

NATIONALLY CREDENTIALLED

The Forrester Center is nationally credentialed through the Commission on Accreditation of Rehabilitation Facilities (CARF) and the SC Department of Health, we strive to provide evidenced-based therapy that reflects the most cutting edge research. Our clinicians are certified through the SC Association of Alcoholism and Drug Abuse Counselors, SC Association of Prevention Professionals and Advocates, and many hold advanced licensure or national certifications.



THE
FORRESTER
CENTER
FOR BEHAVIORAL HEALTH

WELCOME TO ADSAP SERVICES

129 DILLON DRIVE
SPARTANBURG, SC 29307

864.582.7588

South Carolina
DAODAS



CONNECT WITH US



BUSINESS HOURS OF OPERATION

The Forrester Center operates Monday - Thursday, 8:15AM - 5:00PM and Friday, 8:15AM - 4:00PM. These hours do not account evening and weekend group that are offered by The Forrester Center after these published hours.

ASSESSMENT/ ENROLLMENT HOURS

As of October 1, 2021, all assessments are provided on a walk-in basis Monday – Thursday starting at 8:15AM. Assessments are filled on a first come, first serve basis, until all available are full. Evening appointments are available upon request.

NOTES

FREQUENTLY ASKED QUESTIONS

How Long Will I Have To Come To Classes?

The amount of time for the ADSAP program is based on individual assessment and need. While the education class is typically 4 weeks (16 hours), additional services, if required, can take up to 12 months to complete. We offer night, weekend and some daytime classes. All cases will be staffed by the ADSAP team before completion is determined and the Department of Motor Vehicles and/or the Court System is notified.

How Much Does This Cost?

There is a financial breakdown in this handbook that lists all possible fees. You will not necessarily encounter all fees listed. If you find yourself in a financially difficult situation, please talk to your case manager.

Can Other People Come To Group With Me?

It is very important to incorporate family and friends in the recovery process, but we keep the group setting for group members only.

How Long Will It Take For My Information To Get To The DMV?

Typically we say allow 2-3 business days from the date of your enrollment.

SOUTH CAROLINA ALCOHOL AND DRUG SAFETY ACTION PROGRAM OVERVIEW OF SERVICES

Completion

DUI offenders are required to attend a minimum 16-hour Educational Curriculum. Clients receive an individual evaluation at enrollment and treatment services may be required following completion of the educational services.

Because services received are based on individual needs, the time period for ADSAP varies for each person. While most people complete the program by the end of their suspension period, it could take up to 12 months.

Successful completion is based on:

- Attendance to all required sessions (no absences).
- Participation in sessions.
- Reduction of your risk of committing another violation.
- Negative alcohol and other drugs screens.
- Payment of all fees or community service.

Fees/Payments

The total fees for the ADSAP program range from \$500 to \$2,500 depending on services provided. These services cannot be determined until the enrollment process has been completed. The \$250.00 paid at enrollment counts toward those fees. Drug screen fees are managed and collected by an outside laboratory. All fees must be paid in full or satisfied by community service. Community service is available to those clients who are deemed indigent by financial assessment.

THE FORRESTER CENTER FINANCIAL AGREEMENT

THE FOLLOWING CHARGES WILL BE BILLED FOR EACH OF THE SPECIFIED SERVICES. FULL PAYMENT IS EXPECTED FOR SERVICES WHEN RENDERED, OR REGULAR PAYMENTS.

