WHAT TO DO IN A CRISIS

During Office Hours:
You can come to Crossroads and meet with a clinician or give us a call at 641-782-8457 to speak to a clinician.

CBHS After Hours Crisis Line:
515-705-2382

Your Life Iowa: 855-581-8111
text: 855-895-8398
chat: yourlifeiowa.org

Or you can also go directly to the nearest Emergency Room.

CROSSROADS BEHAVIORAL HEALTH SERVICES IS COMMITTED TO THE WELLNESS OF INDIVIDUALS, THEIR FAMILIES, AND THE COMMUNITY BY PROVIDING HIGH QUALITY MENTAL HEALTH AND ADDICTION SERVICES

CONTACT INFORMATION
WWW.CROSSROADSBHS.ORG

CRESTON
1003 Cottonwood Rd. Creston, IA 50801
Ph: 641-782-8457
Fax: 641-782-7048
Monday - Thursday: 8 AM - 7 PM
Friday: 8 AM - 4 PM
Saturday & Sunday: Closed

Winterset
102 W. Summit Winterset, IA 50273
Ph: 515-462-3105
Monday - Thursday: 8 AM - 5 PM
Friday: 8 AM - 4 PM
Saturday & Sunday: Closed

Osceola
405 E. McLane Osceola, IA 50213
Ph: 641-342-4888
Monday - Thursday: 8 AM - 5 PM
Friday: 8 AM - 4 PM
Saturday & Sunday: Closed
ABOUT CROSSROADS
Crossroads Behavioral Health Services was established to provide support, counseling, and therapeutic services to children, adolescents and adults. Crossroads offers a variety of service types including individual, couples, family and group therapies. We strive to create services that address specific requirements for the client including concerns of substance abuse, mental health, and co-occurring disorders. Each client’s services are tailored to their unique needs by working in connection with their primary therapist to create an individualized treatment plan.

HIV/AIDS DISCLOSURE
Information on HIV/AIDS is available. If you have questions please speak with your provider. They can assist you with information about various testing centers.

COMMUNITY ENCOUNTERS
Due to the nature of services, our providers and staff must protect client confidentiality at all times. If we see each other in the community, it is your choice to acknowledge staff members or not. If you do, please know that others may inquire about the nature of the relationship. As staff of a mental health organization, we cannot engage in such conversations. Having a plan in place particularly with client’s therapist, on how you would like to broach an unplanned encounter in the community would be beneficial.

IOWA DEPARTMENT OF PUBLIC HEALTH - CONSORTIUM DISCLOSURE
Crossroads Behavioral Health Services may release your name and other contact information to the Iowa Consortium, on behalf of the Iowa Department of Public Health, for a follow-up interview regarding your treatment experience. You may be randomly selected from the data that is reported to the State of Iowa. The follow-up interview may occur up to one year after your treatment is concluded. The records are protected by Federal Confidentiality Regulations and cannot be disclosed to any other source without your specific written consent.
POLICY FOR KEEPING APPOINTMENTS

Scheduling an appointment for you with a behavioral health professional is considered a contract between you and your provider. Your regular attendance is essential for allowing us to provide vital services to you and the community. If you need to cancel or reschedule your appointment, ensure that you are calling 24-48 hours in advance of your scheduled appointment. This notice allows your provider to use their time providing treatment to others who may be waiting for an available service provider.

Consistency in treatment is vital to attain maximum benefit in services. Should you be unable to attend your appointments consistently, you may be placed on a “call day off” list. If you are placed on the “call day off” list, you will be unable to schedule in advance, and must call to secure an appointment on the same day that you wish to be seen. Should you still be unable to attend consistently despite calling in for the same day appointment, you may be discharged from services. You are able to work with your service provider to come off of the “call day off” list once you attend your appointment.

IHH: IHH Team Members are required by your insurance company to speak with you on a monthly basis by phone and are also supposed to see you at least once every 90 days in person in order for you to maintain your program eligibility.

If you do not keep a scheduled appointment and do not contact your IHH worker within the required 24 hours in advance to cancel more than 2 times per 2 months, you will be required to call your IHH worker the day of to confirm your scheduled appointments for 6 months.

