******3118 West Thomas Road, Suite 712 - Phoenix AZ 85017 – Phone: (602) 388-4017

**Patient Handbook *of Information & Consent***

**First, you need to understand:**

We are glad to serve you. We will take your mental and emotional wellbeing and our plans to affect your desired change very seriously. **But your success *depends* on your participation.**

**Attendance:** It is very important that you attend all of your scheduled appointments. Be your own best advocate. Behavioral Healthcare is most effective and achieves the best results when you fully commit to improving your own mental/emotional wellbeing.

*Your time is very valuable; so is ours.*

**Our Office NO-SHOW Policy:**

* **New Patient Appointments –** 2 no-shows or same-day cancellations, we reserve the right to dismiss you from our practice.
* **Established Patient Appointments** – 3 no-shows or same day cancellations, we reserve the right to dismiss you from our practice.

**Who We Are:**

El Paso outpatient services for mental health, substance use and co~occurring treatment are provided to individuals of all ages, races, ethnicities, cultures, genders, sexual preferences, disabilities, etc. Services are intended to be a resource for all populations seeking help for recovery.

El Paso believes that a key factor for the experiencing of human value and for the expression of our potential for growth is the presence of mental health, substance abuse and co~occurring services that demonstrate, permit, and encourage the development of physical, intellectual, emotional, spiritual, and self~determining potentials.

It is the mission of El Paso to promote recovery in every person seeking help from mental health, substance related and addictive disorders, including those with co~occurring conditions, by providing integrated services and supports in a manner that demonstrates hospitality, cultural competency, respect, and offers choices.

El Paso’s Core Values are embraced and embodied throughout our treatment programs and our staff:

1. Empowerment ~ Individuals and families can experience and maintain recovery from mental health, substance abuse and co~occurring illnesses.
2. Compassion ~ To be compassionate in the delivery of treatment services.
3. Excellence ~ To be the best.

El Paso welcomes all patients and conveys a “No Wrong Door” (i.e., every door is a "Right Door") philosophy that is provided for and made available to patients through the provision of integrated, trauma informed, culturally and linguistically appropriate, family focused, and gender responsive mental health, substance abuse and co~occurring treatment services. El Paso’s commitment to our “No Wrong Door” philosophy is reflected in our culture, interactions with patients, our environment, policy, documentation and literature.

Our annual goals and objectives include the overall goal of continued yearly progress in providing recovery oriented, culturally competent, trauma informed, family focused, gender responsive, co~occurring services. We strive to assist patients in improving social and family relationships; becoming gainfully employed, obtaining a legitimate source of income or returning to school; achieving freedom from felony arrests and other misdemeanors; obtaining healthy living arrangements; achieving health and wellness; having regular attendance at counseling sessions; and achieving freedom from drug and alcohol use.

**What treatment services do you offer?**

Our programs have been designed to address multiple issues including anger management, depression, sexual abuse, physical abuse, life skills, trauma, anxiety, mental health, substance abuse or dependence, codependency, marital issues, relationship skills building, communication, negative behaviors and choices, and parenting. Addressing treatment issues occurs through a wide range of services which are described in more detail below.

All services are provided onsite, via telehealth on phone or computer, within the homes of patients and/or within community settings that allow for patient confidentiality to remain intact.

At the time of admission staff will explain the following:

1. Various services provided by El Paso;
2. How you are determined eligible for treatment services provided;
3. The possibility of denial of third party payments (e.g., Medicaid or insurance) based on the third-party payer’s policies or rules;
4. Charges for additional services, if applicable, and how to make payment arrangements if additional services are recommended and that you agree to;
5. Your right to discontinue services at any time, for any reason;
6. Your right to name a Treatment Advocate;
7. If you are struggling with substance use, the progression of addiction and your assessed stage of change;
8. The goals and benefits of treatment;
9. The requirement for staff members to report suspected or alleged abuse, neglect and/or exploitation of a child or an incapacitated or vulnerable adult;
10. Patient Rights and if you choose, a full copy of the rules regarding Patient Rights, will be provided to you;
11. The requirement for staff members to comply with confidentiality laws and regulations;
12. The process for you to file a complaint/grievance/appeal for any reason, including involuntary discharge, and how complaints/grievances/appeals are handled in a fair and timely manner; and
13. The process for you to file a complaint/grievance with the Department, for any reason, including involuntary discharge.

