



FAMILY INSIGHT, P.C.
Enhancing the well-being of individuals and families.

WELCOME TO FAMILY INSIGHT, P.C.

Family Insight's mission is to enhance the well-being of families and individuals through evidence-based counseling interventions.

In 2011, company founder Samuel C. Gray renewed his vision to create an organization to serve the mental health intervention and treatment needs of his local community. This entity was named Family Insight, P.C. a practiced, evidence-based and people-centered company rooted in the Commonwealth of Virginia. In its first six years, Family Insight has grown its leadership to serve twelve locations, which is a strong indication of the depth of need of many individuals and families.

Family Insight's mission is fulfilled by a group of highly qualified, community-minded professionals who support families and individuals with treatments for a diverse spectrum of mental health needs. We also support children with Autism through our Behavioral Therapy (ABA) services. We believe that each multi-dimensional case is unique and requires the appropriate diagnosis to ensure healthy and productive outcomes over the course of treatment.

Our services are designed to reduce emotional stress, seek mutual understanding and to work through family crises and deal directly with behavioral difficulties. In order to be as effective as possible, we travel to your home and into the community to provide our services in an environment that is familiar to you and conducive to your needs. This approach also gives our clinicians the ability to recognize underlying concerns and behaviors while stabilizing symptoms in your own environment rather than a foreign one. Holistic principles guide our practice to create lasting family stability, unification and resilience.

Licensed and license-eligible clinicians conduct all diagnostic assessments for our clients. Licensed Mental Health Professionals (LMHP) and Qualified Mental Health Professionals (QMHP) provide counseling services. These high standards carry over to our ABA (Autism spectrum) services with a staff of board certified registered behavior technicians supervised by BCBAs and BCaBAs.

Our commitment to enhancing the well-being of our clients is unshakable and unrelenting. If for any reason we are unable to help you through our service programs, we make every effort to connect you with a service that can. We promise that when you reach out to connect with our compassionate and experienced team, you will find support.

Office Location and Phone Number:

7113 Three Chopt Road, Richmond

VA 23236 804-562-9997

My Assessor Name and Phone Number:

My Assigned MHP Name and Phone Number:

Service Recipient Orientation – Checklist

- ✓ Service Recipient Orientation Checklist (copy to client)
- ✓ Client Consent or Objection to Participate
- ✓ Insurance Card (Copy front and back for EHR)
- ✓ Medical Emergency Transport Authorization
- ✓ Authorization to Transport
- ✓ Service Appeal Process (copy to client)
- ✓ Choice of Service Provider
- ✓ Notice of Privacy Practices (copy to client)
- ✓ Medical Information Rights (copy to client)
- ✓ Notice of Client Rights and Responsibilities (copy to client)
- ✓ Telehealth Consent (if applicable)
- ✓ EPSDT Letter to Parent/Guardian (copy to client)-Child Only
- ✓ Overview of Service Delivery, and Discharge Process
- ✓ Charges or Fees Due (if applicable)

The Family Insight Assessor has explained these policies and procedures to me. I have received copies of them. I understand that there are risks if I do not participate in treatment. My symptoms may get worse or Family Insight may have to give my appointment times to another individual. I understand and have completed my Orientation to the Services Program, and I understand I may contact Family Insight staff if I have any questions.



Service Appeal Process

As a recipient of services, you have the right to appeal any change in treatment including the termination of services. Any appeal must be made in writing by notifying:

Appeals Division, Department of Medical Assistance Services

600 East Broad St., Suite 1300

Richmond, VA 23219

This written request for an appeal must be filed within thirty (30) days of termination. If you file an appeal before the termination date, services may continue during the appeal process. However, if the Appeals Division denies your appeal and you receive services after the termination date, you will be required to reimburse the Medical Assistance Program for services provided after the termination date.



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. Family Insight, P.C. (FI) is committed to protecting this medical information. Upon request, we will provide you a copy of the full HIPAA regulations.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

For Treatment and health care operations—To coordinate your treatment within our agency.

For Payment. FI may use or disclose medical information so that we can receive payment for the treatment services provided to you.

Substance Abuse Information. All medical information regarding substance abuse is kept strictly confidential and disclosed only in accordance with federal regulation (42 CFR part 2).

As Required by Law.

Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization.

**Abuse and Neglect
Emergencies
National Security**

**Judicial and Administrative Proceedings
Law Enforcement
Public Safety (Duty to Warn)**

Verbal Permission. We 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 MEDICAL INFORMATION

You have the following rights regarding your personal medical information maintained by our FI. To exercise any of these rights, please submit your request in writing to your Site Director Theresa Picone at 804-562-9997 :

- 1) **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy medical information that may be used to make decisions about your care. We may charge a reasonable, cost-based fee for copies.
- 2) **Right to an Accounting of Disclosures and to request restrictions.**
- 3) **Right to Request Confidential Communication.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location'
- 4) **Right to a Copy of this Notice.** You have the right to a copy of this full Notice and the privacy regulations.
- 5) **Electronic Transactions Standards.** All electronic transmissions follow FI established security guidelines necessary to protect your confidentiality.

Notice of Client Rights and Responsibilities

Each consumer has a right to exercise his/her legal civil, and human rights, including constitutional rights, statutory rights and the rights contained in this document, except where specifically limited. Your rights are assured and protected in the code of Virginia (12 VAC35-115). You have a right to know what they are and we will freely give you a copy, and review with you, the entire chapter in the code of Virginia detailing your rights, the complaint process and appeals process.

In summary, it is your right to:

1. Be able to exercise your legal, civil and human rights related to the receipt of these services.
2. Receive services that are provided consistent with sound therapeutic practices.
3. To have your human dignity respected and be protected from harm, including abuse, neglect, exploitation, retaliation and humiliation.
4. Have access to your records and pertinent information in a timely manner to assist with making decisions regarding these services.
5. Receive prompt evaluation and person-centered treatment which includes you in the development of your individualized service plan.
6. Not be the subject of experimental or investigational research without your prior written and informed consent or that of your authorized representative.
7. Be treated under the least restrictive conditions consistent with your condition and not be subjected to physical restraint, isolation and seclusion beyond the constraints of our Handle with Care Non-Violent Restraint Intervention Policy.
8. Have access and be referred to legal entities for appropriate representation, self-help and/or advocacy support services.
9. You may file a complaint with your human rights advocate. Their role is to help protect your rights and to make sure you are being treated fairly.

Your Human Rights Advocate is: Sharae Henderson 804-524-7479

It is your responsibility to:

1. Attend as scheduled and participate fully and honestly in counseling and therapeutic service activities.
2. Remain available for appointments with their FI Mental Health Professional (s).
3. Refrain from the use of any abusive, vulgar, obscene, or demeaning language.
4. Refrain from any harassing, aggressive, threatening, or assaultive conduct towards others to include the use of weapons and/ or firearms.
5. Refrain from the use of illegal or legal substances to include drugs, tobacco, alcohol, or prescription medications during service.
6. Respect the property and right of others.

An FI staff member has explained the foregoing rights and responsibilities to me, and I have read and understand them.



Missed Appointment Notice (Sample)

To: _____

Date: _____

This letter is to inform you that you have missed your appointment with _____ on _____.

This is your _____ missed appointment. Please contact _____ at _____ to reschedule.

In the future, please notify your Mental Health Professional 24 hours in advance if you need to make a change or reschedule your appointment. In accordance to Family Insight's Missed Appointment Policy, three missed appointments without 24-hour notice can result in a pause of services, pending a check-in with your Mental Health Professional's Supervisor. If you have any questions or concerns regarding your services or the missed appointment policy, please contact Family Insight's office closest to your location.



EPSDT

Dear Parents:

This letter is to inform you that your child is entitled to an EPSDT Early and Periodic Screening, Diagnosis, and Treatment preventive physical. This is a comprehensive physical examination, also known as a well child screening which your child's doctor should be aware of and includes the following:

- Complete physical examination
- Health history
- Vision and hearing assessments
- Age appropriate immunizations
- Minimal laboratory tests, including lead screening
- Annual referral to a dentist starting at age 3 - Operation Smile
- Appropriate referrals for other health problems detected

This is a great service covered by your insurance if you have Medicaid. If you have any questions in regards to this information, please contact your primary care physician. If you have already had your child participate in this program, please call your Mental Health Professional and arrange for a copy of the examination to be placed in his/her file.