

# New Hope Integrated Behavioral Health Care

## Outpatient Client Handbook

**All outpatient locations are closed for the following holidays:**  
New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving/Day After,  
Christmas Day

**Voluntary Admission & Release of Liability**

I attest to voluntarily admitting myself for treatment of my substance abuse, gambling and related disorders. I further give my authorization to treat and assign directly to New Hope I.B.H.C. all medical benefits, if any, otherwise payable to me for services rendered. I understand that I am ultimately financially responsible for all approved and covered charges whether or not paid by insurance. I hereby authorize the New Hope I.B.H.C. to release all information necessary to secure the payment of benefits. I understand that payment is expected at the time of service and I am responsible for the cost of all my medications. I acknowledge receipt of the Practice's Notice of Privacy Practices. I authorize the New Hope I.B.H.C. to use and disclose my health information for purposes of treating me, obtaining payment for services rendered to me and conducting health care operations.

**New Hope I.B.H.C. Outpatient Services**  
**Therapeutic Agreement**

I will remain alcohol and drug free and, where applicable, free from gambling, for the duration of my treatment program. I understand and agree to a preliminary plan that will include: random drug screens.

I understand that if I should relapse, I may not be allowed to continue treatment group sessions for up to 72 hours.

I understand that random urine screens are required and that a demonstrated inability to remain drug/ alcohol free requires that I be referred to detoxification and/or a more intensive level of care.

I agree to adhere to the following rules of therapy as well as the conditions of treatment indicated below:

1. There will be no violent acting or threats of violence. Violation will result in the calling of appropriate authorities and termination from treatment.
2. There will not be exclusive relationships between clients in treatment. The forming of such relationships can result in termination from treatment of one or both parties.
3. A client's presence in treatment and all materials brought to and discussed in treatment groups will be kept confidential by the treatment team and client's alike. Any violation of a client's confidentiality will result in termination from treatment.
4. I understand that I am ultimately responsible for the payment of all charges for services rendered regardless of the status of my insurance coverage for costs incurred. I also understand that it is not the New Hope's responsibility to bill my insurance carrier and that any agreement to do so does not alter my ultimate responsibility to pay for services rendered. Failure to meet my responsibility will result in my account being referred for collection and/or settlement through the judicial system.

5. I understand that I may be billed for and am liable for payment of a portion, or the entire fee for absences from scheduled treatment sessions not canceled within 24 hours in advance. The billed amount will be determined at the discretion of the agency in relation to the cost incurred.

### **Group Rules**

1. Regular attendance is expected. Your case will be reviewed by the clinical team for consistent absences.
2. Continued inability to remain drug/ alcohol free requires that I be referred to detoxification and/or a more intensive level of care.
3. Submit to random urine screens when asked. A refusal to submit is considered a positive result. When you informed you must submit a urine, please do not leave the building.
4. No fighting, name calling, or threats of violence.
5. Confidentiality is a must.
6. No cigarettes or paraphernalia present while in the building. Smoking is permitted outside in designated areas. Clients are not to smoke in front of the building.
7. Respect boundaries of offices, knock and be acknowledged before entering
8. You must be on time for group. Admittance after group has begun is not permitted.
9. No cell phones allowed during group sessions. You may use your phone during breaks.
10. No hats or wave caps allowed.
11. If you know in advance that you will be missing a scheduled group session, you must contact your counselor prior to scheduled session.
12. If you need to use the bathroom during group time, please exit quietly
13. If you are having a problem with a staff member or a group member(s), please see your counselor or schedule an appointment with the director. New Hope's grievance policy is displayed throughout the agency.
14. At the completion of each group please remove all garbage

### **Group Dress Code**

While attending treatment, clients are asked to wear clothing that is clean and neat.

The clothing worn shall not be provocative, nor suggest inappropriate behavior, ie: suggestive of sex, drug use, violence, gang related or defamation of any group. Skirts or dresses at knee length or pants that are neat and fitted appropriately.

As a guide the following items are viewed as inappropriate:

Tube tops, tank tops, sheer tops, halter tops, short-shorts, bathing tops, cut off shorts, tube tops, slogan shirts, faded/ ripped jeans, sport logos, gang colors. The staff has the authority to enforce this dress code.