Our hours of operation for all services provided are routinely available at least forty (40) hours per week, Monday through Friday, 8:00 a.m. through 5:00 p.m.; however, services may be provided any day of the week, including evenings and weekends, based on a patient’s and/or family’s status, needs, and preferences.

**Assessment**

In person interviews are conducted by professionally trained personnel. Assessments are designed to gather historical and current information regarding the behavior and experiences of patients and are designed to provide sufficient information for problem formulation and intervention.

**Patient Advocacy**

Clinical staff perform activities on behalf of the patient, with the patient’s consent, to help the patient with or facilitate resolution of problems being experienced while attempting to obtain needed resources or services, for instance, working with DCS in the family reunification process or working with schools in the development of an educational plan for children/adolescents.

**Crisis Diversion**

Services provided when unanticipated, unscheduled situations requiring supportive assistance arise. Assistance is provided to resolve immediate problems before they become overwhelming and severely impair the patient’s ability to be safe.

**Crisis Intervention**

El Paso recognizes the fragile nature of each patient’s emotional and psychological functioning and how mental health, substance use, abuse or dependence further complicates this fragile nature therefore clinical staff are trained to provide co~occurring disorder screening and assessment to patients in need of emergency services. Staff are available to address emergency and crisis situations that may arise with existing patients and/or patients seeking services and/or referrals.

**Discharge Planning & Follow~up**

Discharge planning begins at admission and is the process of determining a patient’s continued need for treatment services and developing a plan to address ongoing patient recovery needs. All patients are assessed for appropriateness of discharge from care considering the patient’s needs and a final evaluation of the progress made by the patient toward the goals and objectives set forth in the treatment plan. The patient’s need for support systems or other types of services that will assist in continuing his or her recovery or well~being are identified. Included is referral source information, such as contact name, telephone number, locations, hours, and days of services. Also included is communication of information on options available if symptoms recur or additional services are needed.

**Drug Testing**

Drug testing minimally detects for opiates, amphetamines, cocaine, benzodiazepines, barbiturates, and marijuana. Screening is a supportive service intended to assist patients in reaching their goals regarding recovery from substances. Clinical drug screens are conducted in a random manner witnessed by an employee or contractor. As necessary we will refer you to a testing laboratory.

**HIV/AIDS/STD/TB/Hepatitis Services**

All patients and/or persons identified by the patient (significant others, spouse, etc.) are given the opportunity to receive counseling, education, and referral for testing regarding HIV/AIDS/STD/TB/Hepatitis. Services provided to patients whether they have or want to learn more about HIV/AIDS/STD/TB/Hepatitis are based on current recommendations from the medical community and ADA’s regarding implementing the principles of informed consent, voluntary testing, the right to services, and "need to know". Discrimination in services against a person who is identified as HIV positive is a violation of the American with Disabilities Act and is, therefore, prohibited. Any patient infected with HIV is entitled to the same treatment and services available to all other patients eligible for the program.

**Intake Services**

This is usually the first interaction that patients have with El Paso. The intake serves as an introduction to the services we provide along with completion of initial forms that are required for participation in El Paso programs.

**Interim Services** **for Intravenous Drug Users** are provided when immediate admission is not possible and includes referral to another program if desired, case management, withdrawal risk assessment, counseling and education about HIV and tuberculosis, education regarding the risk of needle sharing and disease transmission to sexual partners and infants, as well as steps for the prevention of HIV/AIDS/STDs/TB/Hepatitis transmission.

**Interim Services** **for Nonemergency Patients** are provided when treatment cannot begin within five (5) business days of the assessment and includes referral to another program if desired, case management, withdrawal risk assessment, counseling and education about HIV/AIDS/STDs/TB/Hepatitis, disease transmission to sexual partners and infants, as well as steps for the prevention of HIV/AIDs/STDs/TB/Hepatitis.

