

# Welcome

*The Southeast Kansas Mental Health Center*

*Serving Allen, Anderson, Bourbon, Linn, Neosho and Woodson Counties*



*We appreciate the opportunity to be of service to you, and hope you find the enclosed information helpful and informative.*

## *Your opinions matter*

Your satisfaction is our measure of success; your feedback and opinions are always welcome. There is a Suggestion Box in the lobby of each office—your comments are always appreciated and are used in planning additional programs or services. The Suggestion boxes are checked frequently, and all contents are forwarded to the Executive Director. And if there's something we can do better, please tell us! We are here to serve you.

## *How can we help?*

We want your visits to be as pleasant and productive as possible; if you have need of any special accommodation, please let us know in advance. We can arrange for language interpreters or accommodate the hearing-impaired. Our buildings and restroom facilities are wheelchair accessible, but should you need assistance, don't hesitate to let us know.

## *Office Addresses Phone Numbers*

Iola, Kansas 66749  
Administrative Offices  
304 N. Jefferson  
(620) 365-8641  
Outpatient Services  
(620) 365-5717

Humboldt, Kansas 66748  
1106 South Ninth Street  
(620) 473-2241

Fort Scott, Kansas 66701  
212 State Street  
(620) 223-5030

Chanute, Kansas 66720  
402 South Kansas  
(620) 431-7890

Garnett, Kansas 66032  
519 South Elm  
(785) 448-6806

Pleasanton, Kansas 66075  
505 West 15th  
(913) 352-8214

Yates Center, Kansas 66783  
204 South Main  
(620) 431-7890  
(Ashley Clinic Building)

## *We're Available 24/7/365*

**After Hours  
Emergency Number**  
1-888-588-6774

**Toll-Free Number**  
1-866-973-2241

### Office Hours

Monday thru Thursday  
8:00 am—6:00 pm

Friday  
8:00 am—5:00 pm



*Services are never denied  
due to inability to pay*

# Your Rights as a Client

**1. Dignity and Respect.** You have the right to always be treated with dignity and respect, and not to be subjected to any physical or verbal abuse or exploitation.

**2. Freedom from Coercion.** You have the right to not be subjected to the use of any type of treatment, technique, intervention, or practice, including the use of any type of restraint or seclusion, performed solely as a means of coercion, discipline, or retaliation, or for the convenience of mental health personnel.

**3. Least Restrictive Treatment.** You have the right to receive treatment in the least restrictive, most appropriate manner.

**4. Benefits and Side Effects of Medication.** You have a right to an explanation of the potential benefits and any known side effects or other risks associated with all medications that are prescribed for you.

**5. Benefits and Risks of Treatment.** You have a right to an explanation of the potential benefits and any known adverse consequences or risks associated with any type of treatment that is included in your treatment plan.

**6. Alternative Treatments.** You have the right to be provided with information about other clinically appropriate medications and alternative treatments, even if these medications or treatments are not the recommended choice of your provider. If you want to know about other treatment alternatives, please discuss this with your treatment provider(s).

**7. Refusal of Treatment.** You have the right (if you are voluntarily receiving treatment) to refuse any treatments or medications to which you have not consented.

**8. Involuntary Treatment.** You have the right (if you are involuntarily receiving services pursuant to a

court order) to be informed that there may be consequences if you fail or refuse to comply with the provisions of your treatment plan or to take any prescribed medication.

**9. Consent to Experimental Treatment.** You have the right to refuse to take any experimental medication or to participate in any experimental treatment or research project, and the right not to be forced or subjected to this medication or treatment without your knowledge and express consent or as consented by your guardian when the guardian has the proper authority to consent to this medication or treatment on your behalf.

**10. Participate in Treatment Planning.** You have the right to actively participate in the development of an individualized treatment plan, including the right to request changes in the treatment services being provided, or to request that other staff members be assigned to provide these services to you. If you do not feel that you can work with your provider, please discuss this with your provider or their supervisor.

**11. Coordination of Services.** You have the right to receive treatment or other services from other licensed mental health professionals who are not affiliated with Southeast Kansas Mental Health Center (SEKMHC), subject only to written conditions that SEKMHC may establish to ensure coordination of treatment or services.

**12. Outside Representation and Support.** You have the right to be accompanied or represented by an individual of your choice during all contacts with SEKMHC. This right shall be subject to denial if it is determined by professional staff that this would compromise either your rights of confidentiality or the rights of other clients, or would significantly interfere with your treatment or the treatment of other clients, or would be unduly disruptive to the operations of SEKMHC.

**13. Medical Record.** You have the right to see and review your clinical record, unless the executive director of SEKMHC determines that specific portions of the record should not be disclosed. This determination shall be accompanied by a written statement placed in the clinical record explaining why disclosure of that portion of the record at this time would be injurious to you or to other closely associated with you.

