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## Thank you for choosing us as your provider.....

Metrocare Services is dedicated to helping our neighbors live healthier lives. Each day, for more than 50 years, Metrocare has provided access to behavioral health services to children and adults throughout Dallas County.

### Goals of Services:

- Individuals served at Metrocare will be treated with respect, dignity, and confidentiality.
- Metrocare provides individualized plans of care for each person based on that person's unique needs.

### How you can help us:

- Ask questions when you do not understand
- Attend scheduled appointments
- Give at least 24-hour notice if you need to cancel
- Follow the plan of treatment
- Provide feedback about what is working and what is not.
- Adhere to the responsibilities contained in the Individual Rights and Responsibilities document

### Services available at Metrocare:

- Mental health services for children and adults
- Services for those with intellectual and development challenges including those with autism
- Primary care for adults
- Pharmacies at our clinics
- Supportive housing for those with chronic mental illness
- Veteran's programs
- Substance services
- Early intervention services and supports for families

We want Metrocare to be helpful in improving your health. To achieve this, we want you to ask questions and tell us about your health and life.

Welcome to Metrocare!

John Burruss, M.D.  
Chief Executive Officer  
Metrocare Services

## Adult Outpatient Services

Provides psychiatric evaluation, medication management, counseling, case management, skills training (in home and clinic based), crisis services and care coordination.

Available at the Samuell, Westmoreland, Lancaster-Kiest, Grand Prairie, and Skillman locations.

**Intake procedure:** Call to make an appointment or walk-ins accepted from 8 a.m. to 3 p.m. To assess financial eligibility, we ask that potential clients bring two recent check stubs and recent proof of any other income, recent utility bill, TX ID or DVL and/or insurance card.

**Fees:** The agency adopts the state approved Maximum Monthly Fee Schedule published by HHSC. Services are not denied due to an inability to pay.

## Adult Specialty Services

### **Assertive Community Team (ACT)**

Intensive community-based outpatient services available with 24 hour/7 days a week access to case management and support services. This program is designed for individuals with frequent hospitalization. Services are designed to meet the needs and preferences of each person. Available services include medication management, trauma-informed care, rehabilitative services, substance use services, housing assistance, and coordination of care.

Four ACT teams available: two located at Westmoreland, one at Samuell Clinic & one at Special Need Offenders Program (SNOP). Most services are offered in the community.

**Intake procedure:** Individuals who have experienced difficulty maintaining in the community, multiple psychiatric hospitalizations, and/or involvement with the criminal justice system. To assess financial eligibility, we ask that potential clients bring two recent check stubs and recent proof of any other income, recent utility bill, TX ID or DVL and/or insurance card.

**Fees:** The agency adopts the state approved Maximum Monthly Fee Schedule published by HHSC. Services are not denied due to an inability to pay.

### **Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI)**

#### **TCOOMMI Jail Diversion**

Individuals who have been arrested for a misdemeanor offense and meet court guidelines may be eligible to be released to this intensive mental health program. Individuals are generally asked to appear before a judge a minimum of 2 times per month and participate in a recommended treatment plan. Upon successful completion of this program, individuals have an opportunity to have their misdemeanor charges dismissed. Services are designed to meet the needs and preferences of each person. Available services include medication management, trauma-informed care, rehabilitative services, substance use services, housing assistance, and coordination of care.

Located at Special Need Offenders Program (SNOP).

**Intake procedure:** Call to make an appointment or stop in during business hours. To assess financial eligibility, we ask that potential clients bring two recent check stubs and recent proof of any other income, recent utility bill, TX ID or DVL and/or insurance card.

#### **Outpatient Competency Restoration (OCR)**

This is a program that assists individuals facing criminal charges, of which they have been deemed incompetent to stand trial. In lieu of gaining competency in a hospital or jail setting, eligible individuals may be released from jail and referred to this intensive outpatient program. Through a competency restoration process, a team of case managers and the psychiatrist and work with individuals 3-5 times per week to assist in gaining understanding of the legal process. In addition to community stabilization, OCR helps each person move toward a goal of appearing in court to resolve their charges.

Located at Special Need Offenders Program (SNOP) but most services are offered in the community.

**Intake procedure:** Individuals are referred via the Mental Health Jail Diversion program at Frank Crowley Courthouse.

#### **Forensic Assertive Community Team (ACT)**

Intensive community-based outpatient services available with 24 hour/7 days a week access. This is a program designed to meet the needs of individuals with a history of multiple

psychiatric hospitalizations in combination with criminal justice involvement, most often probation/parole. Services are designed to meet the needs and preferences of each person. Available services include medication management, trauma-informed care, rehabilitative services, substance use services, housing assistance, legal advocacy, and coordination of care.

Located at Special Need Offenders Program (SNOP) but most services are offered in the community.

**Intake procedure:** Call to make an appointment or walk-ins accepted from 8 a.m. to 3 p.m. To assess financial eligibility, we ask that potential clients bring two recent check stubs and recent proof of any other income, recent utility bill, TX ID or DVL and/or insurance card.

**Fees:** The agency adopts the state approved Maximum Monthly Fee Schedule published by HHSC. Services are not denied due to an inability to pay.

#### **Special Needs Offender Program (SNOP)**

For individuals with criminal justice needs that do not qualify for a specialty forensic team, Metrocare also offers outpatient forensic clinic services. The SNOP outpatient program provides an array of traditional outpatient services. Services are designed to meet the needs and preferences of each person. Available services include medication management, trauma-informed care, rehabilitative services, substance use services, housing assistance, and coordination of care.

Located at 3330 S. Lancaster Rd., Annex Building, Dallas TX 75216.

**Intake procedure:** Call to make an appointment or walk-ins accepted from 8 a.m. to 3 p.m. To assess financial eligibility, we ask that potential clients bring two recent check stubs and recent proof of any other income, recent utility bill, TX ID or DVL and/or insurance card.

**Fees:** The agency adopts the state approved Maximum Monthly Fee Schedule published by HHSC. Services are not denied due to an inability to pay.

See the *Locations* tab for hours of operations

## ***Achieving True Liberty and Success (ATLAS)***

Individuals currently on felony probation, alleged to have violated the terms of probation may be found eligible for this program. A probation officer makes the referral. During the 12-month program, participants receive weekly case management services, meet with the assigned probation officer weekly, and attend court two to four times per month. The treatment team works towards the goal of rehabilitation into the community and successfully completing probation. In addition to ATLAS, Metrocare offers jail diversion for other court involved individuals facing misdemeanor charges.

Located at Special Need Offenders Program (SNOP).

*Intake procedure:* Call to make an appointment or stop in during business hours. To assess financial eligibility, we encourage an individual to provide two recent check stubs and recent proof of any other income, two recent utility bills, TX ID or DVL and/or insurance card

*Fees:* The agency adopts the state approved Maximum Monthly Fee Schedule published by HHSC. Services are not denied due to an inability to pay.

## ***Dual Diagnosis Residential Treatment Center (DDRTC)***

180-day residential treatment program for individuals diagnosed with co-occurring substance use and a severe mental health disorder. The program is an alternative to incarceration, as all clients are on felony probation and referred by Dallas County.

The services offered are individual medication management and monitoring, counseling, skills training, relapse prevention, symptom management, support groups, healthy living courses, social living courses, and a "Track B" course which focuses on cognitive struggles.

Located in Wilmer, TX.

*Intake procedure:* Individuals are referred by the Dallas County Criminal Justice Department.

## ***Enhanced Program for Early Onset of Psychosis (ePEP)***

Offers an enhanced array of services that is modeled after NIMH developed and tested as early intervention for first episode psychosis. Services include expert pharmacotherapy, psychotherapy, case management, supported employment and education, family psycho-education, and peer recovery coaching.

Call us: 1-877-283-2121

Contact Jasmine Brown, Clinical Manager for ePEP, at 469-680-3544

*Intake procedure:* Clients must have been diagnosed less than two years with psychosis.

## ***Projects for Assistance in Transition from Homelessness (PATH)***

Community based outreach, mental health and substance abuse services, case management and limited housing services for homeless (or at risk) people experiencing serious mental illness, including clients with co-occurring substance use.

*Intake procedure:* To assess financial eligibility, we ask that potential clients bring two recent check stubs and recent proof of any other income, recent utility bill, TX ID or DVL and/or insurance card.