**Interim Services for Pregnant Women** are provided when immediate admission is not possible. Services include case management, withdrawal risk assessment, education on the effects of alcohol and other drug use on the fetus, as well as referral to prenatal care, education regarding HIV and tuberculosis, the risks of needle sharing and disease transmission to sexual partners and infants, as well as for the prevention of HIV/AIDS/STDs/Hepatitis and TB transmission.

**Linkage**

Clinical staff provide communication and coordination with other service providers to assure timely and appropriate referrals to support the treatment needs of our patients. El Paso does not provide transportation but does, however, arrange for patients to access these services and assists in linkage to transportation for them.

**Medication**

Medication services are not provided. If you feel you need medication services to support your recovery and/or desired treatment outcomes, case management services to link, refer, and advocate on your behalf are provided.

**Outpatient Services**

Treatment services are provided through regularly scheduled sessions intended for patients not requiring more intensive treatment services or for patients requiring continuing services following more intensive treatment regimens. These services are provided at multiple times of the day and multiple days of the week to accommodate the schedules of working patients and/or those patients in school. Scheduled sessions are provided for up to 9 (nine) hours per week for no more than 1.5 treatment hours on any given day and consist of any treatment service identified herein based on the needs of the patient.

**Psychotherapy or Therapy**

A goal directed process using generally accepted clinical approaches provided face~to~face by a qualified service provider with patients in individual, group or family settings to promote positive emotional or behavioral changes.

**Referral Services**

Referrals are made to appropriate agents and/or agencies when patients need: Examinations, assessments, and consultations that are not within the professional domain or expertise of our staff; Special treatment services, which would meet the medical and/or mental health needs of the patient; and Assistance from other resources as available in the community, which contribute to the wellbeing of the patient.

**Screening services**

Screening of patients is provided to determine whether the patient seeking assistance needs further comprehensive assessment.

**Specialized Services for Women who are Pregnant**

All El Paso treatment services described herein are provided to women who are pregnant. Women who are receiving services are treated the same as any other patient receiving services. Additional services include: Discussion of the need for prenatal care coordination; Coordinated services with the patient’s physician with patient’s consent; If the patient has no prenatal care physician, a referral for care to a community resource is provided; Basic prenatal care information and literature is provided; and Information about female only support groups at El Paso and in the community, is provided.

**Supportive Services**

Assistance is provided to patients to develop problem~solving and decision~making skills to maintain or achieve optimal health and wellness within their home and community. This service may also include education.

**Treatment Planning**

The patient and counselor work together to create this document which reflects identified problems, agreed upon immediate short~term and long~term goals, and the treatment services and resources that will be provided to the patient to successfully attain the

**Are my treatment services confidential?**

The confidentiality of your medical records and treatment is your privilege exclusively. Since this is your privilege, we will ask you to sign a “Release of Confidentiality” form prior to anyone from El Paso releasing any information that is requested. Your confidentiality is so important to us that whether another treatment agency is inquiring about you or an individual who is planning to pick you up is inquiring about you, El Paso will not release information unless we have a signed, current release on file.

Your records and information about your treatment services belong to you. Only you or your legally authorized representative has the right to request access to your treatment information. If at any time you or your legally authorized representative would like a copy of your records you simply need to let us know. We will ask you to sign a “Release of Confidentiality” indicating the release of copies of your records to you as this is required by law. (A small fee is charged of $0.25 per page.)

The information available to persons or agencies actively engaged in your treatment is limited to the minimum amount of information necessary for that person or agency to carry out what is needed for you or to complete what is needed based upon a release that you have authorized.

Services are not contingent upon your decision concerning authorization for the release of information and you will never be threatened or coerced to provide consent; your authorization is a voluntary decision unless required by an order of the court.

After receiving a request for confidential information El Paso will respond within fifteen (15) days from date of receipt of the request to furnish all documents requested. We will make every attempt to explain the benefits and disadvantages of releasing information (if known) prior to the information being released.

You may revoke your consent by signing the area indicated on the consent form identifying your desire to revoke the consent. If you are unable to come to the office, you may do this verbally by phone; you will be asked at that time to come to the office at the earliest possible time to sign the revocation.