ADULT OUTPATIENT TREATMENT AND YOUTH ADOLESCENT SERVICES (YAS)	ASSESSMENT / PSYCHIATRIC DIAGNOSTIC INTERVIEW	\$200 PER ENCOUNTER
	ASSESSMENT FOLLOW UP	\$125 PER ENCOUNTER
	BEHAVIORAL HEALTH SCREENING	\$20 PER ENCOUNTER
	SERVICE PLAN DEVELOPMENT	\$50 PER ENCOUNTER
	INDIVIDUAL THERAPY	\$50 PER 30 MINUTES
	GROUP THERAPY	\$50 PER HOUR
	SUBSTANCE ABUSE COUNSELING (INDIVIDUAL)	\$25 PER 15 MINUTES
	SUBSTANCE ABUSE COUNSELING (GROUP)	\$50 PER HOUR
	FAMILY THERAPY	\$100 PER HOUR
	CRISIS MANAGEMENT	\$20 PER 15 MINUTES
	PSYCHOLOGICAL REHABILITATIVE SERVICES (PRS)	\$8 PER 15 MINUTES
	FAMILY SUPPORT	\$7 PER 15 MINUTES
	PEER SUPPORT SERVICES - INDIVIDUAL	\$15 PER 15 MINUTES
	PEER SUPPORT SERVICES - GROUP	\$16 PER 15 MINUTES
	CASE MANAGEMENT	\$43 PER 15 MINUTES
	INTENSIVE OUTPATIENT (IOP)	\$40 PER HOUR
	DOT ASSESSMENT	\$500 PER ENCOUNTER
	MISCELLANEOUS EDUCATION (AEP)	\$100 PROGRAM FEE
ANGER MANAGEMENT / DOMESTIC VIOLENCE RESPONSIBLE THINKING PATTERNS COURSE (OBI)	\$25 PER SESSION	
PHYSICIAN'S SERVICE: BEHAVIORAL HEALTH SCREENING	\$60 FLAT FEE	
PHYSICIAN'S SERVICES: INDIVIDUAL THERAPY: 30 MIN/45 MIN/60 MIN	\$195/\$290/\$385	
PHYSICIAN'S SERVICES GROUP THERAPY: FAMILY THERAPY	\$190/\$385	
MAT NEW PATIENT VISIT	\$85	
MAT ESTABLISHED PATIENT VISIT	\$60	
MEDICATION MANAGEMENT	\$9	
GROUP THERAPY - NURSE PRACTITIONER	\$61.53 PER HOUR	
ALL PROGRAMS	RETURNED CHECK FEE	\$30

THE FOLLOWING CHARGES WILL BE BILLED FOR ALL ADSAP SERVICES:

PRI PROGRAM FEE - FLAT RATE	\$500
ADSAP TREATMENT SERVICES	PER CBT FEE SCALE, MAXIMUM \$2,500
ASSESSMENT/REASSESSMENT FEE	\$75 OR \$130
ADMINISTRATIVE FEE	\$75
CONFIRMATION DRUG TEST	\$35

PAYMENT ARRANGEMENTS CAN BE MADE AT TIME OF ENROLLMENT. FEES MAY BE PAID BY VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVER, MONEY ORDER, OR CASH. NO PERSONAL CHECKS WILL BE ACCEPTED FOR THE ADSAP PROGRAM.

Full payment is expected for services when rendered, or regular payments in accordance with this agreement. Customers with outstanding balances will receive bi-monthly statements. Any account which becomes overdue will be referred back to the case manager for immediate collection or service termination action. (Section 12-56, the Setoff Debt Collection Act, allows the South Carolina Department of Revenue to collect any delinquent account or debt owed to Spartanburg County. This collection procedure may include a reduction of the debtor's state tax refund, to include any joint refund filed with a spouse.)

THE FORRESTER CENTER FINANCIAL AGREEMENT CONTINUED

PLEASE CHECK AND FILL OUT SOURCE OF PAYMENT (CHECK ONE):	
SELF (LIST YOUR NAME)	
INSURANCE COMPANY (PROVIDE THEIR NAME)	
MEDICAID (LIST YOUR MEDICAID NUMBER)	
FEES ARE DUE WHEN SERVICES ARE RENDERED UNLESS OTHER ARRANGEMENTS ARE MADE AT TIME OF FINANCIAL ASSESSMENT.	

_____/_____
CLIENT SIGNATURE DATE WITNESS SIGNATURE DATE

_____/_____
PARENT/GUARDIAN SIGNATURE DATE WITNESS SIGNATURE DATE

OPTIONAL PAYMENT PLAN
I, _____ (Client # _____), agree to pay \$ _____ per _____ until my account is paid in full.