*Fees:* The agency adopts the state approved Maximum Monthly Fee Schedule published by HHSC. Services are not denied due to an inability to pay.

## ***The Bridge for Homeless***

Provides medication management; case management; skills training, rehabilitation, and assistance in applying for social security.

*Intake procedure:* To assess financial eligibility, we ask that potential clients bring two recent check stubs and recent proof of any other income, recent utility bill, TX ID or DVL and/or insurance card.

*Fees:* The agency adopts the state approved Maximum Monthly Fee Schedule published by HHSC. Services are not denied due to an inability to pay.

## ***Outreach Team for Homeless***

*Intake procedure:* To assess financial eligibility, we ask that potential clients bring two recent check stubs and recent proof of any other income, recent utility bill, TX ID or DVL and/or insurance card.

*Fees:* The agency adopts the state approved Maximum Monthly Fee Schedule published by HHSC. Services are not denied due to an inability to pay.

## **Housing Services**

### ***Leasing***

No time limit for housing but must be with program regulations; client chooses from apartments throughout Dallas County and

pays approximately 30% of their income toward rent.

*Intake procedure:* Targets chronically homeless, disabled singles, and some families.

### ***Safe Haven***

No time limit for a high acuity focused emergency shelter housing program. Residents live in furnished apartments located in the Vickery Meadows neighborhood with 24/7 on-site staff offering group and individual services to stabilize client's symptoms, connects them to community resources and permanent housing options.

*Intake procedure:* Individuals who are homeless for a year or several times recently, verifiably disabled by a severe mental illness, and able to live peacefully within the community.

See the *Locations* tab for hours of operations

## Child/Adolescent Outpatient Services

Provides psychiatric evaluation, medication management, counseling, case management, skills training (in home and clinic based). Family partner is also available to assist the family with any identified needs in certain programs.

Located at the Hillside (Building B), Samuell, Grand Prairie, & Skillman Centers.

*Intake procedure:* New individuals (ages 3-17). Call to make an appointment or walk-ins accepted from 8 a.m. to 3 p.m. To assess financial eligibility, we ask that potential clients bring two recent check stubs and recent proof of any other income, recent utility bill, TX ID or DVL and/or insurance card.

*Fees:* The agency adopts the state approved Maximum Monthly Fee Schedule published by HHSC. Services are not denied due to an inability to pay.

## Child & Adolescent Specialty Services

### Wrap-around Services

Short term, intensive in-home program that facilitates a team approach in assisting families, as well as provides 24/7 crisis intervention, medication management, and case management. Program seeks to provide supports that help to stabilize a youth, setting goals, building on their strengths and interests, and enhancing the family's knowledge and understanding of one another. Wrap-around aims to prevent out of home placements, helping children remain within their own family home in the community. Community-based treatment.

*Intake procedure:* Designed for youth between the ages 3-17. Qualified individuals have typically experienced a recent hospitalization, crisis episode, or other out of home placement. Send referrals by email to WRAParound@metrocareservices.org.

*Fees:* The agency adopts the state approved Maximum Monthly Fee Schedule published by HHSC. Services are not denied due to an inability to pay.

### Specialized Outpatient Services (SOS)

Community and family-based program that uses a multi-service approach to meet the mental health needs of children, youth, and families; specifically focusing on improving social, emotional, and behavioral skills at home school and in the community.

Call us: 1-877-283-2121

*Intake procedure:* To assess financial eligibility, we ask that potential clients bring two recent check stubs and recent proof of any other income, recent utility bill, TX ID or DVL and/or insurance card.

*Fees:* The agency adopts the state approved Maximum Monthly Fee Schedule published by HHSC. Services are not denied due to an inability to pay.

### Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI)

A family based multi-service approach to meet the mental health needs of juvenile offenders. Services targeted for youth in the Texas Juvenile Justice System, ages 10-18 who have been assessed with severe emotional disturbances. Teams consist of a counselor trained in trauma-informed approaches, a qualified mental health professional, and one probation officer who provide intensive community based, therapeutic intervention, and supervision to youth on probation. Services also include monthly medication monitoring. Services are designed to meet the needs and preferences of each family.

Located at Hillside (Building C).

*Intake procedure:* Referrals must come from the Dallas County Juvenile Department. Parents interested in this service should request it through the child's probation officer.

### YES Waiver (Youth Empowerment Services)

This is a Medicaid home and community-based services waiver that allows for more flexibility in the funding of intensive community-based services to assist children and adolescents with severe emotional disturbances. Waiver services are provided in combination with services through the Medicaid state plan, other federal and local programs the individual may qualify for and the natural supports in family and community. Call the Yes Waiver Authority Inquiry line: 866-501-6535 to inquire about eligibility. If eligible, Metrocare offers an array of Yes Waiver services.

Fees: Medicaid

### Crisis Services

Metrocare provides 24/7 (crisis) hotline and mobile crisis outreach services available to individuals experiencing a mental health crisis. The hotline is staffed with Qualified Mental Health Professionals, Licensed Practitioners of the Healing Arts, and Mental Health Peer

Specialists to meet the needs of any individual regardless of where you live. The direct hotline telephone number is 214-743-1215.

Metrocare Specialty teams provides round the clock team-specific coverage to individuals enrolled in Assertive Community Treatment, Forensic Diversion Unit, Forensic Assertive Community Treatment, Outpatient Competency Restoration, and Wraparound Child and Adolescent Services. Individuals enrolled in each of these programs have direct access to telephonic and face to face crisis intervention services from their direct treatment team. For non-specialty programs, Metrocare also provides general crisis services, in clinic and within community settings, as well as telephonically. To ensure overall competency in crisis services, each mental health clinician receives ongoing training on the provision of services, both pre and post-crisis, including risk assessment using the Columbia suicide severity rating scale, the CANS/ANSA risk assessment items, and best practices in safety planning, Seeking Safety, and Critical Time Intervention. Additionally, licensed therapists are trained in trauma-informed safety approaches such as Cognitive Behavioral Therapy, Cognitive Processing Therapy, and Collaborative Assessment and Management of Suicidality.

### Care Coordination

Care Coordination and Liaison Services are available to foster collaboration and data sharing among internal and external providers working together to care for an individual in service. Through coordination efforts, Metrocare endeavors expedited, safe and quality services that are integrated to provide a holistic approach to care. As part of the Care Coordination and Liaison Services, Metrocare also encourages engaged participation by family members, friends, caregivers, and anyone else an individual identifies as a natural support. Following completion of consent activities to ensure an individual's privacy is always protected, Metrocare will include identified natural supports in coordination and treatment efforts. Care Coordination and Liaison Services is incorporated within all components of the Mental Health and Primary Care Division.

## Primary Care Services

### Adult Primary Care

Provides a range of services to individuals 18 years and older which include: annual physical exams, chronic disease management





# Programs & Services

See the *Locations* tab for hours of operations

(cholesterol, diabetes, hypertension), health insurance assistance, immunizations, preventive care, specialty care referrals, and onsite pharmacy services.

Located at Westmoreland, & Lancaster Kiest Centers.

*Intake procedure:* Call to make an appointment or walk-ins accepted from 8 a.m. to 3 p.m.

*Fees:* The agency adopts the state approved Maximum Monthly Fee Schedule published by HHSC. Services are not denied due to an inability to pay.

## Developmental Disability (DD) Provider Services

### ***Behavior Treatment Services (BTS)/Behavior Treatment Center (BTC)/Crisis Intervention Services/ Developmental Disabilities Assertive Community Team (DD ACT)***

Outpatient care for individuals with a diagnosis of IDD, Autism Spectrum Disorder or other qualifying diagnosis requiring specialized behavioral interventions and/or counseling services specifically focused on improving social, emotional, and behavioral skills in the home at school and in the community.

*Intake procedure:* Must have funding through GR/TxHmL/HCS/Star Plus/Medicaid.

### ***Career Design and Development Services (CDDS)***

Provides vocational, pre-vocational, and day habilitation services. Vocational services: provides employment services to consumers that are authorized through TWC, Star+Plus Medicaid, GR, TxHmL, or HCS. Day habilitation services: if the individual is unable to follow simple instructions, care for him/herself, or has other high-needs issues, they will attend day habilitation classes. Individuals will attend pre-vocational training if they have already developed these life skills.

Located at the LakeWest Family YMCA.

*Intake procedure:* Must be 18 years or older to receive services. Must also have funding through GR/ICFDD/CLASS/TxHmL/HCS/Star Plus/Texas Workforce Commission Services.

