



Central Arizona	2346 North Central Avenue, Phoenix, AZ 85004	602.234.1935
Southern Arizona	6063 E. Grant Road, Tucson, AZ 85712	520.296.8255
Northern Arizona	7515 E. Long Look Drive, Prescott Valley, AZ 86314	928.443.1150

## CLIENT INFORMATION PACKET – FOR YOUR RECORDS

Welcome to Christian Family Care (CFC) - This packet contains information that will be helpful as you receive services through CFC.

**Regular hours of operation** (*evening and summer hours vary per location*)

- Monday through Thursday 8:30 am – 5:00 pm
- Friday 8:30 am – 4:00 pm

### 1 - Required Phone Contact Numbers for Assistance

Phoenix & Northern Arizona Offices: **602.234.1935**

In the event of an emergency after hours, you may reach a CFC staff person by phone:

- Dial 602.234.1935, listen for the prompts
- Press option 1 for emergency, then:
  - > Option 1 for Pregnancy or Adoption program
  - > Option 3 for Foster Care program
  - > Option 4 for Counseling
  - > Option 5 for Safe Families for Children
- Your call will be returned as soon as possible

OR

You may also call the **24-hr Crisis Line** in your area:

- Phoenix/Maricopa County - 602.222.9444
- Northern Arizona – 877.756.4090

Southern Arizona Office: **520.296.8255**

In the event of an emergency after hours, you may reach a CFC staff person by phone:

- Dial 520.296.8255, listen for the prompts
- Press option 1 for emergency, then:
  - > Option 1 for Pregnancy or Adoption programs
  - > Option 3 for Foster Care program
  - > Option 4 for Safe Families for Children
- Your call will be returned as soon as possible

OR

You may also call the NurseWise **24-hr Crisis Line**:

- Pima County/Southern Arizona - 866.495.6735

### 2 - Limits to Confidentiality

Information will not be released outside this agency without your written consent. Your confidentiality is protected by law, except when:

- The client is a danger to self or others (i.e. threatens grave bodily harm, discusses plans to terminate own life).
- The client describes a situation in which the counselor/case worker has reason to suspect child abuse, neglect or sexual abuse, or abuse of a senior citizen.
- Required by a court of law or other authority such as the Department of Child Safety.

At CFC, every effort is made to maintain your confidential information that is gathered within sessions. Our counselors/caseworkers may consult with one another regarding cases with particular issues of concern in providing inter-agency services. At that time, only those individuals who have direct impact on services shall be consulted regarding any issues.

### 3 - Notice of Clinical Supervision

If your counselor is working towards completion of an internship, or towards independent licensure, she/he must so inform you and give you the name of the licensed Behavioral Health Professional at CFC providing clinical supervision. In this case, the counselor must provide the CFC supervisor's name below:

Supervisors: Russell Yost, LMFT 602.396.2562; Adra Helmich, LPC 602.396.2710

#### **4 – Consent for Service** (copy of information on consent form #6030a)

I voluntarily apply for service or assessment at CFC, for myself and/or my child, and understand, consent and agree as follows:

I hereby acknowledge that I am willing, and legally authorized, to receive services from CFC, for myself and/or my child, based upon the verbal recommendations given to me by my counselor/case worker. I understand that I am invited to participate in my (or my child's) assessment and that a service plan will be prepared, reviewed and signed by my counselor/case worker and myself.

I acknowledge that I have been given an explanation of the specific services being proposed, including the intended outcome, nature and procedures of the proposed services. I have also been advised of any risks and side effects (if any) of the proposed services, including any risks of not proceeding with the proposed services, and alternatives to the proposed services. I reserve the right to revoke this consent at any time unless my services have been court-ordered.

I am aware there may be a therapy animal on the premises.

By signing the **Consent for Service document** (form #6030a), I also acknowledge that I have received and reviewed this Client Information Packet that contains the following information:

- |  |   |
|--|---|
| 1. <i>Required Phone Contact Numbers</i>                         | 8. <i>Grievance Procedures</i>                                      |
| 2. <i>Limits to Confidentiality</i>                              | 9. <i>Behavioral Management Policy</i>                              |
| 3. <i>Notice of Clinical Supervision</i>                         | 10. <i>CFC Notice of Privacy Practices</i>                          |
| 4. <i>Consent for Service</i>                                    | 11. <i>Consent for Contact by Email, Voicemail, and Postal Mail</i> |
| 5. <i>Right to Receive Communication and Language Assistance</i> | 12. <i>Explanation of Counseling Fees</i>                           |
| 6. <i>Client Rights</i>  | 13. <i>Health Care Directives</i>                                   |
| 7. <i>Notice of Confidentiality of Alcohol/Drug Info</i>         |   |

#### **5 – Right to Receive Communication and Language Assistance**

CFC offers language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to the client, to facilitate timely access to all behavioral and social services. Simply inform your intake worker or case manager of the need for language assistance and services will be provided.

