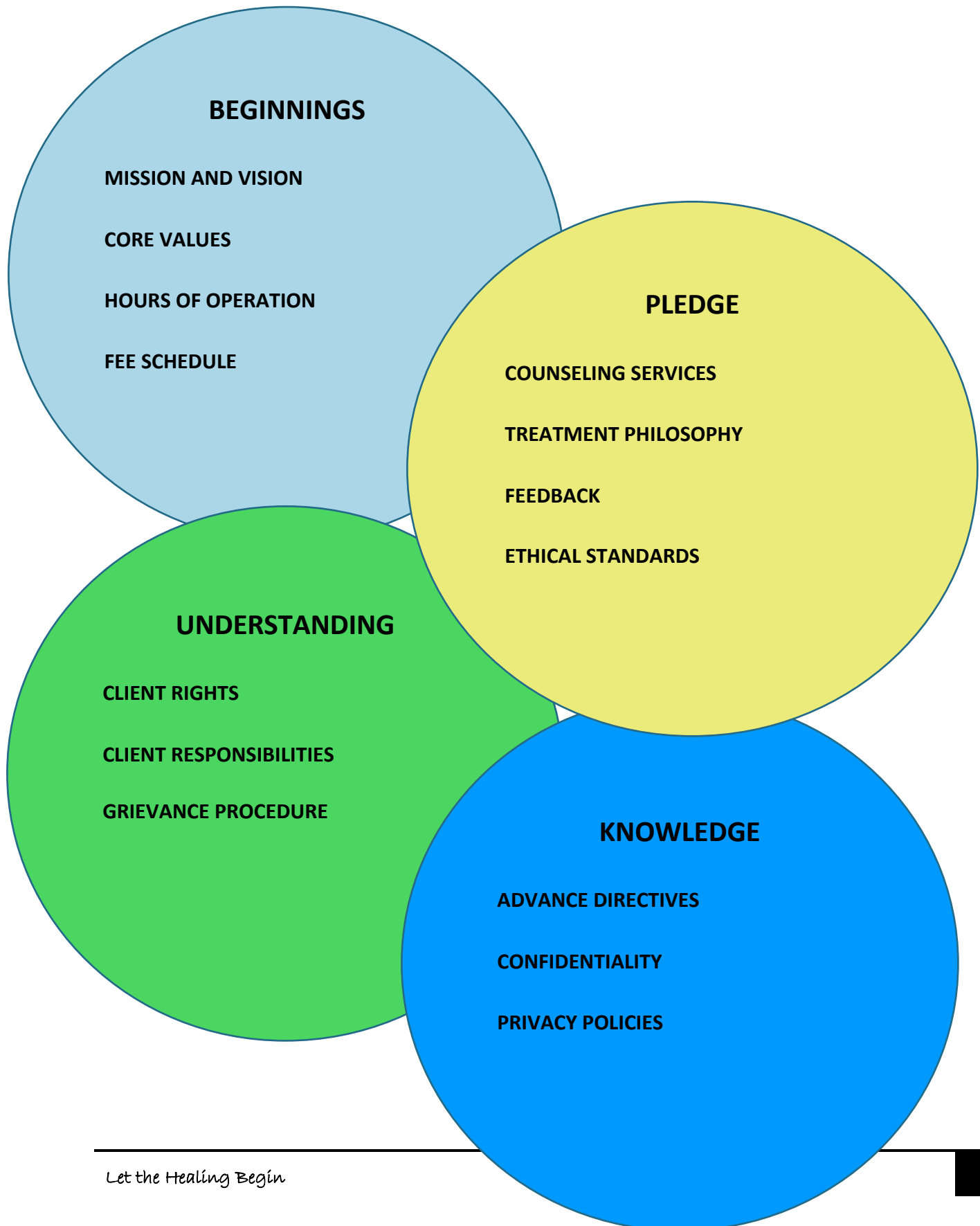




Client Engagement Handbook





This handbook contains important information about Saguaro Springs Healing Center (SSHC) professional services and business procedures.

The mission of SSHC is to provide quality and compassionate treatment that promotes a positive sense of self, enhances overall emotional well-being and improved functioning in all areas of life's journey.

The vision of SSHC is committed to providing a nurturing environment that understands people are shaped by their experiences and are capable of living a fulfilled life.

The Core Values/Guiding Principles governing SSHC's development include:

Respect

Integrity

Spirituality

Empathy

HOURS OF OPERATION

To schedule an appointment call (480) 964-3914 so that we can best assist you on your journey to healing. Our designated office hours are Monday through Friday from 10:00am to 6:00pm but may vary based on client needs.

For non-urgent matters, leave a message with your phone number and a good time to reach you. Please be aware that your message may not be heard right away, particularly if we are with other clients or out of the office and will respond as soon possible. Voicemails are checked throughout the day. The exception to this is on weekends, holidays, or vacation time. During any extended absence of more than two (2) days, the business voicemail message will be updated providing appropriate contact information. Please understand that we are not a crisis service. In case of an emergency please contact your physician or 911.