### ***Center for Children with Autism (CCAM)***

Children, diagnosed with a disorder on the autism spectrum, ages 2 to 12, receive

Call us: 1-877-283-2121

Applied Behavior Analysis (ABA) based therapy that is adjusted to each child's needs.

Locations in Dallas, and DeSoto.

*Intake procedure:* To assess financial eligibility, we ask that potential clients bring two recent check stubs and recent proof of any other income, recent utility bill, TX ID or DVL and/or insurance card.

*Fees:* Based upon insurance coverage including applicable copays and deductibles. Self-pay is available per a sliding scale based upon income. Or must have funding through GR/TxHmL/HCS.

### ***Early Childhood Intervention (ECI)***

Serves families with children (birth to 36 months) with developmental delays or disabilities. Services can include speech, occupation and physical therapy, case management, skills training, and nutrition.

Located at Hillside and DeSoto.

*Intake procedure:* To assess financial eligibility, we ask that potential clients bring two recent check stubs and recent proof of any other income, recent utility bill, TX ID or DVL and/or insurance card.

*Fees:* Based upon insurance coverage including applicable copays and deductibles. Self-pay is available per a sliding scale based upon income.

### ***Family Connects***

The program provides between one and three nurse home visits to every family with a newborn beginning at about three weeks of age, regardless of income. Using a tested screening tool, the nurse measures newborn and maternal health and assesses strengths and needs to link the family to community resources.

*Fees: Free for every family with a newborn (birth to three weeks of age).*

### ***Home and Community based Services (HCS)/Community Living Assistance and Support Services (CLASS)/Texas Home Living (TxHmL)/General Revenue (GR) Services***

To provide services and support to IDD so they can continue to live with family or independently.

Located at Hillside.

*Intake procedure:* Must have HCS/CLASS/TxHmL Waiver funding to receive

Visit us: [www.metrocareservices.org](http://www.metrocareservices.org)

HCS/TxHmL services. Must have GR funding to receive GR services.

## Local Intellectual and Developmental Disability Authority (LIDDA)

### ***Eligibility Determination Unit (EDU)***

The central intake site for people with an intellectual or developmental disability (IDD) who are residents of Dallas County, 3 years of age and older seeking eligibility for IDD Services. EDU determines an individual's eligibility for IDD services, completes referrals to LIDDA Service Coordination, and places individuals on the Home and Community-Based Services and Texas Home Living Interest Lists.

EDU is located at the LIDDA.

*Intake Procedure:* For an eligibility determination evaluation, provide the following information to EDU via mail, drop off, or fax: Full name of parent/guardian and individual being referred, contact number of individual/family, for school aged individuals a copy of the most recent Full and Individual Evaluation (FIE), or a copy of medical records stating diagnosis(es), and/or a copy of all psychological or psychiatric evaluation records stating test results and diagnosis(es). Contact will be established upon receipt and review of records.

For placement on the Home and Community Based Services and Texas Home Living Interests List, contact the Eligibility Determination Unit.

**Phone:** 214-333-7000 **Fax:** 214-333-7073  
**LIDDA Location:** 1330 River Bend Dr., Suite 300 Dallas, TX 75247

*Fees:* Based upon insurance coverage including applicable copays and deductibles.

### ***Service Coordination***

Service Coordination helps people access medical, social, educational, and other appropriate services and supports that will help them achieve an acceptable quality of life and community participation. Service coordination is provided by LIDDA staff person who is typically referred to as a service coordinator.

Located at LIDDA.

### ***General Revenue (GR)***

State funded services provided to individuals determined eligible for Intellectual and

Developmental Disability Services. Individuals seeking respite, behavior supports, residential placement, etc. are referred to General Revenue Service Coordination. Service coordination helps persons access medical, social, educational, and other services and supports that will help them achieve an acceptable quality of life and community participation. Service coordination is provided by LIDDA staff who are referred to as service coordinators.

### **Community First Choice (Nonwaiver) (CFC)**

A program in which an individual receives basic attendant and habilitation services for individuals determined eligible for IDD Services. They must be Medicaid recipients of specific Managed Care Organizations (MCO's). The services provide consist of personal assistance services: Services to help persons perform activities of daily living (such as eating, toileting, grooming, dressing, and bathing), activities related to living independently in the community (such as meal planning and preparation, managing finances, shopping for food, clothing, and other essential items), and health related tasks based on the person-directed plan.

### **AND/OR**

Acquisition, maintenance, and enhancement of skills necessary for persons to accomplish activities of daily living, activities related to living independently in the community and health-related tasks. CFC (Non waiver) provides LIDDA Service Coordination for individuals 22 years of age. For individuals determined eligible for IDD Services, necessary information will be provided to the MCO. Additional CFC services consist of CFC Support Management and CFC emergency response services.

### **Continuity of Services**

Team of LIDDA staff including service coordinators that aid individuals with completing the enrollment process into specific programs such as Home and Community Based Services, Texas Home Living, placement, and discharge from State Supported Living Centers, monitoring of individuals in State Supported Living Centers.

### **Texas Home Living (TxHML)**

The TxHML program provides essential services and supports so that persons with IDD can continue to live with their families or

in their own homes. TxHML services supplement but do not replace services and supports from other programs such as the Texas Health Steps program, or from natural supports such as family, neighbors, or community organizations. Services consist of community support, nursing, adaptive aids, minor home modifications, specialized therapies, behavioral support, dental treatment, respite, day habilitation and employment services. Service coordination is provided by the LIDDAS.

### **Home and Community Based Services (HCS)**

The HCS program provides services to persons with IDD who live with their family, in their own home, in a host home/companion care setting, or in a residence with no more than four persons who also receive services. Services meet the person's needs so the person can maintain himself or herself in the community and have opportunities to participate as a citizen to the maximum extent possible. Services consist of adaptive aids, minor home modifications, professional therapies, behavioral support, dental treatment, nursing, residential assistance, respite, day habilitation and employment services. Service coordination is provided by the LIDDA. Residents of a host home/companion care setting or an HCS residence pay for their own room and board. There is a limit to the yearly cost of services provided through the HCS program.

HCS & Texas Home Living Service coordination monitors services provided by HCS/TxHML providers to ensure safety, coordination of services, linkage to resources, etc. Service Coordination will assist the person in identifying and articulating his/her priority outcomes, personal goals, and hopes for the future as well as his/her requests and need for services and supports. The SC will elicit the person's feedback, coordinate, monitor the services for desired outcomes as identified in the Person Directed Plan (PDP).

### **Prescreening Admission Screening and Resident Review (PASRR)**

PASRR is a federally mandated program that requires all states to prescreen all people, regardless of payer source or age, seeking admission to a Medicaid-certified nursing facility.

PASRR has three goals:

- To identify people, including adults and children, with mental illness, and/or IDD.
- To ensure appropriate placement, whether in

the community or the nursing facility. To ensure people receive the required services for mental illness, and/or IDD.

### **Altshuler Center for Education and Research (ACER)**

In order to meet the demand for public mental health services tomorrow, ACER offers top-tier training for physicians, nurses, counselors, and other healthcare workers today. ACER is committed to offering a stimulating and satisfying training experience within real-world public sector settings. With access to the clinical resources of Metrocare Services and the 52,000 people it serves each year, the ACER provides diverse and specialized training experiences for all of its trainees.

*Intake procedure:* Must be either a junior psychiatric resident, psychiatric nurse practitioners, counselors, or other health-care professionals interns/externs, seeking in-depth experiences within the public sector.

### **Substance Abuse Treatment**

Ambulatory detoxification and adult outpatient programs that offer both individual and group services.

Located at the Lancaster-Kiest and Skillman Center. Adult outpatient program location at the Bridge.

*Intake Procedure:* To assess financial eligibility, we ask that potential clients bring two recent check stubs and recent proof of any other income, recent utility bill, TX ID or DVL and/or insurance card.

Fees: Based upon insurance coverage including applicable copays and deductibles. Self-pay is available per a sliding scale based upon income.



# Locations

Main Number: 214-743-1200 | After-hours protocols are available by calling the below clinic phone numbers.

## **Metrocare at Samuell**

*Adult Outpatient • Pharmacy*

4645 Samuell Blvd. | Dallas, TX 75228

Monday - Friday | 8:00 A.M. - 5:00 P.M.

