Sundance Center of Arlington

Adult Outpatient Program

7000 US-287 Hwy

Arlington, TX 76001

Phone: 817.583.8125

Fax: 844-364-8429

www. sunbhc.com

Welcome to Sundance Adult Outpatient Program!

Thank you for choosing Sundance to help you with your mental health treatment needs. It is a privilege to be a part of your journey to healthier thoughts and feelings.

My team and I look forward to working with you. This program is intense and you will be working very hard, but it is so worth it and you deserve a better life moving forward.

We are all dedicated to helping you through your struggles and stressors and teaching you new coping skills to better manage life.

We provide a safe environment where you will be able to open up and talk about tough topics, but we also try to instill fun into each day as well. Joy is an important part of life.

You will be surrounded by people who "get it" and do not judge. You should be very proud of yourself for seeking treatment as it is not an easy thing to do.

At any time, if you have any questions or concerns, feel free to come talk to me. I love my job and am thankful to be a part of your growth.

Sincerely,

Misty R. England, LMSW
Director of Outpatient Services

What to Expect

Medication Management

Your psychiatrist will meet with you to do your initial psychiatric evaluation and then see you weekly to make any necessary adjustments. We have a system in place that allows you to communicate any issues or refills needed between your visits also. We have a full time nurse on staff who is also available to help answer any questions you may have.

Nursing Assessments

Upon admission, you will have a full nursing assessment completed by our RN. Additionally, the nurse will complete a weekly nursing assessment to check your vital signs and provide any needed medication education.

Group Therapy

You will attend group therapy four hours a day initially and then three hours a day after you've made some progress. Your therapist will provide two types of groups: processing and psychoeducational. Processing groups will allow you time to discuss current and past stressors and traumas and better understand your feelings. Psychoeducation groups will teach you new skills such as anger management, communication, how to set healthy boundaries, and much more.

Family Therapy

After you have been in the program for a week, the therapist will meet with you and your primary support system whether it be a family member, several family members or a friend. This will give the therapist a better understanding of the dynamics in your personal life and an opportunity to educate them if needed.

FMLA/Short Term Disability Paperwork

FMLA is the law that protects your job while you are away seeking treatment. Short Term Disability is a benefit offered by many employers that allows you to get paid at least part of your wages while you are out. My staff is committed to getting this paperwork turned around in a timely manner. Feel free to have your employer fax any forms to us at 844-364-8429.

Resources

If you have special needs that you need assistance with, such as housing, legal assistance or others, we will help you find any community resources that can provide help with these matters.

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Lunch

Our meals are planned by a nutritionist and are provided daily for you.

Transportation

If you live within 25 miles of our facility and need assistance with transportation, our van can pick you up and take you home if you are attending the day programming. Transportation is not provided for the evening program.

Discharge Planning

When you are close to graduating the program, your therapist will provide you any referrals you need for an outside therapist and psychiatrist. It is strongly encouraged that you have these appointments scheduled prior to your discharge. With your consent, we will fax them the paperwork they need to provide appropriate continuity of care.

What's Expected of You

Attendance

Programming is Monday through Friday 9:30 to 2pm for the day program and the entire program lasts approximately 4-6 weeks. Evening programming is available Monday through Friday 4:30 – 7:30 pm and the entire program lasts approximately three weeks.

Attendance is mandatory daily. Insurance requires attendance to demonstrate your motivated to treatment. Additionally, missing days disrupts the therapeutic benefit of our program.

Please schedule any outside doctor's appointments before or after our programming hours. If you are going to be late or need to leave a little early, speak to your therapist at least one day ahead of time and you may be able to have a short individual session to make up for one missed group, but this will be dependent on the availability of staff to accommodate which is why advanced notice is necessary.

If you are running a temperature of 100° or higher, do not come in. Please see your primary care physician for treatment and bring a note upon your return. Also, be sure to either call in or send an email or text to your therapist to let us know.