#### **6 - Client Rights**

*From Arizona Administrative Code 9 A.A.C. 10, Article 19, R9-10-1907 [http://apps.azsos.gov/public\\_services/Title\\_09/9-10.pdf](http://apps.azsos.gov/public_services/Title_09/9-10.pdf)*

B. An administrator shall ensure that:

1. A patient is treated with dignity, respect, and consideration;
2. A patient is not subjected to:
  - a. Abuse;
  - b. Neglect;
  - c. Exploitation;
  - d. Coercion;
  - e. Manipulation;
  - f. Sexual abuse;
  - g. Sexual assault;
  - h. Seclusion;
  - i. Restraint, if not necessary to prevent imminent harm to self or others;
  - j. Retaliation for submitting a complaint to the Department or another entity; or
  - k. Misappropriation of personal and private property by an outpatient treatment center's personnel member, employee, volunteer, or student; and
3. A patient or the client's representative:
  - a. Except in an emergency, either consents to or refuses treatment;
  - b. May refuse or withdraw consent to treatment before service is initiated;

- c. Except in an emergency, is informed of alternatives to a proposed psychotropic medication or surgical procedure and associated risks and possible complications of a proposed psychotropic medication or surgical procedure;
- d. Is informed of the following:
  - i. The outpatient treatment center's policy on health care directives, and
  - ii. The patient complaint/grievance process;
- e. Consents to photographs of the patient before a patient is photographed, except that a patient may be photographed when admitted to an outpatient treatment center for identification and administrative purposes; and
- f. Except as otherwise permitted by law, provides written consent to the release of the patient's:
  - i. Medical records, and
  - ii. Financial records.

C. A patient has the following rights:

- 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
- 2. To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;
- 3. To receive privacy in treatment and care for personal needs;
- 4. To review, upon written request, the patient's own record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
- 5. To receive a referral to another health care institution if the outpatient treatment center is unable to provide physical health services or behavioral health services for the patient;
- 6. To participate or have the patient's representative participate in the development of, or decisions concerning service;
- 7. To participate or refuse to participate in research or experimental treatment; and
- 8. To receive assistance from a family member, representative, or other individual in understanding, protecting, or exercising the patient's rights.

In addition CFC prohibits any form of harassment and violence within the treatment/service setting with staff or any other service recipients. Service recipients initiating any form of harassment or violent acts toward providers or other service recipients may be referred for services outside of CFC which better serve their treatment/service needs.

**7 - Notice of Confidentiality of Alcohol and Drug Abuse Information**

The confidentiality of alcohol and drug abuse records maintained by CFC is protected by Federal law and regulations. Except under specific circumstances, CFC may not say to a person outside CFC that a client receives counseling for alcohol or drug concerns. CFC also may not disclose any information identifying the client as an alcohol or drug abuser unless:

- 1. The client consents in writing.
- 2. The disclosure is allowed by a court order.
- 3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation purposes.

The violation of Federal laws and regulations governing the disclosure of member information may constitute a crime. Suspected violations may be reported to the appropriate authorities as provided under the regulations.

Federal law and regulations do not protect any information about a crime committed by a member either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under Arizona law to the appropriate State or local authorities. (See 42 U.S.C 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and CFR; Part 2 for Federal regulations. Also see Arizona Revised Statute §§ 36-509)

**8 - Grievance Procedures**

In the unlikely event that you become dissatisfied with our services, a client may lodge a grievance by following these procedures:

1. The client should first discuss the problem with their counselor/case worker and the discussion should be documented in the client's file. Within 10 days of the discussion, the client's counselor/case worker shall attempt to resolve the problem or grievance. An Incident Report form shall be completed, at this time.
2. If the client is not satisfied or comfortable with the counselor's/case worker's response, then the client should contact the appropriate counselor/case worker's supervisor to make a formal complaint, in writing. The supervisor shall respond within five working days.
3. If the client is not satisfied with the response of the supervisor, then the client may appeal, in writing, to the Supervisor's Manager, who shall respond within five working days. If the client is not satisfied with the Manager's response, the concern shall be elevated to the Chief Programs Officer (for program area concerns). If the client is not satisfied with the Chief Programs Officer's, the client may request arbitration by a neutral arbitrator. Both the client and Christian Family Care will share the cost of the arbitrator equally. The matter should come before a neutral Christian arbitrator within 30 days of the arbitrator agreement to initiate this step.
4. The client is not required to undergo CFC's grievance process:  
 A **Counseling client** may directly contact the **Arizona Department of Health Services, Office of Division of Licensing Services to file a complaint at <https://app3.azdhs.gov/PROD-AZHSComplaint-UI/Complaint/CreateComplaint?bureau=Medical&subbureau=MedicalOtherFacility>**. The client may also contact the **Arizona Division of Behavioral Health Services. You may also call the Clinical Resolution Unit at 602-364-4558 or 1-800-867-5808.**  
 A **Social Services client** (Family Services and Foster Care) may directly contact the **Arizona Department of Child Safety, Office of Licensing and Regulation. 3443 N. Central Avenue, 15<sup>th</sup> Floor East, Phoenix, AZ 85012; P.O. Box 6123-076A, Phoenix, AZ 85005-6123. Phone 602-255-2801.**
5. **If a client suspects child abuse they should contact 888-SOS-CHILD (888-767-2445). A client, by whom or on whose behalf a complaint has been submitted to the Arizona Department of Health Services or Department of Child Safety, or who has participated in a complaint investigation process, will not be discharged or discriminated or retaliated against in any way.**