FEE SCHEDULE

Upon intake, a fee arrangement will be determined based upon service assignment, insurance information and income. Payment is expected at time of service, unless other arrangements have been made. To inquire about any fees or refunds, please contact us at the office.

- ◇ Accepted forms of payment include cash, credit/debit card or check.
- ◇ If SSHC is on your insurance plan, the copay amount applies. Deductibles are paid down in increments of SSHC contracted rates with each plan.
- ◇ Private Pay Charges will be negotiated directly with client and SSHC
- ◇ For AHCCCS eligible individuals, please make sure that if you are unable to maintain your eligibility that you notify us immediately so we may assist you.

COUNSELING SERVICES

We specialize in working with those experiencing:

- ◇ *Substance Abuse*
- ◇ *Depression*
- ◇ *Trauma, abuse, and post-traumatic stress recovery*
- ◇ *Anxiety*
- ◇ *Mood Disorder*
- ◇ *Personal healing*
- ◇ *Improve communication and relational skills*

TREATMENT PHILOSOPHY

SSHC was born from a sincere desire to work with people in a calm, safe, and therapeutic environment. We provide in-office counseling to individuals, couple and families seeking to heal from past experiences in order to live their lives to the fullest without barriers. We meet every client where they are at and tailor services for individual needs and preferences.

FEEDBACK

We are committed to providing quality care and would like to invite you to share your feedback with us so we can continue to improve our services for you. Feel free to find us on Facebook.

ETHICAL STANDARDS

SSHC is committed to following high ethical standards when conducting business and providing services. SSHC staff are expected to conduct themselves in a manner reflecting the highest professional and ethical standards at all times



CLIENT RIGHTS

SSHC fully promotes your rights as a client and takes the responsibility of protecting those rights very seriously. As a client you have the following rights:

Right to Quality Treatment: You have the right to treatment that supports and respects your individuality, choices, strengths, and abilities. To receive services in a safe environment without fear of neglect, physical and sexual abuse, psychological abuse, harassment, physical punishment, financial abuse, retaliation or indifference from SSHC.

Right to assistance: You have the right to request translator services if you have a limited understanding of the English language. If you require supportive services or assistance due to impairment or disability, you have the right to request assistance and we will do our best to accommodate you.

Right to Your Records: You have the right to privacy and confidentiality of treatment records to the fullest extent possible that is consistent with all applicable laws. To authorize, restrict or refuse the release of any portion of the client record, except when the release is ordered by a Court of appropriate jurisdiction. To have access to information in the client record, within limits of the law, unless determined not advisable clinically.

Right to Participate in Treatment and Discharge Planning: You have the right to consent to or refuse treatment (except in an emergency or by court order). You have the right to be fully informed of your treatment plan and participate in its development. This right includes receiving an explanation of all treatment, techniques, interventions and options used, and having input as to any changes in the treatment plan, and knowledge and input as to the discharge planning. You have the right to receive complete and accurate information regarding your diagnosis, treatment, risks and prognosis. You have the right to be free from discharge or transfer, or threat of discharge or transfer, for reasons unrelated to your treatment needs.

Right to be informed of any financial obligations for services (if any): You have the right to be informed as to the cost of services, reimbursement sources, and limitations of services offered.



CLIENT RESPONSIBILITIES

SSHHC asks that you, as the client, be responsible for the following:

- ◇ Be aware of your client rights
- ◇ Ask questions to receive clarification if unclear with any aspect of treatment.
- ◇ Be on time for all scheduled appointments.
- ◇ Contact your counselor if you have to cancel an appointment before the scheduled time.
- ◇ Actively participate in treatment.
- ◇ Participate in the development and review of the treatment plan.
- ◇ If needed, develop and follow a crisis plan
- ◇ If applicable, pay an established fee.
- ◇ Provide information necessary to complete an appropriate assessment and to ensure proper treatment
- ◇ Signing releases and other paperwork necessary for continuation of care

COMPLAINT AND GRIEVANCE PROCEDURE

Our goal is to treat you with dignity and respect. If you feel you have been treated unfairly, have been denied any of your client rights you can file a complaint or written grievance.

What to do if you have concerns:

- ◇ Talk to your counselor. Most issues can be resolved by talking with your counselor.
- ◇ If the matter is still not resolved, you may file a grievance through the formal client grievance process at any time and without fear of reprisal in any way. A form for a written grievance may be obtained by contacting our office.

ADVANCE DIRECTIVES

An advance directive is an opportunity for you to state what you want to happen in the future regarding your health care. This includes information on Durable Power of Attorney and Living Wills. Please let the office know if you are interested in receiving this information.