**214-275-7393**

## **Metrocare at Samuell - Child & Adolescent**

*Child & Adolescent Outpatient*

4701 Samuell Blvd. | Dallas, TX 75228

Monday - Friday | 8:00 A.M. - 5:00 P.M.

**214-861-5611**

## **Metrocare at Westmoreland**

*Adult Outpatient • Pharmacy • Adult Primary Care*

1350 N. Westmoreland Rd. | Dallas, TX 75211

Monday - Friday | 8:00 A.M. - 5:00 P.M.

**214-330-0036**

## **Westside Family Center**

*Child & Adolescent Outpatient*

1353 N. Westmoreland | Dallas, TX 75211

Monday - Friday | 8:00 A.M. - 5:00 P.M.

**214-331-0107**

## **Metrocare at Lancaster-Kiest**

*Adult Outpatient • Pharmacy • Adult Primary Care*

3330 S. Lancaster Rd. | Dallas, TX 75216

Monday - Friday | 8:00 A.M. - 5:00 P.M.

**214-371-6639**

## **Metrocare at Lifenet Skillman**

*Adult Outpatient • Child & Adolescent Outpatient • Pharmacy • Housing • Intensive Outpatient Services*

9708 Skillman St. | Dallas, TX 75243

Monday - Friday | 8:00 A.M. - 5:00 P.M.

**214-221-5433**

## **Metrocare at Grand Prairie**

*Adult Outpatient • Child & Adolescent Outpatient*

1020 S. Carrier Pkwy | Grand Prairie, TX 75051

Monday - Friday | 8:00 A.M. - 5:00 P.M.

**214-330-2488**

## **The Steven A. Cohen Military Family Clinic at Metrocare**

*Adult Outpatient • Child & Adolescent Outpatient • Adult Specialty Services • Family Services*

16160 Midway Rd., Ste. 218 | Addison, TX 75001

Visit [www.metrocareservices.org/MFC](http://www.metrocareservices.org/MFC) for hours

**469-680-3500**

## **Center for Children with Autism at Metrocare - Dallas**

*Developmental Disability Provider Services*

1330 River Bend Dr., Ste. 100 | Dallas, TX 75247

Monday - Friday | 8:00 A.M. - 5:00 P.M.

**214-333-7076**

## **Center for Children with Autism at Metrocare - DeSoto**

*Developmental Disability Provider Services*

1619 N. Hampton Rd. | DeSoto, TX 75115

Monday - Friday | 8:00 A.M. - 5:00 P.M.

**972-331-6335**

## **Special Needs Offenders Program (SNOP)**

*Adult Specialty • Intensive Outpatient Services*

3330 S. Lancaster Rd. (Annex Bldg.) | Dallas, TX 75216

Monday - Friday | 8:00 A.M. - 5:00 P.M.

**214-371-0474**

## **Hillside Intensive Services**

*Child & Adolescent Specialty • Developmental Disability Provider Services*

1353 N. Westmoreland | Dallas, TX 75211

Monday - Friday | 8:00 A.M. - 5:00 P.M.

**214-333-7015**

## **Homeless Services at The Stew Pot**

*Adult Outpatient*

408 Park Ave. | Dallas, TX 75201

Monday - Friday | 8:00 A.M. - 5:00 P.M.

**214-939-3933**

## **The Bridge**

*Adult Outpatient • Intensive Outpatient Services*

1818 Corsicana St. | Dallas, TX 75201

Monday - Friday | 8:00 A.M. - 5:00 P.M.

**214-670-1122**

## **Wilmer Dual Diagnosis Residential Treatment Center (DDRTC)**

*Adult Specialty*

200 Greene Rd. | Dallas, TX 75146

Monday - Friday | 8:00 A.M. - 5:00 P.M.

**214-689-5106**

## **Local Intellectual Developmental Disabilities Authority (LIDDA)**

*Eligibility and Determination Unit • Service Coordination*

1330 River Bend Dr., Ste. 300 | Dallas, TX 75247

Monday - Friday | 8:00 A.M. - 5:00 P.M.

Eligibility Determination Unit **214-333-7000**

General Revenue & Texas Home Living Service Coordination: **214-948-9950**

Home and Community Based Services & PASRR: **972-861-5001**

## **Administration**

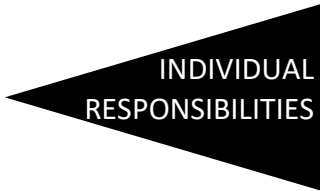
1345 River Bend Dr., Ste 200 | Dallas, TX 75247

Monday - Friday | 8:00 A.M. - 5:00 P.M.

**214-743-1200**



# Consent for Services



I give consent to Metrocare Services to provide one or more of the following services to me and/or my child. I will check each service I am interested in.

- Outpatient Behavioral Health Services:** Clinical services may include diagnostic assessment and evaluation, crisis intervention, case management, skills training, rehabilitative services, specialty services, counseling, medication services and walk in visits.
- Substance Use Services:** Intensive outpatient and supportive outpatient substance abuse treatment provided in both an individual and group setting.
- Primary Care:** Medical services to include annual physical exams, chronic disease management, well child exams, immunizations, preventive care, specialty care referrals, and onsite pharmacy services.
- Developmental Disabilities (IDD) Provider Services:** Include a wide range of services for individuals with intellectual developmental disabilities including behavior treatment services, career development services, home and community-based services, and autism services.
- Eligibility and Determination Unit (EDU):** To provide intake for individuals with intellectual or developmental disability who are residents of Dallas County. EDU provides information, screening, assessment, and referral.
- Service Coordination:** Serves to help people access medical, social, educational, and other appropriate services and supports that will help them achieve an acceptable quality of life and community participation. Service Coordination is provided by a LIDDA staff person who is typically referred to as a Service Coordinator.
- Housing:** Includes temporary and permanent supportive housing programs as well as intensive case management services to those housed in our programs.
- Early Childhood Intervention (ECI):** Serves families with children (birth to 36 months) with developmental delays or disabilities. Services can include speech, occupation and physical therapy, case management, skills training and nutrition.

**Contact for Research Study:** Metrocare's Altshuler Center for Education and Research ("ACER"), partners with various healthcare institutions to conduct Metrocare-approved research studies. You are invited to volunteer for any upcoming Metrocare-approved research study for which you qualify. The benefits of participating in a research study may include: Being among the first few to receive new, innovative treatment; and small compensation for participation. Additionally, your participation serves to advance and expand the types of future treatment and services options for you and your peers by increasing the knowledge the researches would gain from the research studies. **Please check the box below to indicate whether you would like to be contacted by Metrocare to participate in Metrocare-approved research studies:**

- YES.** I want to be contacted by Metrocare Services about participating in Metrocare-approved research studies.
- NO.** I do not want to be contacted by Metrocare Services about participating in Metrocare-approved research studies.

I understand that I may withdraw my consent to be contacted for research study by submitting my request to be withdrawn in writing. Metrocare staff are available to assist me in the withdrawal of consent if needed. Alternatively, if I decide I want to be contacted for research study, I may contact Metrocare staff to notify them of my interest.

**Acknowledgement.** I have been given the opportunity to read and ask questions about the information contained in this form. I acknowledge that I either have no questions or that my questions have been answered to my satisfaction and that I have signed this document freely and without inducement other than to provide treatment and services to me. I understand that I may withdraw this consent for services by submitting my request in writing at any time. Metrocare Services staff are available to assist me in the withdrawal of consent if needed. This consent is valid for only twelve (12) months and must be renewed annually if I continue with services.

\_\_\_\_\_  
**Signature of Individual Receiving Services**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature Parent/Guardian/Legally Authorized Representative (if applicable)**

\_\_\_\_\_  
**Date**

Legal Status:  Adult  Minor  Guardianship

\_\_\_\_\_  
**Signature of Staff Member Giving Explanation**

\_\_\_\_\_  
**Date**

Name (First, Last):	RU:	DOB:	MRN:
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### Consent to Send and Receive Text and E-mail Communications

I \_\_\_\_\_ consent to receive the following information from Metrocare Services (“Metrocare”) by the method(s) indicated below (*check all that apply*):

- Appointment reminders from my Metrocare case worker/Service Coordinator
- Other communications from my Metrocare case worker/Service Coordinator that do not fall under the categories below

I authorize and consent to Metrocare to (*check all that apply*):

- Send **text message communications\*** to me at: (*Telephone*) \_\_\_\_\_  
\*I understand that if I reply to a text message, I may incur additional charges from my phone carrier
- Send **e-mail communications** to: (*E-mail address*) \_\_\_\_\_

I also consent and authorize for the following person to receive communications from Metrocare on my behalf as follow:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

*\*An Authorization for Disclosure/Release of Information is needed for this person if there is none on file.*

- Text Message Communications at: (*Telephone*) \_\_\_\_\_
- E-mail Communications at: (*E-mail address*) \_\_\_\_\_

**I understand that it is my responsibility to provide Metrocare with my most current telephone number and e-mail address.**

Metrocare **does not permit** the use of text or e-mail communications for the following:

- Emergency or time-sensitive issues;
- Highly sensitive or confidential medical and/or personal information, including protected health information;
- A substitute for clinical services or encounters; and
- Requests for medical records or other documentation.