WHAT'S NEXT: ADSAP GROUPS

MY ADSAP GROUP

Group Leader: _____

Start Date: _____

Time: _____

Room: _____

ADSAP Rescheduling Information

If you miss your classes for any reason other than a death in your immediate family, you will need to reschedule your classes.

Documentation in the form of the obituary must be provided to the case manager.

The rescheduling of classes is done by appointment with a member of the ADSAP staff. A payment of \$125.00 toward your existing balance is required for rescheduling and you can restart your classes at Session 1.

The ADSAP rescheduling number is: 864-707-2805

Group Rules Contract

- Protect the privacy and confidentiality of all group members. Violation of confidentiality will result in termination from group.
- Attend all group sessions, be on time, and stay until group ends. There are no absences allowed unless it is for a death in the immediate family.

- If you are in a treatment class, two consecutive unexcused absences can result in being dropped from the group. Treatment group leader must be notified in advance of absences or tardiness.
- Anyone attending group under the influence of alcohol or other drugs will be asked to leave.
- Report any prescribed medication currently being used and provide written verification (printout from pharmacy).
- No foul language, verbal threats, or verbal/physical fights while on The Forrester Center premises. Participation in such behavior could result in being barred from services.
- The Forrester Center is a nicotine-free facility.
- All clients are subject to random alcohol or other drug testing while in services with The Forrester Center. Continued positive screens could result in a change in the level of care assigned or a timeout from services. Refusal to submit to an alcohol or other drug test will be considered a positive result. Continued noncompliance could result in discharge.
- Attendance in group is not enough to successfully complete. Participation, work toward established goals and negative drug screens are also required.
- There will be no cell phone usage during group. Cell phones must be powered down beforehand.
- Clients are responsible for fees as agreed. Clients will not be presented with written proof of completion unless they are current with their financial arrangements.
- No intimate relationships will be formed with other clients of this agency. Doing so can result in suspension or termination from services.

- Treat all group members with respect.
- No inappropriate attire will be allowed (including drug/alcohol logos, sexual language, pajamas, etc.)
- No medications (prescription or over the counter) allowed in the building.
- Cameras and/or recording equipment, including those on cellular telephones, are prohibited from The Forrester Center facilities.

Client's Rights

As a client of The Forrester Center for Behavioral Health, you have the following rights:

- To be entitled to respect and dignity in an environment that affords security and privacy;
- To receive services that are protected under the laws of confidentiality and to receive a Privacy Notice as well as other information concerning your rights in regard to the use, storage and disclosure of healthcare information;
- To receive services regardless of race, sex, national origin, creed, physical or mental handicap, or personal ability to pay;
- To know the reasons for or purpose of the services provided and to consent to receiving these services;
- To receive an individual evaluation and treatment based upon your needs, abilities and goals, including your active participation in the development of your individualized treatment plan;
- To ensure that your needs and preferences are not neglected and to receive any information needed to make informed decisions concerning the services you receive;

- To be assessed fees on an equitable basis;
- To express your preferences concerning the choice of case manager, counselor or other service provider;
- To review your records upon reasonable request and as provided by law;
- To refuse treatment or withdraw from services at any time without affecting re-entry at a later time.*
- To be free from physical abuse, sexual abuse, harassment and physical punishment imposed by program employees;
- To be free from psychological abuse, including humiliating, threatening and exploitive action on the part of program employees;
- To be free from fiduciary abuse associated with program employees holding in trust anything of value that belongs to you;
- To be informed of and treated in compliance with the agency's policy on seclusion, restraint, special treatment interventions and the restriction of rights;
- To receive assistance from the program in facilitating access and referral to guardians, conservators, self-help groups, advocacy and legal services; and
- To have privacy during visits unless contraindicated in the recovery and treatment process or as ordered by a physician or other authorized healthcare provider.