## 9 - Behavior Management Policy (taken from CFC Policy 3.15)

CFC encourages personnel and resource parents to develop positive relationships with clients, build on strengths, reinforce positive behavior, and respond consistently to all incidents which impact the welfare and safety of clients. (3.15-2)

CFC establishes behavior management procedures that maintain compliance with all contract and accreditation requirements, while also protecting clients' safety and the safety of others when such techniques are deemed necessary. (3.15-Purpose)

CFC shall follow the Arizona state guidelines (R21-6-308D) in training employees, mentors and resource parents in specialized behavior management techniques, regarding de-escalation of clients during a crisis situation. Particular emphasis shall be placed on promoting the safety of the individual client and others involved, directly or indirectly. (3.15-Policy, 1<sup>st</sup> paragraph) **Upon request, you can receive a copy of the entire CFC Policy 3.15.**

## 10 – CFC Notice of Privacy Practices

From CFC Notice of Privacy Practices OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION (PHI):

We understand that protected health information (“PHI”) about you and your health is personal. We are committed to protecting PHI about you. We create a record of the care and services you receive at the agency. We need this record to provide you with quality care and to comply with certain legal requirements. We are required by law to maintain the privacy of your PHI and to provide you with this Notice of our legal duties and privacy practices with respect to your PHI. We are also required by law to notify you in the event of a breach of your unsecured PHI. This Notice applies to all of the records of your care generated by the agency, whether made by agency personnel or your personal therapist/case worker. This Notice will tell you about the ways in which we may use and disclose PHI about you. We also describe your rights and certain obligations we have regarding the use and disclosure of PHI. When we use or disclose your PHI, we are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure).

“Uses and Disclosures requiring your written authorization.” We must obtain your written authorization for most uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes (with limited exceptions), and disclosures that constitute the sale of PHI. Other uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your *written* permission. For instance, you will need to complete and sign an authorization form before we can send your PHI to your life insurance company. If you provide us permission to use or disclose PHI about you, you may revoke that permission, *in writing*, at any time. If you revoke your permission, we will no longer use or disclose PHI about you for the reasons covered by your *written* authorization. We are unable to take back any disclosures we have already made with your permission, and we are required to retain our records of the services that we provided to you.

“Changes to this Notice”-We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the agency. The notice will contain on the first page, in the lower left-hand corner, the effective date. In addition, each time you begin services at the agency, we will offer you a copy of the current notice in effect. **Upon request, you can receive a copy of the entire Privacy Practices Policy.**

## **11 - Consent for Contact by Email, Voicemail, Texting, and Postal Mail**

CFC counselors/case workers may send information to a client via voicemail, email, texting, or postal mail. Please let your counselor/case worker know if you do not give consent to sending information to you by voicemail, email, texting, or postal mail. CFC may also mail a satisfaction survey to be completed and returned to CFC after services have been completed, or other items by mail. Please let your counselor/case worker know if you do not want a satisfaction survey mailed after services have been completed, and ask them to note this in your file. By signing the Consent form without noting restrictions on voicemail, email, texting, or postal mail contact, you are giving permission to CFC to send information to you by these means.

## **12 - Explanation of Counseling Fees**

### **Payment for behavioral health services is required at the time you receive services:**

If you are receiving services covered by your insurance company, you must receive authorization prior to receiving services and any co-payments are due at the time service is provided.

### **Appointment cancellations:**

CFC requires a minimum **24 hours prior notice**, otherwise you **may be charged for the missed session**.

### **CFC Established Fee:**

Whenever possible, CFC seeks to have those who are receiving our services underwrite as much as possible, the cost of the service they are receiving. CFC's regular counseling fees are \$150 per each 50 minute session.

### **What if a client cannot pay for a session or loses their funding?**

Payment for counseling is expected at the time you receive services. Depending on circumstances, you may be eligible for a reduced fee, through our counseling scholarship program. Check with your counselor for details. CFC will file insurance, if authorized through your insurance company. If insurance payment is not forthcoming, you will be charged the amount, according to your sliding scale fee.