### **Tobacco Free Workplace**

New Hope IBHC is dedicated to producing an environment that promotes recovery from nicotine addiction as well as other chemical dependencies. In an effort to reach this goal, New Hope IBHC prohibits the use of tobacco products by New Hope IBHC clients on facility grounds. This includes outside of the front door and both sides of the building.

It is also against the New Hope IBHC policy for any client to present any evidence that they use tobacco products (e.g. smoke a cigarette, smell of tobacco or cigarette smoke, display a cigarette package or paraphernalia) at any time and place that they may encounter, or be observed by another client.

**Research shows that most smokers want to quit. We believe that we can implement nicotine dependence treatment plans and help many in their struggle to quit if we provide a context, which is supportive of that goal.**

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### **Confidentiality of Alcohol and Drug Abuse Records**

The federal law and regulations protect the confidentiality of alcohol and drug abuse client records maintained by this program. Generally the program may not say to a person outside the program that a client attends the program, or disclose any information identifying a client as an alcohol and drug abuser UNLESS:

1. The client consents in writing,
2. The disclosure is allowed by a court order, or
3. The disclosure is made to medical personnel in a medical emergency, or to qualified personnel for research, audit or program evaluation.

Violation of the federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations.

Federal law and regulations do not protect any information about a crime committed by a client at the program or against any person who works for the program or about any threat to commit such crime.

Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

(See 42 USC 290dd-3 and 42 USC 290ee for federal laws, and 42 CFR Part 2 for federal regulations).

### **The Use of Your Treatment Information**

This notice describes how medical, and drug and alcohol related information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

#### **General Information**

Information regarding your health care is protected by two federal laws: the Health Insurance Portability Act of 1996 ("HIPPA"), 42 U.S.C. & 1320d et seq., 45 C.F.R. Part 160 &164, and the confidentiality Law, 42 U.S.C. & 290dd-2, 42 C.F.R. Part 2. Under these laws, New Hope I.B.H.C. may not say to a person outside New Hope I.B.H.C. that you attend the program, nor may New Hope I.B.H.C. disclose any information identifying you as an alcohol or drug abuser, or any other protected information expect as permitted by federal law. New Hope I.B.H.C. must obtain your witness consent before it can disclose information about you for payment purposes. For example, New Hope I.B.H.C. must obtain your written consent before it can disclose

information to your health insurer in order to be paid for services. Generally, you must also sign a written consent before New Hope I.B.H.C. can share information for treatment purpose, or for health care operations. However, federal law permits New Hope I.B.H.C. to disclose information without your written permission:

1. Pursuant to an agreement with a qualified service organization/business associate;
2. For research, audit or evaluations
3. To report a crime committed on New Hope's premises or against New Hope's personnel;
4. To medical personnel in a medical emergency;
5. To appropriate authorities to report suspected child abuse or neglect;
6. As allowed by a court order.

For example, New Hope I.B.H.C. can disclose information without your consent to obtain legal or financial services, or to another medical facility to provide health care to you, as long as there is a qualified service organization/business associate agreement in place. Before New Hope I.B.H.C. can use or disclose any information about your health in a matter which is not described above, it must first obtain your specific written consent allowing it to make a disclosure. Any such written consent may be revoked by you in writing.

### **YOUR RIGHT**

Under HIPAA you have the right to request restrictions on certain uses and disclosures of your health information. New Hope I.B.H.C. is not required to agree to any restrictions you request, but if it does agree then it is bound by agreement and may not use, or disclose any information which you have restricted except as necessary in a medical emergency.

You have the right to request that we communicate with you by alternative means or at an alternative location. New Hope I.B.H.C. will accommodate such requests that are reasonable and will not request an explanation from you.

Under HIPAA you also have the right to inspect and copy your own health information maintained by New Hope I.B.H.C., except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal or administrative proceedings or in other limited circumstances.

Under HIPAA you also have the right, with some expectations, to amend health care information maintained in New Hope's records, and to request and receive an accounting of disclosures of your health related information made by New Hope I.B.H.C. during the six years prior to your request. You also have the right to receive a paper copy of this notice.

### **New Hope IBHC's Duties**

New Hope I.B.H.C. is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. New Hope I.B.H.C. is required by law to abide by the terms of this notice.

New Hope I.B.H.C. reserves the right to change the term of this notice and to make new notice provisions effective for all protected health information it maintains, New Hope I.B.H.C. will provide a copy of its current notice at each treatment admission.