Statement of Client Responsibilities

As a client of the Alcohol and Drug Safety Action Program (ADSAP), you are expected to comply with the following responsibilities in order to assist in displaying a reduction in future DUI Risk:

- I understand that I must not only enroll in the ADSAP program today, but attend and complete recommended services. I also understand that dropping out of contact with the program, or not beginning and completing services in a timely manner can result in my case being discharged unsuccessfully. To be on time for all appointments and to contact counselor immediately if you had to miss a session. Failure to do so may result in unsuccessful completion termination.
- Services and program requirements must be completed within 12 months of today's date.
- I agree to meet my ADSAP fee requirements and remain current on my fee agreement/payment plan.
- Discuss with your counselor if you have a DUI in another state or seeking clearance in another state for DUI.
- To fulfill the requirements set forth in your individualized Treatment Plan and/or Participation Contract. The services recommended will be based on your initial assessment.
- To attend all group sessions and individual appointments totally alcohol and drug free and submit to drug screens and/or breathalyzer tests as deemed appropriate by counselor.
- To notify the ADSAP staff within three business days if your mailing address and/or phone number changes.
- Regular attendance, active participation, being alcohol/drug free, and meeting goals is expected for completion.

- To display respect and courteous behavior at all times free of profanity and verbal abuse or threats and be appropriately dressed when attending services.
- Please maintain confidentiality at all times. Each client must turn off all cell phones/devices during sessions and no pictures or taping of sessions is permitted.
- Court systems will be notified of your completion status within 7 days of your discharge from services.
- A positive screen for alcohol, any illegal drug, or prescription drug not prescribed to you, or refusal to submit to a urine, blood, breath, or saliva test, or your self admission of continued alcohol/ drug use, could result in a higher level of services required for completion or an unsuccessful completion from ADSAP. Testing positive could also result in the loss of current drivers license and/or provisional license.
- I understand that failure to comply with these client responsibilities can result in my unsuccessful discharge from the ADSAP. I understand that if I am terminated unsuccessfully from the ADSAP and I have obtained a provisional driver's license, my provisional driver's license and/or temporary or regular license will be revoked by the S.C. Department of Motor Vehicles and the ADSAP will not recommend me for relicensing following my suspension period. An unsuccessful completion may also result in an additional 6-month suspension at DMV.
- My signature below verifies that these responsibilities have been fully explained to me, that I agree to each of them and I understand that in all cases, strict standards of confidentiality and professional ethics will be maintained.

Participation Contract

I hereby affirm that I understand and accept the following conditions as requirements for successful completion of the Alcohol and Drug Safety Action Program (ADSAP):

- Show proof of my risk reduction by completion of curriculum objectives to help me:
 - Increase my awareness of driving under the influence (DUI), boating under the influence (BUI) and other problems related to alcohol and other drug impairment, the phases of progression and guidelines for risk reduction;
 - Develop insight into personal at-risk behaviors and risks for future problems with alcohol and other drugs; and
 - Reduce high-risk alcohol and other drug use and other behaviors that contribute to DUI and BUI.
- Attend all sessions, meetings, or appointments in a sober condition free of the influence of alcohol and other drugs.
- Drive only with a provisional/restricted driver's license in a sober condition free of the influence of alcohol and other drugs.
- Pay the required fee for ADSAP.

I understand that my failure to meet these requirements will result in additional services or Unsuccessful Completion of ADSAP, which will be reported to the South Carolina Department of Motor Vehicles (DMV).

I further understand that if I have a provisional/restricted license and I am arrested for a subsequent DUI, an Unsuccessful Completion will be reported to the DMV, and consequently, my provisional/restricted driver's license will be revoked.

CLIENT SIGNATURE

DATE

I understand that I have the right to appeal an Unsuccessful Completion decision with the administering agency and the South Carolina Department of Alcohol and Other Drug Abuse Services and will be provided with appeal information if I wish to exercise my appeal rights. I accept the listed participation contract conditions and have received a copy of this contract.