### **Refund Policy:**

There are no refunds for services provided. If your account has a credit balance, CFC will apply the balance amount to your next session or, at your request, provide a refund.

### **Fee Assistance for CFC Foster/Adoptive Parents:**

At times, a Social Service Program may refer foster or adoptive families for counseling. If services are provided through the Counseling Department of CFC, an explanation of fees is provided for this service. We recognize that the costs of counseling can be a significant challenge to some household budgets. In this case your adoption or foster care specialist may request financial assistance for short-term counseling to support you in your role as a foster/adoptive parent.

CFC seeks to provide excellent quality behavioral health services at the lowest rates possible. It is important to the mission of CFC that services be provided to all clients, therefore, for those whose income or lack of insurance restricts them from being able to pay the stated fee, we are fortunate to have friends of CFC who help to underwrite the cost of services provided through their charitable gifts. If you are unable to pay the stated fees, please advise your case worker before signing the Consent for Service form and request a fee modification.

*It is our hope that you will benefit greatly from the professional training and loving support of our staff. It is our desire that you, like many who have gone before you, will eventually take an ongoing interest in our ministry by the giving of your time as a volunteer, or through financial support.*

### **13– Health Care Directives** (from Arizona Administrative Code R9)

All patients have the right to participate in their own health care decisions and to make Advance Health Care Directives and/or to appoint another person (health care agent or attorney-in-fact) to make healthcare decisions on their behalf, when they are unable to make decisions for themselves or are unable to communicate decisions. CFC respects and upholds those rights.

However, unlike in an acute care hospital setting, for example, CFC does not perform “high risk” procedures. Counseling procedures performed in this facility are considered to be of no risk to physical health.

Therefore, it is our policy, regardless of the contents of any Advance Health Care Directive or instructions from a health care agent or attorney-in-fact, that if an adverse event occurs during your service at this facility we will initiate resuscitative and/or other stabilizing measures and call 911 for emergency services.

If you have an Advance Health Care Directive, please bring it with you so that we can place it in your record. If for any reason, you are transported by emergency medical personnel, a copy of your Advance Health Care Directive will be sent with you, so that your care will continue in accordance with your wishes.

You will be required to acknowledge your acceptance of this policy by signing a consent form. This acknowledgment does not revoke or invalidate any current Advance Health Care Directives or Durable Power of Attorney for Health Care. You are also not required to have executed an Advance Health Care Directive to receive care at CFC.

### **Additional Information**

You have the right to ask questions about any of our counseling philosophies or theories. You have the right to know that our service is based upon Christian biblical worldview assumptions and principles. Because of its faith-based character, CFC reserves the right to select adoptive/foster care placement families solely with respect to religion.

A state-licensed Behavioral Health Professional meets regularly in supervision with our counselors. Our counselors/caseworkers may consult with one another regarding cases with particular issues of concern. Every effort is made to maintain your confidential information in sessions. Our counselors/caseworkers may consult with one another regarding cases with particular issues of concern in providing inter-agency services. At that time, only those individuals who have direct impact on services shall be consulted regarding any issues. Should you desire further information or clarification regarding supervision and consultation, please feel free to ask.

When psychological tests are administered for evaluation, you have the right to a summary of results. The actual test records remain the property of the Christian Family Care. A psychological test report will be released to other outside professionals, only with the client's written permission.

Occasionally insurance companies or others, (i.e. therapists, lawyers, doctors) request client records. By signing the Consent for Service form, you are authorizing CFC to provide a summary of service (not progress notes) and identify which psychological tests were administered, if requested.

CFC is a training site for master’s level interns from several universities. Your counselor/case worker may request that you allow an intern to participate as a co-counselor or observe a session through a one-way mirror. You have the right to be informed and may give voluntary written consent. Your counselor/case worker may utilize audio or video recordings as a method of reviewing sessions for the purpose of documenting client progress notes and/or for supervision. You will be asked to sign a release, if the counselor/case worker wishes to utilize the audio or video for any other purposes. You have the right to ask questions regarding the use of audio and video recordings of sessions. You have the right to refuse observation, co-counseling, and/or audio/video recording.

Minors, who are not clients, may be seen one time only on an emergency basis for the purpose of obtaining information about service and to be provided with the necessary releases to take to their parent(s)/guardian. CFC does not see minor clients for service without parental permission. Thereafter, minors are seen only with parents' consent. We encourage the parents to respect their child's privacy, as it aids in the therapeutic alliance necessary for successful completion of the service plan.

*Your investment personally, emotionally, and financially in your own growth will be the most important factor in achieving your desires. If there is anything we can do, or if you have any questions, please do not hesitate to call your counselor/case worker's supervisor or the designated Program Director in Phoenix at 602.234.1935; for Southern Arizona please call 520.296.8255; for Northern Arizona please call 928.443.1150.*