

Arizona Statutes R9-10-1907, Office of Medical Licensing, requires that at the time of your initial appointment you be informed of your rights as a client and, if applicable, the client's parent, guardian, custodian, designated representative, or agent receive a copy of this document.

All clients shall be afforded the following basic rights:

1. The right to be treated with dignity, respect, and consideration;
2. The right to **not** be subjected to:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse;
 - g. Sexual assault;
 - h. Restraint or seclusion;
 - i. Retaliation for submitting a complaint to the Department or another entity; or
 - j. Misappropriation of personal and private property by a counseling facility's personnel member, employee, volunteer, or student; and
3. A patient, or the patient's representative, has the right to:
 - a. Either consents to or refuses counseling;
 - b. Refuse or withdraw consent for receiving counseling before counseling is initiated;
 - c. Is informed of the following:
 - i. The counseling facility's policy on health care directives, and
 - ii. The patient complaint process;
 - d. Consent to photographs of the patient before the patient is photographed, except that a patient may be photographed when admitted to a counseling facility for identification and administrative purposes; and
 - e. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
 - i. Medical record, or
 - ii. Financial records.
4. The right to **not** be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
5. The right to receive counseling that supports and respects the patient's individuality, choices, strengths, and abilities;
6. The right to receive privacy during counseling;
7. The right to review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
8. The right to receive a referral to another health care institution if the counseling facility is not authorized or not able to provide the behavioral health services needed by the patient;
9. The right to participate, or have the patient's representative participate, in the development of, or decisions concerning, the counseling provided to the patient;
10. The right to participate or refuse to participate in research or experimental treatment; and
11. The right to receive assistance from a family member, the patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.
12. The right to review, upon written request, the client's own record during the agency's hours of operation or a time agreed upon by the clinical director, except as described in R9-20-211(A)(6).

13. The right to review the following at the agency or at the "Department": the A.A.C. Title 9, Chapter 20 Rules; the report of the most recent inspection of the premises conducted by the "Department"; a plan of correction in effect as required by the "Department"; if the licensee has submitted a report of inspection by a nationally recognized accreditation agency in lieu of having an inspection conducted by the "Department", the most recent report of inspection conducted by the nationally recognized accreditation agency; and if the licensee has submitted a report of inspection by a nationally recognized accreditation agency in lieu of having an inspection conducted by the "Department", a plan of correction in effect as required by the nationally recognized accreditation agency.
14. The right to be informed of all fees that the client is required to pay and of the agency's refund policies and procedures before receiving a behavioral health service, except for a behavioral health service provided to a client experiencing a crisis situation.
15. The right to receive a verbal explanation of the client's condition and a proposed treatment, including the intended outcome, the nature of the proposed treatment, procedures involved in the proposed treatment, risks or side effects from the proposed treatment, and alternatives to the proposed treatment.
16. The right to be offered or referred for the treatment specified in the client's treatment plan.
17. The right to receive a referral to another agency if the agency is unable to provide a behavioral health service that the client requests or that is indicated in the client's treatment plan.
18. The right to give general consent and, if applicable, informed consent to treatment, refuse treatment or withdraw general or informed consent to treatment, unless treatment is ordered by a court according to A.R.S. Title 36, Chapter 5, is necessary to save the client's life or physical health, or is provided according to A.R.S. 36-512.
19. The right to be free from: abuse; neglect; exploitation; coercion; manipulation; retaliation for submitting a complaint to the "Department" or another entity; discharge or transfer, or threat of discharge or transfer, for reasons unrelated to the client's treatment needs, except as established in a fee agreement signed by the client or the client's parent, guardian, custodian, or agent; treatment that involves the denial of: food, the opportunity to sleep, or the opportunity to use the toilet; and restraint or seclusion, of any form, used as a means of coercion, discipline, convenience, or retaliation.
20. The right to participate or, if applicable, to have the client's parent, guardian, custodian or agent participate in treatment decisions and in the development and periodic review and revision of the client's written treatment plan.
21. The right to control the client's own finances except as provided by A.R.S. 36-507(5).
22. The right to participate, or refuse to participate, in religious activities.
23. The right to refuse to perform labor for an agency, except for housekeeping activities and activities to maintain health and personal hygiene.
24. The right to be compensated according to state and federal law for labor that primarily benefits the agency and that is not part of the client's treatment plan.
25. The right to participate, or refuse to participate, in research or experimental treatment.
26. The right to give informed consent in writing, refuse to give informed consent, or withdraw informed consent in writing, refuse to give informed consent, or withdraw informed consent to participate in research or treatment that is not a professionally recognized treatment.
27. The right to refuse to acknowledge gratitude to the agency through written statements, other media, or speaking engagements at public gatherings.
28. The right to receive behavioral health services in a smoke-free facility, although smoking may be permitted outside the facility.

COMPLAINT / GRIEVANCE PROCEDURE

There is an established process for resolving client complaints at Family Strategies & Coaching. In the event you are dissatisfied with the services you have received please:

1. Contact your counselor and advise them of your complaint. If not satisfied, contact:
2. The Executive Director of Family Strategies & Coaching, Floyd Godfrey at (480) 668-8301, extension 1. You may make your complaint by phone, mail, or in person. If the Executive Director is not available, you may contact the Assistant Director at (480) 668-8301, and leave a message if necessary.

