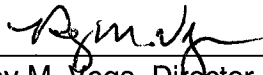


<b>GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER</b>		
<b>TITLE: Consumer Orientation</b>	<b>POLICY NO: CL- 38</b>	Page 1 of 1
<b>RESPONSIBILITY: Clinical Program</b>		
<b>APPROVED BY:</b>  Rey M. Vega, Director	<b>EFFECTIVE: 3/27/17</b>	
	<b>LAST REVIEWED/REVISED:</b>	

**PURPOSE:**

- A. To provide the consumers with an introduction of the clinical program and understanding of what will happen as services are delivered.

**POLICY:**

- A. An orientation of the consumers admitted to the program shall be provided either in written or verbal manner, which will include an explanation of their rights and responsibilities, complaint and appeals procedures, organizations confidentiality policies, program health and safety policies, program rules and expectations, and other topic as applicable to the different service program.
- B. The program manger or supervisor shall provide the consumer and his/her legal guardian a pre admission on-site visit to the organization and its programs when appropriate.

**PROCEDURES:**

- A. Adult Out Patient Mental Health, Drug and Alcohol Program & Healing Hearts
  - a. The screener shall conduct a brief orientation of the program once the consumer is found eligible for service.
  - b. Full orientation shall be conducted by the assigned lead provider, who will explain consumer rights and responsibilities, confidentiality, policies and procedures as well as program rules and expectations. Have the consumer sign consent to treatment form,
- B. Children and Adolescent Services Division
  - a. The parents/legal guardian and the minor will be provided an orientation to the program to come on a Tuesday or Thursday at 3:00 p.m. for a scheduled orientation.
  - b. If the parents/youth have not attended the orientation, the assigned worker shall make sure the parent and youth attend an orientation.

**SUPERSEDES:**

- A. Title; Policy No.; Effective date/signature date; Approving individual's name

**GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER  
REVIEW AND ENDORSEMENT CERTIFICATION**

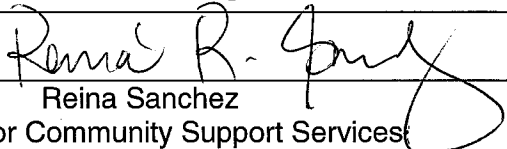
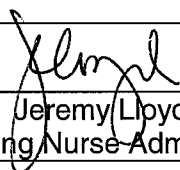
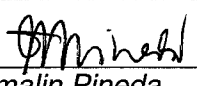
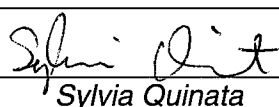
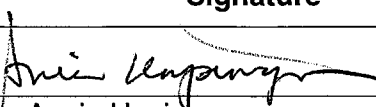
The signatories on this document acknowledge that they have reviewed and approved the following:

- Policies and Procedure
- Program plan
- Protocol/Form

Submitted by: Clinical Program

**Policy No: CL- 38**

**Title: Consumer Orientation**

<b>Reviewed/Endorsed Title</b>	<b>Date</b>	<b>Signature</b>
	3/20/17	 Reina Sanchez Supervisor Community Support Services
<b>Reviewed/Endorsed Title</b>	<b>Date</b>	<b>Signature</b>
		Dr. Ariel Ismael Medical Director
<b>Reviewed/Endorsed Title</b>	<b>Date</b>	<b>Signature</b>
	3/22/17	 Jeremy Lloyd RN Acting Nurse Administrator
<b>Reviewed/Endorsed Title</b>	<b>Date</b>	<b>Signature</b>
	3/21/17	 Shermalin Pineda Manager Residential Recovery Program
<b>Reviewed/Endorsed Title</b>	<b>Date</b>	<b>Signature</b>
	3/20/17	 Sylvia Quinata Adult Counseling Supervisor
<b>Reviewed/Endorsed Title</b>	<b>Date</b>	<b>Signature</b>
	3.20.17	 Annie Unpingco Administrator CASD