If you continually cancel appointments and have three cancellations in a row, you will be discharged from the IHH program.

GRIEVANCE PROCEDURE

Members of Crossroads BHS Board of Directors and the Iowa Department of Health have established standards pertaining to the quality of services provided by Crossroads BHS. It is their intent that the staff of this center be fully trained and highly competent mental health/alcohol/drug treatment professionals.

It is recommended that any issues you may have with your provider first be addressed with them. If you do not feel comfortable speaking with your provider you may also speak with our Compliance Officer. We also understand that it is a client’s right to file a complaint/grievance should they wish to.

For therapists who are licensed as a mental health therapist (LMHC) or licensed marriage and family therapist (LMFT) complaints can be filed with the Iowa Board of Behavioral Science online at https://IBPLicense.iowa.gov/. You may also print off a form and mail it in at this website. Please note they will only accept written complaints.

If your therapist is a licensed master social worker (LMSW), or licensed independent social worker (LISW) complaints can be filed with the Iowa Board of Social Work online at https://IBPLicense.iowa.gov/. You can also print off a form and mail it in at this website. Please note they will only accept written complaints.

For counselors who are certified alcohol and drug counselors (CADC, IADC, or IAADC) complaints can be filed with the Iowa Board of Certification on their website at www.iowabc.org.

TELEHEALTH

Crossroads utilizes teletherapy when appropriate for client needs. Please speak with your primary clinician on whether this is an option you are eligible for and/or to get set-up for these services.
**CLIENT RIGHTS, RESPONSIBILITIES, & IMPORTANT INFORMATION**

**YOUR RIGHTS AS A CLIENT**

Following is your rights as a client at Crossroads Behavioral Health Services:

- **Clients have the right to be treated without loss of dignity, individuality, privacy, or respect.**
- **Clients shall be free from abuse, financial or other exploitation, retaliation, humiliation, and neglect while receiving services.**
- **Clients shall have access to their own records, and the information pertinent to the person served shall be in sufficient time to facilitate his or her decision making.**
- **Clients have the right to have informed consent, refusal, and/or expression of choice regarding service delivery, release of information, concurrent services, composition of the service delivery team, and the involvement in any research projects, if applicable.**
- **Clients shall have access to or referral to/for legal entities for appropriate representation, self-help support services, advocacy support services.**
- **Clients have the right to research guidelines and ethics.**
- **Clients have the right to request an investigation and resolution of alleged infringement of rights.**
- **Clients have the right to provide input on their service provided by client satisfaction survey on a quarterly basis or by suggestion box located in the lobby.**

**OTHER IMPORTANT INFORMATION**

- In a professional relationship, sexual intimacy is never appropriate and should be reported to the board that licenses, registers, or certifies the licensee, registrant, or certificate holder.
- If your child/teen is the client, we want to provide your child/teen with confidentiality as it is essential to the therapy process. Should your child/teen disclose information that presents a serious concerns regarding the child’s/teen’s imminent safety, the therapist will disclose to the parent/guardian and/or appropriate authorities.
- In an effort to ensure quality care, our service providers reserve the right to consult with other professionals on our treatment team. Your confidentiality is still protected during consultation. Signing this document allows your service provider to consult as needed to provide professional services to you as a client.
- Records are kept for 7 years after the last therapy contact. If a client is a minor, records will be kept for 3 years after the client has turned 18 or for 7 years, whichever is longer.
- Should the service provider be concerned about a client’s safety it is Crossroads Behavioral Health Services policy to request a Welfare Check through local law enforcement. In doing so, information related to those concerns will be disclosed.
- Emergencies: In case of an after office hours emergency you can call 515-705-2382.
- It is the client’s responsibility to keep their contact information current. We ask this so that if a counselor needs to cancel an appointment the client can be notified as soon as possible.
- Clients are asked to pay for services at the time of their appointment. If you are having difficulty paying for services it is the client’s responsibility to make payment arrangements or discuss redetermination of sliding scale fees with the intake coordinator.
- Services cannot be conducted if a client is under the influence of alcohol or drugs (illicit or over the counter). If you present to session under the influence you may be asked to return on another day and may be required to seek an alternate form of transportation in leaving the office.
- Clients who are being disruptive or inappropriate with staff or other clients (e.g. using abusive language or interfering with the operation of this agency) will be asked to leave, provided a referral for other services, or another appointment may be scheduled.
PROHIBITED USE OF ILLICIT DRUGS AND LICIT DRUGS USED ILLEGALLY

It is highly recommended that you refrain from all use of illicit substances while receiving services at Crossroads BHS. Continued use of illegal drugs and abuse of alcohol will severely interact with your medication or therapy making it a less effective tool for your recovery.