Client's Responsibilities

As a client of The Forrester Center for Behavioral Health, you have the following responsibilities:

- To pay for services when they are rendered or to arrange in advance for regular payments to be made on your account.
- To authorize the release of information to necessary referral sources.
- To be an active participant in your treatment and care; not just attend.
- To respect the privacy and rights of others receiving services at The Forrester Center.
- To be aware of the days/times of your appointments and to arrive on time for sessions.
- To respect The Forrester Center property and staff, and behave in accordance with agency rules.
- To not bring or use alcohol, nicotine products (including cigarettes), or any illegal/unauthorized drug on The Forrester Center property (inside and outdoors).
- To notify your counselor/case manager of any of the following if:
 - **You plan or need to miss an appointment.**
 - **You change your address or telephone number.**
 - **You have any concerns about your treatment or treatment providers.**

Please note: Withdrawal from participation in some programs may necessitate a delay in your readmission. Also, if your participation in this program is the result of involvement with the criminal justice system, your legal status may be jeopardized by withdrawal without court, probation or parole permission. Please make certain of your individual situation before withdrawing.

The Forrester Center For Behavioral Health Privacy Notice (Confidentiality), Ethical Practices, And Exclusions From Services

YOUR PRIVACY

General Information regarding your health care, including payment for health care, is protected by two federal laws: the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 42 U.S.C. §1320d et seq., 45 C.F.R Parts 160 & 164, and the Confidentiality Law, 42 U.S.C. § 290dd2, 42 C.F.R. Part 2. Under these laws, The Forrester Center may not say to a person outside The Forrester Center that you attend the program, nor may The Forrester Center disclose any information identifying you as an alcohol or drug abuser, or disclose any other protected information except as permitted by federal law.

The Forrester Center must obtain written consent before it can disclose information about you for payment purposes. For example, The Forrester Center must obtain written consent before it can disclose information to your health insurer in order to be paid for services. Generally, you must also sign a written consent before The Forrester Center can share information for treatment purposes or for health care operations. However, federal law permits The Forrester Center to disclose information with your permissions:

- Pursuant to an agreement with a business associate;
- For research, audit or evaluations; (*continued on next page*)

- To report a crime committed on The Forrester Center's premises or against The Forrester Center's personnel;
- To medical personnel in a medical emergency;
- To appropriate authorities to report suspected child abuse or neglect;
- As allowed by a court order.

For example, The Forrester Center can disclose information without your consent to obtain legal or financial services, or to another medical facility to provide health care to you, as long as there is a business associate agreement in place. Before The Forrester Center can use or disclose any information about your health in a manner that is not described above, it must first obtain your specific written consent allowing it to make the disclosure. Any such written consent may be revoked by you in writing.

YOUR RIGHTS

Under HIPAA you have the right to request restrictions on certain uses and disclosures of your health information. The Forrester Center is not required to agree to any restrictions you request, but if it does agree, it will be bound by that agreement and may not use or disclose any information which you have restricted except as necessary in a medical emergency. You have the right to request that we communicate with you by alternative means or at an alternative location. The Forrester Center will accommodate such requests that are reasonable and will not request an explanation from you. Under HIPAA, you also have the right to inspect and copy your own health information maintained by The Forrester Center, except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal or administrative proceeding or in other limited circumstances. Under HIPAA, you also have the right, with some exceptions, to amend health care information maintained by The Forrester Center's

records, and to request and receive an accounting of disclosures of your health related information made by The Forrester Center during the six years prior to your request. You also have the right to receive paper copy of this notice.

THE FORRESTER CENTER'S DUTIES

The Forrester Center is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. The Forrester Center is required by law to abide by the terms of this notice. The Forrester Center reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains. You will receive a copy of this notice at intake or upon request.