**I understand that by authorizing e-mail and text message communications that there are certain privacy and security risks involved with there being no guarantee that my text messages and/or e-mail are private and/or secure.** However, understanding these risks, I consent to receive e-mail and text message communications specifically for what I have authorized above and what is acceptable by Metrocare. **I can make changes or revoke my consent to receive future text message and/or e-mail communications as authorized above at any time by informing Metrocare of my intent.**

\_\_\_\_\_  
Printed Name/Signature of Individual

\_\_\_\_\_  
Date

Check here if parent, guardian, or authorized representative completing on behalf of individual served

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Individual

Reviewed By: \_\_\_\_\_  
Printed Name of Staff Person



## Consent to Send and Receive Text and E-mail Communications

### INSTRUCTIONS

#### Completing the form:

1. Fill in first blank with the full name of the **Individual** receiving services from Metrocare, and discuss with the individual what type of information they are consenting to receive from Metrocare, whether it's appointment reminders or other information that is not prohibited by Administrative Policy 3.05.02 (as listed on the Consent form). Check off all that the individual consents to receiving.
2. Complete the next section by indicating which method(s) the individual consent to receiving information from Metrocare and provide the required information of a telephone number, an e-mail address or both.
3. Complete this next section if the individual served consent/authorizes for another person to receive text communication and/or e-mail communication on their behalf. Must provide the full name and **relationship** of this person. Must ask the individual served and indicate in this section whether the authorized person is allowed to receive only text message communication, or only e-mail communication, or both. **An Authorization for Disclosure of Information/Release of Information** is also needed if there is **none** already on file for this person.  
**Relationship.** Identify the relationship of the person that the individual served is authorizing to receive text and/or e-mail communications on their behalf (i.e. parent, friend, sibling, etc.).
4. Staff must review the next section with the individual served and explain to the individual served the types of information that the staff member cannot communicate by text or e-mail with the individual served or other authorized person.
5. Staff must explain the risks involved in consenting to send/receive text and/or e-mail communications to the individual served. Staff must also address any concerns the individual served may have in regards to the risks. Staff must also explain to the individual that he/she can revoke this consent at any time by expressing such intent.
6. The **Individual Served** must print their name, date and sign the Consent form as indicated. If a person other than the Individual Served is completing the form (i.e. parent, guardian or authorized representative), that person must check the box and indicate who they are consenting on behalf of.
7. The Staff member reviewing and obtaining consent from the Individual Served/authorized personnel must provide their name as indicated on the form.
8. A copy of the signed Consent form can be provided to the Individual served for their records.

#### Tracking Consent in MyAvatar:

1. Once consent is obtained from the individual served in regards to receiving text/e-mail communications, the staff member must indicate this in MyAvatar.
2. It is the staff member's responsibility to ensure that a copy of the signed Consent form is in the individual's record in MyAvatar. The original signed copy of the Consent form should be safely kept and maintained for the individual.

#### Revocation of Consent by Individual Served:

1. Once the individual informs Metrocare that he/she no longer wishes to receive text message and/or e-mail communications, Metrocare staff member must document such in MyAvatar.
2. If the individual wishes to make changes to what he/she has consented to, the staff member must complete a new Consent form with the individual (follow instructions above for completing Consent form).









This document is meant to inform individuals in service of their rights and responsibilities while they are undergoing services within the agency. To the extent permitted by law, patient rights may be delineated on behalf of the patient to his or her guardian, next of kin, or legally authorized responsible person if the patient: a) has been adjudicated incompetent in accordance with the law, b) is found to be medically incapable of understanding the proposed treatment or procedure, c) is unable to communicate his or her wishes regarding treatment, or d) is a minor. If there are any questions regarding the contents of this notice, please notify any staff member. Staff members are identified by the presence of name badges. Individuals have the right to ask for identification if one is not visible. All individual seeking service and/or referral have the right to choose a provider.

### Individual Rights

**1. Access to Care.** You will be provided with impartial access to treatment and services within this agency's capacity and availability in keeping with applicable laws and regulations. This is true regardless of race, creed, sex, national origin, religion, disability or handicap, or source of payment for care or services.

**2. Respect and Dignity.** You have the right to considerate, respectful care and services at all times and under all circumstances. This includes recognition of psychosocial, spiritual, and cultural variables that may influence the perception of your illness, free from all forms of abuse or harassment.

**3. Privacy and Confidentiality.** You have the right, within the law, to personal and informational privacy. This includes the right to:

- Be interviewed and examined in surroundings that ensure reasonable privacy
- Expect that any discussion or consultation regarding care will be conducted discreetly
- Expect all written communications pertaining to care to be treated as confidential
- Expect medical records to be read only by individuals directly involved in care, quality-assurance activities, or the processing of

insurance claims. No other persons will have access without your written authorization.

**4. Right to Identify Staff Members.** Staff members are identifiable by the presence of a Metrocare Services issued name badge. Individuals have the right to ask for identification if one is not visible.

**5. Personal Safety.** You have the right to expect reasonable safety regarding the agency's procedures and an environment free from all forms of abuse or harassment.

**6. Identity.** You have the right to know the identity and professional status of any person providing services and which physician or other practitioner is primarily responsible for your care.

**7. Information.** You have the right to obtain complete and current information concerning your diagnosis (to the degree known), your treatment, and any known prognosis. This information should be communicated in terms that you understand.

**8. Communication.** If you do not speak or understand the predominant language of the community, you should have access to an interpreter.

**9. Consent.** You have the right to information that enables you, in collaboration with staff, to make treatment decisions, be involved in your treatment, discharge planning, and be able to request to refuse treatment.

- Consent discussions will include an explanation of the condition, the risks, and benefits of treatment, as well as the consequences of no treatment.
- Except in the case of incapacity or life-threatening emergency

**10. Consultation.** You have the right to accept or refuse medical/psychiatric care to the extent permitted by law. However, if refusing treatment prevents the practice from providing appropriate care in accordance with ethical and professional standards, your relationship with this agency may be terminated upon reasonable notice.



## Individual Rights & Responsibilities

## INDIVIDUAL RESPONSIBILITIES

11. **Charges.** Regardless of the source of payment for care provided, you have the right to request and receive itemized and detailed explanations of any billed services.

12. **Rules and Regulations.** You will be informed of the practice's rules and regulations concerning your conduct as a patient at this facility. You are further entitled to information about the initiation, review, and resolution of patient complaints. See Notice Regarding Your Right to File a Complaint for further details.

### Individual Responsibilities

1. **Keep Us Accurately Informed.** You have the responsibility to provide, to the best of your knowledge, accurate and complete information about your present complaints, past illnesses, hospitalizations, medications, and other matters relating to your physical and mental health, including unexpected changes in your condition.

- This may include: your full legal name, address, telephone number, and date of birth, social security number, insurance coverage, employer when required, and residency status.

2. **Follow Your Collaborative Plan of Care.** You are responsible for following the plan of care collaboratively established between you and the healthcare professional. This may include following the instructions of mental health care personnel as they carry out the coordinated plan of care, implement the prescriber's orders, and enforce the applicable practice rules and regulations.

3. **Keep Your Appointments.** You are responsible for keeping appointments and, when unable to do so for any reason, for notifying the agency. After 3 no-shows you will be restricted to a walk-in basis or if applicable discharged from your service/program.

4. **Take Responsibility for Noncompliance.** You are responsible for your actions if you do not follow the agency recommendations. If you cannot follow through with the prescribed treatment plan, you are responsible for informing staff.