Possible confidentiality exceptions: Conditions do exist in which we will, however, release your information without your permission. They include the following: if you are having a medical or psychiatric emergency; if child abuse or neglect is suspected; if elderly abuse is suspected; if you present as a danger to yourself or danger to others; if you have committed a crime against El Paso or any of our employees; or pursuant to a properly secured subpoena or court order.

El Paso conducts process improvement projects to improve our services. Plus, in the search for increased funding and sources for funding, we do use information for statistical purposes based on patient treatment services provided.

**What are my rights to confidentiality if I am, or my child is, an adolescent?**

Parents or guardians are considered personal representatives of an adolescent and can access the clinical record on the adolescent patient’s behalf.

Adolescents under the age of eighteen (18) and under are required to have parental consent to receive treatment services.

If the treatment team working with the adolescent has a reasonable belief that the parent or guardian may be abusing, neglecting or exploiting the adolescent, or subjecting him or her to domestic violence, or feels that treating the parent or guardian as the personal representative could endanger the adolescent, or, in the exercise of professional judgment decides that it is not in the best interest of the adolescent to treat the parent or guardian as the adolescent’s personal representative, the treatment team may refuse to provide the adolescent’s treatment information and records.

**Counseling – Risks, Limitations, and Benefits**

You may feel somewhat uncomfortable during the intake process; this is normal. You will be asked about various areas of your life. This will include, but is not necessarily limited to, your social, economic, and family history; educational and employment achievements; criminal history; and any medical, drug, and drug-treatment history. But understanding “where you are at” significantly helps your counselor develop a diagnosis that is appropriate for your care and treatment planning. As part of this process, you will also be asked about the goals you may have for coming into behavioral health counseling. The plan for achieving them can be changed whenever you have met your established goals, whenever you identify new goals, and/or whenever you decide you no longer want to work on your existing goals. Please let your counselor know if you are having any uncomfortable feelings so that he/she can help you work through them or make the changes necessary to continue with your treatment.

When one decides to make personal changes while living in a family environment, there may be disruptions in the family unit. This may create discomfort at home, and you may wonder if counseling is working. These thoughts and feelings are not unusual. Please let your counselor know if you are experiencing any concerns or discomfort so that you may discuss the actions best suited for your circumstances.

Counseling is a relationship-based treatment. If you do not feel your counselor is a good match, you may request a change. You will be contacted by an administrator for more information so that a better match can be made.

**How do I get the best results?**

You have most likely come to us to help you learn to improve, or at least cope with, emotional, substance, and/or interpersonal relationship issues. Things of this nature typically require a behavior change of one sort or another on your part. Although our counselors are well-trained in the art of therapy, their effectiveness is augmented by your desire, or limited by your lack of desire, to improve your situation, through:

* your candid and enthusiastic participation during your sessions.
* your willingness to attempt new behaviors during your sessions.
* the completion of your “homework” assignments.

To get the most out of counseling, it is recommended that you use what you learn in session when you leave the office. Therapy does not stop when you leave the office. The more you use what you learn in session, the more therapy will be helpful to you. If you find something does not work, discuss this with your counselor.

**What do I do in an emergency?**

**(Dial 988 for the crisis line – Dial 911 for all other emergencies)**

During normal business hours you may call our main number, (602) 388-4017, tell the staff member who answers the call that you are experiencing an emergency and the staff member will immediately help you. Or, if you are near the office, please come in; you do not need an appointment when you are experiencing an emergency; we are here to help you.

Outside the hours of 8:00 a.m. to 5:00 p.m., Monday through Friday, call 911.

**Who Provides El Paso Treatment Services?**

El Paso has a multidisciplinary team minimally consisting of Behavioral Health Technicians, Paraprofessionals and Professionals. Our staff has a broad background in mental health, substance abuse and co~occurring counseling.

**How do I pay for services?**

Currently, El Paso offers services that are covered by most AHCCCS insurance policies. Also, a sliding fee scale based on income is available.

In the case of the sliding fee option, the billing week begins on the day of your admittance to the program. All accounts are to be kept current. Payments can be made in advance if that is helpful to your financial situation, and you are in an elongated treatment program.

Except in certain circumstances, once provided, El Paso counseling/therapy services are generally not refundable.