CONFIDENTIALITY

All services and written information at SSHC are confidential as mandated by federal and state laws and HIPAA regulations. Confidential information will not be released without the client's written consent, except under the following circumstances:

- ◇ Information from medical records is requested through a valid court order or subpoena naming a specific individual.
- ◇ The client is in a state of medical emergency that necessitates disclosure of information to medical personnel.
- ◇ If the client threatens to harm themselves or someone else, the intended victim and the police will be notified.
- ◇ Child abuse or adult abuse is identified or suspected.

Custody/Guardianship Issues: Consent for services can only be authorized by a current legal guardian. If parents are separated, services are provided only with written consent of both parents. For divorced parents, consent may be given by the parent authorized to make medical decisions. If medical decisions are ordered to be made jointly, consent of both parents is required.

Consultation: There may be times that your counselor will consult with other health and mental health professionals. If so, we make every effort to avoid revealing the identity of the client. The other professionals are also legally bound to keep the information confidential.

NOTICE OF PRIVACY PRACTICES

When we examine, diagnose, treat, or refer you we will be collecting what the law calls Protected Health Information (PHI) about you. We need to use this information to decide on what treatment is best for you and to provide treatment to you. We may also share this information with others who provide treatment to you or need it to arrange payment for your treatment or for other business or government functions.

The Notice of Privacy Practices explains in more detail your rights and how we can use and share your information. In the future, we may change how we use and share your information



YOUR HEALTH INFORMATION RIGHTS

We have a legal obligation to you to make sure that health information that identifies you is kept private. To give you this notice of our legal duties and privacy practices with respect to health information about you and follow the terms of the notice that is currently in effect or comply with any state law that is more stringent or provides you greater rights than this notice. And notify you following a breach of unsecured protected health information

You have the right to:

- ◇ Inspect and copy your health record
- ◇ Amend your health record
- ◇ Obtain an accounting of disclosures of your health information Request communications of your health information by alternative means
- ◇ Request a restriction on certain uses and disclosures of your information
- ◇ Revoke your authorization to use of disclose health information except to the extent that action has already been take.

USE AND DISCLOSURE PAYMENT, HEALTH CARE OPERATIONS AND TREATMENT PURPOSES

For Treatment: We may use or disclose health information about you to provide you with treatment or services. This includes the coordination of management of your health care with a third party, such as a Case Manager, that has already obtained your permission to have access to your protected health information.

For Payment: We may use and disclose health information about you so that the treatment and services you receive may be approved by, billed to, and payment collected from a third party such as an insurance company. To authorize additional sessions, the insurance company may request dates of service, diagnosis codes and some details about your treatment.

For Health Care Operations: We may use and disclose health information about you to run the agency and make sure that all individuals receiving services from us receive quality care. For example, we may use health information to evaluate the care we provide you and decide what additional services we should offer and whether treatments are effective.

Appointment Reminders: We may use and disclose information to contact you as a reminder that you have an appointment. If you give us permission to leave messages or to text message you regarding appointments, other people who can access your phones may ascertain that you are a client of SSHC.



CONSENT TO USE AND DISCLOSE WITHOUT YOUR CONSENT OR AUTHORIZATION

As Required by Law: We will disclose health information about you when required to do so by federal, state or local law. We may also disclose limited information to law enforcement officials to report a crime committed on our premises or for identifying a missing person or a suspect to assist in a criminal investigation.

To Avert a Serious and Imminent Threat to Health or Safety: We may use and disclose health information about you when necessary to prevent a serious and imminent threat to your health and safety or a serious risk of danger to an identifiable person or group of persons.

Public Health Risks: We may disclose health information about you for public health activities. As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Law Enforcement: We may disclose your health information to law enforcement officials as required by law or to comply with a court order or search warrant. We may also disclose limited information to law enforcement officials to report a crime committed on our premises, to identify a missing person or suspect to assist in a criminal investigation.

Legal Proceedings and Disputes: If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court order. SSHC will make every effort to protect confidentiality in these situations.

Public Health Officials and Funeral Home Directors: We may release information to a coroner, medical examiner or funeral director. This may be necessary, for example, to identify a deceased person or determine the cause of death.





RECEIPT OF CLIENT ENGAGEMENT HANDBOOK

I hereby acknowledge that I have reviewed the Client Engagement Handbook which contains general information on treatment services and specific information that pertains to confidentiality, client rights and Notice of Privacy Practices. I further acknowledge that I have been able to ask questions and get clarification, if needed, with regards to this information.

Upon signing this document, it will represent an agreement between you and SSHC.

_____ Client name (print)	_____ Client Signature	_____ Date
_____ Parent/legal guardian name (print)	_____ Parent/guardian consenting for treatment	_____ Date
_____ SSHC Staff Member Name (print)	_____ SSHC Staff Member Signature & Credentials	_____ Date

I have been offered either a hard copy of the Client Engagement Handbook or provided information to access the downloadable version at: <https://www.saguarospringshc.com>

☐

Yes

☐

No

*Please sign, detach and put this page in the client record.