

Ozark Center

we listen...we care

Hope Spring Client Handbook

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Outpatient Psychiatric Practices

Welcome to Ozark Center's Hope Spring. We commit to delivering a full range of behavioral health services for children, adults, and families.

Before starting treatment at Ozark Center, a therapist or psychiatric provider will assess you. Based on your individual needs, you will develop a treatment plan with your provider. Individual and group therapy is available, as well as counseling for couples and families. Involving loved ones in your treatment may be beneficial. Ask your provider about when and how to include family or others in your sessions, if you wish. Together, you and your providers will track your progress toward goals. As you improve, you will work together to make new or expanded goals to keep recovery at the center of our efforts.

There are numerous clinicians available to meet your needs. These individuals are professionals with a wide variety of specialized training. We provide medication services through our team of qualified psychiatrists and advance practice nurses. If you are involved in a specialty court, please refer to the handbook information about incentives, sanctions and court notifications.

All services will be appropriate to your age/development and responsive to your social/cultural situation and any linguistic/communication needs. Our goal is to help you reach your goals.

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Please help us by providing information about what you need to be successful and how well we are helping you meet these goals.

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Person-Centered Philosophy

“Services at Ozark Center will be focused on your needs and our planning approach will be person-centered. Treatment will be based on your expressed desires, your abilities, your capabilities, and the supports necessary to reach your goals. Your services and supports will be provided in an environment that promotes maximum independence, community inclusion, and quality of life. At Ozark Center, we consider family members a valuable part of your support team. Treatment development will fully explore your and your family's desires with respect to health, welfare, integration, lifestyle decisions, hopes, and dreams, while encouraging support, enabling choice and control, and supporting independence and integration.”

Vision

“Individuals experiencing mental health and substance use challenges, developmental disabilities, or the effects of trauma or abuse, will develop the skills essential to life with dignity and purpose.”

Mission

To serve those in need of behavioral health services through contemporary, innovative, evidence-based, trauma-informed, quality, behavioral health care.

Values

- Welcoming

- Exceptional
- Data-driven
- Engaged
- Trustworthy
- Collaborative
- Culturally aware
- Passionate
- Responsive

Methods of Service Delivery

Ozark Center believes it is important to be sure that we are partners in your recovery. As a result, we have attempted to build several ways to make sure your voice is heard in how we deliver services. These include having an open relationship with your treatment team and completing surveys. The information below shows how your voice matters in the treatment process.

- **Open relationship with treatment staff:**
Ozark Center wants to encourage a professional, warm, and collaborative relationship with you. As a result, your input is important to identify and resolve issues that may have brought you to Ozark Center. You may call Ozark Center at any time to share concerns, questions, or suggestions for improving our services. Our website, other social media sites, (such as Facebook), telephone, and email add ways for you to have a voice. Please remember your voice is important in the development of your

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treatment plan. Working together with your therapist in this area is important.

- **Surveys:** From time to time, we may ask you to take part in one of our various surveys. These surveys range from customer satisfaction to trauma informed care in their focus. We review results of these surveys and often make changes to improve the services we deliver.
- **Focus Groups:** Ozark Center Hope Spring works with a “focus group” yearly to allow a way for clients to provide direct feedback in a group setting. This feedback can be on any of a variety of topics. Information then guides Ozark Center in the improvement of facilities, staff, and client services. If you would like to take part in a focus group, please let your therapist, peer support specialist, or other staff member know.

Hours of Operation

Emergency Services at Ozark Center are available 24 hours per day, 365 days per year with the **Crisis Services Hotline**. If you need to speak to the Crisis Hotline, please call 988.

Urgent Behavioral Solutions (UBS) offers an alternative to the emergency room when you have urgent behavioral health symptoms. UBS is available to those 16 years of age and older. UBS hours are 11:00 a.m. to 9:00 p.m. Monday through

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Friday, and 1:00 p.m. to 9:00 p.m. Saturday and Sunday. UBS phone number is 417-347-7800.

Hope Spring outpatient appointments are available Monday through Friday from 8:00 a.m. to 5:00 p.m. Some evening hours are also available.

Ozark Center recognizes the impact of trauma on our wellbeing. We will provide welcoming and respectful services to those who have experienced trauma.

Our policies and procedures seek to enhance your dignity and protect your rights as human beings.