**What are my rights?**

When you receive services through El Paso, whether onsite, in your home, or in the community, your rights are protected by Federal and State laws. Below is a simplified outline of those rights. The rules and regulations below describe any limitations to your rights which may apply; you, or your parent/guardian, have the right to:

1. Retain all rights, benefits and privileges guaranteed by the laws and Constitution of the State of Arizona and the United States of America, except those specifically lost through due process of law.
2. Be treated with respect, dignity and consideration including protecting and promoting human dignity, respect and consideration.
3. Be provided with a safe, sanitary, and humane treatment environment protecting them from harm, abuse, neglect, manipulation, coercion, sexual assault, corporal punishment and other mistreatment such as humiliation, threats or exploitation.
4. Be provided services suited to their conditions and needs for treatment without regard to their race, national origin, religion, gender, sexual orientation, creed, ethnic origin, age, degree of disability, handicapping condition, marital status, legal status, diagnosis, and actual or perceived serostatus, HIV related condition or AIDS.
5. Treatment in accordance with accepted standards of behavioral health practice that supports and respects the patient’s individuality, choices, strengths, and abilities.
6. Receive an assessment that is used to develop an individualized and comprehensive treatment plan.
7. To participate, or have your representative participate, in the development of, or decisions concerning, your treatment plan and to the treatment provided to you based on your treatment plan.
8. To a periodic staff review of the patient’s treatment plan.
9. To receive privacy during counseling.
10. Access, review or amend, upon written request, his/her individual patient record in accordance with HIPAA laws and per A.R.S. §§ 12-2293, 12-2294, and 12-2294.01
11. An adequate number of competent, qualified and experienced professional clinical staff to implement and supervise the treatment plan.
12. Refusal or expression of choice in the composition of the service delivery team.
13. Be informed of treatment alternatives or alternative modalities.
14. Not be subjected to retaliation for submitting a complaint to El Paso, the Department or another entity. Rather, you will be encouraged and assisted throughout treatment to understand and exercise your rights as a patient and a citizen, including:
	1. The right to report any cases of suspected abuse, neglect, exploitation of yourself or other patients served by El Paso, in accordance with applicable State law and abuse reporting procedures.
	2. The right to file a complaint, grievance and appeal and the process for doing so.
	3. The right to recommend changes in policies and services.
15. To not have any of your personal and private property mishandled by any of El Paso’s personnel/employees.
16. Consent to being photographed before any photograph is taken, except that El Paso may photograph you when you are admitted for identification and administrative purposes.
17. Receive a copy of any consents to release any of your confidential information after you have signed the consent, free of charge; all information held by El Paso concerning you is confidential and is not released without your signed consent except as permitted by law. El Paso may release your information without your consent under the following circumstances:
	1. If a counselor suspects neglect or abuse of a child or an incapacitated adult, a report may be made to Department of Child Safety, Adult Protective Services or the Department of Economic Security.
	2. If a counselor has reason to believe a patient is a danger to self or another, notification for protection will be initiated.
	3. If a counselor receives a court or tribunal order from a judge, information may be subject to release.
	4. If any legal proceedings are initiated against a counselor or El Paso, information necessary for the response may be disclosed.
18. Be informed regarding the financial aspects of treatment, including the consequences of nonpayment of required fees.
19. Be informed of the extent to and limits of confidentiality, including the use of identifying information for the Department and/or El Paso’s evaluation purposes.
20. Provide written consent to release information concerning your financial records, except as otherwise permitted by law.
21. Give informed consent prior to being involved in research projects or experimental treatments.
22. Consent to or refusal of treatment, except in an emergency.
23. Refuse or withdraw consent for treatment before treatment is initiated.
24. El Paso does not provide psychotropic medication or surgical procedures. However, we will refer you to sources to assist you in finding alternatives to another provider’s proposed psychotropic medication or surgical procedure and associated risks and possible complications as it is your right to know what alternatives, risks and possible complications exist.
25. Be informed regarding health care directives and how to obtain one.
26. Not be used for the solicitation of funds or other contributions by El Paso.
27. Communicate with family and significant others outside El Paso.
28. Be informed if visitors are expected at El Paso.
29. Appeal treatment decisions made by staff.
30. Discontinue services at any time, for any reason.
31. Receive a referral to another health care institution if El Paso is not authorized or not able to provide the behavioral health services needed by the patient.
32. Receive assistance from a treatment advocate (family member, the patient’s representative, or other individual) in understanding, protecting, or exercising the patient’s rights.

