



Will County
Health Department &
Community Health Center

Behavioral Health Division

CLIENT HANDBOOK



Revised: June 2025

Will County Health Department Behavioral Health Programs Consumer Handbook

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Welcome to the Will County Health Department's Division of Behavioral Health Programs.

We are a county governmental organization that provides behavioral health services to children, adults, and families in Will County. Available services include individual and group therapy, psychological testing, psychiatric assessments, medication monitoring, substance use interventions, and community support services.

We strongly encourage you to keep this handbook for your reference. If you have any questions, please consult your assigned treatment provider.



Will County
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1. Will County Health Department Mission Statement

OUR MISSION:

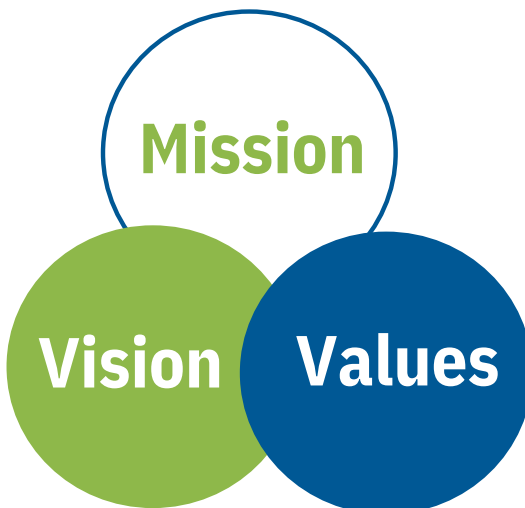
To promote and protect the health of Will County through equitable policies and programs tailored to the needs of the community, ensuring optimal social, mental, and physical well-being for all.

OUR VISION.

Deliver sustainable programs and policies in response to the public health needs of the community

OUR VALUES:

- **Respect:** Treat everyone equitably with compassion, dignity, and importance.
- **Integrity:** Act with honesty, transparency, and accountability.
- **Professionalism:** Serve with a high standard of conduct through a skilled, diverse, and committed workforce.
- **Quality:** Provide exceptional services through best practices, evaluation, collaboration, and innovation.



2. Programs and Services

The Adult Services Program provides comprehensive mental health assessment and treatment plan development, medication monitoring and medication management, psychotherapy, and case management services.

Court-Mandated Assessment and Support Program provides mental health assessment to determine therapeutic needs. The program includes solution-focused, brief individual therapy, a letter of completion, and referrals to resources.

Child and Adolescent Program (C&A) serves children and adolescents ages 5- 17. Services include child and adolescent psychiatry, psychiatric evaluations, prescriptions, and medication monitoring.

Substance Use Initiatives and Treatment Program provides outpatient and intensive outpatient substance use treatment services for people not requiring inpatient or residential care. Individual and group treatment services are available. Naloxone is available free of charge. Services are designed to support the recovery, health, and well-being of clients and enhance their quality of life.

Mobile Crisis Response Program (MCR): The MCR Program promotes the well-being of children by maintaining them in the least restrictive settings, working with families in their home(s) or other natural environments. This statewide initiative provides screening, assessment, and treatment of any child who may be at risk for psychiatric hospitalization and who is eligible for public funding, allowing for earlier interventions to address growing problems.

The program effectively links families and guardians to appropriate levels of care to meet the mental health treatment needs of their child.

3. Your Rights

As a client of the Will County Health Department Division of Behavioral Health, you have certain rights under the laws of Illinois.

1. You will be treated with respect and honor.
2. You are entitled to have your rights and responsibilities explained to you in a language or method of communication that you understand.
3. You have the right to be provided with the name of the staff member who has primary responsibility for your care, treatment or services.
4. You have the right to review or obtain copies of your record.
5. You have the right to contact the Guardian and Advocacy Commission or Equip for Equality, Inc., for legal guardianship, conservator, or advocacy concerns.
6. You have the right to be free from abuse, neglect, and exploitation.
7. You or your guardian have the right to present grievances up to and including the Executive Director of the Health Department (see Grievance Policy).
8. You have the right not to be denied, suspended or terminated from services or have services reduced for exercising any rights.
9. You have the right to contact the public payer or its designee and to be informed of the public payee's process for reviewing grievances.