Client Rights

As a client, your rights include the following:

1. To receive prompt evaluation, care, and treatment;
2. To receive these services in the least restrictive environment;
3. To receive these services in a clean and safe setting;
4. To not be denied admission or services because of race, gender, sexual preference, creed, marital status, national origin, disability, or age;
5. To confidentiality of information and records in accordance with federal and state laws and regulations;

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6. To be treated with dignity and addressed in a respectful, age appropriate manner;
7. To be free from abuse, neglect, corporal punishment, and other mistreatment such as humiliation, threats, exploitation or retaliation;
8. To be the subject of an experiment or research only with one's informed, written consent, or the consent of an individual legally authorized to act;
9. To medical care and treatment in accordance with accepted standards of medical practice, if the certified substance use or psychiatric program offers medical care and treatment;
10. To consult with a private, licensed practitioner at one's own expense;
11. Access to your record, respective of Ozark Center policy and procedure;
12. To refuse treatment, except in emergencies, when ordered by a court or consented to by a parent or guardian.

Client Responsibilities

As a client, you have the responsibility:

1. For your actions and their consequences should you refuse treatment or fail to follow your treatment plan;

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2. To reimburse Ozark Center for services rendered in accordance with the fees and terms agreed to between you and Ozark Center;
3. To provide accurate and complete information regarding your current health, complaints, past history, and all matters that may affect your treatment;
4. For communicating to your practitioner whether you understand the course of your treatment and what is expected of you;
5. For following the treatment plan established with you, including instructions from all mental health professionals;
6. To inform staff that you wish to change your treatment plan;
7. For being considerate of the rights of other clients and personnel;
8. For following all facilities' policies and procedures.

Financial assistance may be available
Contact 417-347-7670

Restrictions

Your rights do not have restrictions, and exercising your rights will not result in retaliation. Privileges in treatment may change to achieve your goals, or the goals of others. Sometimes evidence-based treatment (i.e. Dialectical Behavior Therapy) may

restrict privileges. Other times, participation and attendance in treatment can impact privileges. Treatment is most effective when you work with your team and follow treatment recommendations over time. Restoring privileges will usually involve an open discussion of expectations with staff.

Family Involvement

It is helpful when your family and significant others take part in your treatment as well. They can help you understand confusing behavioral changes and can also offer recovery supports. Changes as a result of recovery can be exciting and sometimes difficult for family. Your therapist may ask to talk with them. They may also recommend their involvement in therapy or even self-help groups. If you have questions about the role of family in your recovery, your counselor can guide you.

Potential Risks and Benefits of Treatment

Mental health and substance use treatment can be helpful in improving symptoms that led to seeking treatment. Talking with a trained professional can help you better understand why you feel or behave the way you do. You can also learn how to deal with a specific problem or manage intense emotions. Treatment can help, but it also has some risks. You may have uncomfortable feelings when discussing the distressing events you have experienced. Sometimes, as you change, it is difficult for others around you to adapt.

Relationships may change as you experience symptoms, and as symptoms improve. We will work with you to help keep and grow healthy relationships. Talking about and facing personal issues may be painful at times. During treatment, you should start to feel better about yourself and have more life skills to deal with challenges. If your treatment involves taking medications, you will learn about their risks and benefits. These may vary by specific medications and/or procedures prescribed. Your provider will review these in detail with you during your appointment. Your therapist, case manager, nurse and/or psychiatrist can discuss the risks and benefits associated with the specific treatment methods and interventions you will receive.

Emergency Precautions

Your safety is important to us. At times, we may ask you to take part in drills for unlikely emergency situations. These may include bomb, earthquake, power failure, severe weather, or medical emergency drills. We will provide clear instructions on what to do should one of these drills occur while you are with us.

Please take note of the emergency exit signs posted in each of the treatment locations. Also, take a moment to identify any fire extinguishers that might be nearby. The locations of fire suppression equipment are in this manual. First aid kits are generally in the nurse's office or at the receptionist desk. If you cannot find any of these items, please

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ask staff for their location. If we identify any potential risk to you, we will take action to ensure your safety. This will include prompt notification and instruction.

Any staff member can provide information about Advanced Directives if you have questions.

Psychiatric Advance Directives (PADs) are legal instruments used to document a competent persons specific instructions about future mental health treatment. They help prepare for the possibility that a person may lose ability to give or withhold informed consent to treatment during acute episodes of psychiatric illness.

Client Complaint/Grievance Procedure

Complaint/Grievance Tracking Form

The Director of Risk, Behavioral Health will maintain a repository for all client related complaint/grievance documentation and the Director of Human Resources for Section 504 related grievances.