**You can designate a Treatment Advocate**

As a patient you have the right to designate an individual of your choice, to include a family member, to be your Treatment Advocate. A Treatment Advocate is someone you choose to participate in treatment and discharge planning with you; this person should be someone who you feel will act in your best interest and who will be supportive of your treatment preferences, goals, and objectives.

If you choose to identify a Treatment Advocate, we will honor your wishes regarding who you choose and regarding how involved you would like your Advocate to be in the treatment services you receive. For example, you may want your Treatment Advocate to only participate in the development of your treatment and discharge plans, or you may want him/her present at every individual session; the choice is yours. Furthermore, when your Treatment Advocate is present, how involved he/she is in that treatment session is your choice as well.

At any time during treatment, if your Advocate is not present, we will provide you with the ability to contact your Advocate by phone.

We will explain the importance of respecting your confidentiality to your Treatment Advocate; no one should know about what you discuss with your treatment provider unless you choose to tell them yourself.

You and your Treatment Advocate, if you choose, will be notified no later than 24 hours in advance of any scheduled treatment planning and/or discharge planning sessions.

During any treatment planning or treatment plan review sessions, your Primary Counselor will review this form with you to allow you the opportunity to make any changes that you would like. However, if you would like to review this form or make any changes to it, you are free to do so at any time; your Primary Counselor will be happy to assist you.

Identifying a Treatment Advocate is your choice; treatment services will not be withheld from you if you choose not to identify an Advocate.

**What if I lose my treatment privileges?**

Any privileges lost through breaking program rules while in treatment because of inappropriate behavior can be regained through a discussion with your Primary Counselor and working out a mutually agreed upon plan to restore those lost privileges in a timely manner.

Reasons for automatic discharge from the program include:

1. Threats of or actual aggressive/assaultive behavior;
2. Disruptive behavior;
3. Sexual misconduct;
4. Loitering;
5. Sale, use or purchase of alcohol or drugs; and
6. Missing five (5) scheduled treatment sessions in a row.

If you are discharged for any reason, you have the right to request that the Clinical Director review this decision for possible reversal of the decision. If you are not happy with the Clinical Director’s decision to uphold your treatment team’s decision to discharge you from treatment, you may file an appeal of this decision (see below). At any time, you wish, you may request to speak with the Administrator.

**What does EL Paso expect of me?**

We hope your association with El Paso will be beneficial and enjoyable to you. To make that association more pleasurable for you, other patients, and our staff, we will expect you to abide by the following rules and recommendations.

**PARTICIPATION IN TREATMENT:** You will be expected to make a positive effort to participate in the treatment process.

**PERSONAL HYGIENE:** You will be expected to keep yourself nicely groomed and presentably dressed.

**MEDICATION:** Your medication is important and you will be expected to comply with your doctor’s orders.

**SMOKING:** No tobacco products are permitted within or on the grounds of El Paso at any time by any patients or visitors of any age, including minors.

**FIGHTING:** Physical fighting is ***STRICTLY*** prohibited. Disagreements should be kept verbal, civil, and respectful without raised voices, so that the disagreements may be solved rather than worsened by anger.

**ALCOHOL/DRUGS: *NO*** alcohol or drugs will be permitted on the premises. No patient will be permitted to participate in any treatment program while under the influence of intoxicants. We will never turn you away from receiving treatment services simply because you are exhibiting symptoms of your illness, however, participation in certain scheduled services, like group counseling, for instance, would not be appropriate. We will attempt to provide you with or refer you to an appropriate service, however.

**WEAPONS:** Weapons of any kind are not permitted on the premises.

**HORSEPLAY:** No running or horseplay is allowed on the premises.

**LANGAUGE:** No profanity is allowed on the premises.

**RELATING TO OTHERS:** You will be expected to treat other patients and the staff with courtesy and respect with no personal touching.