10. You have the right to have disabilities accommodated as required by the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, and the Human Rights Act (775iLCS 5).
11. In accordance with law and regulation, the organization allows you to access and request amendments to your health information on disclosures of this information.
12. You will be informed of any program rules as they pertain to your care, treatment, and services.
13. You have the right to involve your family in decisions about care, treatment and services.
14. We respect your right to request a second opinion of a consultant.
15. We respect your right to request an internal review of your plan of care, treatment, and services.
16. You have the right to refuse care, treatment or services in accordance with law and regulation. If you refuse care, treatment or services, we will inform you about our responsibility in accordance with professional standards. If we cannot continue to serve you, we will terminate the relationship with you upon reasonable notice and provide you with referrals.
17. You will be served in a manner that supports your dignity and respects your cultural and personal values, beliefs, and preferences. Access to care will not be denied based on race, religion, ethnicity, sexual orientation, HIV status, or disability as specified in the Americans with Disabilities Act.
18. You have the right to give or withhold informed consent.

19. You have the right to be notified of any client rights restrictions(s) and to have your parent/guardian notified of any agency designated by you. If any of your client rights are restricted, the justification of such rights restrictions will be documented in your clinical record.
20. Your right to confidentiality shall be governed by the Health Insurance Portability and Accountability Act (HIPPA) of 1996 and, the Health Information Technology for Economic and Clinical Health (HITECH) Act.
21. You have the right to designate a surrogate decision-maker if you are incapable of understanding a proposed treatment or procedure or are unable to communicate your wishes regarding care.
22. You may be asked to provide written informed consent for certain tests or procedures. Ask as many questions as you need to fully understand each document you are asked to sign.

4. For Behavioral Health Clients

Your rights shall also be protected in accordance with Chapter 2 of the Mental Health and Developmental Disabilities Code (405 IL-CS 5), the Confidentiality Act, and the Confidentiality of Substance Use Disorder Patient Records (42 CFR Part 2).

You shall be informed of your rights before the evaluation session and annually thereafter.

You have the right to contact Illinois Healthcare and Family Services (HFS) or its designee and to be informed by HFS or its designee of the client's health care benefit and the procedures for reviewing grievances.

5. Your Responsibilities

- » Ask questions about your care, treatment, and services, including questions related to your diagnosis, medications, services recommended, and/or services available.
- » Be aware of your personal safety as you participate in care, treatment, and services.
- » Tell us if you experience any problems or if situations arise that would impact your care, treatment or services.
- » Be on time for your appointments. If you are late, your appointment may be cancelled.
- » Attend all scheduled appointments. If you cannot, notify us to cancel or reschedule.
- » Payment is expected at the time of service.
- » Smoking of tobacco or e-products is not allowed on Agency property.
- » You will not be permitted to bring illegal or legal drugs or any weapons on Agency property.
- » Know the purpose, proper use and potential side effects of your prescribed medications and usage of mood-altering substances.

6. Confidentiality

Keeping your information private is very important to us, however, some events require employees to report information outside of the health department. These events include, but are not limited to:

- » We adhere to the Abuse and Neglected Child Reporting Act. All employees are required to report suspected abuse or neglect. A call will be made to the Department of Children and Family Services Hotline 1800-Abuse (1800-252-2873) for clients 0-17 years of age.
- » We adhere to the Elder Abuse and Neglect Act and the Adult Protective Services Act. All employees are required to report suspected abuse, neglect, or financial exploitation of an adult with disabilities or anyone age 60 or older to 1-866-800-1409.
- » We are required by Rule 50 of the Office of the Inspector General Investigations of Alleged Suspected Abuse or Neglect to report suspected physical abuse, sexual abuse, mental abuse, financial exploitation, neglect, or death to 1-800-368-1463.
- » If our professionally trained staff assesses you and determines you are a danger to yourself or someone else, we may initiate involuntary hospitalization. Only the minimum information necessary would be shared with paramedics and law enforcement personnel. If hospitalization is indicated for a child 17 years of age or younger, a parent/guardian must consent to the hospitalization of a minor.
- » If you are assessed to need emergency medical care, we will call 911 to obtain medical assistance for you. Only the minimum information necessary would be shared with paramedics and law enforcement personnel.

7. Treatment

The Will County Health Department will try to match your treatment requests. You will be assigned a treatment provider (a social worker, therapist, student intern, psychologist, nurse/psychiatrist, or Advanced Practice Registered Nurse (APRN)) to help you.

To begin treatment, you will be expected to sign a Consent for Service form. This consent form can be revoked in writing by you or your legal guardian at any time. You will be asked to complete the Consent for Service form annually.

Practitioners involved in your care create an electronic record or chart of your mental health information to treat you, receive insurance payment for services delivered, and to comply with certain policies and laws.

