate will be discussed with you. Customary charges are included in this booklet, but please speak with our staff directly. If rates change, you will be informed prior to your visit.



## NOTICE OF PRIVACY PRACTICES

(COUNSELING)

*This notice describes how counseling information about you may be used and disclosed and how you can get access to this information. Please review it carefully.*

The Health Insurance Portability & Accountability Act of 1996 (“HIPAA”) is a federal program that requires all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, be properly kept confidential. The Act gives you, the Client, significant new rights to understand and control how your health information is used. “HIPAA” provides penalties for covered entities that misuse personal health information.

As required by “HIPAA,” we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records only for the purposes of treatment, payment and health care operations.

- **Treatment** means providing, coordinating or managing health care and related services by one or more health care providers. An example of this would include a therapeutic intervention.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
- **Health Care Operations** include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis and customer service. An example would be an internal quality assessment review.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

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

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing, and we are required to honor and abide by that written request, except to the extent we have already taken actions relying on your authorization.

### NOTICE OF PRIVACY PRACTICES; Counseling – continued...

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer.

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree to remove it in writing.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective as of October 1, 2007, and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new provisions effective for all protected health information we maintain. We will post a copy in our office, and you may request a written copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel your privacy protections have been violated. You have the right to file a written complaint with our office or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

Please contact us for more information.

For more information about HIPAA or to file a complaint:

The U.S. Department of Health & Human Services

Office of Civil Rights

200 Independence Avenue, S.W.

Washington, D.C. 20201

(202) 619-0257

Toll Free: 1-877-696-6775

## NOTICE OF PRIVACY PRACTICES; Counseling – continued...

### Other Uses and Disclosures

1. **When a disclosure is required by federal, state or local law, judicial or administrative proceedings, or law enforcement.** For example, we make disclosures when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence; when dealing with gunshot wounds; and when ordered in a judicial or administrative proceeding.
2. **For public health activities.** For example, we report information about various diseases to government officials in charge of collecting that information.
3. **For health oversight activities.** For example, we will provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.
4. **To avoid harm.** In order to avoid a serious threat to the health or safety of a person or the public, we may provide Private Health Information (PHI) to law enforcement personnel or persons able to prevent or lessen such harm.
5. **For specific government functions.** We may disclose PHI of military personnel and veterans in certain situations. And we may disclose PHI for national security purposes, such as protecting the President of the United States or conducting intelligence operations.
6. **For workers' compensation purposes.** We may provide PHI in order to comply with workers' compensation laws.
7. **Health-related benefits or services.** We may provide PHI in order to comply with insurance carrier criteria for providing services.
8. **We may use certain information** to contact you in the future to raise money for Moorestown Visiting Nurse Association. The money raised will be used to expand and improve the services and programs we provide to the community. You have the right to opt-out of receiving such communication.

### Continuity of your care:

It is customary to coordinate your care between your Primary Care Physician (PCP) and Therapist. For that reason we request that you provide information related to your primary care physician on the release form at your initial visit. Once a list of treatment goals and objectives have been established, this information will be forwarded to your community physician (PCP). In addition, information will be shared that relates to your current medications. If you do not want us to coordinate care, then please note "permission refused" on the release form. If you have questions or concerns, please speak with your Therapist or our Program Director. Thank you.

### **Patient Information Forms**

You will be asked to complete a series of Patient Information Forms as part of the admission process to The Community Counseling Center. These forms include contact telephone numbers, primary care physicians, representing problems/concerns, and medications...just to name a few. The information is confidential and is part of your medical record. The counselor(s) will review these forms once completed. ***Any time the provided information changes, an update is to be submitted by you to keep our records accurate.***

### **Comprehensive Assessment/Evaluation**

This is an evaluation that is completed by your therapist to get to know you and anticipate your needs at The Community Counseling Center. It includes questions about you, your family, medications, your mood, history of education and work, and other general questions to assist your therapist in getting to know more about you.

### **Development of a Treatment Plan**

When you meet with your therapist, a treatment plan will be developed. A treatment plan is a list of goals and objectives to help meet your current needs. You develop it along with your therapist. When a goal is developed, you and your therapist work together on how to achieve those goals. Goals are reviewed periodically with you and adjusted as needed.