**14. Confidentiality.** You have the right to have staff refrain from disclosing to anyone the fact that you have previously received or are currently receiving any type of mental health treatment or services, or from disclosing or delivering to anyone any information or material that you have disclosed or provided to any staff member of SEKMHC during any process of diagnosis or treatment. This right will automatically be claimed on your behalf by SEKMHC unless you expressly waive this privilege, in writing, or unless staff are required or allowed by law or a proper court order. Some examples of exception to confidentiality include: medical or psychological emergencies; suspected child abuse or neglect; threats toward others; licensure or accreditation reviews; and, others as allowed by law.

**15. Advance Directives.** You have the right to exercise your rights by substitute means, including the use of advance directives, a living will, a durable power of attorney for health care decisions, or through springing powers provided for within a guardianship.

**16. Complaints.** You have the right to make a complaint concerning a violation of any rights listed here or concerning any other matter, and a right to be informed of the procedures and process for making such a complaint.



**No-shows and late cancellations are very costly and a disservice to those waiting for appointment time. Thank you for providing at least a 24-hour notification if you cannot keep a scheduled time.**



**Southeast Kansas Mental Health Center provides medically-necessary services equally to all regardless of race, color, religion, sex, national origin, age, disability, or the ability to pay.**

## *Our responsibility to you...*

- To make arrangements to provide services to you in an accessible location if, due to disability, our facility is not accessible to you. Let the staff know of this need.
- To provide treatment within the scope of the services offered by the Center until such time as the Treatment Plan is either ineffective, no longer necessary, or subject to noncompliance by the client.
- To refer the client to other resources if the Center is unable to provide the necessary care.
- To terminate treatment if the client does not participate in the service in good faith or does not appear to be benefiting from treatment.

## *Your responsibility to us...*

- To actively participate in the treatment process
- To let us know if a crisis or emergency exists
- To keep-- or provide prior notice to cancel-- scheduled appointments
- To arrange for care of children while receiving services
- To provide accurate financial and background information as requested and let us know of any changes
- To authorize communication with primary care practitioners and other providers who are essential to a coordinated plan of care
- To pay for services according to the financial policies established by the Center's Governing Board
- To treat agency staff with courtesy and respect
- To discuss termination with the therapist/counselor before doing so
- To respect the confidentiality of other clients
- To assist the agency in maintaining a safe environment
- To let us know of any special arrangements needed due to disability or special condition
- To let the agency know of dissatisfaction with services

## *Financial Arrangements*

Although **services are never denied due to inability to pay**, our Governing Board has established financial policies for those who it is determined are able to pay. Fees for services are based on a sliding scale that considers the number of individuals in the household and the total household income. The sliding scale fee cannot be determined until proof of income is provided to the office staff. Please bring that documentation with you at your initial visit. Until the fee has been established, your account will be charged with the full service rate, although after it is established the outstanding balance will be adjusted accordingly.

Once the fee has been determined and a Financial Agreement signed, it is expected that payment will be made each time services are received. If unable to do so, monthly statements are provided from which payment can be made. The office staff has access to your account information and can provide the outstanding balance amount upon request.

If the sliding scale fee seems more than can be afforded, a reduction can be requested by completing the appropriate form obtained from the office staff. All requests will be given careful consideration by the Executive Director or by the Chief Financial Officer before a reduction is approved or denied.

If, after 120 days, there has been no effort to reduce an outstanding balance, or communication with the Accounts Receivable Department, or application for a reduction in fees, the account will be given to an outside agency for collection.

## *What to expect*

If you are a new client to the Center, the initial meeting with the therapist will be a complete intake process which will consist of collecting data, imparting information, signing forms, and discussing the reason(s) for your visit. After this first session, you and your therapist will determine if further meetings are warranted. If you have recently been a client, there will already be information available which will only need to be updated.

If it is decided that further sessions need to be scheduled, you may be referred to another therapist, depending upon your preferences and the schedule. Your ongoing therapist becomes your Primary Clinician, who will be responsible for helping you to articulate your goals and design objectives and tasks to help you attain those goals and to formulate your personal Treatment Plan. There are a variety of services which may be chosen to assist you in those efforts, and as/if additional services become involved in your care, other individuals become members of your Treatment Team—all of whom will have input into your Treatment Plan in a coordinated effort to attain your goals. You will at all times be actively involved in the planning of your treatment.

Goals will be measured and monitored at each session with your Primary Clinician. The end of each meeting will be devoted to writing a Progress Note for your medical record and rating your progress. Although there may be several goals, they will be addressed by your priority; once a goal has been attained, the next goal is addressed, until such time as you and your Treatment Team feel that your Discharge/Transition Plan requirements have been met.