### **Complaints and Reporting Violations**

You may complain to New Hope I.B.H.C. and the United States Department of Health and Human Services if you believe that your privacy right has been violated under HIPAA. You will be provided with current information on how to file such a request at your request. You will not be retaliated against for filing such a complaint.

Violation of the Confidentiality law by a program is a crime. Suspected violations of the Confidentiality Law may be reported to the United States Attorney in the district where the violation occurs.

### **Contact**

For further information, contact New Hope Foundation's Deputy Director (Compliance Officer) at PO Box 66, Marlboro, NJ 07746; (732) 946-3030. Effective April 14, 2004

## **Client Bill of Rights**

### **Right of Each Client:**

Each Client receiving services shall have:

1. The right to be informed of these rights, as evidenced by the client's written acknowledgment or by documentation by staff in the clinical record that the client was offered a written copy of these rights and given a written or verbal explanation of these rights in terms the client could understand;
2. The right to be notified of any rules and policies the facility has established governing client conduct in the facility;
3. The right to be informed of services available in the facility, the names and professional status of the staff providing and/or responsible for the client's care, fees and related charges, including the payment, fee, deposit and refund policy of the program, and any charges for services not covered by sources of third-party payment or the facility's basic rate.
  - i. Clients shall sign a form verifying that they have been advised of the facility's fee policies. This signed form shall be maintained on file with a copy provided to the client;
4. The right to be informed if the facility has authorized other health care and educational institutions to participate in his or her treatment, the identity and function of these institutions and the right to refuse to allow the participation of other institutions in his or her treatment;
5. The right to receive from his or her physicians or clinical practitioner(s) an explanation of his or her complete medical/health condition or diagnosis, recommended treatment, treatment options, including the option of no treatment, risks(s) of treatment, and expected result(s), in terms that he or she understands.
  - i. If this information would be detrimental to the client's health, or if the client is not capable of understanding the information, the explanation shall be provided to a family member, legal guardian or significant other, as available.
  - ii. Release of information to a family member, legal guardian or significant other, along with the reason for not informing the client directly, shall be documented in the client's clinical record.

iii. All consents to release information shall be signed by the client or for adolescents their parent, guardian or legally authorized representative. All consents to release information shall comply with Federal statutes and rules for the Confidentiality of Alcohol and Drug Abuse Client Records at 42 U.S.C. §§ 290dd-2 and 290ee-2, and 42 CFR Part 2 and the provisions of HIPAA;

**6.** The right to participate in the planning of his or her care and treatment, and to refuse medication and treatment.

i. A client's refusal of medication or treatment shall be verified by staff by way of the client's signature and documented as such in the client's clinical record;

**7.** The right to participate in experimental research only when the client gives informed, written consent to such participation, or when a guardian or legally authorized representative gives such consent for an incompetent client in accordance with law, rule and regulation;

**8.** The right to voice grievances or recommend changes in policies and services to program staff, the governing authority, and/or outside representatives of his or her choice either individually or as a group, free from restraint, interference, coercion, discrimination, or reprisal;

**9.** The right to be free from mental, sexual and physical abuse, exploitation, coercive acts by staff and other clients and from the use of restraints unless restraints are authorized pursuant to N.J.A.C. 10:161A-6.5.

i. A client's ordered medications shall not be withheld for failure to comply with facility rules or procedures, unless the decision is made to terminate the client in accordance with this chapter; medications may only be withheld when the facility medical staff determines that such action is medically indicated and the determination of such has been documented in the client's medical record and clinical record;

**10.** The right to confidential treatment of information about the client.

i. Information in the client's clinical record shall not be released to anyone outside the program without the client's written consent to release the information in accordance with Federal statutes and rules for the Confidentiality of Alcohol and Drug Abuse Client Records at 42 U.S.C. §§ 290dd-2 and 290ee-2 and 42 CFR Part 2 and the provisions of the HIPAA, unless the release of the information is required and permitted by law, a third-party payment contract, a peer review or the information is needed by DAS for statutorily authorized purposes.

ii. The facility may release data about the client for studies containing aggregated statistics only when the client's identity is protected and de-identified;

**11.** The right to be treated with courtesy, consideration, respect, and with recognition of his or her dignity, individuality, and right to privacy, including, but not limited to, auditory and visual privacy.

i. The client's privacy also shall be respected when a facility and clinical staff are discussing the client with others;

**12.** The right to not be required to perform work for the facility, unless the work is part of the client's treatment, is performed voluntarily, the therapeutic benefit is documented in the treatment plan, and is otherwise in accordance with local, State and Federal laws and rules.