SUPPORT

ENHANCE

ENCOURAGE



**THE COMMUNITY COUNSELING CENTER  
OF MOORESTOWN VNA**

**COMMUNITY RESOURCES**

**AARP** - (800) 424- 3410

**Board of Social Services**

Burlington County (609) 261- 1000

Camden County (856) 225- 8800

Gloucester County (856) 582- 9200

**Domestic Violence** - (800) 572- 7233

**Senior Citizens Hotline** - (800) 792- 8820

**24 HOUR HOTLINES**

**Emergency Management Services**

Burlington County – (609) 261-3900

Camden County – (856) 783-4808

Gloucester County – (856)307-7155

**Crime (Victims/Witnesses)** – (800) 242-0804

**Poison Control** – (800) 962-1253

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**County Mental Health Administrator**

**Burlington County**

795 Woodlane Road

P. O. Box 6000

Mt Holly, NJ 08060

(609) 265-5383

**Camden County**

CPAC/HSC

512 Lakeland Rd Suite 301

Blackwood, NJ 08012

(856) 374-6320

**Gloucester County**

Budd Boulevard Complex

115 Budd Boulevard

West Deptford, NJ 08096

(856) 384-6889

**Designated Psychiatric Screening/Crisis Centers**

**Burlington County**

Legacy Treatment Services

Lourdes Medical Center

218 A Sunset Road

Willingboro, NJ 08046

**24 Hour Hotline:**

**(609) 835-6180**

**Camden County**

Oaks Integrated Care

Kennedy University Hospital

2201 West Chapel Avenue

Cherry Hill, NJ 08002

**24 Hour Hotline:**

**(856) 428-4357**

**Gloucester County**

Newpoint Behavioral Health Care

@

Inspira Medical Ctr. - Woodbury

509 North Broad Street

Woodbury, NJ 08096

**24 Hour Hotline: (856) 845-9100**

**Self Help Organizations**

Collaborative Support

Programs of New Jersey

(732) 780-1175

New Jersey Self-Help

Clearinghouse

(800) 367-6274

njgroups.org

National Alliance for

the Mentally Ill

(NAMI) - NJ

(732) 940-0991

Veteran's Counseling

Hotline

(866) 838-7654

**Hospitals**

Hampton Behavioral Health Center

@ Hampton Hospital

650 Rancocas Road

Rancocas, NJ 08063

(800) 603-6767

**Division of Mental Health Advocacy**

New Jersey Department of the Public Advocate

5 Commerce Way, P.O. Box 362

Hamilton, NJ 08691

(609) 438-4321 \*Ombudsman (609) 438-4351

(609) 341-2302 (Fax)

## Customary Charges

Effective May 1, 2012

**Psychologist**  
**Licensed Professional Counselor (LPC)**  
**Licensed Clinical Social Worker (LCSW)**  
**Licensed Marriage and Family Therapist (LMFT)**

Evaluation/Assessment	\$ 200.00
Therapy Session	\$ 150.00

**Mental Health Therapist**  
**Licensed Associate Counselor (LAC)**

Evaluation/Assessment	\$ 100.00
Therapy Session	\$ 75.00





## **CANCELLATION *and* No CALL/No SHOW POLICY**

**Scheduled Appointments** must be cancelled within twenty-four (24) hours in advance of the hour of the scheduled appointment time.

When less than twenty-four (24) hours of notice is given you will be charged a \$50.00 fee. The fee can be paid with a check, credit card or cash.

The cancellation fee is not covered or payable by your health insurance plan.

### **No Call/No Show (NC/NS)**

If you do not call to cancel or do not show up for your scheduled appointment you will be charged a \$50.00 fee. The fee can be paid with a check, credit card or cash.

When two (2) consecutive appointments are cancelled or one (1) NC/NS occurs you will be removed from the schedule and must call the office to reschedule.

This will not apply if your counselor is informed in advance that you will not be available to attend the appointments scheduled due to vacation or other commitments.