Family vacation is **NOT** considered an excused absence. Insurance companies feel that if you are well enough to go on vacation, you do not need this level of care.

In case of inclement weather, Sundance will follow the Arlington ISD weather closings. You may also call the main hospital to verify closure at 817-583-8080.

Our program is closed for the following holidays: New Years Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, the Day after Thanksgiving and Christmas Day.

Dress Code:

Appropriateness of clothing will be determined by staff members and should follow these guidelines. If clothing is found to be inappropriate, you may be asked to go home and change.

The following items are **NOT** permitted:

1. No short shorts or skirts (No shorter than 4" above the knee)
2. No clothing depicting sex, violence, drugs, alcohol, death, demonic themes nor reflective of gang affiliation.
3. No racist or sexist slogans.
4. No short, tight, see-through, low cut or otherwise revealing garments.
5. No pajama pants.
6. No lingerie worn outside of clothes.
7. No saggy or baggy pants that reveal undergarments.
8. No house shoes.
9. No costumes.

Safety

Everyone's safety is a priority for our staff. No physical or verbal aggression toward self, or peers. No threats, profanity, or bullying are allowed.

We attempt to provide a nice facility that encompasses a therapeutic environment. Please help us in maintaining it by placing trash items such as coffee cups in trash cans and cigarette butts in the appropriate container. If you damage any property, you may be financially responsible for damages incurred.

It is important to respect everyone's boundaries. There is no hugging, touching, kissing, etc. Please respect boundaries.

Do not bring contraband items-illegal drugs, prescriptions drugs, weapons, alcohol, or sharp objects.

Sharing medication is not permitted. Do not ask others for any type of medication even over the counter. The nurse has Tylenol, Ibuprofen and Antacid available as needed.

Some patients are here for substance abuse issues and just seeing a prescription pill bottle may be a trigger for them. If you need to take a medication during programming hours, please step into the restroom to take it.

Cell Phone Usage

It is important that every patient is respected and feels heard during group. To help facilitate this, cell phone use in the group rooms is prohibited. Please turn your phone off or place it on vibrate. If you have an urgent call, please step outside of the group room to answer. Also, no texting during groups.

We value each patient's privacy. Therefore, no picture taking is allowed on premises. Additionally, no Facetime or video calls are allowed while here at Sundance.

Smoking Policy

In consideration of all patients, we request no smoking or vaping in the building. The south end of the front patio is the designated smoking area. All cigarette butts or other trash should be properly disposed of and not thrown on the ground. Please help us keep the property looking good.

Transportation Policy

Transportation is offered for your convenience and to help you be successful in your treatment. Someone from our transportation team will contact you the night before you begin using transportation and provide you with an estimated pick up time.

Once they arrive at your location, they will call and let you know they are there. This is not meant to be a wake-up call. You should already be up and ready to go when they arrive. If you do not answer, they will send a text and wait 5 minutes for a response. They cannot wait longer as there are others utilizing the service.

Please be courtesy of the other patients using transportation and be ready. Traffic is often unpredictable and may cause some delays, but our transportation team will make every effort to adhere to the pick- up schedule and with your assistance we can make this more successful. If there are any changes to the schedule, someone from our transportation team will notify you prior. If you are sick or cannot come to treatment, please notify the transportation team directly as early as possible.

While on the vans, every patient should be treated with courtesy and respect by other patients and Sundance staff. No profanity, bullying, fighting or yelling on the vans will be tolerated.

If you miss your pick-up times twice without prior notification, transportation will no longer be provided for you.

CONSENTS AND ACKNOWLEDGEMENTS

I HAVE READ AN EXPLANATION OF MY RESPONSIBILITES AND AGREE TO COMPLY AS PART OF THE SAFETY PLAN FOR MY TREATMENT AT SUNDANCE BEHAVIORAL HEALTHCARE.

Regardless of how guns are stored, type of guns, storing guns in the home is associated with increased risk of suicide and homicide attempts. If a gun is used, suicide attempts are 70-90% more likely to be fatal. We strongly recommend guns be stored outside the home.