5. **Be Responsible for Your Financial Obligations.** You are responsible for ensuring that the financial obligations of health care services are fulfilled as promptly as possible and for providing up-to-date insurance information.

6. **Be Considerate of Others.** You are responsible for being considerate of the rights of other individuals served and personnel and for assisting in the control of noise, not smoking, and the agency rules and regulations. You also are responsible for being respectful of the agency property and property of other persons visiting the agency.

7. I understand that intimidating (scaring and/or bullying others), threatening (verbally or physically), harassment (physical, emotional, or sexual), or assaultive behavior toward anyone will not be tolerated. This may result in suspension of services.

8. Adhere to local, state, and national laws with regards to possession of illegal drugs, alcohol, or weapons.

9. I understand there may be additional expectations based on specific situations and that I will be advised of those expectations as they arise.

10. I understand if there is information, I do not understand to then seek assistance. I must ask questions when needed during my care.

### Advance Directives

At orientation or at any time during services you may request copy of information on advanced directives for medical &/or psychiatric care. You may also visit the following website to download a copy of this information.

<https://hhs.texas.gov/laws-regulations/forms/advance-directives>



**NOTICE OF PRIVACY PRACTICES**  
**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996**  
**DRUG ABUSE PREVENTION TREATMENT AND REHABILITATION ACT**

**INDIVIDUAL  
RESPONSIBILITIES**

This **Notice of Privacy Practices** describes how health information about you may be used and disclosed, and how you can get access to this information. **PLEASE REVIEW THIS NOTICE CAREFULLY.**

**TYPE OF HEALTH INFORMATION WE COLLECT & CREATE**

When you receive treatment or benefits (such as Medicaid) from Metrocare Services, we will obtain and/or create health information about you. Health information includes any information that relates to:

1. Your past, present, or future physical or mental health or condition;
2. The health care provided to you; and
3. The past, present, or future payment for your health care.

This Notice describes:

**YOUR RIGHTS**

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

**YOUR CHOICES**

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

**OUR RESPONSIBILITIES, USES AND DISCLOSURES**

We may use and share information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

**YOUR RIGHTS**

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

**Get an electronic or paper copy of your medical record;**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- You can choose to get a summary of your health information instead of a copy.
- We have 15 business days after receiving your request for your health information or summary, to provide you them to you.
- We may charge a reasonable, cost-based fee.

**Ask us to correct your medical record;**

- You can ask us to correct information in your records if you think the information is wrong. Ask us how to do this.
- We may say "no" to your request, but we will tell you why in writing.

**Request confidential communications;**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a specific address.
- We may say "yes" to all reasonable requests.

**Ask us to limit what we use or share;**

- You can ask us to limit some of the ways we use or share your health information for treatment, payment or our operations.
- We will consider your request, but the law does not require us to agree to it.
- If we do not agree, we will put the agreement in writing and follow it, except in case of emergency.
- We cannot agree to limit the uses or sharing of information that are required by law.

**Get a list of those with whom we've shared information;**

- You can ask for a list of the times we have shared your health information for the six years prior to the date you ask, who we shared it with and why.
- We will include all the disclosures except for those about treatment, payment and health care operations, and certain other disclosures (such as any you asked us to make).
- The list will not include disclosures made before April 14, 2003.
- There will be no charge for one list per year.



**NOTICE OF PRIVACY PRACTICES**  
**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996**  
**DRUG ABUSE PREVENTION TREATMENT AND REHABILITATION ACT**

**INDIVIDUAL  
RESPONSIBILITIES**

**Get a copy of this privacy notice;**

- You can ask for a paper copy of this notice at any time, even if you agreed to receive the notice electronically.
- We will provide you with a copy promptly.

**Choose someone to act for you;**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

**File a complaint if you feel your rights are violated;**

- You can complain if you feel we have violated your rights by contacting:

Metrocare Client Rights Protection Office  
(214) 743 -1296  
1345 River Bend Drive, Dallas, Texas 75247

- You can also file a complaint within 180 days with:  
Consumer Services & Rights/Ombudsman Office  
(512) 206-5670 (Austin)  
(800) 252-8154 (Toll free)  
P.O. Box 12668, Austin, Texas 78711

U.S. Department of Health and Human Services, Office for Civil Rights  
(877) 696-6775  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
[www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

- We will not retaliate against you for filing a complaint.

**YOUR CHOICES**

**For certain health information, you can tell us your choice about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

**In these cases, you have the right and choice to tell us to:**

- Share information with your family, close friends or others involved in your care.
- Share information in a disaster relief situation.
- Include your information in a hospital directory.

If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

**In these cases, we never share your information unless you give us written permission:**

- Marketing purposes;
- Sale of your information
- Most sharing of psychotherapy notes.

**In the case of fundraising:**

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

**OUR RESPONSIBILITIES**

The following notice tells you about our duty to protect your health information, your privacy rights, and how we may use or disclose your health information.

- We are responsible by law to maintain the privacy and security of your protected health information
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices describe in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

**Protect the Privacy and Security of your Health Information**

The law requires us to protect the privacy of your health information. This means that we will not use or let other people see your health information without your permission except in the ways we tell you in this notice. We will safeguard your health information and keep it private. This protection applies to all health information we have about you, no matter when or where you received or sought services. We will not tell anyone if you sought, are receiving, or have ever received services from us, unless the law allows us to disclose that information

**Request for Your Permission to Use or Disclose Your Health Information**

We will ask you for your written permission (authorization) to use or disclose your health information. There are times when we are allowed to use or disclose your health information without your permission, as explained in this notice. If you give us your permission to use or disclose your health information, you may take it back (revoke it) at any time. If you revoke your permission, we will not be liable for using or disclosing your health information before we knew you revoked your permission. To revoke your permission, send a written statement, signed by you, to Metrocare Services, providing the date and purpose of the permission and saying that you want to revoke it.

**Give You Notice of Our Legal Duties and Privacy Practices and Follow It.**



**NOTICE OF PRIVACY PRACTICES**  
**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996**  
**DRUG ABUSE PREVENTION TREATMENT AND REHABILITATION ACT**

**INDIVIDUAL  
RESPONSIBILITIES**

We are required to give you this notice of our legal duties and privacy practices, and we must do what this notice says. We will ask you to sign an acknowledgement that you have received this notice. We can change the contents of this notice and, if we do, we will have copies of the new notice at our facilities and on our website, [www.dallasmetrocare.com](http://www.dallasmetrocare.com). The new notice will apply to all health information we have, no matter when we got or created the information.

Our employees are required as part of their jobs and by law to protect the privacy of your health information. We do not let our employees see your health information unless they need it as part of their jobs. We will punish employees who do not protect the privacy of your health information.

- We will not disclose information about you related to HIV/AIDS without your specific written permission, unless the law allows us to disclose the information.
- If you are being treated for alcohol or drug abuse, your records are protected by federal law and regulations found in the Code of Federal Regulations at Title 42, Part 2

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### **OUR USES AND DISCLOSURES**

Health information about you may be exchanged between the Department of Aging & Disability Services, the Department of State Health Services, Department of Assistive and Rehabilitative Services, local mental health or intellectual and developmental disability (IDD) authorities, community MH/IDD centers, and contractors of mental health and IDD services, **without your permission**.

**We typically use or share your health information in the following ways:**

#### **1. Treat You:**

We can use your health information and share it with other professionals who are treating you.

*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

#### **2. Run Our Organization:**

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

*Example: we use health information about you to manage your treatment and services.*

#### **3. Bill for your Services:**

We can use and share your information to bill and get payment from health plans or other entities.

*Example: We give information about you to your health insurance plans so it will pay for your services.*

#### **Other ways we can use or share your health information**

We are allowed or required to share your health information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

#### **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety.

#### **Do Research**

We can use or share your information for health research with your consent.

#### **Comply with the Law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

#### **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security and presidential protective services

#### **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.



## What can YOU do?

Avoiding the spread of contagious diseases is important to everyone. The individual(s) you come into contact with illness, such as the common cold, flu, strep throat, or stomachaches present a risk to your health.

One of the primary goals in relation to the spread of infection is *PREVENTION*.

**Here are five easy things you can do to fight the spread of infection.**

### 1. Clean your hands



Hand hygiene is (one of delete these words) the most important way to prevent the spread of infections.

Your hands should be cleaned using soap and warm water rubbing them together for at least 15 seconds. Be sure to rub/clean all areas of your hand (palms, fingernails, back of the hand and between the fingers).

