



# RENAISSANCE

## BEHAVIORAL HEALTH LLC

### CLIENT HANDBOOK

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3740 Euclid Ave Suite 101

Cleveland OH 44106

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# Welcome to Renaissance Behavioral Health

Welcome... to Renaissance Behavioral Health. We are committed to providing behavioral health services with cultural sensitivity and superior customer service while maintaining our vision to improve the overall behavioral healthcare experience.

## Our Vision

Our vision is to promote wellness for all community members while ensuring access to a continuum of high quality, recovery-oriented mental health treatment, and support services.

## Mission

Renaissance Behavioral Health's mission is to provide timely, high quality, culturally sensitive services while supporting the recovery journey of individuals and their families.

From psychiatric services, substance abuse services and counseling to case management, our goal is to help our clients access all available resources, to advocate on their behalf and to focus on their total physical and mental wellbeing.

## Values

Our mission and vision will be achieved through the application of our core values, which include:

- keeping our client's health, quality of life and well-being central in the design and delivery of services.
- treating and interacting with our clients with respect, dignity, compassion, empathy, honesty, and integrity while recognizing and maintaining confidentiality of client information.
- showing respect for all cultures, religions, ethnicities, sexual orientation, ages, gender and disabilities.
- recruiting, training and retaining competent staff.
- valuing, supporting, recognizing, and appreciating our staff who are our greatest asset.
- nurturing a work environment that encourages personal enjoyment and enhances job satisfaction and performance through recognition and reward.
- developing and maintaining positive relationships with the community, including local Home Care and Health Care personnel/organizations.
- conducting our business in an accountable and responsible manner.
- adhering to the professional code of ethics of the Home Care industry.
- applying continuous quality improvement measures throughout our organization.

## Leadership

Richard V Williams  
Chief Executive Officer  
216-714-3545  
[rwilliams@rbhealthllc.com](mailto:rwilliams@rbhealthllc.com)

Kimberly T Clark  
Chief Clinical Officer  
216-810-8156  
[kclark@rbhealthllc.com](mailto:kclark@rbhealthllc.com)

Peter Golden  
Chief Medical Officer  
216-810-8328  
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## RBH Scope of Services

Renaissance Behavioral Health (RBH) provides a comprehensive range of mental health outpatient services including individual, group and family therapy. We are staffed by highly credentialed psychiatrists, nurse practitioners, social workers and case managers. All employees and contractors are expected to understand and comply with all laws, government regulations, codes of ethics and county and agency policies and procedures. All services at Renaissance Behavioral Health rely on patient and family/significant other participation and collaboration. Such collaboration and participation can help make treatment a positive and rewarding experience.

### Counseling

Our RBH professional staff offers individualized treatment for adults, children, adolescents and families. Among the problems we address are behavioral disorders, anxiety, depression, bipolar, ADHD, addiction, dual diagnosis, grief, sexual abuse and others. Our counselors are trained in state-of-the-art counseling approaches such as cognitive behavior therapy and dialectical behavior therapy.

- The first step in getting treatment is meeting with a counselor for a diagnostic assessment. The assessment is a tool to help gather information in order to determine eligibility for care, treatment, or services. Once determined, a recommended treatment approach that meets the client's individual needs is provided.
- The second step in the process is working with a counselor to develop an individualized treatment plan (ITP). The purpose of an individualized treatment plan is to determine the goal of treatment and the concrete steps to take in order to achieve that goal.

### Pharmacological Management

- Outpatient clinic services are administered by licensed medical staff who prescribe medication, educate clients on specific medication issues and monitor client compliance with prescription medication

### Awareness Program

Renaissance Behavioral Health is dedicated to preventing violence and keeping children and adults safe in the community. Renaissance Behavioral Health's Awareness Program provides children, adolescents and their families consultation, education, specialized assessments, treatment, supervision and support services to stop the use of problematic sexual behavior, sexually reactive behavior, and sexually abusive behavior and learn healthy ways of living. Through collaboration with a multi-disciplinary team (MDT) each youth and his / her family are empowered to make appropriate decisions and build healthy lives while maintaining safety at home and in the community.