Our program's goal is to treat our patients with dignity and respect and help them feel at home. In return, we expect our patients to treat each other, and our staff, with respect. Loitering, abusive language, threatening language, arguing with staff or with any patient will not be tolerated. You are expected to act and to be treated respectfully always.

Physical threats, assault, carrying or concealing any weapons, or selling or providing drugs to any patient at El Paso could result in immediate dismissal from services. All illegal actions will be reported to the local authorities.

**What if I have a complaint or grievance?**

You have the right to make a formal complaint, file a grievance, or appeal a decision made by El Paso’s staff members or team with respect to an alleged infringement of your rights. You will not be retaliated against, coerced, or treatment altered either solely or partially because of making a formal complaint, filing a grievance, or appealing a decision made regarding your rights.

Complaints/grievances/appeals can be made to El Paso’s Clinical Director or any of the agencies listed below, either verbally or in writing; you do not have to contact El Paso prior to contacting any of the agencies listed below.

Upon asserting a complaint/grievance/appeal the full process will be explained to you. You can expect to be taken seriously; a thorough investigation is initiated immediately, you will be provided with a copy of the full complaint/grievance/appeal process, and you will receive a response within fourteen (14) days as to the results and recommended changes based on the results of the investigation.

***Department of Health Services***

***Bureau of Medical Facilities Licensing Division***

*150 North 18th Avenue, Suite 450
Phoenix, AZ 85007*

*602/364-3030*

<http://www.azdhs.gov/licensing/medical-facilities/index.php>

***The Department of Child Safety***

*3221 N. 16th St.*

*Ste 400*

Phoenix AZ*85016*

*(602) 264-1360*

 <https://dcs.az.gov/services/prevention>

***Arizona Adult Protective Services***

*1789 W Jefferson St.*

Phoenix AZ*85007*

*(602) 542-0010*

<https://des.az.gov/services/basic-needs/adult-protective-services>

***Arizona Disability Advocacy Coalition
c/o Arizona Statewide Independent Living Council*** *5025 E. Washington St.
Suite 214
Phoenix, AZ. 85012*

*602-262-2900*

<http://azdisabilitycoalition.org/contact-us-2/>

The Bureau of Medical Facilities Licensing licenses and certifies medical health care institutions and providers of medical services to protect the public's health and safety and assure quality customer service through teamwork in a timely, efficient, and responsive manner.

The Department of Child Safety (DCS) Office of Prevention was established to prevent child abuse/neglect. To support the needs of children and strengthen families, the Office of Prevention collaborates with the Community, Service Providers, Stakeholders and the DCS Field Staff.  Through these collaborations, the Office of Prevention leverages resources, education, training and programs based on best practices to serve Arizona’s children and families.

Arizona Adult Protective Services is a program within the Arizona Department of Economic Security (DES) Division of Aging and Adult Services (DAAS) and is responsible for investigating allegations of abuse, exploitation and neglect of vulnerable adults.

The Arizona Disability Coalition (ADC) is a statewide, cross-disability coalition. ADC includes individuals and organizations from across Arizona. The ADC presents [special events](http://azdisabilitycoalition.org/upcoming-events-page/) and activities on a regular basis with a focus on advocacy and education related to disability issues. The ADC holds [monthly business meetings](http://azdisabilitycoalition.org/sample-page/) on the first Thursday of the month from 10:00am to noon at the Ability360 Center in the Ability360 Board Room.

**Receipt and Acknowledgement**

**El Paso Family Mentoring and Counseling Services**

**Patient Handbook of Information and Consent**

I, the undersigned, acknowledge that I have received a copy of the Patient Handbook of Information and Consent which has been communicated to me in a meaningful way. Furthermore, I have read and understand the information contained within this handbook in its entirety and further certify that I agree to the terms and provisions stated herein.

**Adult Patients:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_), understand the

 (Print Patient Name) (Patient DOB - Month/Day/Year)

above and consent to receive behavioral health services from El Paso Family Mentoring and Counseling Services.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Minor Patients:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand the information above and give

 (Print Parent/Guardian Name)

consent for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_), to receive

 (Print Minor’s Name) (Minor’s DOB - Month/Day/Year)

behavioral health services from El Paso Family Mentoring and Counseling Services.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_