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Effective July 1, Meridian will begin providing services in Macclenny as River Region Human Health Services closes its office there. Meridian already sees many people from Baker County either in our Lake City and Starke office, so many residents are familiar with our services and we are looking forward to serving many more.

If you don't know about us — Meridian provides a whole range of services and has offices across 11 counties in north central Florida. Our services include outpatient counseling for mental health and substance use, for both adults and children, psychiatric services, case management and care coordination, and many others. Our children's staff will be available to provide services in the schools or homes, as most appropriate to the family and the child's needs, as well as in the clinic. And we hope to provide drop-in center hours in Baker County soon.

Meridian accepts most insurance and Medicaid and works with Lutheran Services Florida, for those individuals who do not have insurance and cannot afford care.

Residents of the County who need inpatient psychiatric care already come to Meridian and many have chosen us for their follow-up care. We also provide Detox and Residential treatment of substance abuse for adults and adolescents as well. We look forward to working with you and to joining Baker County's healthcare community. We will be available at this location starting July 1, but can begin seeing you immediately at any of our other locations.

If you want to schedule an appointment please call 1-800-330-5615 or visit our website at www.mbhci.org to learn more about our services. While we will not be in the Macclenny building until July 1, we can see you at one of our nearby locations and will do everything possible to make a smooth transition and avoid interruptions in your care.

Sincerely,

Margarita Labarta, PhD

President/CEO





Important information:

Meridian Behavioral Healthcare has been serving individuals in north central Florida since 1971.

Meridian is accredited by the Council of Accreditation for Rehabilitation Facilities and is licensed by the State of Florida (Department of Children and Families and the Agency for Healthcare Administration) to provide mental health and substance use disorder treatment.

Transferring Care:

Meridian will be in Macclenny and open to provide care July 1.

We hope to have some of the staff you already know providing services. We do need to make sure we have your most recent treatment records from River Region Human Services. Releases of information are available at the office and attached to this notice for your use. It is very important that you fill in the highlighted sections, and that you sign the release.

Services that will be available at the clinic in Macclenny:

- Outpatient counseling for mental health and substance use disorders, for adults and children
- · Medication evaluation and follow-up
- Case management
- Family Interventions Specialists for those involved with partnership for Strong Families
- Specialized services for those in the criminal justice system

Other services Meridian offers in Lake City or Gainesville:

- Because Meridian is a comprehensive center, we offer many levels of care. Residential
 services are on our larger campuses, closer to other medical facilities. We have an electronic medical record, so no matter what service you receive from us, all of your providers
 can coordinate care s you have the best and most efficient treatment available.
- Residential substance abuse treatment (adults, adolescents, pregnant women and new moms)
- Detox
- Crisis Stabilization ("CSU")
- Medication Assisted Treatment for alcohol and opioid addiction (Methadone, Suboxone, and Vivitrol)

Paving for treatment

Meridian accepts all major insurance, including Blue Cross/Blue Shield, AvMed, United, Aetna, and Humana. We also accept all forms of Medicaid, including United, Molina, Staywell and Sunshine. Because we are contracted with Lutheran Services Florida, we also see people who have no insurance. Our staff at the Access Center can verify your insurance when you first make an appointment. We also have "Navigators" who can help you apply for the best coverage for you.



AUTHORIZATION FOR RELEASE OF INFORMATION

	CHART #:				
I hereby authorize Meridian B (Check all that apply):	ehavioral Healthcare, Inc.	to: ■ Release	AND/OR I	Receive the	following
■ Treatment Goals and Progress	Evaluations and Assessm	ents 🔳 Informat	on Concerning A	AIDS/HIV Infed	ction
Educational Information	■ Medical/Psychiatric Asses	ssment & Treatment	(Including Labs	and Medicatio	ns)
■ Behavioral Observation	■ Substance Use/Abuse As	sessment & Treatme	ent (Including La	abs and Medica	ations)
■ Therapy/Counseling Notes In compliance with FS 90.503, 394.459(9) CFR Part 2.	Other (Specify): All treatm 9), 394.4615, 395.3025(2)(3), 397	ent records .501(7), and Federal F	Regulations 45 CF	R, Part 164.508	(c)(1) & 42
Information from the records of:		☐ Departme	ip for Strong Far ent of Children ar	milies nd Families	
Client Name			curity Administra	ation	
Address		State Atto			
Address			/Parole – Specif	y	
City/ State/ Zip			er Region Human S	Services	
City Ctate, 2.p		Other:	or region namen o	50111000	·
		☐ Other:			
Date of Birth / Social Security Number		☐ Other:			
A signed revocation may be subminformation released prior to its received redisclosure may no longer be protectly your signature on this authorization in A single disclosure OR	pt. Information disclosed under ted by federal or state law. s not required to receive treatme	this authorization mi ent. This release forn re for 90 days from sig	ght be redisclose n shall be valid fo nature date below	ed by the recipi or (check one):	ble for any ient and this
- D	 A continuing disclosure 	re for 1 year from sign	ature date below.		
To Receiving Agency: PROHIBITION OF RE-DISCLOSURE: Any further disclosure is strictly prolinformation. A general authorization records. I acknowledge that I have read, or have authorization is voluntary. My treatment	nibited unless the client provide for the release of medical or ot had read to me, this authorization	s specific written con ther information is no and fully understand it	nsent for the sub t sufficient to war s contents. I under	sequent disclo ive confidentia rstand that signi	sure of this lity of these
authorization of this disclosure. Signature of Client		Date			
Signature of Cheft					
Signature of Legal Guardian or Parent		Date			
Relationship					
Witness		Date			
PLEASE RETURN INFORMATIO		ement 4300 S	W 13th Street		
Meridian Behavioral Healthcare, Gainesville	(Name of Staff		nic Street Address)	,	
(City)	orida 32_608 (Zip)				
(City)	(- 14)			Submi	t Form