### Specialized Children Counseling

Children and adolescents (*10 years old and under*) /Adolescent (*11-19 years old*) do not process their thoughts and feelings in the same way as adults. Our child counselors can help children learn to express their feelings by engaging them in activities that are comfortable and natural through these specialized therapies:

Play Therapy –is a child's natural way of relating to the world and expressing his or her needs and experiences. Just as adults "talk out" their problems in therapy, children "play out" their problems. The goal of play therapy is to allow children to express themselves and learn ways to resolve problems

through the context of play. Counselors meet regularly with the parents to collaborate, educate and involve the family in the individualized service planning.

Art Therapy –helps children and adolescents express themselves in ways that are non-threatening, using tools that are designed for the child’s specific developmental needs.

## Community Support Program

### Community Support Workers

Community support workers (Social Workers) for adults, children and adolescents collaborate with the patient and family to identify, develop and coordinate the formal and informal resources within the community and assist in accessing and coordinating a wide range of services. They work with patients and families in the home and community and focus on patient and family strengths. Community support workers are part of the multidisciplinary team that helps to develop creative, individualized service plans. Community support services are provided on an individual and group basis.

### Care Coordinators

Renaissance Behavioral Health understands and respects that navigating internal and external social services can be complex and often frustrating. Each patient has a case manager or care coordinator to assist them in identifying services to increase recovery function. This individual serves as your contact person at the agency. The case manager provides coordination of care between providers and other agencies, assists in linking to community resources, education, and assisting with accessing services. The case manager will also assist in making referrals, discharge and transition planning for services.

The case manager is identified through the individualized treatment planning processes and is indicated on the individualized treatment plan.

## Service Availability

### Access to Service

Access to services is defined as those situations that affect a client's ability to contact needed mental health services.

### Personal Phone Use Related to Client Contact

Clients cannot initiate contact to a clinician's personal phone. Clinicians opting to use their personal phone to communicate with clients must block the number called from. If your personal phone does not have a block already in place, you may block the number from Caller ID on a call by call basis by dialing \*67 prior to dialing the client number. This ensures clients do not mistakenly call a clinician's personal phone during crisis.

### After Hours-Clinic Visits

Clients who need to be seen by their therapist after normal clinic hours may arrange this with their therapist who will have access to the premises, as well as backup if needed.

### Non-Discrimination

Clients will not be denied mental health services based on race, sex, age, or the presence of any physical or emotional handicap that may obstruct from access to needed services.

## Contact Information

Location: Renaissance Behavioral Health, LLC  
3740 Euclid Ave Suite 101  
Cleveland, OH 44115

Phone: Main Number: 440-606-2003  
Fax Number: 216-785-9200

Website: [www.RBHealthllc.com](http://www.RBHealthllc.com)

### Hours

:

Monday	9:00am – 5:00pm
Tuesday	9:00am – 5:00pm
Wednesday	9:00am – 5:00pm
Thursday	9:00am – 5:00pm
Friday	9:00am – 5:00pm
Saturday	Closed
Sunday	Closed



## Client Rights and Responsibilities

Renaissance Behavioral Health (RBH) is strongly committed to respecting the basic human rights, worth and dignity of everyone receiving services. In addition, as a client here, you have the legal rights which are guaranteed by the constitution and state and federal laws and regulations.