Do you currently have guns stored in the home?

☐ Yes No

How are they stored? _____

How will you secure the weapons while you (or your dependent) is in treatment?_____

Remove and/or secure all potentially harmful or dangerous objects from the home, car, etc. as these items may be a means of committing suicide impulsively. **This includes guns, ropes, razors, scissors, sharp knives, matches/lighters, large amounts of pills, liquid bleach products or any other items that you feel might be unsafe.** Do not allow the use of illegal drugs and alcohol.

Take comments of suicide threats seriously. Report these to the treatment center staff as soon as possible.

Call 9-11 immediately if you suspect you took an overdosed of medication.

Consent for Admission

The undersigned acknowledges that no guarantee or assurance has been made to them, or the patient, regarding the results of the services provided for the patient, including, but not limited to, therapy, treatment, tests or procedures, while admitted to Sundance Behavioral Health.

The undersigned acknowledges that Sundance Behavioral Healthcare is a teaching facility and that professional student may have patient contact and access to the patient's medical records. These students are supervised by a licensed professional and are required to meet the Center's confidentiality standards.

The undersigned consents to Sundance Behavioral Healthcare taking photographs for identification purposes. The photographs may remain permanently in the patient's medical record.

The undersigned authorizes Sundance Behavioral Healthcare to search the personal belongings of the patient upon arrival daily. Should any contraband items be found, it is understood that they will be retained in a safe place and returned to the parent/legal guardian upon discharge unless otherwise indicated by the attending physician.

Sundance Behavioral Healthcare assumes no liability for loss or damage to vehicles parked on Center premises. Patients are encouraged not to leave personal property or vehicles on the premises.

The undersigned realizes that Sundance Behavioral Healthcare retains no liability for the loss or damage of personal property and/or money. Any personal articles left behind at the time of discharge will be disposed of after 15 days.

Consent for Treatment

The undersigned gives Sundance Behavioral Healthcare, its staff, and attending physicians' permission to render to the patient all customary care, treatment, therapy, tests, and procedures considered advisable, including emergency treatment and transportation to another facility if necessary. Consent is also given for any medical treatment, diagnostic procedure, recreational activities and therapy, and other treatment ordered by Sundance Behavioral Healthcare and/or attending physicians including but not limited to services provided by other Healthcare Professionals to the patient.

The undersigned agrees that Sundance Behavioral Healthcare will not be responsible for the safety or care of the patient should the patient leave the premises and will indemnify Sundance Behavioral Healthcare for any loss or injury which may occur as a result of leaving Against Medical Advice (AMA).

The undersigned affirms he/she agrees that all medication must be administered by an adult while at home or by a licensed nurse while he/she is at Sundance Behavioral Healthcare during program hours.

Responsibility for Destruction of Property

The undersigned agrees that patients are responsible for any damage they cause to Sundance Behavioral Healthcare property, or property of others which may be located on center premises. The undersigned understands that they must accept liability for and reimburse Sundance Behavioral Healthcare or other owner of the property for, any property that they destroy or damage.

Consent to Acknowledge Your Presence

The undersigned acknowledges that to Sundance Behavioral Healthcare will not release any information unless we have a release of authorization to do so. The undersigned gives consent for Sundance Behavioral Healthcare to inform the patient's physician and/or referral sources of patient's admission to, and progress at the center.

Acknowledge Receipt of Patient Rights and Grievance Policy

The undersigned acknowledges that a copy of the patient rights and grievance policy has been given to them, that the rights have been explained, and that they understand these rights.

Subpoena Policy Information

Our purpose in working with your family is to help you and reach a higher level of functioning and increase your level of happiness and success. We are concerned about the wellbeing of your family. Our purpose is not to become involved in current or future legal battles that may develop in your family. It is our hope that this will not occur. If you have legal conflict in the future, please be aware that it could be detrimental to you to involve confidential treatment information. This may prevent you from feeling you can trust mental health professionals in the future. If we are concerned about your safety, we will report all concerns to the proper authorities.