Step One: Client Complaint

1. Each client shall receive a Client Handbook upon admission to the Center. Information contained in this brochure shall include, but not be limited to, the following: a list of client rights, the procedure the client should utilize if the client has a complaint or grievance, the name and telephone number

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whom the client should contact to voice a complaint or grievance, the address and telephone number of Department of Mental Health Office of Constituent Services, Department of Social Services Office of Civil Rights, and the Missouri Department of Health and Senior Services Office of Hospital Standards Licensure and Health Facilities, and the clients responsibilities. A client or other stakeholder has the right to contact any of the agencies listed above at any time.

2. A complaint investigation will lead to one of the following outcomes:
 - a. The complaint is resolved to the client's satisfaction and the client determines that no further formal action or response under this policy is necessary. A complaint/grievance form is completed by the staff who resolved the complaint and the form is sent to the respective Director who will review and send it to the Director of Risk, Behavioral Health.
 - b. The complaint cannot be resolved to the client's satisfaction, in which case the procedures set forth in step two will be completed.

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3. Complaint will be considered a grievance if:
 - a. The complaint cannot be resolved to the satisfaction of the client;
 - b. The client or representative wishes to file a formal grievance with the Center;
 - c. The complaint relates to quality of care;
 - d. The complaint relates to violation of clients rights;
 - e. The complaint relates to suspected abuse, neglect, or misuse of client funds/property;
 - f. The complaint relates to premature discharge of the client from a Center program; or
 - g. The complaint relates to discrimination.
4. If the client or client's representative expresses a complaint that cannot be resolved or a grievance to any Center employee, the employee shall immediately report the unresolved complaint or grievance to their immediate Supervisor, Program Director, or in their absence, the Director of Risk, Behavioral Health.
5. The Program Director or immediate Supervisor should take all reasonable steps to investigate and resolve the complaint in an informal manner as quickly as possible

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with available staff. If resolved, a complaint/grievance form will be completed and sent to the Director of Risk, Behavioral Health. If unresolved, it will be considered a grievance and the next step will be completed.

6. The Program Director or Supervisor shall file a report of the grievance, the initial investigation, the initial action taken, and any other information which may be needed for resolution of grievance utilizing the Complaint/Grievance tracking form. This report will be submitted to the Director of Risk, Behavioral Health within five (5) business days from the time the Program Director or Supervisor receives the grievance. The Program Director will notify the complainant that the grievance has been submitted to a committee for further investigation.

Anonymous complaints or grievance will be documented on a Complaint/Grievance form, but only be acted upon under the sole discretion of the Chief Executive Officer or Chief Clinical Officer.

Step Two: Grievance Committee Action

1. Director of Risk, Behavioral Health shall coordinate the investigation of the client's grievance.
2. An investigation into the grievance will be completed by the Director of Risk,

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Behavioral Health or their designee with ten (10) business days of receiving a report from the Program Director or Supervisor. The Director of Risk, Behavioral Health shall make a determination of the underlying issues of the grievance.

The Step Two investigation may consist of reviewing the client's medical records, Center records, interview with Center employees including professional and non-professional staff, interviews of non-Center individuals who have provided professional services, and interviews with client, family and/or other individuals who may have firsthand information regarding the grievance. In addition, the Director of Risk, Behavioral Health or their designee may discuss the grievance with the Chief Clinical Officer and Program Director of the appropriate Center program in an effort to resolve the grievance to the client's satisfaction.

- a. All grievances relating to quality of client care shall be referred as appropriate to the Program Director, Chief Clinical Officer-and/or Chief Executive Officer.
- b. All grievances relating to discrimination shall be referred to the Director of Risk, Behavioral Health or their designee.

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- c. All grievances relating to premature discharge of a client from a Center program shall be referred to the Peer Review Committee.
- d. All grievances relating to discrimination based upon a handicap shall be referred to the Section 504 Coordinator (Director of Human Resources) within thirty (30) days of filing the grievance.

A Section 504 grievance investigation must be completed within thirty (30) days of receipt of the grievance.

The client in a Section 504 grievance may appeal the decision of the Section 504 Coordinator by filing a written appeal to the Chief Executive Officer within fifteen (15) days of receiving the Grievance Committee's determination.

- 3. The Center program or committee to which a grievance is submitted for further investigation must complete its investigation and recommend any necessary action to the Director of Risk, Behavioral Health within fifteen (15) business days following its receipt of the grievance from the Grievance Committee.
- 4. If the grievance can be resolved to the client's satisfaction following the Step Two

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investigation, notification of the client shall be completed as set forth herein.