- i. A client maintains the right to refuse to perform work for the facility even in those instances in which work activities are a part of the client's treatment and identified as such in the treatment plan;
- 13.** The right to exercise civil and religious liberties, including the right to independent personal decisions.
- i. No religious beliefs or practices, or any attendance at religious services, shall be imposed upon any client;
- 14.** The right to not be discriminated against because of age, race, religion, sex, nationality, sexual orientation, disability (including, but not limited to, blind, deaf, hard of hearing) or ability to pay; or to be deprived of any constitutional, civil and/or legal rights.
- i. Facilities shall not discriminate against clients taking medications as prescribed;
- 15.** The right to be notified in writing, and to have the opportunity to appeal, an involuntary discharge;
- 16.** The right to have access to and obtain a copy of his or her clinical record, in accordance with the facility's policies and procedures and applicable Federal and State laws and rules;

## **Your Treatment and Your Role**

### **How individual treatment plans are developed:**

- (a) A treatment plan is established for all incoming clients within seven days of admission.
- (b) Treatment planning addresses all of the needs/problems uncovered in initial and ongoing bio-psychosocial assessment activities either through direct intervention, immediate referral or through recommendations included in continuing care/discharge planning.
- (c) Treatment planning addresses, at minimum:
  - a. Orders for treatment or services, medications and diet;
  - b. The personal goals of the client;
  - c. The specific goals of treatment or services, minimally addressing readiness to change, recovery support system, family;
  - d. The time intervals for review of the patient's response to treatment or services;
  - e. Time frames for goal attainment;
  - f. The assessment measures that can be used to determine treatment effectiveness.
  - g. Specific, individualized objectives are included on the treatment plan, are written in behavioral, measurable terms and serve as progress indexes;
  - h. Discharge planning.
  - i. The individual(s) responsible for implementation of the treatment plan.
- (d) Treatment plan services and interventions are designed to meet objectives. Some may be a part of a particular structured program, but they are always enhanced by services specifically tailored to individual needs.
- (e) All practitioners providing client care participate in treatment plan development as it relates to services that they provide.
- (f) Clients and their families, if indicated, participate in the development of their care plan. They are to be made aware of any medical interventions that may be recommended by physicians as it

pertains to their role and responsibilities in implementation. Documentation should indicate their participation, understanding, and agreement with their treatment plan.

(g) The treatment team reviews each client's treatment plan and progress at weekly supervision meetings. There is a supervisory review after three weeks of treatment. Each level of care has established protocols for the maximum amount of time between documented treatment plan reviews. Evaluation and possible revisions are based on on-going assessment of clinical problems, needs and all the client's overall response to treatment. All reviews and/or revisions as well as client progress/decline against set objectives are documented in individual client charts.

#### Discharge and transition criteria and procedures:

We consider termination "the moving of a client, through a utilization review process, to the next appropriate level of care." This includes those completing treatment who have been successful in progressing against the objectives set in treatment plans, as well as those who are not experiencing success where they are. Obviously violent acting out and other illegal acts may necessitate immediate discharge and legal interventions – to insure for public safety – but we expect this to be a rare event given the resources that we apply to a client's appropriate assessment, screening, care, referral and follow-up. At discharge – whether client or program initiated – we expect to have begun the facilitation of a client's personal development, as well as the development of a family and social network that is supportive of continued sobriety and success. Our referral/placement, regardless of discharge status, is targeted at providing for the necessary continuum to continue that facilitation. Follow-up is undertaken to insure the appropriateness of referrals and to assess client status.

#### Refusal of services:

New Hope I.B.H.C. does not coerce, or mandate the treatment of any individual, nor act as an agent of any court, or other governmental body in the legal position to issue such orders. All of New Hope's clients voluntarily admit themselves to treatment and all services delivered by New Hope are delivered with the client's full understanding of their right to leave treatment at any time.

#### Criminal Acts:

New Hope I.B.H.C. reserves the right to bring charges against any individual who commits a criminal act in or on the grounds of its facility. This includes aggressive acts toward any client or staff, or the possession or use of controlled dangerous substances.