If your hands do not look dirty, you may clean them using an alcohol-based hand sanitizer (60 percent alcohol or above). The sanitizer should be rubbed all over your hands being sure to cover the areas stated above. Be sure to rub your hands together until they are dry.

*When should your hands be cleaned?*

Before and after eating, before or after touching your eyes, nose, or mouth, after using the restroom, taking out the trash, changing a diaper, playing with toys or touching other objects, visiting someone who is ill, or playing with a pet.

Take control of your health practice good hand hygiene!

### 2. Make sure your healthcare providers clean their hands, wear gloves and masks (as clinically indicated).



Doctors, nurses, medical assistants, and other healthcare providers come into contact with lots of bacteria and viruses. So, before they treat you, your child, or family member, ask them if they have cleaned their hands.

Healthcare providers should wear clean gloves when they perform such tasks as taking blood, giving shots, handling body fluids (urine for a urine drug screen), touching wounds, taking throat cultures or pulling teeth. Do not be afraid to ask them if they should wear gloves and/or a mask.

### 3. Cover your mouth and nose



Many diseases are spread through sneezes and coughs. When you sneeze or cough, the germs can travel 3 feet or more. Covering your mouth and nose helps to prevent the spread of infection to others.

Use a tissue! Keep tissues handy at home, at work, and in your pocket or purse. Be sure to throw away used tissues and clean your hands after coughing or sneezing.

If you do not have a tissue, use your hands or the bend of your elbow to cover your mouth and nose. If you use your hands, clean them right away.

### 4. If you are sick, avoid close contact with others



If you are sick, stay away from other people or stay home. Do not shake hands or touch others.

When you go for medical treatment (to see the doctor), call ahead and ask if there is anything you can do to avoid infecting people in the waiting room.

While in the doctor's office, follow their guidelines to prevent the spread of infection, such as wearing a mask and/or using the alcohol-based rub provided to clean your hands before or leaving the treatment room.

### 5. Get shots (vaccinations) to avoid disease and fight the spread of infection



Make sure that your vaccinations are current. Make sure your child/children's vaccinations are current. Check with your doctor about shots you may need. You may also contact your local health department for information on immunizations.

Vaccinations are available to prevent these diseases:

**The Infection Control and Prevention Program of Metrocare Services acknowledges the following organizations in providing this educational handout. (this should be at the end of the handout).**

- \* Centers for Disease Control and Prevention
- \* The Joint Commission
- \* Texas Society of Infection Control and Prevention
- \* Accreditation Commission for Healthcare

Chicken Pox	Meningitis	Shingles
Diphtheria	Mumps	Tetanus
Hepatitis	Measles	
Human Papillomavirus	Whooping Cough (Pertussis)	
Flu (Influenza)	German Measles (Rubella)	
Pneumonia (Streptococcus Pneumoniae)		

PERSONAL PREPAREDNESS

# Emergency supply list

A natural disaster such as a flood or a terrorist attack could force an evacuation or the need to shelter at home. These types of events occur beyond our control. The good news is there are things you can do to take control in an emergency and bring a sense of security to your family. The time to prepare is now. Keep enough of these items stocked at home for at least three days per family member.

## Medical supplies

- first aid kit
- protective masks
- personal prescription drugs
- prescriptions for pets
- glucose test strips and monitor
- blood pressure monitoring equipment



### FIRST AID KIT ESSENTIALS

- |                |                     |                            |
|----------------|---------------------|----------------------------|
| • bandages     | • thermometer       | • antibiotic ointment      |
| • gauze        | • hot/cold pack     | • eye drops                |
| • cotton swabs | • rubbing alcohol   | • pain-reducing medication |
| • medical tape | • hydrogen peroxide |                            |
| • tweezers     |                     |                            |
| • scissors     |                     |                            |



## Other supplies

- |                     |                                |
|---------------------|--------------------------------|
| • cash              | • candles                      |
| • cell phone        | • matches                      |
| • manual can opener | • garbage bags                 |
| • flashlights       | • pocket knife                 |
| • batteries         | • battery-operated clock radio |



## Food and water

- water
- juice
- canned food
- crackers
- cereal
- granola bars
- nuts
- dried fruit



## Baby and pets

- formula
- bottles
- powdered milk
- jarred baby food
- diapers
- baby wipes
- cat litter
- leash
- collar
- ID tags
- pet food



## Personal items

- hygiene products
- toilet paper
- towels
- soap
- shampoo
- hand sanitizer
- contact solution
- toothbrush
- toothpaste
- pillows
- blankets



# Evacuation readiness

Being prepared for an emergency evacuation is essential to ensuring the safety of your family during a public health threat. To be ready, it's recommended that you establish a plan for your family and identify the items needed for a household Go Kit.

- 1** Plan ahead by choosing a destination location.
- 2** Share this information with family and friends.
- 3** Identify a mutual meeting place for family members to go in case someone gets separated.



Most of the items needed to take shelter at home would be needed for an emergency evacuation. In addition to those items, you should compile the following in a fireproof, waterproof lockbox:

- Copies of important family records, including birth, marriage and death certificates; social security cards; immunization records; school records; divorce and custody papers; wills; insurance policies; deeds and passports
- Phone numbers of family members, friends and neighbors
- Medical information for each family member
- Year, make, model and VIN numbers for each vehicle
- Inventory of household valuables
- Family photos
- Financial information that includes a list of credit card and bank account numbers; retirement and student loan account information
- Phone numbers of utility companies and financial institutions



**DCHHS**  
*Safe families, healthy lives.*

Dallas County Health and Human Services  
214-819-2100 | [www.dallascounty.org](http://www.dallascounty.org)

Zachary Thompson, Director | Dr. Steve Wilson, Medical Director

**Statewide Intake Line for New Clients:**  
1.800.252.9108

**Toll-Free Line for Current Clients:**  
1.800.315.3876

**Statewide Videophone:**  
1.866.362.2851

**24/7 Online Intake:**  
[intake.dr.tx.org](http://intake.dr.tx.org)

**HEADQUARTERS / CENTRAL TEXAS REGIONAL OFFICE**

2222 West Braker Lane  
Austin, TX 78758  
512.454.4816

**EAST TEXAS REGIONAL OFFICE**

1500 McGowen, Suite 100  
Houston, TX 77004  
713.974.7691

**EL PASO REGIONAL OFFICE**

300 E. Main, Suite 205  
El Paso, TX 79901  
915.542.0585

**NORTH TEXAS REGIONAL OFFICE**

1420 West Mockingbird Lane, Suite 450  
Dallas, TX 75247-4932  
214.630.0916

**SOUTH TEXAS REGIONAL OFFICE**

6800 Park Ten Blvd., Suite 208-N  
San Antonio, TX 78213  
210.737.0499

**WEST TEXAS REGIONAL OFFICE**

4747 South Loop 289, Suite 120  
Lubbock, TX 79424  
806.765.7794

 Like us on Facebook: [facebook.com/DisabilityRightsTX](https://facebook.com/DisabilityRightsTX)

 Follow us on Twitter: [@DisRightsTx](https://twitter.com/DisRightsTx)

## Do You Need Help?

Disability Rights Texas is the federally designated legal protection and advocacy agency for people with disabilities in Texas.

Because our agency is funded by the U.S. government and the Texas Access to Justice Foundation, our attorneys and advocates often can help protect and advance the rights of individuals with disabilities at no charge to our clients.

When you call our statewide intake line during our regular business hours, you can talk directly with a member of our staff, who will ask you several questions about yourself and the problem you are facing.

Once we understand the issue at hand, we will either provide the information you need or refer you to another agency, or we will assign your case to a Disability Rights Texas staff member for more thorough review and assistance.

[www.DRTx.org](http://www.DRTx.org)

If you are a person with a disability or know someone with a disability who needs help, call our statewide intake line at **1.800.252.9108**.

**DisabilityRights**  
TEXAS



Protecting and advocating for the rights of Texans with disabilities — because all people have **dignity** and **worth**.





**DisabilityRights**  
TEXAS

Many people with disabilities find their biggest challenges have little to do with the actual mental or physical disabilities they live with every day. Too often, they face the obstacles of discrimination, ignorance and negative stereotypes about what people with disabilities can — or cannot — do.

Disability Rights Texas exists to help people break through these barriers to achieve their personal goals and dreams.