5. The Grievance Committee shall take any steps necessary to resolve the grievance, including making a recommendation as to the resolution of the grievance to the Centers Chief Executive Officer, if action beyond the authority of the Grievance Committee becomes necessary.

The Grievance Committee has the authority to act without specific, prior approval of the Center's Board of Directors in all grievance matters except those matters which require action by the Center's Board of Directors, the Center's Chief Executive Officer, or the Center's Medical Staff as set forth in the Center's corporate bylaws or other policies.

6. Notification directed to the client is necessary following the investigation of a grievance submitted to the Grievance Committee and shall be made within five (5) business days of the final decision of the Grievance Committee or the Center's Chief Executive Officer, if submitted to the Chief Executive Officer.
7. The notice shall be in writing, hand delivered to the client, if the client is still an in-patient within the Centers facilities or, if

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discharged, mailed to the client and shall contain the following information:

- a. Name of the Center
- b. Name and telephone number of the Director of Risk, Behavioral Health.
- c. Steps taken on behalf of the client to investigate the grievance
- d. Results of the grievance investigation and determination
- e. Date of completion of the determination
- f. The address and telephone number to the following agencies:
 - Missouri Department of Mental Health, Constituent Service Office
 - Missouri Department of Health and Senior Services, Hospital Standards Office
 - Missouri Department of Social Services, Clients Rights Office

Notification to the client required under this policy shall not be interpreted to mean that peer review information, which is required by Section 537.035 RSMo., be kept confidential, shall be released to the client. The Center supports the full disclosure of all information necessary to inform the client that the grievance has been resolved, however, effective peer review is critical to the provision of quality health care and peer review is only effective when

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practitioners know that their evaluations will be kept confidential. Any concerns about the precise information disclosed to the client shall be referred to the Center counsel.

Clients will not be intimidated, harassed, threatened, or suffer any penalty or barrier to treatment because they file a complaint or grievance. Any penalty or reprisal against a client or any other involved person is prohibited by law. All Center employees are expected to cooperate with any investigation or review conducted by the Director of Risk, Behavioral Health, law enforcement, outside agencies, or authorized representatives.

In the event a client remains dissatisfied with the grievance response offered by Ozark Center, and the Center believes that it has fully exhausted efforts to offer a remedy to the client's grievance, the Center may offer the client the opportunity to request an independent review by the Department of Mental Health to determine whether any alternative remedies can be provided by the Department or the Center.

General Policies

- The use of seclusion, restraint, time out, or coercion for staff convenience is not tolerated; none are used in this program.
- The use of tobacco or nicotine products are not permitted on this campus.

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- The use of alcohol or illicit or non-prescribed drugs while on our campus is strictly forbidden.
- Prescription medication can be brought into the facility if it is legally labeled for the person in whose possession it was found. Clients found trying to sell or distribute medication while on site will be subject to disciplinary action, up to and including legal action.
- No weapons of any kind are allowed on Ozark Center property.
- Keeping appointments is very important. Missing three consecutive appointments without 24 hours' notice will result in the possibility of not being rescheduled for services. Services may be reinitiated if desired through a request for reevaluation that can be accomplished by calling 417-347-7567
- If you require assistive technologies/ accommodations, please notify any staff member at your earliest convenience.

Planning for Success

Ozark Center staff will develop, update and maintain intake assessments in writing. The purpose of the intake assessment is to gather information about the reason someone has come for services. We use this information to develop a diagnosis and recommendations for treatment. We want a better understanding of your strengths as well as areas you would like to work on. Your treatment plan will use

your strengths and preferences as we address diagnostic and behavioral problems. Strengths and preferences help guide your behavioral health treatment plan. Assessment and treatment planning combine to make treatment accessible. You and a multidisciplinary team take part in the person-centered preliminary treatment plan. It is the policy of the program that all clinical assessment and services provided are on the basis of a person-centered treatment plan. This plan will involve qualified mental health professionals and your active participation. We encourage family and other important persons to take part in your assessment and treatment. Services will be appropriate to your age, guardianship, services provided or your wishes and your clinical team. The assessment and treatment plan will outline what you can expect over the course of treatment. It will include recommended services, interventions, and potential motivational incentives. Generally, the treatment plan will be reviewed quarterly. Treatment options may include case management, peer support, individual therapy, psychiatric services, which may include medications, group education. These may change in frequency and/or intensity over time depending upon your progress and other factors. Assessment and treatment planning may include expectations for legally required appointments, sanctions, or court notifications. Generally, Community Support Specialists (CSS) provide service coordination functions. If you do not have a CSS assigned, then your therapist or psychiatrist will be the primary coordinator of treatment

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services. If you have questions about this, please contact any staff member and they will be able to provide this information to you.