### Ohio Mental Health & Addiction Services (OhioMHAS) Patient Rights

1. The right to be treated with consideration and respect for personal dignity, autonomy and privacy.
2. The right to service in a humane setting which is the least restrictive feasible as defined in the individualized service plan.
3. The right to be informed of one's own condition.
4. The right to be informed of available services.
5. The right to give consent or to refuse any service, treatment or therapy.
6. The right to participate in the development, review and revision of one's individualized service plan (ISP) and receive a copy of it.
7. The right or freedom from unnecessary or excessive medication, unnecessary physical restraint or seclusion.
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 mirror, tape recorders, video recorders, television, movies or photographs.
10. The right to consult with an independent treatment specialist or legal counsel at one's own expense.
11. The right to confidentiality or communications and personal identifying information within the limitations and requirements for disclosure of patient information under state and federal laws and regulations.
12. The right to have access to one's own patient record in accordance with program procedures.
13. The right to be informed of the reason(s) for terminating participation in a program.
14. The right to be informed of the reason(s) for denial of services.
15. The right not to be discriminated against for receiving services on the basis of race, ethnicity, age, color, creed, religion, sex, national origin, sexual orientation, lifestyle, Physical or mental handicap, developmental disability, HIV infection, whether asymptomatic or symptomatic, or AIDS related complex, AIDS, or inability to pay.
16. The right to know the cost of services.
17. The right to be informed of all patient rights.
18. The right to exercise one's own patients' rights without reprisal.
19. The right to file a grievance in accordance with program procedures.
20. The right to have oral and written instructions for filing a grievance.

## Ethics Statement

Renaissance Behavioral Health (RBH) is charged with a public trust by its licensing and credentialing bodies to ensure that client welfare and personal information is monitored and protected, and that clients are afforded the best care that a private practice of this size and scope can provide. All staff and contractors are bound by confidentiality laws and ethics.

Professional staff adhere to the code of ethics relevant to their licensure, credential and/or professional

## Anti-Harassment Notice to Clients

It is the intent of Renaissance Behavioral Health (RBH) to provide a treatment setting where each individual is treated with consideration and respect in a safe and comfortable environment. It is the policy of RBH to forbid all forms of harassment in connection with our program's activities. We expect you to conduct yourself appropriately and respect the rights of those around and in treatment with you. Similarly, you have the right to an environment that is free from harassment, whether by word or action, from staff, volunteers, or other clients. We pledge to investigate and take appropriate action should any complaint or allegation of harassment be received. Harassment can be any words or actions that disturb you and seem to be targeted at you on the basis of race, color, sex, national origin, religion, age, sexual orientation or disability.

### Examples of Harassment include:

- Use of put-downs, slang words or names that degrade or insult a person or group;
- Gratuitously offering drug information or inquiring about where to get or use drugs;
- Sexual jokes, unwelcome sexual advances, innuendoes, or gestures;
- Graphic or degrading comments about an individual's appearance, dress or body;
- Unsolicited and unwelcome flirtations, advances, propositions or touching of any kind, whether in or out of the office including online or other electronic communications.
- We are LGBT-welcoming and encourage you to visit [healthcarebillofrights.org](http://healthcarebillofrights.org) and [lgbthealthlink.org](http://lgbthealthlink.org).
- Any client who believes they are being subjected to harassment can report the behavior in writing to RBH Client Rights and Privacy Manager.

We count on you to help us to maintain a safe environment for healing, not hassles. Respect the individuality and dignity of fellow clients, avoid harassing others, and report any harassment you experience or witness.

## Uses and Disclosures of Protected Health Information

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. “Protected health information” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. You may request a revised version by calling the office and requesting that a revised copy be sent to you via email or asking for one at the time of your next appointment.

## Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by your provider, our office staff and others outside of our office who are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your healthcare bills and to support the operation of your physician’s practice.

The following are examples of the types of uses and disclosures of your protected health information that your physician’s office is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with another provider. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. We will also disclose protected health information to other physicians who may be treating you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may disclose your protected health information from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician.

**Payment:** Your protected health information will be used and disclosed, as needed, to obtain payment for your health care services provided by us or by another provider. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services were commend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

**Health Care Operations:** We may use or disclose, as needed, your protected health information in order to support the business activities of your physician’s practice. These activities include, but are not

limited to, quality assessment activities, employee review activities, training of medical students, licensing, fundraising activities, and conducting or arranging for other business activities.

We will share your protected health information with third party “business associates” that perform various activities (for example, billing or transcription services) for our practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. You may contact our Privacy Officer to request that these materials not be sent to you.

**Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Agree or Object.**

We may use or disclose your protected health information in the following situations without your authorization or providing you the opportunity to agree or object. These situations include:

**Required By Law:** We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, if required by law, of any such uses or disclosures.