After reading this, understand that if you do subpoena any health professional associated with your treatment at this facility with less than two weeks' notice, you will be assessed a fee of $2,000.00 per professional subpoenaed. If you or your attorney believes our testimony is necessary, you can avoid this fee by calling and discussing this with us and providing a subpoena with adequate notice. If an arrangement is made for one of our qualified staff members to testify, you will be subject to that mental health professional's hourly rate for legal testimony.

We want the best for you and your family.

Applicability to Other Providers

The undersigned agrees that in the event other healthcare professional providers, including but not limited to other hospital(s), furnish services to the patient while at Sundance Behavioral Healthcare, the consent(s), assignment(s), guarantee(s), and release(s) herein above set out shall apply to other such providers and services.

Consent to Release/Obtain Information Form

Patient Name Printed	
Patient Signature	Date/Time
Staff/Witness Signature	Date/Time

Please complete in Black ink.

The type of information released and obtained includes information relating to any physical, psychiatric, or drug/alcohol related condition. Sundance Behavioral Healthcare may obtain or release information regarding notification of admission, information on treatment plans, discharge/aftercare plans, physical exam, and results of urinalysis, psychiatric evaluations, psychological testing, treatment summary, progress, medical/psychiatric history, and educational transcripts. The type of information authorized for disclosure included, but may not be limited to, that which is listed above. By signature below, I hereby authorize Sundance Behavioral Healthcare to release and obtain information to and from the following individuals via verbal and/or written communication, facsimile and mail:

Health Care Providers

Psychiatrist Name	Phone Number	Initial
Therapist Name	Phone Number	Initial
Physician Name	Phone Number	Initial

Probation Officer

Name of Probation Officer	Phone Number	Initial

Family Members/Emergency Contacts

Name of Family Member	Relationship to Patient	Phone Number	Initial
Name of Family Member	Relationship to Patient	Phone Number	Initial
Name of Family Member	Relationship to Patient	Phone Number	Initial
Name of Emergency Contact	Relationship to Patient	Phone Number	Initial

Other

Short Term Disability/FMLA Company		Phone/Fax Number	Initial
Other Contact Name	Relationship to Patient	Phone Number	Initial

The consents provided on this form are subject to revocation or change at any time except to the extent that Sundance Behavioral Healthcare has acted in reliance thereon. If not previously revoked, the consents will terminate sixty (60) after the patient's discharge.

***Notice to recipients of information:** The information disclosed to you was taken from records of which the confidentiality is protected by Federal Law. Federal Law also protects the confidentiality of alcohol and drug abuse patients records. Federal Regulations prevent you from making any further disclosure of forwarded information without specific written consent from the person to which it pertains. A general authorization for the release of medical or other information is not sufficient for this purpose.

Patient Name Printed	
Patient Signature	Date/Time
Staff/Witness Signature	Date/Time

I,_____ understand the requirements of the program and agree to abide by the requirements. Any activity to the contrary will result in a review of the circumstances and could result in my immediate discharge from the Sundance Behavioral Health Program.

Physician Fees

Non-Inclusive Insurance Contract

Your insurance carrier's contract with Sundance Behavioral Healthcare is non-inclusive. Your physician (psychiatrist) will bill separately for each visit with the patient while in treatment at Sundance. In addition to receiving a bill for services from Sundance, you will also be receiving a separate bill from the physician's office staff. If you have questions regarding billing, the contract phone numbers are listed below.

- Dr. Indukuri's billing handled by his private office. You can reach his office manager at 817.222.9907 with any billing questions and to set up payment arrangements.
- Dr. Sunkara's billing handled by his private office. You can reach his office manager at 817.715.9756 with any billing questions and to set up payment arrangements.