Transition and discharge, as well as discharge criteria, are important parts of the planning process. These will be points of discussion early on in your treatment experience. Recovery from mental health and substance use issues involve medical, social, spiritual and psychological aspects of life. Thus, treatment goals will involve these areas as well. As recovery occurs, various levels of independence and growth will also occur. For instance, you may have appointments helping with employment or relationships more or less often. As you make progress, different programs or strategies may increase or decrease to help you make progress. You may even complete specific programs of treatment as you improve. When you complete a program or need other supports, your team will help with the transition. Your team will discuss transitions with you and help make sure everyone stays on course and is “on the same page”.

Fees

The client fee schedule will be posted within each office of Ozark Center. Outpatient services may be covered under your insurance plan, Medicaid, or Purchase of Services revenues provided by the State of Missouri through the Department of Mental Health. Your cooperation in completing the appropriate paperwork to determine eligibility for these payment sources is greatly appreciated.

Medications

You are responsible for the cost of all medication prescribed to you. There may be some programs available that can assist with these costs, but funding is limited.

Confidentiality of Your Records

Ozark Center protects the confidentiality and privacy of client records and information. This means that no Ozark Center staff member may disclose to anyone outside the clinic any information regarding client presence, care, or identification.

Exceptions to the confidentiality principle include these situations:

1. When the client or guardian consents to disclosure in writing (such consents are time-limited and inclusive of only such material as the client may designate);
2. When disclosure is ordered by a court;
3. When a medical emergency requires disclosure to medical personnel;
4. When personnel qualified and cleared by Ozark Center's Research Committee require access to records for legitimate research or program evaluation purposes; and

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5. When the client is deemed at risk to harm themselves or others.

Ozark Center does not protect any information regarding a crime committed by a client against the program or against any employee of the program, including any threat to commit such a crime. Ozark Center is required to report any information about suspected child abuse or neglect.

Compulsory Treatment

One of the common myths of treatment is that it is “worthless” for those who are “forced” into treatment. Usually, this is due to demands of the court, employment, family, or law enforcement ultimatums. The truth is, rates of recovery are similar for those who are “forced” into treatment and for those who come “voluntarily.”

As a matter of fact, there are few people who enter treatment without feeling “forced” into it through the pain of their symptoms. Everyone who is in treatment is either “forced” into treatment because of a fear of losing something or has already lost most everything important to them. For some, this fear is being incarcerated, others fear losing everything they have worked to get. Still others fear loss of their significant others. Others are afraid of losing their identity due to the symptoms. If you are here for services and feel like this, please know that our staff will provide you the same high-quality care that all other clients receive. Effectiveness of treatment is not driven by how someone ended up in

treatment. Your willingness to engage in treatment and work toward your goals are better paths to success. Staff will expect participation in treatment services recommended or referred. Those who referred you to treatment may need occasional progress updates and information about your status. They may ask about your discharge and aftercare plans. Information about your treatment is confidential and must follow a specific process for us to provide to others. This process involves a “consent for release of information”. This form describes who can receive information about your treatment and what you allow us to provide them. Referral sources may receive notification of progress or discharge information, including urinalysis results, when you sign a release, whether this information is positive or negative. For more information about this, please see the section on “Confidentiality of Your Records” below. If you have more questions, please feel free to discuss it with staff who are filling out the form with you.

Standards of Conduct and Ethics

Client Relationships: We are committed to providing a high quality of healthcare services to our clients, their families, their visitors, and the community. We treat all clients with respect and dignity and provide care that is necessary and appropriate.

Principles

- We will recognize the right of our clients to receive quality services provided by

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competent individuals in an efficient, cost effective, and safe manner.

- We will continually monitor the clinical quality of the services we provide and will endeavor to improve the quality of the services provided.
- We will support every client's right to be free from all types of abuse and will not tolerate client abuse in any form.
- We will apply our admission, treatment, transfer, and discharge policies to all clients based upon identified client needs and such policies will be consistent with all applicable legal requirements.
- We will listen to our clients, their families, and their visitors to understand any concerns or complaints and will involve clients in the decision making process about their care.
- We will provide treatment and medical services without discrimination based on race, age, religion, national origin, sex, sexual orientation, or disability.
- We will not tolerate any form of disruptive behavior from employees, agents, or medical staff; including verbal abuse, physical abuse, or threatening behavior.