When such acts are encountered, staff members are responsible to take appropriate steps to contain the incident. These may include but are not limited to:

- (a) Paging to bring additional staff from other parts of the facility to assist;
- (b) Summoning the appropriate authorities if there is a weapon involved or if there is an imminent danger of physical harm.

#### Discharge Status:

### Completed Treatment (CT)

(a) The achievement of all, or most of the treatment objectives; client will not benefit from further care under this treatment modality;

### Non-Completed Treatment

(a) Utilization Review (UR), the client is unable to meet treatment plan objectives in this treatment modality;

(b) Broken Treatment Agreement (BTA), the immediate discharge of a client whose infraction of the rules endangered themselves or others, negatively impacted upon another's care or the functioning of the treatment community;

(c) Against Clinical Advice (ACA), the client has made the decision to leave treatment against the clinical advice of the treatment team

### Discharge Planning:

Discharge planning is the direct responsibility of each client's assigned Primary Counselor. Preliminary discharge plans are formulated at admission, developed as part of treatment planning and updated regularly (minimum weekly as part of case management) as indicated by progress against objectives set and related changes called for in treatment plan review. Final discharge plans should reflect the continuum of care that would logically best serve a client's development in recovery based in ASAM placement criteria and resources that can be made available. At minimum these plans will include:

(a) Arranged for placement and transportation or first appointment with, or, at minimum, referral to available treatment services that best meet the client's identified care needs;

(b) Arranged first appointment or referral to other appropriate community resources to address follow-through on unresolved treatment plan concerns-e.g. job service, social service agencies, etc.;

(c) Appropriate community contacts and self-help resources to include, whenever possible, face-to-face contact, or arrangements to meet with an appropriate self-help (e.g., AA, NA, GA, etc.) contact;

(d) The solicitation of agreed upon follow-up contact with the client and aftercare providers.

The objective is to insure for the successful transition to the next level of care and living context either through physical placement, or through moving the client as close to key continuum components as possible. To facilitate this, plans are to be developed in collaboration with individual clients and the client's family or legal representative (guardian in the case of juveniles) and the rationale behind key components discussed in detail. This is to garner agreement and improve the likelihood of follow-through on objectives and strategies developed and decided upon. All clients discharged for any reason will be provided with a written copy of their discharge plan to include specific instructions to guide their continued care (NHF#001A).

### Discharge Summary:

Any care provided to a client, on any treatment unit, will be concluded with a summary consolidating the reasons for admission and the provision of treatment services, critical

assessment findings, the treatment and other care services provided. This summary will also include the client's condition at discharge-and specific self and continuing care instructions given to the client and/or family member, or guardian as appropriate. In most cases (when treatment plans are formulated and followed through on to a significant degree) a full summary is called for. In cases where individuals are seen for minor problems or interventions, or where unanticipated care termination prevents the follow-through on treatment plans developed, a final progress note may take the place of a formal summary. Transfer to a different unit within New Hope Foundation may be completed with a transfer summary the contents of which should be guided by the above.

## **US Department of Health and Human Services Notice of Charitable Choice Provisions for Individuals Receiving Substance Abuse Services**

No provider of substance abuse services receiving federal funds from the U.S. Substance Abuse and Mental Health Services Administration, including this organization, may discriminate against you on the basis of religion, a religious belief, or refusal to actively participate in a religious practice.

New Hope IBHC is licensed by the State of New Jersey to provide substance abuse treatment services and is NOT a religious based organization. Federal law gives you the right to a referral to a religious based provider of substance abuse services if one is available. The referral, and your receipt of alternative services, must occur within a reasonable period of time after you request them. The provider must be accessible to you and have the capacity to provide substance abuse services. The services provided to you by the alternative provider must be of a value not less than that of the value of services you would have received from this organization.

### **Over the Counter Medication/Poppy Seed Agreement**

Common medications that you should not take while in treatment and if working toward recovery:

All cough medicine with codeine, alcohol or Dextromethorphan (DXM).

All Narcotic Analgesics painkillers including the following:

- Percocet or Percodan (Oxycodone)
- Tylenol with Codeine
- Vicodin (APAP –Hydrocodone)

All Benzodiazepines (anti-anxiety drugs) including the following:

- Ativan (Lorazepam)
- Librium (Chlordiazepoxide)
- Valium (Diazepam)
- Xanax (Alprazolam)
- Serax (Oxazepam)

Allergy/Cold Medication containing the following:

- Pseudoephedrine
- Phenylpropanolamine
- Diphenhydramine

- Dextromethorphan
- Doxylamine (Unisom)

Examples include the following: Actifed, Benadryl, Benylin, Comtrex, Contac, Coricidin D, DayQuil, Dimetapp, Neo-Synephrine, NyQuil, Robitussin Sinus, Sine-Off, Sinutab, Sudafed, Tylenol Cold, Vicks 44D, Vicks 44M, Zyrtec-D.