You will meet with your assigned treatment provider, who will complete a comprehensive assessment with you to identify areas of strength and needs for development of long-term and short-term treatment goals. Session length, frequency, and duration vary depending upon your needs. The length of time in treatment also depends on your individual treatment plan.

You and your treatment provider will develop objectives to achieve your goals.

- » You will be asked to sign an Individual Assessment and Treatment Plan (IATP) indicating your support for the treatment plan.
- » Your IATP will be periodically reviewed with you, indicating your support of the treatment plan.

You have the right to decline a treatment option identified in the treatment plan. However, failure to follow the recommended treatment plan may affect your progress. If you have concerns about the services, please contact the treatment provider working with you or the manager of the program in which you are involved.

You may request a referral at any time from your service treatment provider, for, but not limited to: Medical/healthcare, dental, childcare services, transportation services, social services, housing, food pantries, homeless shelters, self-help groups, immigration services, legal services, smoking cessation, domestic violence, and any other needed service.

8. Missed Appointments

We recognize that people may need to change their schedules unexpectedly. Please call your treatment provider as soon as possible to cancel or reschedule whenever you are unavailable for an appointment. If an appointment is not canceled at least 24 hours in advance, you may be charged for a missed appointment.

We reserve the right to discharge you from treatment when two (2) consecutive appointments are missed without advanced notice or if three (3) appointments are missed within 90 days.

9. Clinic Hours and Service

Hours of operation may vary by site and program. Please contact your treatment provider for a complete list of the service hours for the program you are participating.

Will County Health Department Division of Behavioral Health Programs locations:

Main Office

501 Ella Avenue
Joliet, IL 60433
Phone: 815-727-8521

Bolingbrook Office

335 Quadrangle Drive
Bolingbrook, IL 60440
Phone: 630-679-7020

Eastern Branch Office

5601 Monee-Manhattan Rd.
Monee, Illinois 60484
708-534-0800

Emergency Services

In case of a behavioral health emergency during office hours, contact your treatment provider. After hours, please contact:

For all residents of Will County - Call 911.

For children and adolescents: CARES Line 1-800-345-9049

10. Client Insurance

You are required to inform us if you have a change in your health insurance policy (provider or policy number) and your home address, and phone number. Failure to inform us of your health insurance policy number or provider changes can result in you being charged the full fee if the payment is denied by the payer.

Billing Information

Please provide us with a copy of the front and back of your insurance card. We can copy the card for you during your intake.

You must complete an intake interview before being seen by your treatment provider. This will allow us to secure payment through your insurance provider, Medicaid, Medicare, or the Illinois Department of Mental Health, and help us offer you high-quality treatment. Failure to complete the required documents can result in termination of service as we will not have the necessary information to follow our regulatory guidelines or offer you effective treatment.

Payment for services

Payment will be requested at each visit and is based on your financial status and our agency's sliding fee schedule. You will receive a monthly statement of incurred charges and/or fees. It may be paid for in cash, check, or by credit card. If you have questions, please call 815-727-8437 and speak to a reimbursement specialist.

Reduced Fees

When payment for services is through the client self-paying, and you are unable to pay in full for the services provided, you may apply for a reduced fee. Your reduced fee rate will be reviewed every six (6) months to determine any change in your financial situation.

11. Medical Records

Your protected health information (PHI) record will generally contain the following information:

- » Records obtained during intake, including history and background, payer information, sliding fee scale applications, and a letter of determination reflecting your discounted private pay rate for the service and data release form.
- » Treatment reports include diagnostic assessments, progress notes, treatment plans, quarterly reviews, and other professional reports obtained with your written permission from other community providers or agencies.

Access to Records

- » You have the right to read or have a copy of your PHI if you are 12 years old or older. If you are under 18 years old, your parent(s) or legal guardian(s) must sign for the release of the record.
- » We must offer you help in explaining your PHI to you, but you can refuse this help.

- » You have the right to request restrictions on how your PHI is used for the purpose of treatment, payment, or health care operations, but the Health Department is not required to agree to your request. Requests must be made in writing.

12. Notice of Privacy

Practices and Confidentiality

Confidentiality means keeping your treatment here private.

Whatever we know about you will be kept private. When you and your treatment provider complete the Consent to Release of Information form, you have the right to limit what information and the amount of information that is disclosed.

The Health Department uses your PHI and mental health information to obtain payment for the services we render. For example, it is sent to insurance carriers, Medicare and/or Medicaid. In most instances, you will need to sign a financial agreement that gives your permission to bill payers (exceptions involve certain contractual and grant-based services such as with other government agencies).

The information we ask you to provide is necessary in our efforts to be of service to you. Unless ordered by a court, you are not legally required to provide any information to us.