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- We will implement policies and procedures to complete emergency assessments as required for all who request our emergency services. We will fairly evaluate requests to transfer clients to our care from our colleagues and providers in outlying areas and will accept such transfers as clinically appropriate.
- We will maintain licensure and credentialing standards to further the provisions of clinical services by properly trained and experienced practitioners.
- We will perform background checks of potential employees and contractors to verify credentials and to assess whether such individuals and entities have ever been excluded from participation in any of the federal health care programs, including the Medicare and Medicaid programs. We will not employ or contract with any excluded or sanctioned individuals.
- We will respect the privacy of our clients and we will treat all client information with confidentiality in accordance with all applicable laws, regulations, and professional standards.
- We will expect our employees, officers, directors, medical staff, and agents to understand the basic legal obligations that

pertain to their individual job functions or services they furnish to Ozark Center and our clients and will require they strive to make certain that their decisions and actions are conducted in conformity with such laws, regulations, policies, and procedures.

- We implement policies and procedures that promote appropriate conduct in the workplace and prohibit unwanted or hostile interaction, including degrading or humiliating jokes, physical or verbal intimidation, slurs, or other harassing conduct.

Subpoenas, Legal Processes, Summons, and Complaints

It is the policy of Ozark Center that Director of Risk, Behavioral Health or their designee shall receive or be advised of all subpoenas and search warrants served which concern aspects of Ozark Center's business, including the treatment of a client.

Subpoenas for Personal Appearance and Testimony

Service of process should never interfere with your care. The individual being served should arrange for service to be accomplished in a non-client care area and at a time that will not compromise your care. If service was not coordinated by the Director of Risk, Behavioral Health or their designee, employees

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shall immediately notify the Director of receipt of any legal documents related to Ozark Center matters. The documents should be hand delivered or faxed to the Director of Risk, Behavioral Health immediately.

Subpoena (production of records)

The Custodian of Records for medical records, personnel, and client business services may accept service of subpoenas requesting records in their custody and/or control (i.e., medical records, personnel records, billing statements, etc.) After determining the validity of the subpoena and its service, the Custodian of Records should provide the records requested within the specified time allowed by statute, except when doing so would violate state or federal law.

The following are examples of when client authorization or other legal requirements may affect production of records by subpoena:

- Physician-client privilege
- Mental health records
- Sexual assault victim-counselor privilege
- HIV/AIDS retrovirus testing
- Psychological notes of client care

Service to Client

Should law enforcement or service processors appear on Ozark Center properties to serve legal

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papers to you, the Program Supervisor, Program Director, and/or Director of Risk, Behavioral Health should be notified before any acknowledgment that you are a client of Ozark Center. Should you have been compelled by courts or law enforcement to seek treatment, communication with these agencies in situations involving adherence may be completed with those agencies, if a valid release of information has been signed by you or legal representative.

Self Help & Advocacy Resources:

NAMI: National Alliance on Mental Illness

www.nami.org

Local Office: 210 West 2nd Street

Joplin, MO 64801

417-781-6264

SAMHSA: Substance Abuse and Mental Health
Services Administration

www.samhsa.gov

NOTES

Questions or Comments

Your care and treatment are very important to us. Please feel free to discuss any questions you might have with your practitioner.

If you have concerns or comments you would like to address, we invite you to share these with any member of your treatment team or complete a satisfaction survey available at any location.

Your Clinician's Name, Address, and Telephone Number are:

Name: _____

Address: _____

Telephone: _____

Language Assistance Services

Taglines Informing Individuals with Limited English Proficiency of Language Assistance Services

- 1. (English)** ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 417-347-7600 (TTY: 1-800-735-2966).
- 2. (Spanish)** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 417-347-7600 (TTY: 1-800-735-2966).

3. **(Chinese)** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電417-347-7600 (TTY : 1- 800-735-2966)
4. **(Vietnamese)** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 417-347-7600 (TTY: 1- 800-735-2966).
5. **(Serbo-Croatian)** OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 417-347-7600 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1- 800-735-2966).
6. **(German)** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche hilfsdienstleistungen zur Verfügung. Rufnummer: 417-347-7600 (TTY: 1- 800-735-2966).
7. **(Arabic)** مقرب لصتا. ناجملاب كل رفاوتت فيو غلا قدعاسملا 417-347-7600 تامدخ ناف، ةغللا ركذا ثدحتت تنك اذا :فظو حلم ه مصللا مكبلاو: (1-008-537-6692). مقر 7600
8. **(Korean)** 주주: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 417-347-7600 (TTY: 1- 800-735-2966)번으로 전화해 주십시오.
9. **(Russian)** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 417-347-7600 (телетайп: 1- 800-735-2966).