## Advancing Your Legal Rights

In the 1970s, in response to reports of widespread abuse and neglect at state institutions, Congress passed numerous laws to protect people with disabilities from discrimination. Congress also created a national network of protection and advocacy organizations to secure and advance the rights of individuals with disabilities.

Disability Rights Texas is the federally designated legal protection and advocacy agency for people with disabilities in Texas. Our mission is to help people with disabilities understand and exercise their rights under the law, ensuring their full and equal participation in society.

### Disability Rights Texas attorneys and advocates fulfill our mission in the following ways:

- Provide direct legal assistance to people with disabilities whose rights are threatened or violated
- Protect the rights of individuals and groups of people with disabilities through the courts and justice system
- Advocate for laws and public policies that protect and advance the rights of people with disabilities
- Inform people with disabilities and family members about their rights; make referrals to appropriate programs and services

## Service Priorities

Due to limited staff and financial resources, the scope of our work is focused on the following priority areas:

- **Accessibility**
- **Community Living**
- **Education**
- **Employment**
- **Health Care**
- **Housing**
- **Protection and Civil Rights**
- **Transportation**
- **Voting Rights**

Our service priorities are re-established every four years and reviewed annually by the Board of Directors. Because we cannot respond to all protection and advocacy needs within the state, the priority setting process helps us determine which issues and groups have the greatest need — so that our limited resources can be put to the best use.

## Advocating on Your Behalf

Disability Rights Texas protects and advances the legal, human and service rights of Texans with a broad range of disabilities, including:

- **Adult onset disabilities and chronic health conditions**
- **Autism**
- **Developmental disabilities**
- **Emotional impairments**
- **Intellectual disabilities**
- **Learning disabilities**
- **Mental illnesses**
- **Physical disabilities**
- **Sensory disabilities, such as blindness or deafness**
- **Traumatic brain injuries**

For more information about the scope of our services, visit [www.DRTx.org](http://www.DRTx.org).



# DIRECTIVE TO PHYSICIANS AND FAMILY OR SURROGATES

Advance Directives Act (see §166.033, Health and Safety Code)

Instructions for completing this document:

This is an important legal document known as an Advance Directive. It is designed to help you communicate your wishes about medical treatment at some time in the future when you are unable to make your wishes known because of illness or injury. These wishes are usually based on personal values. In particular, you may want to consider what burdens or hardships of treatment you would be willing to accept for a particular amount of benefit obtained if you were seriously ill.

You are encouraged to discuss your values and wishes with your family or chosen spokesperson, as well as your physician. Your physician, other health care provider, or medical institution may provide you with various resources to assist you in completing your advance directive. Brief definitions are listed below and may aid you in your discussions and advance planning. Initial the treatment choices that best reflect your personal preferences. Provide a copy of your directive to your physician, usual hospital, and family or spokesperson. Consider a periodic review of this document. By periodic review, you can best assure that the directive reflects your preferences.

In addition to this advance directive, Texas law provides for two other types of directives that can be important during a serious illness. These are the Medical Power of Attorney and the Out-of-Hospital Do-Not-Resuscitate Order. You may wish to discuss these with your physician, family, hospital representative, or other advisers. You may also wish to complete a directive related to the donation of organs and tissues.

## DIRECTIVE

I, \_\_\_\_\_, recognize that the best health care is based upon a partnership of trust and communication with my physician. My physician and I will make health care or treatment decisions together as long as I am of sound mind and able to make my wishes known. If there comes a time that I am unable to make medical decisions about myself because of illness or injury, I direct that the following treatment preferences be honored:

If, in the judgment of my physician, I am suffering with a terminal condition from which I am expected to die within six months, even with available life-sustaining treatment provided in accordance with prevailing standards of medical care:

\_\_\_\_\_ I request that all treatments other than those needed to keep me comfortable be discontinued or withheld and my physician allow me to die as gently as possible; OR

\_\_\_\_\_ I request that I be kept alive in this terminal condition using available life-sustaining treatment.  
(THIS SELECTION DOES NOT APPLY TO HOSPICE CARE.)

If, in the judgment of my physician, I am suffering with an irreversible condition so that I cannot care for myself or make decisions for myself and am expected to die without life-sustaining treatment provided in accordance with prevailing standards of medical care:

\_\_\_\_\_ I request that all treatments other than those needed to keep me comfortable be discontinued or withheld and my physician allow me to die as gently as possible; OR

\_\_\_\_\_ I request that I be kept alive in this irreversible condition using available life-sustaining treatment.  
(THIS SELECTION DOES NOT APPLY TO HOSPICE CARE.)

Additional requests: (After discussion with your physician, you may wish to consider listing particular treatments in this space that you do or do not want in specific circumstances, such as artificially administered nutrition and hydration, intravenous antibiotics, etc. Be sure to state whether you do or do not want the particular treatment.)

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After signing this directive, if my representative or I elect hospice care, I understand and agree that only those treatments needed to keep me comfortable would be provided and I would not be given available life-sustaining treatments.

If I do **not** have a Medical Power of Attorney, and I am unable to make my wishes known, I designate the following person(s) to make health care or treatment decisions with my physician compatible with my personal values:

1. \_\_\_\_\_
2. \_\_\_\_\_

**(If a Medical Power of Attorney has been executed, then an agent already has been named and you should not list additional names in this document.)**

If the above persons are not available, or if I have not designated a spokesperson, I understand that a spokesperson will be chosen for me following standards specified in the laws of Texas.

If, in the judgment of my physician, my death is imminent within minutes to hours, even with the use of all available medical treatment provided within the prevailing standard of care, I acknowledge that all treatments may be withheld or removed except those needed to maintain my comfort. I understand that under Texas law this directive has no effect if I have been diagnosed as pregnant. This directive will remain in effect until I revoke it. No other person may do so.

Signed \_\_\_\_\_ Date \_\_\_\_\_

City, County, State of Residence \_\_\_\_\_

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Two competent adult witnesses must sign below, acknowledging the signature of the declarant. The witness designated as **Witness 1** may not be a person designated to make a health care or treatment decision for the patient and may not be related to the patient by blood or marriage. This witness may not be entitled to any part of the estate and may not have a claim against the estate of the patient. This witness may not be the attending physician or an employee of the attending physician. If this witness is an employee of a health care facility in which the patient is being cared for, this witness may not be involved in providing direct patient care to the patient. This witness may not be an officer, director, partner, or business office employee of a health care facility in which the patient is being cared for or of any parent organization of the health care facility.

Witness 1 \_\_\_\_\_ Witness 2 \_\_\_\_\_

Definitions:

"Artificially administered nutrition and hydration" means the provision of nutrients or fluids by a tube inserted in a vein, under the skin in the subcutaneous tissues, or in the gastrointestinal tract.

"Irreversible condition" means a condition, injury, or illness:

- (1) that may be treated, but is never cured or eliminated;
- (2) that leaves a person unable to care for or make decisions for the person's own self; and
- (3) that, without life-sustaining treatment provided in accordance with the prevailing standard of medical care, is fatal.

Explanation: Many serious illnesses such as cancer, failure of major organs (kidney, heart, liver, or lung), and serious brain disease such as Alzheimer's dementia may be considered irreversible early on. There is no cure, but the patient may be kept alive for prolonged periods of time if the patient receives life-sustaining treatments. Late in the course of the same illness, the disease may be considered terminal when, even with treatment, the patient is expected to die. You may wish to consider which burdens of treatment you would be willing to accept in an effort to achieve a particular outcome. This is a very personal decision that you may wish to discuss with your physician, family, or other important persons in your life.

"Life-sustaining treatment" means treatment that, based on reasonable medical judgment, sustains the life of a patient and without which the patient will die. The term includes both life-sustaining medications and artificial life support such as mechanical breathing machines, kidney dialysis treatment, and artificially administered nutrition and hydration. The term does not include the administration of pain management medication, the performance of a medical procedure necessary to provide comfort care, or any other medical care provided to alleviate a patient's pain.

"Terminal condition" means an incurable condition caused by injury, disease, or illness that according to reasonable medical judgment will produce death within six months, even with available life-sustaining treatment provided in accordance with the prevailing standard of medical care.

Explanation: Many serious illnesses may be considered irreversible early in the course of the illness, but they may not be considered terminal until the disease is fairly advanced. In thinking about terminal illness and its treatment, you again may wish to consider the relative benefits and burdens of treatment and discuss your wishes with your physician, family, or other important persons in your life.