**Public Health:** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. For example, a disclosure may be made for the purpose of preventing or controlling disease, injury or disability.

**Communicable Diseases:** We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight:** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

**Abuse or Neglect:** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

## Grievance Process

The grievance process begins when you file a grievance with the Client Rights Officer. The grievance must be in writing and you must sign and date it. The Client Rights Officer will take all necessary steps to assure compliance with the grievance procedure. If needed, the Client Rights Advocate can assist you with writing the grievance and will attest to its authenticity.

- 1) The written grievance must clearly state the nature of the complaint. It should include the date and time of the incident as well as the names of all individuals involved, and a description of the incident. You have the opportunity to file a grievance within a reasonable period of time from the date the grievance occurred; however, you are encouraged to bring your complaints as soon as possible to a Client Rights Officer. The agency will assure you prompt accessibility to the Client Rights Advocate.
- 2) The Client Rights Advocate will send a written acknowledgement of the receipt of your grievance within 3 business days of its receipt. It will include the date your grievance was received, a summary of your grievance, an overview of the grievance investigation process, a timetable for completion of the investigation and notification of the resolution, and the treatment provider contact name, address, and telephone number.
- 3) The Client Rights Officer will investigate the grievance on your behalf, seeking a resolution to your grievance.
- 4) Resolution to your grievance must be made within twenty business days from the time your grievance was filed. If applicable, any extenuating circumstances to extend this time period will be documented in the grievance and written notification will be provided.
- 5) If all involved parties are able to reach a resolution, the written resolution will be provided and the process will be concluded.
- 6) If a resolution is not reached, then the Client Rights Advocate will arrange for you to present your grievance to the Executive Team, which is composed of at least three of Senior Level Managers.
- 7) The Executive Team will meet with you to discuss your concerns. If you wish, you may have assistance from the Client Rights Advocate or outside representation during your meeting.
- 8) The Executive Team will also speak with staff involved and may request to speak to any witnesses.
- 9) After the meeting, the Executive Team will provide, in writing, their findings and explanation of the resolution to your grievance.
- 10) You may also choose to contact any of the agencies listed on the following page to file a grievance or to further pursue your concerns if you are dissatisfied with the resolution presented by Renaissance Behavioral Health.

## Outside Organizations for External Grievances

- Alcohol, Drug Addiction & Mental Health Services Board of Cuyahoga County, Client Rights Officer or Consumer Relations Specialist, 2012 West 25th St., 6th Floor, Cleveland, OH 44113 Phone: 216-241-3400;
- Ohio Department of Mental Health and Addiction Services, 30 East Broad Street, 11th Floor, Columbus, OH 43215 Phone: 614-466-7228;
- Disability Rights Ohio, 200 Civic Center Drive, Suite 300, Columbus, OH 43215 Phone: 614-466-7264;
- U.S. Department of Health & Human Services, Civil Rights Regional Office, 233 North Michigan Avenue, Suite 240, Chicago, IL 60601 Phone: (800) 368-1019

# Additional Behavioral and Mental Health Resources

## External Local Resources

<b>Emergency</b>	Dial: 911
<b>Alcoholics Anonymous</b>	Dial: 216-241-7387
<b>Narcotics Anonymous</b>	Dial: 1-888-438-4673
<b>National Suicide Prevention Lifeline</b> The National Suicide Prevention Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones.	Dial: 1-800-273-8255
<b>ADAMHS Board</b> If you or someone you know is in crisis and seeking help for a heroin, fentanyl or other opioid addiction, call the 24-hour Crisis Hotline	Dial :216-623-6888
<b>United Way 2-1-1 Greater Cleveland</b> If you are looking for where to find treatment or social service supports for your addiction, call United Way 2-1-1 Greater Cleveland	Dial :211
<b>MetroHealth Recovery Services Locations &amp; Services</b> 2500 MetroHealth Drive Cleveland, OH 44109 (216) 778-4428	Dial: (216) 778-4428