10. **(French)** ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 417-347-7600 (ATS: 1- 800-735-2966).
11. **(Tagalog – Filipino)** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 417-347-7600 (TTY: 1- 800-735-2966).
12. **(Pennsylvanian Dutch)** Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 417-347-7600 (TTY: 1- 800-7352966).
13. **(Persian (Farsi))** امش یارب ناگیار تروصب ینابز
سامت . تالیهست ،دینک یم وگتفگ یسراف نابز هب رگا :هجوت
417-347-7600 (TTY: 1- 800-735-2966) دیریگب
مهارف یم دشاب .اب
14. **(Oromo)** XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 417-347-7600 (TTY: 1- 800-735-2966).
15. **(Portuguese)** ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 417-347-7600 (TTY: 1- 800-735-2966)
16. **(Amharic)** ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡

ወደ ሚከተለው ቁጥር ይደውሉ 417-347-7600 (መስማት ለተሳናቸው: 1- 800-735-2966).

17. **(Cherokee)** Hagsesda: iyuhno hyiwoniha [tsalagi gawonihisdi]. Call 417-347-1111 (TTY: 1- 800-735-2966)
18. **(Micronesian-Pohnpeian)** Ni songen mwohmw ohte, komw pahn sohte anahne kawehwe mesen nting me koatoantoal kan ahpw wasa me ntingie [Lokaiahn Pohnpei] komw kalangan oh ntingidieng ni lokaiahn Pohnpei. Call 417-347-7600 (TTY: 1- 800-735-2966).
19. **(Laotian)** ໂບດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອຈັດການພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 417-347-7600 (TTY: 1- 800-735-2966).
20. **(Japanese)** 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。417-347-7600（TTY: 1- 800-735-2966）まで、お電話にてご連絡ください。
21. **(Hmong)** LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 417-347-7600 (TTY: 1- 800-735-2966).
22. **(Swahili)** KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 417-417-347-7600 (TTY: 1- 800-735-2966).

Client Handbook

23. (Thai) เรยี น: ถาั้ คຸณພຸດພາສາໄທຍຄຸ ສາມາດໄຂັ້ ຣກິ າຣຸວ່ ຍເທລື ທາງພາສາໄຕຟ ຣ໌ ໂທຣ 417-347-1111 (TTY: 1-800-735-2966).

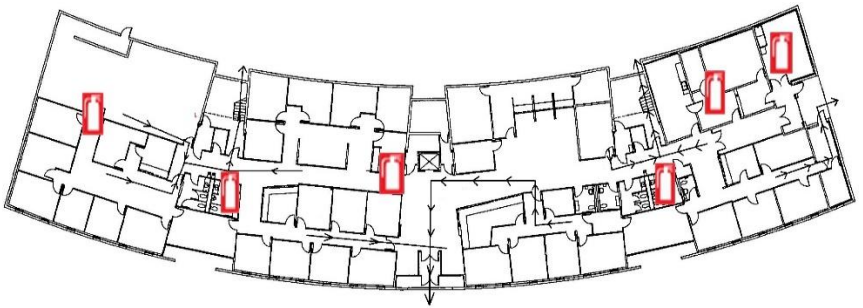
24. (Urdu) لاك - نيہ بايتسد نيم تقم تامدخ يك ددم يك نابز وك پآ
نيہ ےتلوب ودرا پآ رگا :رادريخ 417-417-347-7600 وت
(TTY: 1- 800-735-2966)

25. (Burmese)

သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက်
စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 417-347-7600 (TTY: 1-800-735-2966) သို့ ခေါ်ဆိုပါ။