Your PHI may be used to determine whether adequate treatment is being provided to our clients. Your PHI may be used to remind you of an appointment.

Legal Requirements:

The Health Department may disclose your PHI without your consent as required or authorized by law. Examples include, but are not limited to:

- » **Public Health:** Disclosure of your PHI could be used to prevent or control disease, injury or disability, to report births and deaths, to report reactions to medicines or medical devices, to notify a person of their exposure to disease, or to report suspected cases of abuse, neglect, or domestic violence.
- » **Health Oversight Activities:** Disclosure of PHI may be required by State and Federal authorities to determine eligibility for public benefit programs and to coordinate delivery of those programs.
- » **Judicial and Administrative Proceedings:** PHI may be disclosed in judicial (legal) and administrative proceedings.
- » **Law Enforcement:** PHI may be disclosed to comply with requests as a part of a court order, warrant, subpoena, summons, or similar process. It may be used to locate someone who is missing, to identify a crime victim, report criminal activity at our offices, or in an emergency.
- » **Research:** You will need to sign an authorization form before we use or disclose PHI for research purposes, except in limited situations, even if you want to participate in a research study.

13. Grievance/Complaint Procedure

Complaints stem from minor issues that can typically be resolved by staff present at the time the concern is voiced, while grievances are more serious and generally require investigation into allegations regarding the quality of patient care.

Clients will not be excluded from participation in, be denied the benefits of, or be subject to discrimination in any manner based on your race, religion, gender, ethnicity, culture, spiritual values, age, illness, disability, HIV status, sexual orientation, color, creed, national origin, arrest or conviction record, or status about public assistance.

You have the right to disagree with recommendations (written or verbal) offered by your treatment provider. If you disagree with any written information, you have the right to appeal to make an amendment.

If you have a complaint, grievance or you feel your rights have been violated, please speak with your treatment provider. You are encouraged to use the electronic kiosk to enter the information. You may also ask your treatment provider or supervisor to provide you with a client complaint/grievance form. Your treatment provider must help you file a grievance without retaliation and must document the complaint/grievance in your record.

The form will ask for your statement of complaint, the date and time of the incident, reasons for writing the grievance, and a suggestion of a fair solution. If your concern is not resolved, then you may ask to speak with the Director Of the Behavioral Health Division or even the Health Department's Executive Director.

All grievances will be presented to the Director Of Compliance for review as appropriate by accreditation and licensing authorities and the Division Director. The Compliance committee will process grievance information and look for data trends, outcomes, and solutions to persistent problems and patterns.

The Division Director's decision on the grievance will be considered the final decision.

Complaints about a treatment providers professional conduct can also be registered with the Illinois Guardianship and Advocacy Commission by calling (708) 338-7500.

Other Resources

Guardianship and Advocacy Commission

9511 Harrison Ave. FA 101

Des Plaines, IL 60016

Toll-free 1 (866) 274-8023 or TTD (312) 793-5937

Department of Children and Family Services

1619 West Jefferson Street

Joliet, IL 60435

(815) 730-4000

Office of the United States Attorney

219 S. Dearborn Ave., Suite 5000

Chicago, IL 60604

(312) 353-5300

Equip For Equality, Inc.

11 E. Adams St., Suite 1200

Chicago, IL 60603

(312) 341-0022

Illinois Department of Human Services Division of Alcoholism and Substance Abuse

State of Illinois Center, Suite 5-600

100 W. Randolph Street

Chicago, IL 60601

(312) 814-3840

Illinois Department of Human Services

45 E. Webster St.

Joliet, IL 60432

815-740-5350

14. Discharge and/or Termination of Services

Reasons for termination or discharge from services:

- » It has been indicated through assessments that you require a more restricted or less restricted level of care.
- » Discharge from treatment is incorporated into the treatment plan and generally occurs following attainment of treatment goals.
- » Failure to comply with agreed-upon treatment activities may result in administrative discharge.
- » You may also terminate services at any time, but the Will County Health Department Division of Behavioral Health Programs requests that you discuss this decision with your treatment provider.
- » Be advised that the refusal to consent to release treatment information to the mandated body may lead to termination of services.
- » Falsification of information of any information that we rely upon to receive payment for our services.
- » Three (3) appointments are missed with no notice within 90 days.
- » We reserve the right to terminate service with clients who engage in threatening behavior, abusive language or behavior, any form of harassment, or who are perceived to be under the influence of alcohol or other drugs.
- » Bringing illegal or legal drugs or any weapons on Agency property.



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