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Patient Rights

Patients have the following rights during their treatment at Sundance Center of Arlington:

- To freedom from abuse, neglect or exploitation
- To appropriate treatment in the least restrictive setting available that meets your needs
- To a humane treatment environment that provides reasonable protection from harm and appropriate privacy for your personal needs
- NOT to receive unnecessary or excessive medication
- To be treated with dignity and respect
- To accept or refuse treatment after receiving the explanation
- To meet with staff to review and update your treatment plan on a regular basis
- To be informed about the program's rules and regulations before you are admitted
- If you agree to treatment or medication, the right to change your mind at any time (unless specifically restricted by law)
- To have information about you kept private and to be told hen the information can be released without your permission
- To a treatment plan designed to meet your needs and the right to participate in developing that plan
- To refuse to participate in research without affecting your care
- Not to be restrained or locked in a room by yourself unless you are a danger to yourself or others
- To be told in advance of all estimated charges and limitations on the length of services the facility is aware of
- To communicate with people outside the facility (with the exemption of patient's), to have visitors, make phone calls, and to receive and send sealed mail. This right may be restricted on an individual basis by your doctor if it is necessary for your treatment or security, but even then, you may contact an attorney or if you are a chemical dependency patient, the Texas Commission on Alcohol and Drug Abuse at any reasonable time. Patients in the PHP/IOP program are requested to exercise these rights during non-program hours.
- To make a complaint and receive fair response from the facility within a reasonable amount of time
- To leave the facility within 4 hours of requesting release unless a physician determines that you pose a threat of harm to yourself or others. (Patients under the age of 18 may not make the decision to leave without parental/legal guardian consent).
- To receive an explanation of your treatment or your rights if you have questions while you are in treatment
- The right to receive a copy of these rights before you are admitted

- You have the right to make a complaint to the Sundance Center of Arlington Patient Advocate
- To have your rights explained to you in simple terms, in a way that you can understand, within 24 hours of your admission
- To have your rights explained to you in simple terms, in a way that you can understand, within 24 hours of your admission
- The right for the following information before admission:
  - The condition to be treated
  - The proposed treatment
  - The probable health and mental health consequences of refusing treatment
  - Other treatments that are available and which ones, if any, might be appropriate for you
  - The risks, benefits, and side effects if all proposed treatment and medications

Grievance Policy

You may file a grievance about any violation of your rights or the rules regulating this facility to the following:

Misty England: Director of Outpatient Services-Arlington misty.england@sunbhc.com 817-825-8125

Lance Parker: Patient Advocate-Arlington lance.parker@sunbhc.com

Joint Commission: 800.994.6610

You may request writing materials, postage, or access to a telephone for the purpose of filing a grievance

You may submit your grievance in writing and receive help in writing if you are unable to read or write.

You will receive a copy of the grievance procedure with an explanation in clear, simple terms that you can understand within 24 hours of admission.

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Signature Confirmations

Patient Name: _____

What to Expect	I have read and understand "What to Expect" from Sundance Behavioral Healthcare's PHP/IOP Program
What's Expected of You	I have read and understand "What's Expected of You" while in Sundance Behavioral Healthcare's PHP/IOP Program including the Attendance Policy, Dress Code, Cell Phone Usage Policy, and Safety Regulations
Subpoena Policy Information	I have read and understand Sundance Behavioral Healthcare's Subpoena Policy.
Admissions and Treatment Guidelines	I have read and understand Sundance Behavioral Healthcare's Admissions and Treatment Guidelines.
Physician Fees	I have read and understand the non-inclusive physician fee information. I agree to call the physician's office to make payment arrangements within 24 hours of admission.
Patient Rights	I have received an explanation and a copy of the patient rights of Sundance Behavioral Healthcare.
Grievance Policy	I have read and understand the Grievance Policy of Sundance Behavioral Healthcare.

_____
Patient Name Printed

_____ _____
Patient Signature Date/Time

_____ _____
Staff/Witness Signature Date/Time


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