Any illicit drugs, or licit drugs used illegally on CBHS property is prohibited. A legal (prescription) drug will be considered intended for illegal use unless it is in the original labeled prescription bottle, and in the possession of the person for whom it is prescribed. Please notify a staff member if anyone is viewed as using any drugs on property.

It is also strongly recommended that you report all medications/substances you are currently taking including alcohol and drugs. If you are experiencing symptoms of abuse or dependency of alcohol or other drugs, please inform your primary clinician or case manager and they can help you address the disease of addiction. If you are currently drinking alcohol (beer, wine or other liquor) it is recommended that you consume these beverages on a limited or social basis. It is recommended that you do not drink more than two (2) drinks in any one setting. It is also recommended that you limit your consumption to no more than 1 drink per hour. You are advised to refrain from ever drinking or driving or attending any services at Crossroads BHS under the influence of alcohol or other drugs.

TOBACCO PRODUCTS

In an effort to promote good health and wellness among employees and consumers, and to provide a safe and productive environment for Crossroads BHS employees and clients, the following policy is in place.

Tobacco use is prohibited from Crossroads BHS facilities and on Crossroads grounds. Every staff member and client is expected to be sensitive to this policy and abide by it. If you want to quit using tobacco products or would like additional information on quitting, please consult your primary clinician or call 1-800-QuitNow.

NO FIREARMS OR WEAPONS

Employees, visitors, and clients shall be prohibited from carrying or bringing any weapon on Crossroads property regardless of carry permit.

WEATHER CLOSINGS

Should Crossroads BHS be closed due to weather conditions, you can check your local news channel and our company social media pages.

FIRE AND SAFETY

Information on plans for everyone’s safety is in every facility and all exits are clearly marked. In case of an emergency an alarm will sound. For your safety, please follow the instructions given by the nearest staff person.

SECLUSION & RESTRAINTS

Crossroads BHS does not use seclusion or mechanical restraints. Employees have been trained to utilize less restrictive interventions, “Therapeutic Options,” for emergency situations. This may include the use of a therapeutic hold.

POLICIES & PROCEDURES

Policy information in this handbook has been abridged to make it easier to read and understand. Complete policies and procedures manuals are available for examination. If you would like to review the manuals, please ask your clinician to make arrangements with the Personnel Office.
TERMINATION OF SERVICES

It is important that the client and provider collaborate on when services are no longer needed. It is the client’s right to terminate services at any time should they wish it. We ask that if the client decides to terminate services that they notify their service provider or Crossroads Behavioral Health Services. We value all client feedback and encourage you to share questions, comments, or concerns with your provider. It assists us in evaluating our programs and assists in assuring we are providing quality services to our clients and the community.

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

CLIENT CONFIDENTIALITY

Crossroads BHS considers client confidentiality to be the right of all clients. No information about you will be disclosed to anyone, including the fact that you are a client, without your written permission. In order to provide the best possible services to you, your therapist/counselor may request that you allow him/her to talk with a family member, your doctor, or another agency personnel where you may have received services, or some other individual. Again, this will only be done with your written consent. There are four exceptions regarding full confidentiality: (1) it is the policy of Crossroads BHS to report cases of child/adult abuse; (2) if the client has an extreme medical emergency and information we have would be helpful to the doctor; (3) if the client is a danger to self or another person; and (4) if the court orders that information be released. Your therapist/counselor will discuss these exceptions with you. When such a situation occurs, the therapist/counselor will, if/when possible, notify client that it is absolutely necessary to give information to someone. Client confidentiality is protected by Federal Law, Chapter 1, Part 2 of Title 42 of the Code of Federal Regulations and State Law, Paragraph 125, 22 of Chapter 125 of the Code of Iowa.