Hope Spring Evacuation Plan – First Level

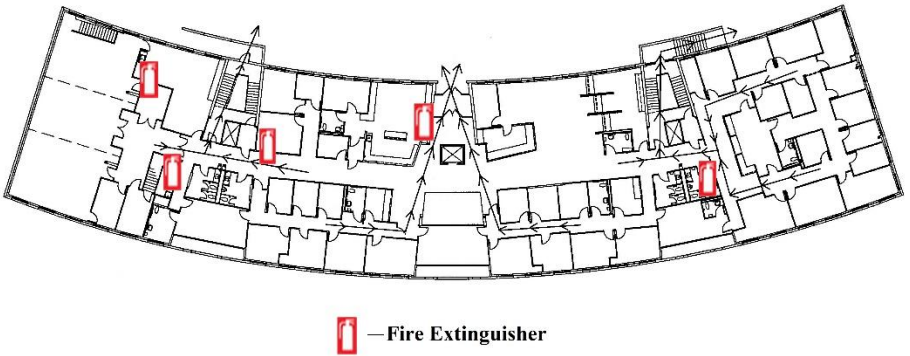
Hope Spring-First Level Evacuation Plan



— Fire Extinguisher

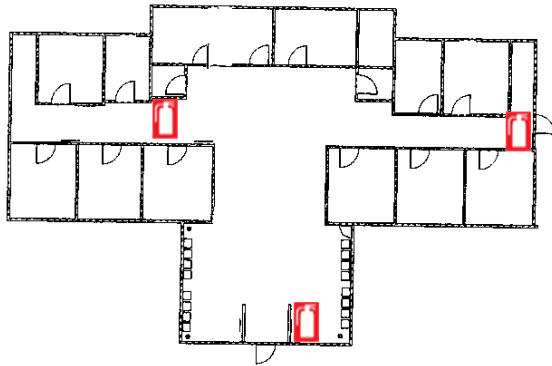
Hope Spring Evacuation Plan – Second Level

Hope Spring-Second Level Evacuation Plan



Hope Spring Evacuation Plan – Carthage

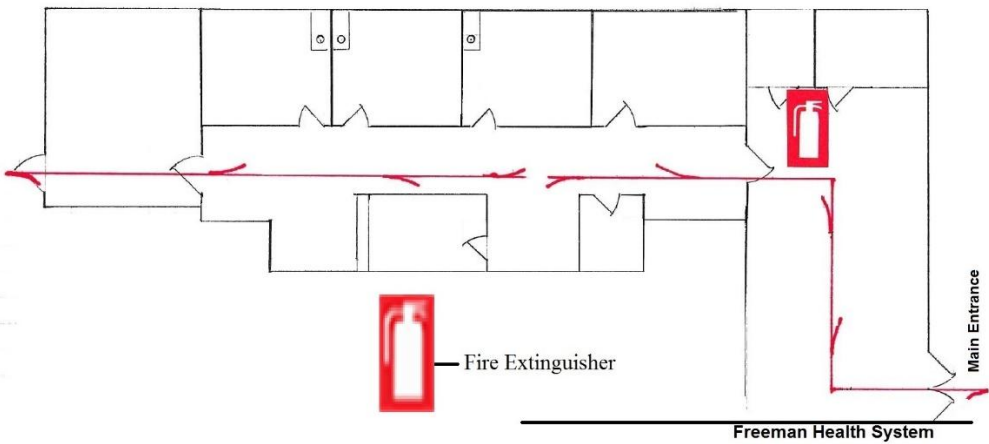
Carthage



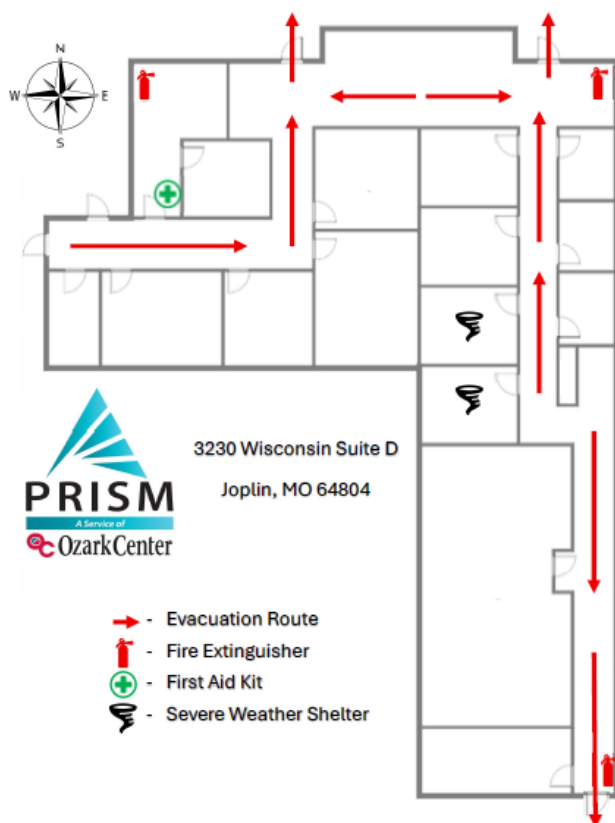
 -Fire Extinguisher

Hope Spring Evacuation Plan – Lamar

Lamar



PRISM Evacuation Plan – Joplin



Pineville Evacuation Plan –