Every effort will be made to call you as soon as possible that same working day. Complaints must be filed within 6 months of your last appointment. The complaint will be reviewed within 14 working days.

3. Once a decision is made on your complaint, you will be notified of the outcome within 30 days. If you are not satisfied, you may then contact:

Arizona Department of Health Services
Office of Medical Licensing
150 North 18th Avenue, Suite #410, Phoenix, AZ 85007
(602) 364-2595

Division of Behavioral Health Services
150 North 18th Avenue, Suite #200, Phoenix, AZ 85007
(602) 364-4585

All Family Strategies Counseling Center Policies and Procedures, and documented reports are available for review upon request by appointment by calling (480) 668-8301.

OFFICE OF BEHAVIORAL DIVISION OF BEHAVIORAL OFFICE OF HUMAN RIGHTS ADVOCATES

HEALTH LICENSING HEALTH SERVICES

150 N. 18th Ave., 2nd Floor
Phoenix, AZ 85007 Phoenix, AZ 85007
602-364-4585

ARIZONA DES CHILD PROTECTIVE SERVICES

P.O. Box 44240
Phoenix, AZ 85064-4240
888-767-2445

ARIZONA DES ADULT PROTECTIVE SERVICES

1789 W. Jefferson St
Phoenix, AZ 85007
877-767-2385

ARIZONA CENTER FOR DISABILITY LAW

5025 E. Washington St, Suite 202
Phoenix, AZ 85034
602-274-6287

REGIONAL BEHAVIORAL HEALTH AUTHORITY:

MAGELLAN HEALTH SERVICES OF ARIZONA (Maricopa County)
4801 E. Washington St., Suite 100,
Phoenix, AZ 85034
800-564-5465

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY

I. PROTECTED HEALTH INFORMATION (PHI): Family Strategies understands the importance of protecting health information about our clients. Our practice creates records of care and services provided by therapists. These records are to provide our clients with quality care as well as to comply with certain legal requirements. This notice is to inform you of the ways in which we may use and disclose health information about you as well as to inform you of legal obligations to disclose. Your clinician is required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private.
- Give you this notice of legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- Family Strategies can change the terms of this Notice, and such changes will apply to all information we have about you. The new Notice will be available upon request.

II. HOW FAMILY STRATEGIES MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU: The following categories describe different ways that we use and disclose health information.

For Treatment, Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client’s personal health information without the patient’s written authorization, to carry out the health care provider’s own treatment, payment or health care operations. This includes coordination with third party providers for referrals and consultations from one health care provider to another.

Family Strategies as an agency requires monthly staffing with clinicians. Your protected health information may be used in coordination of staffing within the agency to provide quality care.

Lawsuits and Disputes: If you are involved in a lawsuit, we may disclose health information in response to a court or administrative order. We may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. **Psychotherapy Notes.** Family Strategies maintains “psychotherapy notes” as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:
 - a. For use in treating you.
 - b. For use in defending Family Strategies/Clinicians in legal proceedings instituted by you.
 - c. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
 - d. Required by law and the use or disclosure is limited to the requirements of such law.
 - f. Required to help avert a serious threat to the health and safety of others.
2. **Marketing Purposes.** Family Strategies will not use or disclose your PHI for marketing purposes.
3. **Sale of PHI.** Family Strategies will not sell your PHI in the regular course of my business.

4. Even if you do have a signed authorization to disclose your PHI, you may later revoke that authorization, in writing, to stop any future uses and disclosures not needed of your PHI.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION. Subject to certain limitations in the law, Family Strategies can use and disclose your PHI without your Authorization for the following reasons:

1. When disclosure is required by state or federal law and the use or disclosure complies with, and is limited to, the relevant requirements of such law.
2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order, although the first priority is to obtain an Authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on our premises.
6. Appointment reminders and health related benefits or services. We may use and disclose your PHI to contact you to remind you that you have an appointment with me. We may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that we offer.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

1. Disclosures to family, friends, or others. We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask not to use or disclose certain PHI for treatment, payment, or health care operations purposes.
2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. The Right to Choose How We Send PHI to You. You have the right to ask us to contact you in a specific way or to send mail to a different address, and we will agree to all reasonable requests.
4. The Right to See and Get Copies of Your PHI. Other than "psychotherapy notes," you have the right to get an electronic or paper copy of your medical record and other information that we have about you. We will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and we may charge a reasonable, cost based fee for doing so.
5. The Right to Get a List of the Disclosures We Have Made. You have the right to request a list of instances in which we have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided us with an Authorization. We will respond to your request for an accounting of disclosures within 60 days of receiving your request.
6. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that the correction of the existing information or add the missing information.
7. The Right to Get a Paper or Electronic Copy of this Notice. You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

VII. FILE A COMPLAINT IF YOU FEEL YOUR RIGHTS WERE VIOLATED

1. You can complain if you feel we have violated your rights by contacting us at Family Strategies Counseling Center: 1745 South Alma School Rd, Mesa, AZ 85210, calling 480-668-8301, or emailing at admin@familystrategies.org.
2. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1- 877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
3. You will not be retaliated against for filing a complaint.

EFFECTIVE DATE OF THIS NOTICE: This notice went into effect on March 11, 2020