COMPLAINTS AND REPORTING VIOLATIONS

You may complain to The Forrester Center and the Secretary of the United States Health Department of Health and Human Services if you believe that your privacy rights have been violated under HIPAA. Your complaint must be in writing and sent to: Compliance Officer, The Forrester Center, P.O. Box 1252, Spartanburg, SC 29304. You will not be retaliated against for filing such a complaint. Violation of the Confidentiality Law by a program is a crime. Suspected violations of the Confidentiality Law may be reported to the United States Attorney in the district where the violation occurs. For further information, contact the Compliance Officer at The Forrester Center, 864-707-2804.

ETHICS AND PROFESSIONAL CONDUCT

Individuals seeking services from The Forrester Center will not be discriminated against on the basis of race, religion, language group, age, gender, disability, sexual orientation, or economic condition. The Forrester Center staff understand their responsibility to clients, confidentiality, professional competency and integrity, financial

arrangements, and inter-professional relationships. They are dedicated to respecting the rights of the persons served and will work to ensure that services are accessible and appropriate. Staff will respect and protect the confidences of their clients in accordance with federal law and will make financial agreements with clients and third party payers that conform to acceptable professional practices. They will maintain high standards of professional competency and integrity, recognize boundaries and limitations of their competencies, and treat colleagues with respect, courtesy, and fairness.

EXCLUSIONS FROM SERVICES, LOSS OF PRIVILEGES, & DISCHARGE

The Forrester Center clients will be discharged from services when they have successfully achieved their treatment plan goals but may also be discharged for other reasons, including but not limited to: moving out of the service area, referral to another agency, becoming physically or psychologically unable to continue with treatment, failing to comply with treatment, refusing to pay fees, failing to meet specific program attendance requirements, violating confidentiality requirements, bringing/receiving/using alcohol or other drugs on The Forrester Center premises, becoming verbally or physically abusive to others or making threats against others, engaging in theft or destruction of The Forrester Center property, and bringing a weapon on The Forrester Center premises. Discharge from services will occur after consultation with other staff and with client' knowledge. Referrals for other appropriate services will be made whenever appropriate and possible. Client may be given a "timeout" from services with the approval of management when it is believed this period as a negative consequence will improve clients' overall treatment experience and outcomes. The timeout period, its duration, and what conditions must be met in order to re-enter services will be discussed with client fully. Specific treatment programs may have unique participation requirements, and clients in these programs must agree to meet those requirements in order to maintain in those services.

When this happens, written participation contracts will be reviewed with clients, signed by them, and a copy given to each of them.

GRIEVANCE POLICY

It is the policy of The Forrester Center to grant clients the right to present and seek answers to complaints and grievances brought under this statement without fear of restraint, interference, coercion, discrimination or reprisal. Clients have the right to seek assistance from advocates as they deem appropriate or necessary in order to effectively present their concerns. The procedures for presenting complaints are as follows:

- All complaints will be forwarded by the client to the Program Coordinator, with verbal complaints documented.
- Within five working days of the complaint, an answer will be returned to the client in writing from the Program Coordinator. If the Program Coordinator cannot resolve the complaint, then the complaint will be forwarded to the CIC (Continuous Improvement Committee). An answer from this committee will be returned within five working days.
- If the answer is, in the opinion of the grieving client, not satisfactory in its results, the complaint will be presented to the Grievance Committee formulated by the Board of Directors of The Forrester Center for Behavioral Health for resolution. This committee consists of two board members and two clients of The Forrester Center for Behavioral Health (past or present). This process will be completed within five working days for outpatient clients after receiving written notification from the CIC.
- The decision of the Grievance Committee is final and will be returned to the client within five working days. If a client is not satisfied with this decision, he may appeal to the S. C. DHEC, Division of Health Licensing, 2600 Bull Street, Columbia, S. C., 29201; phone number (803)-545-4370.
- From the initial complaint, the entire decision making process regarding the client's grievance will be resolved and the client will be notified within fifteen working days.
- All relevant documentation of client grievances shall be maintained by the CIC.

It is the responsibility of The Forrester Center staff to explain the grievance procedure to all clients at admission, and at any time thereafter as appropriate. A copy of the grievance procedure, signed by the client in ink, will be filed in the clinical record.