#### **IMPORTANT POINTS TO REMEMBER:**

- You are responsible for what goes in your body.
- Read the label when you purchase over the counter medications including cough syrup, cold medicine, mouthwash or other over the counter liquids. MAKE SURE THEY DO NOT CONTAIN ALCOHOL (DayQuil contains alcohol)
- Poppy Seeds: poppy seeds or “Everything bagels” can give a positive result for morphine
- Any client currently taking prescribed medication at time of admission or throughout treatment is responsible for presenting primary counselor with copies of prescription.

#### **Medical/Mental Health Client Orientation**

Upon your request and/or the clinical recommendation of your Primary Counselor, our Advanced Practice Nurses will complete an initial assessment reviewing your history, medical and mental health conditions. These conditions may be chronic or acute. The nursing staff, in consultation with the collaborating physician will determine if your needs can be met at this location, make level of care recommendations and/or recommend off-site consultation to stabilize a new or recurring condition. A Preliminary Treatment Plan will be discussed with you at this time to include any medication management or ongoing medical/mental health services.

The nursing staff will review any medications you have been taking. It is important to alert the medical staff of any prescribed medications, supplements or over the counter medications you have been taking, any allergies to foods, medications or the environment (bee stings) you are aware of and any dietary restrictions you have. You may be asked to provide lab specimens that include blood work, tuberculosis screening, urine drug screen and a urinalysis to establish a baseline for your health status and rule out any conditions or diseases that may require additional treatment. New Hope can refer you to a provider for confidential Rapid Testing for HIV. Additional testing through blood work or other means may be recommended, especially if you are taking any medication that requires ongoing monitoring or you have unresolved medical symptoms.

The practitioner will discuss the findings of the examination and any treatment recommendations with you. The examination consists of a review of your medical history, any information provided from other services or practitioners, your substance use history, mental health history and the effectiveness of your medications. Psychiatric Consult may be recommended/continued if you are currently taking medications for mental health or have a history indicating that medication may be helpful in your overall care.

**Fee Schedule:**  
 New Hope I.B.H.C  
 SCHEDULE OF FEES FOR SERVICES

We accept insurance coverage through most major medical and union health care plans, including Blue Cross. For those with limited ability to pay, some scholarships and indigent funding are available to those eligible through contracts with New Jersey state and county agencies that recognize the value of New Hope I.B.H.C's services. We also employ a Sliding Fee Scale to help meet the financial needs of low income, self pay clients. The scale applies to most, but not all, services.

**INPATIENT SERVICES:**

Per Diem:	Sub-acute detoxification . . . . .	\$650.00
	Rehabilitation . . . . .	\$600.00
Per Week:	Halfway House . . . . .	\$750.00

**OUTPATIENT SERVICES:**

Individual Therapy:	(20-30 Mins). . . . .	\$45.00
	(40-50 Mins). . . . .	\$90.00
Evaluation/Assessment & Referral:	(90 Mins) . . . . .	\$150.00
Conjoint/Family Therapy:	(45-50 Mins). . . . .	\$90.00
Psycho-ed Group:	(60 Mins). . . . .	\$45.00*
Multiple Family Group Therapy:	(90 Mins) . . . . .	\$80.00
Group Therapy:	(1 hour) . . . . .	\$45.00
	(1.5 hours) . . . . .	\$67.50
	(2 hours) . . . . .	\$90.00
Adult Intensive Outpatient (IOP:3 hours)	. . . . .	\$135.00
Adolescent Intensive Outpatient (2 hours)	. . . . .	\$95.00
Partial Hospitalization Program (PHP)	. . . . .	\$270.00
Six Drug Emit Profile: Cocaine, Barbiturates, Marijuana, Opiates, Amphetamines, Benzodiazepines..		\$35.00
Chain of Custody Handling . . . . .		\$70.00
(Additional charges for alternative or other drugs)		

\*Price not affected by Sliding Scale.  
 Prices effective July 1, 2014